

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Advocacy Report

Winter 2023



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With a wide array of child health issues under consideration in Washington and the states, the AAP and AAP state chapters continue to lead efforts to advance policies that optimize the health and well-being of children and adolescents while speaking out against harmful proposals that threaten to undermine these goals.

The Biden administration recently announced its plan to end both the national emergency and public health emergency (PHE) declarations related to COVID-19 on May 11th, signaling that federal officials believe the pandemic has moved into a new phase. At the same time, pediatricians across the country continue to confront a reality on the ground that underscores just how far the pandemic is from being over. With waning interest by Congress to provide funding for the COVID-19 response and aggressive oversight of how COVID-19 funding has been spent to date, especially in the House of Representatives, the Academy is actively working to support pediatricians and families and articulate their needs, particularly as pandemic-era policies that bolstered the social safety net and health care systems are rolled back.

Advocacy continues across multiple domains to address the needs of children. 2022 saw important progress on AAP priorities, including the passage of landmark federal legislation to address gun violence, climate change, and infant safety. Most recently, the **\$1.7 trillion year-end omnibus spending bill** (the omnibus) passed in December contained a number of child health victories, including funding increases for key programs in Fiscal Year (FY) 2023 and important policy changes. **Read more about the omnibus spending bill in AAP News.**

November's midterm elections ushered in an era of divided government in Washington and saw major shifts in the political landscape in some states. In the 118th Congress, Republicans hold a narrow majority in the House of Representatives, while Democrats have maintained and expanded their razor-thin majority in the Senate by one seat. Slim margins on both sides of the Capitol will make it much more difficult to advance the AAP's priorities than it was over the last year. Furthermore, an empowered wing of fiscal conservatives in the House Republican Conference, who extracted promises to dramatically cut federal spending in exchange for their votes to elect Speaker Kevin McCarthy (R-Calif.), is expected to pursue reduced funding for many child health priorities. House Republican leaders continue to threaten debt default unless the Biden administration and congressional Democrats agree to severe budget cuts, putting programs like Medicaid and SNAP at risk. AAP advocacy efforts this year to maintain funding for critical supports will be essential.

Notably, two pediatricians were elected to the House of Representatives in the 2022 elections. Yadira Caraveo, MD, FAAP, will represent Colorado's 8th district. She joins Kim Schrier, MD, FAAP, who was re-elected to represent Washington's 8th district. AAP also led its nonpartisan Get Out the Vote campaign, Vote Kids, focused on the importance of voting with children's needs in mind.

No matter the political environment, the Academy and AAP chapters' advocacy across all levels of government remains steadfast with the needs of America's young people as its guiding principle. In all its work, the Academy is focused on ensuring that public policies account for the needs of all children and adolescents with special attention to children from minoritized communities, including children of color and LGBTQ youth, those who have experienced trauma and childhood adversity, and system-involved youth in alignment with the **AAP's Equity Agenda**.



ADVOCACY OPPORTUNITIES

To learn more about the Academy's latest federal advocacy priorities and urge your members of Congress to support the health and well-being of children and families, **visit federaladvocacy.aap.org**.

To learn more about state advocacy engagement opportunities, contact your AAP chapter or the AAP State Advocacy Team at **stgov@AAP.org**.

AAP Priorities

Tripledemic Surge Advocacy

The Academy was in close contact with administration officials over the surge in pediatric respiratory illnesses and hospitalizations throughout the fall and winter. AAP continues engagement of the Biden administration on ongoing drug and device shortages including for over-the-counter medications. In response to a **letter** from AAP **urging** President Biden and Health and Human Services (HHS) Secretary Becerra to declare an emergency to support response to the surge, HHS clarified that existing regulatory and administrative authorities provided by the COVID-19 PHE declaration also apply to RSV and flu. This new legal clarification allows states and providers to use the

flexibilities that have been available under the federal public health emergency for the current crisis.

