



2016 Congressional Lame Duck Recap

21st Century Cures/Innovations for Healthier Americans

Summary: Comprehensive legislation that would provide the National Institutes of Health (NIH) sizable new resources and reform programs and policies at the Food and Drug Administration (FDA) and NIH dubbed “21st Century Cures” passed the House in July 2015. The Senate Health, Education, Labor and Pensions (HELP) Committee took a more piecemeal approach, marking up several individual bipartisan bills reforming NIH and FDA but Senate floor action on those bills has been delayed over disagreements on how to provide those agencies more resources. The AAP did not endorse the House bill but supports some provisions and has concerns about others. Similarly, the AAP has endorsed some, but not all, of the Senate HELP Committee bills.

Recap: On December 13, President Obama signed the *21st Century Cures Act* into law, with AAP CEO/Executive Vice President Karen Remley, MD, MPH, MBA, FAAP, attending the signing ceremony. This action follows congressional action, where the House and Senate voted overwhelmingly to pass the *21st Century Cures Act* by votes of 392-26 and 94-5, respectively. The legislation provides \$6.3 billion in total funding over and above money provided through the regular appropriations process to initiatives at NIH, FDA and to combat the opioid epidemic.

Status: Signed into law

Child Nutrition Reauthorization

Summary: The Senate Agriculture Committee passed its bipartisan child nutrition reauthorization bill, the *Improving Child Nutrition Integrity and Access Act of 2016* (S. 3136), in January. The legislation reauthorized WIC and the school meals and summer feeding programs and was supported by AAP. The House Education and Workforce Committee bill, H.R. 5003, passed by a party line vote in May and would reduce access to healthy school meals. The AAP opposed the bill as did most nutrition groups.

Recap: Bipartisan, bicameral negotiations between the Senate Agriculture Committee and House Education and Workforce Committee came to an end as committee leaders were unable to reach a compromise. Unfortunately, Congress is unlikely to take up child nutrition reauthorization again next year as work is beginning on the 2018 Farm Bill. It is unclear at this point what the Trump Administration and 115th Congress will mean for child nutrition, but many advocates fear that the failure of finishing child nutrition reauthorization this year will have negative implications for the future of WIC and the nutritional quality of the school meals program.

Status: Did not pass



Early Hearing Detection and Intervention Act

Summary: The *Early Hearing Detection and Intervention (EHDI) Act*, which AAP endorsed, passed the House by voice vote in September 2015, and was sent to the Senate HELP Committee thereafter. The legislation was introduced in the Senate in December 2015 by Sens. Rob Portman (R-Ohio) and Kirsten Gillibrand (D-N.Y.). The AAP has been urging the Senate HELP Committee to take up the legislation to reauthorize these important programs.

Recap: The EHDI bill died in the HELP Committee after an agreement to move it to a unanimous consent vote was not reached. EHDI will be taken up at the beginning of the 115th Congress.

Status: Did not pass

Expanding Capacity for Health Outcomes Act

Summary: Congress passed the AAP-endorsed *Expanding Capacity for Health Outcomes (ECHO) Act*. The ECHO Act directs the Secretary of Health and Human Services to study technology models that would connect specialty and primary care through video conferencing and other telemedicine capabilities to facilitate care and to evaluate whether such models could work in pediatric settings. The ECHO Act specifically directs the Secretary to evaluate whether such models could work in pediatric settings. The AAP [endorsed](#) the ECHO Act and supports its goal to study ways telemedicine can positively impact care.

Recap: The ECHO Act passed the Senate on November 29 by a vote of 97-0 and the House on December 6 by voice vote, and was signed into law by President Obama on December 14.

Status: Signed into law

Family First Prevention Services Act

Summary: The AAP-endorsed bipartisan *Family First Prevention Services Act* would have created new prevention services for families where children are at risk of entering foster care and improve the clinical quality of residential foster care. The AAP helped develop key aspects of this bill, particularly around the quality and appropriateness of congregate care.

Recap: Despite the support of nearly 500 organizations, including AAP and nearly all of its chapters, Family First was not enacted in the 114th Congress. The bill was originally included in the 21st Century Cures legislation, but was removed before its consideration at the urging of congregate care providers opposed to the bill's quality standards for group homes. For nearly two years, AAP was part of a major advocacy effort to pass this bipartisan bill, and pediatrician advocates were instrumental in how close this bill came to enactment. The Academy continues to prioritize these important federal policy issues.

Status: Did not pass



Mental Health Reform

Summary: Before August recess, the House passed overwhelmingly a mental health reform bill (H.R. 2646), which the AAP endorsed. The Senate has been working to come to agreement on its version of mental health reform since the HELP Committee passed its bill in March.

