



Pediatric Policy Council Update

The APS and SPR are members of the Pediatric Policy Council (PPC) which actively advocates for children and academic pediatrics at the federal level. APS representatives to the PPC are Drs. DeWayne Pursley and Jonathan M. Davis; Drs. Joyce Javier and Shetal Shah represent the SPR.

The PPC also includes representatives from the Academic Pediatric Association (APA) and the Association of Medical School Pediatric Department Chairs (AMSPDC). The PPC is based in the Washington DC office of the American Academy of Pediatrics (AAP), who supplies staff and other support.

The latest advocacy developments are summarized by the PPC below

PPC CAPITOL CONNECTION

July 15, 2019

What Matters Now in Washington:

- The Trump administration announced it would not include a citizenship question on the Census after the Supreme Court blocked the effort. [More...](#)
- The House of Representatives blocked a key piece of the Trump administration's plan to restrict fetal tissue research in its recently passed Fiscal Year (FY) 2020 appropriations bill. [More...](#)
- Child health advocates continue to push for additional protections for migrant children as reports of poor conditions in Customs and Border Protection (CBP) facilities surface. [More...](#)
- The Department of Health and Human Services (HHS) delayed final implementation of a rule to expand conscience protections for health care workers following widespread pushback. [More...](#)
- The future of the Title X Family Planning Program is in flux after a federal appeals court allowed major changes to the program to proceed, in a move that may threaten access to reproductive health care for millions. [More...](#)

TRUMP WILL NOT SEEK CITIZENSHIP QUESTION ON CENSUS FOLLOWING SUPREME COURT RULING. Following weeks of mixed messages from the White House, President Trump announced on July 11 that he would not move forward with plans to ask about the citizenship

status of U.S. residents on the upcoming decennial Census. The controversial citizenship question, which the Department of Commerce has been pursuing for over a year, has been the subject of litigation that was ultimately resolved by the Supreme Court in late June. In a 5-4 ruling, the Court [blocked](#) the federal government from adding the question to Census forms, finding that the administration had been disingenuous in its rationale and could therefore not proceed with the inadequate justification. While the President [had threatened](#) to defy the Court's ruling through executive action, he ultimately settled on ordering federal agencies to collect information on citizenship status through other means.

There has been significant concern that including a question about individuals' citizenship status would drive immigrant families away from completing the Census, reducing the accuracy of the count and exacerbating the [historical undercount of children](#). The decennial Census is the only full count of the U.S. population and is used to apportion seats in the House of Representatives among states, draw legislative districts, and allocate funding for federal programs. Census data also plays a critical role in large scale longitudinal research. It remains unclear whether or not the question will be included in the final Census forms.

HOUSE DEMOCRATS SEEK TO STYMIE PROPOSED RESTRICTIONS ON FETAL TISSUE RESEARCH. In June, the [House of Representatives voted to block](#) a key element of the Trump administration's newly announced restrictions on fetal tissue research. Under the plan announced by HHS, all new National Institutes of Health (NIH) extramural research studies, including studies up for competitive renewal, are set to be evaluated by a newly created ethics advisory board. This extra layer of review would be above and beyond the rigorous review process to which extramural research proposals are already subject. This has led to significant concern from the scientific and medical communities that the ethics advisory board—which would be appointed by administration officials—will introduce political considerations into the NIH grant process and would serve only to discourage the pursuit of the most promising science. As part of its FY20 HHS funding bill, the House has [barred HHS from using any federal funding to convene the ethics advisory board](#). Whether the Senate includes similar language in its FY20 HHS funding bill will ultimately determine whether HHS is blocked from implementing this part of its planned restrictions on fetal tissue research.

CONGRESS PASSES EMERGENCY BORDER FUNDING BILL BUT EFFORTS TO EXPAND PROTECTIONS FOR MIGRANT CHILDREN CONTINUE. In late June, the [House passed the Senate version of an emergency border funding bill](#), sending the legislation to the president for his consideration. While the bill includes funds for Customs and Border Protection (CBP) for migrant care and processing and for the Office of Refugee Resettlement for the care of unaccompanied children, this version does not include requirements for humanitarian standards for immigrant children in federal custody. While the House initially proposed additional funding for humanitarian relief and mandates for the federal government to provide better care for migrant children, the Senate ultimately declined to include these provisions in its bill. The pediatric community continues to advocate for the needs of immigrant children in the face of [reports that children face squalid conditions in CBP custody](#).

HHS PAUSES ON ADDED CONSCIENCE PROTECTIONS FOR HEALTH CARE WORKERS. In the face of mounting legal challenges, HHS [postponed the implementation](#) of a rule that seeks to expand protections for religious employees in the health care sector. The [recently finalized rule](#) allows any individual employed by a health care organization receiving federal funds to opt out of providing a wide range of health care services on religious or moral grounds. [The rule extends dramatically](#) beyond physicians and other practitioners, permitting a wide

range of medical providers, employers, pharmacies, insurance plans, and others to refuse to provide care, referrals, or take other steps that are part of the health care process (e.g., fill prescriptions) if they have religious objections to such care. This rule comes at the same time that HHS proposed stripping LGBT individuals of civil rights protections in health care through its proposed changes to the implementing regulations for Section 1557 of the Affordable Care Act.

APPEALS COURT ALLOWS TITLE X OVERHAUL TO PROCEED. The 9th Circuit Court of Appeals will [allow the controversial Title X Family Planning Program Final Rule to go into effect after all](#), despite urgent requests from health care provider organizations and family planning clinics to reconsider the decision. The rule was initially placed on hold by district judges in Oregon, Washington state, and California while legal challenges against the rule are resolved. In contrast to three similar rulings from the district courts, the [9th Circuit Court of Appeals lifted the hold](#) based on their judgment that HHS is likely to prevail in defending the Final Rule in court. The appeals court is expected to hear oral arguments on the merits of the case in the coming weeks. It is unclear for the time being whether HHS will enforce the new rule, which regulates the way providers can counsel about family planning (the so-called “gag rule”), compromises adolescent confidentiality, and makes many current Title X recipients ineligible for funding through the program.