State level-responses to the respiratory virus surge included emergency declarations in Colorado and Oregon empowering state agencies to act in response to the situation through emergency authority. Additionally, the state of Maryland announced a \$25 million allocation of state health care provider funding to aid hospitals in pediatric ICU staffing and recruitment in response to the growth in hospitalizations for RSV and other respiratory diseases. In December 2022, AAP chapters were provided with **state advocacy guidance** summarizing state level actions and opportunities for advocacy.

AAP pediatrician experts and leaders were quoted extensively in the media, including **CBS News**, **The Washington Post** and **The New York Times**. AAP experts also led a virtual media tour on the issue and the Academy provided pediatricians and families with timely resources to respond to the latest developments. **Read more about the Academy's advocacy response to the surge in AAP News.**

Children's Coverage

Medicaid Unwinding

On April 1, state Medicaid agencies will be able to return to normal operations, including disenrollments, but must first redetermine the eligibility of all enrollees over a 14-month period – a process referred to as “The Unwinding.” Studies estimate that as many as 5.3M children may lose their Medicaid coverage during the Unwinding, largely for procedural reasons such as missed paperwork.

For the past year the Academy, AAP chapters, and national and state partners have been planning for the Unwinding through advocacy and education. The omnibus included several important guardrails to protect against steep losses of coverage, including a gradual stepdown of the pandemic-era Federal Medical Assistance Percentage (FMAP) increase, new Maintenance of Effort (MOE) requirements for states to follow, new state data reporting requirements, and new Centers for Medicare and Medicaid Services (CMS) enforcement authority. However, the Unwinding will still represent a major challenge to preserving coverage and minimizing procedural disenrollments. AAP and our partners are crafting both chapter and member-facing communications materials and will continue to work with chapters on how they can monitor and affect their states' Unwinding progress through June 2024. For more information and link to resources, visit <https://www.aap.org/medicaidunwinding>.

Coverage Improvements for Children in Omnibus

The omnibus includes several provisions that strengthen children's coverage and access to care. Beginning Jan. 1, 2024, all states will be required to cover children continuously for 12 months in Medicaid and the Children's Health Insurance Program (CHIP), regardless of changes in circumstances. As of 2022, only 24 states had already adopted this policy for children. The bill also makes the state option to extend postpartum coverage from 60 days to 12 months permanent (but not mandatory). During 2022, 27 states enacted the option, with 7 more still pending; this policy remains a top priority for many AAP chapters in 2023.

The legislation also extends CHIP funding for an additional two years (through FY 2029); extends Medicaid funding for Puerto Rico and the other US territories for another 5 years, averting a fiscal cliff; and extends the enhanced FMAP for territories conditioned on several requirements, including maintaining physician payments at 75% of Medicare.

Finally, the legislation includes provisions that enhance coverage for justice-involved youth by requiring states to provide medically necessary screening and diagnostic services, including behavioral health, as well as targeted case management and referrals prior to release. It also requires states to provide eligible justice-involved youth in public institutions with Medicaid and CHIP while awaiting the final disposition of charges. These changes begin January 1, 2024.

Section 1115 Waivers

In September, CMS approved groundbreaking Section 1115 waivers in Oregon and Massachusetts. Oregon received approval to provide continuous coverage to children from birth to age 6, and two years of continuous coverage for all other enrollees. Oregon will also provide coverage of health-related social needs (HSRNs), such as nutrition and housing supports. Notably, the state will no longer waive the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, thanks to successful AAP Oregon Chapter advocacy.

Massachusetts received approval to provide 2 years of continuous coverage for individuals experiencing homelessness, in addition to coverage of HSRNs. The Massachusetts waiver also expands financing of primary care and includes a significant component to address health equity. Notably, the OR and MA waivers were approved with the contingency that the states pay for primary care, obstetric care, and behavioral health care at no less than 80% of Medicare's rates. New Mexico, California, and Washington have waiver proposals pending that would similarly extend continuous coverage from birth to age 6, among other provisions.