Recap: Language from H.R. 2646 is included in the 21st Century Cures package that President Obama signed into law. Some provisions of the Senate mental health bill are also included. The package includes several AAP priorities including a grant program that supports the creation and expansion of programs that integrate behavioral health into pediatric primary care, grants to address postpartum depression screening and treatment, and provisions that focus on early childhood intervention and treatment. All of AAP's concerns about drafting errors in the original mental health bills are addressed in the 21st Century Cures package.

Status: Several mental health provisions, including many AAP priorities, passed as part of *21st Century Cures Act*

National Defense Authorization Act

Summary: The *National Defense Authorization Act* (NDAA) is an annual piece of legislation that authorizes all defense programs in the United States. The Senate and House Armed Services Committees have worked through the year, each passing their own versions of the bills, and ultimately resulting in a conference committee to reconcile the bills into one final piece of legislation. AAP had been advocating on several provisions that would significantly impact child health and the military pediatrician workforce. The final conference report contains several provisions that benefit children, including language directing TRICARE to cover medically necessary foods, increasing child abuse reporting requirements in the military, authorizing TRICARE to make payments to State Vaccine Purchasing Programs for the cost of providing vaccines to covered beneficiaries, and directing the Comptroller General to conduct a study on the Exceptional Family Member Program, a program that provides resources for military families who have a child with special health care needs.

Unfortunately, the conferees removed language that had been included in both the House and Senate bills that would direct the Department of Defense (DoD) to report on actions it has taken to improve pediatric care in the Military Health System.

In addition to these provisions, the AAP was concerned about [three sections](#) included in the Senate bill that sought to reduce or eliminate medical specialists and Graduate Medical Education (GME) slots that were deemed to not "directly support military readiness." Pediatricians and obstetrician-gynecologists were specifically listed in Senate report language as overstuffed specialties slated for elimination or reduction. AAP, ACOG, and other specialty and subspecialty groups worked over the summer to urge conferees to strip these provisions from the bill. While the provisions were not stripped in their entirety, AAP was successful in altering the language significantly. Whereas the original bill would have reduced the number of practicing pediatricians in Military Treatment Facilities (MTFs), the new language will direct the Secretary of Defense to establish best practices for care delivery at MTFs, and to ensure that critical wartime readiness and core competencies of health care providers in the Armed Forces are maintained at high levels.



While the previous Senate language proposed to eliminate numerous GME slots within the DoD, the new language instead instructs the Secretary to conduct oversight of the program to ensure that the current numbers of GME slots are appropriate for the readiness of the military. The new language also instructs the Department to issue two reports, one by the Secretary and one by the Comptroller General, that detail these GME programs and how they provide direct and indirect support to readiness, as well as other medical support to the Armed Forces.

Recap: Both the House and Senate have passed the final NDAA conference report. The legislation will now go to President Obama for his signature.

Status: Awaiting signature

Protecting Patient Access to Emergency Medications of 2016 Act

Summary: The *Protecting Patient Access to Emergency Medications of 2016 Act* (H.R. 4365, S. 2932) came about when the Drug Enforcement Administration (DEA) began notifying EMS agencies that it believed they were in violation of the Controlled Substances Act by allowing EMS providers to receive, store, transport and administer controlled substances to patients pursuant to standing orders issued by the EMS agency's medical director. In the absence of a change in law or change in DEA interpretation, an individual patient prescription would have to be provided by a properly licensed and credentialed medical provider prior to dispensing a controlled substance.

This legislation explicitly permits medical directors to issue standing orders to enable EMS professionals to administer controlled substances to patients. It also clarifies and codifies who is authorized to provide verbal orders for controlled substances.

Recap: The AAP joined several organizations in sending a [letter](#) to House Speaker Paul Ryan (R-Wis.) and House Minority Leader Nancy Pelosi (D-Calif.) urging House passage of the bill; the House passed H.R. 4365 before the end of the year. The Senate, however, was unfortunately unable to pass S. 2932 before the end of the 114th Congress. AAP will continue advocating for the allowance of standing orders in the 115th Congress.

Status: Did not pass

Reach Every Mother and Child Act

Summary: The Reach Act (S.1911/ H.R. 3706), which received substantial input from the AAP, would provide authorization for the U.S. Agency for International Development's evidence-based Acting on the Call strategy to end preventable maternal, newborn and child deaths by 2035. The bill had broad bipartisan support with 26 cosponsors in the Senate and 217 in the House.

Recap: The Reach Act did not pass before the congressional session ended, but the sponsors have committed to reintroducing the legislation in the next Congress.

Status: Did not pass