Other states continue to use Section 1115 waivers to innovate in their Medicaid programs. For instance, Arkansas's "Life360 Homes" program will provide intensive care coordination and supports for key populations, including those experiencing severe mental illness or substance use disorder (SUD) and young adults at high risk for long-term poverty. A newly approved waiver will allow California to provide SUD treatment to those in jail, prison, or youth correctional facilities, while also facilitating connections to a community-based provider prior to release.

Medicaid Payment Parity

Earlier this year, Representative Kim Schrier, MD, FAAP (D-Wash.) reintroduced the *Kids' Access to Primary Care Act*, with Representatives Brian Fitzpatrick (R-Pa.) and Kathy Castor (D-Fla.). The bill would bring Medicaid payments for evaluation and management services back in line with Medicare payment levels, including for pediatric subspecialists. AAP staff worked with Representative Schrier on drafting the bill.

Home Visiting

MIECHV Reauthorization

The omnibus also included the bipartisan, **AAP-endorsed** *Jackie Walorski Maternal and Child Home Visiting Act* (H.R. 8876). This bill reauthorizes the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program for five years and doubles its federal funding.

Prior to the bill becoming law, the AAP played a lead role in the advocacy campaign to reauthorize MIECHV, which included significant pediatrician advocacy. An **op-ed** penned by AAP Immediate Past President Moira Szilagyi, MD, PhD, FAAP, was featured in *The Hill*, in which she called for Congress to reauthorize MIECHV before the end of 2022. The AAP will continue to work to ensure its successful implementation.

Mental Health

Youth Mental Health Summit

In October, Sally Goza, MD, FAAP, attended a Youth Mental Health Summit with leaders from HHS co-hosted by AAP and Casey Family Programs. The roundtable—which was attended by AAP chapter leaders and First Spouses from Delaware, Massachusetts, Nebraska, Oklahoma, and Utah—focused on mental health issues that young people are facing—especially those involved in the child welfare system—and ways that states can address those challenges with federal support.

Mental Health and Substance Use Provisions in the Omnibus

The omnibus reauthorized several programs important to children's mental health, including those that address eating disorders, maternal mental health, crisis care, and infant and early childhood mental health. The bill also eliminates the requirement for clinicians to obtain a waiver to prescribe buprenorphine for substance use disorder treatment and reauthorizes the *STOP Underage Drinking Act* for 5 years, including a \$3 million annual authorization for the AAP-supported grant program to train pediatric providers in Screening, Brief Intervention, and Referral to Treatment (SBIRT) for substance use prevention.

National Emergency Declaration Anniversary

In October, AAP led a **letter** to President Biden—along with more than 130 other state and national organizations—calling on his administration to declare a federal national emergency in youth mental health. This letter marked the one year anniversary of AAP, the American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association **declaring** child and adolescent mental health a national state of emergency.

While policy progress has been made since then, the letter called on government leaders to escalate their response to the youth mental health crisis and ensure all children can get the care and services they need. Declaring a national emergency would galvanize existing critical funding streams and support to help ensure that all children and adolescents can access the full continuum of mental and behavioral health care from promotion and prevention to early identification and treatment. More in this **press release** and **AAP News article**.

Mental Health State Legislative Activity

As the 2023 state legislative sessions progress, state policymakers continue to prioritize the pediatric mental health crisis. Many governors have called for increased funding for school mental health services and mental health workforce development in their state budget proposals. Among the bills state legislatures are considering in 2023 are permanent funding of 988, building effective crisis continuum of care, integrating behavioral health services into pediatric practices, creating mental health screening programs, and funding of suicide prevention programs.

State Advocacy Grants to Enhance Healthy Mental Development in Children and Adolescents

With the support of the Friends of Children Fund, the AAP recently awarded State Advocacy Grants to Enhance Healthy Mental Development in Children and Adolescents to 5 state AAP chapters (Arizona, Arkansas, California District IX,

Montana, and Puerto Rico). Increases to those grants and a sixth state, Colorado, was added thanks to a private donor.

Gender-Affirming Care

To date, 4 states have passed bans on gender-affirming healthcare in 2023. Utah, South Dakota, Mississippi, and Tennessee have approved measures to prohibit evidence-based gender affirming care, hormone blockers, and hormone therapies to children and youth under age 18. These 3 states join Arkansas and Alabama with healthcare bans passed into law. In 2022, Texas' Attorney-general issued a directive deeming gender-affirming care as child abuse and directed state child welfare agencies to investigate affirming parents who seek this healthcare for their children. Florida moved to ban access to Medicaid coverage for gender-affirming care and the state's Board of Medicine and Board of Osteopathic medicine created new standards of care that render the services null in Florida. To date, 23 states have introduced 96 measures to ban gender-affirming healthcare. The AAP and AAP chapters remain engaged on this issue through advocacy during the legislative process and legal challenges via amicus briefs.

Reproductive Health

Since the *Dobbs* decision, states have continued to advance widely divergent abortion policies. Abortion care services are now outlawed in 13 states and significantly restricted in 12 others, impacting nearly a third of the childbearing capable US population. Abortion care services are accessible in the remaining 25 states. Several states that have maintained legal access to abortion care have taken additional steps to ensure future access, like committing state funding for abortion care access, bolstering of the abortion care provider workforce, and mandating insurance coverage for reproductive health services. While the Biden administration remains committed to protecting access to abortion care, federal options remain limited in the absence of congressional action to enshrine the right to abortion care in federal law.

Online Protections for Children and Adolescents

The Academy continues to play a leading role in advocacy efforts to enact new protections for young people online that maximize the benefits of technology while minimizing its harms. The AAP-endorsed *Kids Online Safety Act* and *Children and Teens' Online Privacy Protection Act* passed out of a key Senate committee last Congress, the farthest such legislation has advanced in two decades. These bills would impose new limits on data collection from young people while establishing safeguards to make the digital ecosystem safer for children and teens. Both bills are expected to be

introduced this Congress, and the AAP will be working to secure their passage.

The **AAP Center of Excellence: Creating a Healthy Digital Ecosystem for Children and Youth** is in the early stages of launching work to promote healthy social media use and pediatric well-being. In Fall 2022, the AAP **received funding** to establish a National Center of Excellence over the next 5 years from the Substance Abuse and Mental Health Services Administration (SAMHSA). The Center will serve as a centralized, trusted source of evidence and support for children and teens, parents, educators, pediatricians and other professional who help youth navigate social media. The Center introduced a **website** in February 2023 and will soon launch an interactive portal that will provide clinicians, educators, parents and youth an opportunity to ask questions about youth social media use to mental health professionals. Over the next few months, Center staff plan to engage with technical experts, youth, and parents to develop further educational materials and guidance.

COVID-19 Advocacy

End of PHE

The end of the federal PHE on May 11th will have **implications** for COVID-19 vaccine payment, distribution, testing, and treatment, in addition to temporary state flexibilities related to licensure requirements and telehealth. These policy changes must consider the needs of children and pediatricians – especially ensuring that pediatricians are paid for vaccine counseling and that COVID-19 vaccine commercialization does not create barriers for pediatric offices to affordably purchase and administer the vaccine. The AAP is in regular communication with administration officials on these issues and will provide more information about what the end of the PHE means for pediatricians.

Vaccine Commercialization

Commercial markets **will soon play a greater role** in the purchase and distribution of COVID-19 vaccines. The timeline for commercialization is separate from the official end of the PHE and is unlikely to take place before this fall, when the federal government runs out of funding to buy more vaccine. AAP will continue to communicate updates to its members.

Last Fall, AAP sent **a letter** to Dr Jha outlining concerns surrounding the commercialization of COVID-19 vaccines, including increased administrative burdens on clinicians, ordering and cancellation policies, a lack of single-dose vials, labeling and dosing schedules, invoice and payment schedules, Vaccines for Children (VFC) administrative requirements, and proper payment levels for COVID-19 vaccine administration.

Vaccine Counseling

Both in advance of and following AAP-requested **May 2022 CMS guidance** to states describing the parameters of required EPSDT coverage of “stand-alone” vaccine counseling, the AAP has worked with numerous AAP chapters on implementation, particularly with respect to vaccine counseling for the COVID-19 vaccine, for which the majority of states now pay. The AAP will continue to work with CMS and AAP chapters to clarify questions on payment and coverage, and advance successful implementation of vaccine counseling.

Gun Violence Prevention

Gun Violence Prevention Research

The omnibus maintained a total of \$25 million for gun violence prevention research for the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH), split evenly between the two. For the first time ever, Congress also allocated \$1 million explicitly for gun violence prevention research at the National Institute of Justice (NIJ).

This year, the AAP will continue its work leading the medical, public health, and research community’s advocacy for federal funding on research to prevent firearm violence. The AAP received another year of funding from the Joyce Foundation to continue leading the Gun Violence Prevention Research Roundtable in this effort.

State Gun Violence Prevention Efforts

States continue to move forward gun violence prevention efforts. In January, Illinois became the 9th state to enact an assault weapons ban during the state’s lame duck session. As state legislative sessions ramp up, assault weapons bans, extreme risk protection orders, universal background checks, child access prevention, and safe storage bills are gaining momentum as legislators aim to address the leading cause of death in children ages 1-24. A new state legislative approach gaining traction this year would provide state funding for gun lock boxes or trigger locks to be distributed in pediatricians’ offices and emergency departments along with gun safety counseling.

Immigration

The AAP-opposed policy known as Title 42 that was used to expel immigrants at the border is expected to end with the expiration of the COVID-19 PHE on May 11, 2023. The expiration of the PHE moots the ongoing legal challenge to the program. Supreme Court oral arguments that were set to occur on March 1st have been cancelled. However, the Biden administration has proposed a rule, set to take effect on or near May 11th, that would severely limit access to asylum for most families. Because unaccompanied children would be

exempted from the new proposed asylum restrictions, much like they were from Title 42, we can anticipate that many families will choose to self-separate in Mexico, sending their children into the US alone.

Climate Change & Clean Air

EPA Regulatory Actions

Mercury and Air Toxics Standards

The Environmental Protection Agency (EPA) released its final rule to reaffirm its prior finding for the Mercury and Air Toxics Standards (MATS) that it is “appropriate and necessary” to regulate hazardous air pollutants from coal-fired power plants. The Trump administration sought to reverse this finding. The AAP joined other health organizations in a **press release** celebrating EPA’s final rule and will work to urge EPA action to make these standards more protective of child health.

Methane Rule

The EPA proposed a rule to reduce methane and other harmful air pollution from the oil and natural gas industry. The AAP **submitted comments** and joined coalition partners in a **letter** supporting the proposal while also urging the EPA to take further steps to regulate the oil and gas industry’s methane emissions and pollutants. Several state chapters of the AAP joined a **state and local health organizations letter** stating the same.

Ozone Standard

The AAP and advocacy partners took legal action in 2021 urging the Biden administration to issue stronger ozone standards. Ozone pollution is dangerous because it can trigger asthma attacks and increase the risk of heart and lung diseases, especially in children. The science supporting a stronger standard is clear, but EPA has not yet taken action. AAP will continue to urge the EPA to finalize a stronger ozone standard as soon as possible.

Particulate Matter Standard

The EPA proposed new standards for fine particulate matter, also known as “soot.” Soot is a mix of metals, organic chemicals, and acidic substances that are so small they can be inhaled deeply into the lungs and enter the bloodstream, and it is associated with many child health harms, including asthma. This EPA proposal is stronger than current law but falls short of the science-based standard for which the AAP has long advocated. The AAP will be making clear in its input that a stronger final rule is necessary.

Child Nutrition

WIC Food Packages

In November, the U.S. Department of Agriculture (USDA) **proposed** changes to the food packages that are available to

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) participants. The proposed rule draws from recommendations from the **National Academies** and the **Dietary Guidelines** to increase access to more fruits and vegetables, additional cultural foods, and choices for dairy, whole grains, and seafood. AAP submitted **comments** on the proposal in February, urging USDA to finalize improvements to the WIC food packages.

SNAP

The temporary benefit increases known as Emergency Allotments that Congress enacted to address rising food insecurity during the COVID-19 pandemic expired at the beginning of March. This will result in a benefit cut for every SNAP household in the jurisdictions that still are paying Emergency Allotments — 32 states, DC, Guam, and the U.S. Virgin Islands. A map of states that previously ended these extra benefits is available **here**. Every household in those states will receive at least \$95 a month less; households with children will lose \$223 on average per month.

Congress is now turning its attention to the Farm Bill—far-reaching legislation that governs an array of agricultural and food programs, including SNAP. AAP's priorities for the Farm Bill will include preserving eligibility for SNAP and maintaining or improving benefit levels.

Infant Formula

In December, USDA announced their **approach** for winding down the flexibilities that were put in place in the WIC program during the infant formula shortage. On February 28th, the waiver allowing WIC participants to purchase formula from a brand that is not contracted with their state WIC program expired. WIC participants will now only be able to purchase formula from the contracted brand in their state, unless they require specialty formula. Specialty formulas are not tied to the WIC state contracts and all flexibilities related to those formulas will continue through at least June. Physicians also have to return to providing medical documentation for children who require non-contract formula.

Implications of the Unwinding

Waivers tied to the COVID-19 public health emergency allowed WIC to certify participants and issue benefits remotely. These waivers were set to expire 90 days after the end of the public health emergency on May 11th. USDA recently announced, however, that states would be given the opportunity to opt into extending these waivers for physical presence requirements and/or remote benefit issuance until September 2026.

Because families who participate in Medicaid are adjunctively eligible for WIC, AAP is monitoring the impacts

of the unwinding of the Medicaid continuous coverage requirement on WIC enrollment and participation. If families lose their Medicaid coverage, they may have to re-enroll in WIC and provide documentation of their income eligibility.

School Nutrition Standards

In February, USDA released a rule proposing **new nutrition standards** for school meals. As called for by AAP, the rule would align school meal standards with the Dietary Guidelines for Americans by creating the first added sugar limit for school meals, decreasing sodium, and increasing access to whole grains and cultural and geographic foods.

Since the enactment of the *Healthy, Hunger-Free Kids Act (HHFKA)* of 2010, nutrition standards for school meals have been in a near constant state of flux due to restrictions from Congress, changes in presidential administrations, court decisions, and the pandemic. USDA intends for these new standards to provide certainty for schools and families going forward. The proposed standards are slated to begin taking effect in the 2024-2025 school year and will be phased in to allow schools, families, and food companies time to adjust. AAP plans to submit detailed comments on the proposal.

Injury Prevention

STURDY Act

The omnibus also included the AAP-endorsed *Stop Tip-overs of Unstable, Risky Dressers on Youth Act* (STURDY Act). The STURDY Act requires the Consumer Product Safety Commission (CPSC) to revise the safety standards for freestanding clothing storage units such as dressers, bureaus, or chests of drawers. These new standards will better reflect how these products are actually used and prevent child deaths from furniture tip-overs. Prior to the bill passing, the AAP joined a broad coalition of consumer safety, health, and industry groups in writing a **letter** calling for Congress to pass the bill before the end of 2022.

Magnets

In September 2022, the CPSC unanimously approved an **AAP-endorsed** updated final safety standard to address the risk of pediatric injury associated with the ingestion of high-powered magnets. A group of industry organizations are suing the CPSC over the rule, and the AAP is working on an amicus brief to support the CPSC's rule.

Button Batteries

Following the enactment of the AAP-championed Reese's Law, the CPSC announced a proposed rule establishing safety standard for button cell or coin batteries to protect children from ingesting these batteries, which can cause severe injuries and even death. The AAP will be joining

coalition partners in providing input to ensure that CPSC develops the strongest standard possible to protect children.

Tobacco Control

State Tobacco Control Victories

The biggest victories in tobacco control in late 2022 and early 2023 have come at the state and local levels. In the November election, California voters overwhelmingly approved a ballot initiative (Prop 31) to uphold California's comprehensive flavored tobacco statute. The law, originally passed by the legislature in 2020, restricts the sale of most flavored tobacco products, including menthol cigarettes, flavored e-cigarettes, and flavored cigars and had been the subject of multiple legal challenges from the tobacco industry. With this resounding victory, California joins four other states and more than 360 municipalities across the US that have acted to restrict youth access to flavored tobacco products. At the local level, late 2022 saw flavored tobacco ordinances pass in Multnomah County (Portland), OR and Columbus, OH. There are currently 10 states with flavored tobacco bills pending in their 2023 legislative sessions.

FDA Regulation of E-Cigarettes

At the federal level, the Food and Drug Administration (FDA) continues to review premarket applications for e-cigarettes after its failure to do so for years helped drive a youth nicotine epidemic. Significantly, the FDA issued its first marketing denial orders for menthol e-cigarettes underscoring the risk that menthol plays in youth tobacco initiation and sustained use, while highlighting the lack of evidence that flavors aid in adult smoking cessation. The agency has also taken legal action to remove e-cigarettes from the market that are being sold without the required marketing authorization. While it is good news that the FDA has begun issuing marketing denial orders on menthol flavored e-cigarettes, the agency has announced that it is once again pushing back its anticipated completion date for review of all outstanding e-cigarette premarket applications until the end of 2023, and it must also take decisive enforcement action to remove all e-cigarettes from the market being sold unlawfully.

Menthol Cigarette and Flavored Cigar Prohibition

The FDA is expected to issue final rules to remove menthol cigarettes and flavored cigars from the market later this year. These historic moves would represent enormous steps forward in efforts to reduce youth tobacco use. The Academy filed comments highlighting the harms posed by **menthol cigarettes** and **flavored cigars** to young people and has urged the agency to finalize its plans quickly.

Child Welfare Policy

Title IV-B Reauthorization

The omnibus included a one-year extension of Title IV-B, a major child welfare law that funds key state services around family preservation, reunification, and overall child welfare services and systems development. The AAP has long sought a long-term, comprehensive Title IV-B reauthorization with expanded investments in mental health for youth in foster care and will continue to work this advance AAP's priorities.

CAPTA Reauthorization

The 117th Congress failed to enact a bipartisan AAP-supported *CAPTA Reauthorization Act of 2021*. A small but vocal push by conservative lawmakers seeking to use CAPTA reauthorization as a venue to push policies to undermine access to gender-affirming care made passing this broadly bipartisan bill impossible. CAPTA has not been reauthorized in over a decade and the bipartisan legislation offered critical updates to identify, prevent, and treat child maltreatment that the AAP will continue to advocate for amid its uncertain political prospects.

New Report on State Implementation of Family First Congregate Care Reforms

Through the generous support of the Annie E. Casey Foundation, the AAP will be soon releasing a report on the Family First Prevention Services Act. This report was developed with experts from Chapin Hall of the University of Chicago, individuals with lived experience in foster care, and pediatricians to examine state-level implementation of the congregate care reforms contained in the AAP-championed Family First Prevention Services Act. This landmark child welfare reform law creates new standards for quality and appropriateness of non-family settings for children in foster care, which took effect in October 2021.

NDAA

The 2023 National Defense Authorization Act (NDAA), passed in December, includes an AAP-championed provision that will prevent reductions in the number of military medical billets for an additional five years following the one-year delay in last year's NDAA. The AAP will advocate for provisions in the 2024 NDAA that incentivize training slots and fill existing vacancies for military pediatricians.

Additionally, under a contract awarded by the Defense Health Agency (DHA) to Express Scripts Inc. (ESI), changes to the pharmacy benefit under TRICARE went into effect in October. The contract incentivizes cuts to independent and community-based pharmacies, as well as compounding pharmacies. The ESI contract also requires children to "fail first" on "preferred" medication before they can obtain or

even refill medication prescribed by their provider. The AAP will continue to engage in advocacy efforts to reverse the fail-first policies and ensure that pediatricians can prescribe the medications that children need.

Appropriations

With Democrats in control of the Senate and Republicans in control of the House, priorities for a FY 2024 spending package remain unclear. House Republicans have suggested cutting program funding back to 2022 levels as a condition for raising the debt ceiling.

The White House **released** President Biden's budget on March 9, outlining the administration's funding priorities for FY 2024. Speaker McCarthy and House Republicans are expected to release more details around proposed budget cuts soon. The AAP will continue to monitor FY 2024 negotiations and urge Congress to provide robust funding for child health.

Global Child Health

Global Health Appropriations

The omnibus included increases to critical global child health accounts that support early childhood development, violence prevention and response, maternal and child health, nutrition, and polio eradication.

PEPFAR Reauthorization

This coming spring is the 20th anniversary of the President's Emergency Plan for AIDS Relief (PEPFAR), which is up for reauthorization in 2023. The AAP plans to work with allied organizations from the Global AIDS Policy Partnership to ensure reauthorization continues to meet the needs of children affected by HIV/AIDS.

Indigenous Children's Health

Advance Appropriations

For the first time ever, Congress included a \$5.1 billion advance appropriation for the Indian Health Service (IHS). This policy is significant because it means IHS will have funding certainty one year beyond the current fiscal year, similar to how the Veterans Health Administration receives its funding. Tribes have long sought this major policy improvement, and the AAP has advocated for it since 2015.

ICWA

Last year, the AAP and the American Medical Association filed an **amicus brief** defending the Indian Child Welfare Act (ICWA) in the upcoming U.S. Supreme Court Case *Brackeen v. Haaland*, which threatens to undermine ICWA and other programs serving AI/AN children. ICWA is a 43-year-old federal law that reaffirms the rights of Tribal nations to be

involved in child welfare matters, while also keeping AI/AN children connected to their community and culture. An expansive ruling could not only undermine ICWA and the protection of AI/AN children but also undermine the entire framework of federal laws recognizing Tribal sovereignty and self-determination. The Supreme Court heard oral arguments in the case last year and is expected to issue a ruling this summer.

2023 Advocacy Conference

The 2023 AAP Advocacy Conference will take place in DC on March 26 – 28. More than 350 attendees will participate from across the country, in person for the first time since 2019, where they will participate in advocacy workshops, hear from government officials including pediatricians Admiral Rachel Levine, Rep. Kim Schrier (D-Wash.) and Rep. Yadira Caraveo (D-Colo.), and go to Capitol Hill in support of legislation to protect children online.



AAP ADVOCACY GUIDE

Check out AAP's new digital Advocacy Guide, available to AAP members at aap.org/advocacyguide. This digital guide offers interactive tools, resources, and information to help pediatricians develop their advocacy skills – more features coming in the weeks and months ahead!

How to Sign Up for Advocacy Emails

Email kids1st@aap.org with your name, AAP ID if known, and your preferred e-mail address to receive timely advocacy communications and requests for action as well as a weekly advocacy recap, the Capital Check-up.

Engage with AAP on Social Media

Follow and engage with AAP on social media (Twitter, Facebook and Instagram) via @AmerAcadPeds and @healthychildren. To receive monthly social media communications and more opportunities to advocate on social media platforms, request to be added to AAP's #tweetiatrician list by emailing tjackson@aap.org.