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March 20, 2017

The Honorable Thad Cochran  
Chairman  
Senate Committee on Appropriations  
113 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Patrick Leahy  
Ranking Member  
Senate Committee on Appropriations  
437 Russell Senate Office Building  
Washington DC, 20510

The Honorable Rodney Frelinghuysen  
Chairman  
House Committee on Appropriations  
2306 Rayburn House Office Building  
Washington, DC 20515

The Honorable Nita Lowey  
Ranking Member  
House Committee on Appropriations  
2365 Rayburn House Office Building  
Washington, DC 20515

Dear Chairman Cochran, Chairman Frelinghuysen, Ranking Member Leahy and Ranking Member Lowey:

On behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization of 66,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, I write to urge Congress to reject the proposed Fiscal Year (FY) 2018 budget released by the White House.

The AAP annually urges Members of Congress to put children first when considering short and long-term federal spending decisions, and to resist attempts to cut important child health programs to achieve savings for other endeavors. Unfortunately, the budget proposed by President Trump falls far short of this imperative.

For instance, the President's proposal to increase defense spending by \$54 billion and pay for this through equal spending cuts to non-defense discretionary programs is harmful to children and violates the Budget Control Act of 2011, which set spending levels for defense and non-defense discretionary spending over a decade. Congress has twice acted to increase the spending caps for both defense and non-defense discretionary spending, raising spending categories by equal amounts both times. However, the proposal by the President to end the parity between defense and non-defense discretionary spending will have a detrimental effect on programs important to the health, safety and well-being of our nation's children.

The effect of eliminating the parity between defense and non-defense discretionary spending can be seen throughout the budget proposal. For example, the Department of Health and Human Services budget is proposed to be cut by 16 percent from current levels. In addition, the Department of Education is to be reduced by 13.5 percent, the Department of Agriculture by 21 percent, the Department of State by

29 percent, and the Environmental Protection Agency by 31 percent. These drastic reductions to these departments and agencies are simply irresponsible and should not be considered a serious proposal.

To make matters worse, these cuts are used to justify massive spending increases at the Department of Homeland Security in order to carry out the President's harsh and controversial executive orders that have targeted vulnerable immigrant children and their mothers. Children do not immigrate, they flee. Immigrant children deserve our compassion and assistance, they should never be separated from their parents, and they should never be placed in detention centers. This budget fails children, particularly immigrant children, on every level.

Within the cuts to the Department of Health and Human Services, the budget outlines cutting funding for the National Institutes of Health (NIH) by \$5.8 billion, dropping the spending level to \$25.9 billion in FY 2018—which would result in the lowest NIH funding amount in 15 years. It also eliminates the Fogarty International Center at NIH, which helps to strengthen global health and scientific partnerships by promoting research and collaboration with other countries. These proposed cuts are incompatible with the strong support Congress showed for NIH funding last year in its passage of the *21<sup>st</sup> Century Cures Act*.

In addition to the cuts to NIH, the outline of the budget proposals for the Centers for Disease Control and Prevention (CDC) are also alarming. The blueprint calls for replacing program-specific funding with a \$500 million block-grant program that will supposedly allow each state to decide how best to use its money. However, CDC already spends around \$660 million annually on this kind of state assistance, so it is unclear if this is new spending or if it signals actual cuts to the states. Moreover, the budget proposal does not address the fact that the current health reform proposal moving through Congress, the American Health Care Act (AHCA), would eliminate the Prevention and Public Health Fund (PPHF) which currently provides 12 percent of spending in the CDC budget. If the AHCA is enacted how will the PPHF monies be replaced? The federal government has a unique and irreplaceable role to play in protecting the public health through disease tracking and surveillance, promoting healthy and safe behaviors, overseeing research, and promoting health care systems improvements.

Globally, the proposed 28 percent funding reduction for the State Department and the U.S. Agency for International Development, which support survival programs for mothers giving birth and children under five, programs to halt the spread of infectious diseases, and nutrition programs to protect children from stunting and wasting, would be detrimental to children around the world. It is also concerning that this budget proposal would reduce our commitment and question our role in the United Nations, which provides famine relief through the World Food Program, procures vaccines for 45 percent of the world's children through UNICEF, and is tasked with reducing risks from future pandemics through the World Health Organization.

In department after department, agency after agency, programs that protect children are severely cut or proposed for elimination altogether. In addition to the examples listed above, the President proposes to:

- Eliminate \$403 million in health professions and nursing training programs, which may include cuts to vital programs that help improve patient care for children and address serious shortages of pediatric subspecialists such as the Children's Hospital Graduate Medical Education (CHGME) program. CHGME is critical in expanding health care for vulnerable and underserved children, and ensuring access to care for all children, as nearly half (49 percent) of all pediatric residents are trained by CHGME recipient hospitals
- Eliminate the Low-Income Home Energy Assistance Program (LIHEAP), which provides much needed home energy assistance to households with elderly members, disabled members, and/or households with young children.
- Eliminate funding for the Clean Power Plan, climate change research and programs, and the Endocrine Disruptor Screening Program, which are extremely important for protecting the developing body systems of children and the health and well-being of all Americans.
- Eliminate the 21st Century Community Learning Centers program, which supports before- and after-school programs that provide much needed activities for many children across the nation and improve school attendance, class participation and behavior, homework completion, and reading and math achievement scores and grades.
- Eliminate the Emergency Refugee and Migration Assistance account, which has helped children around the globe by ensuring that the United States provides sufficient resources for refugee assistance in unanticipated and urgent humanitarian crises.
- Eliminate the McGovern-Dole International Food for Education program that helps support education, child development and food security in low-income, food-deficit countries around the globe.
- Eliminate the Community Services Block Grant (CSBG), which provides funds to alleviate the causes and conditions of poverty in communities around the nation. This is particularly important as one in five children in the United States lives in poverty.
- Eliminate funding for the Community Development Block Grant (CDBG) program that provides low- and moderate-income communities with resources to address a wide range of unique needs, including meals on wheel programs, housing assistance, suitable living environments, and neighborhood recovery from Presidentially declared disasters.

While the budget proposes to include a \$500 million increase above current funding levels to expand opioid abuse prevention efforts, to provide an increase of \$20 million for the mitigation of lead-based paint and other hazards in low-income homes, and to create a new Federal Emergency Response Fund to rapidly respond to public health outbreaks such as Zika Virus Disease, these increases are dwarfed by the cuts in other programs important to children and all Americans. Also, while the budget mentions the importance of funding the Indian Health Service (IHS), it does not address specific funding for this critical agency, which is already funded well

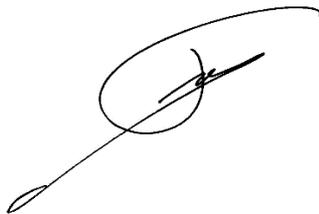
below current need. IHS is an important child health services and public health program provider, and cuts to that agency would disproportionately impact uniquely vulnerable children.

In addition, this budget proposal needs to be taken in context with the AHCA, which is supported by the Administration and is moving through Congress. If enacted, the Congressional Budget Office (CBO) has estimated that 14 million fewer Americans will have insurance in 2018, and 24 million fewer Americans will have insurance by 2026. CBO also estimates that many American families will face higher costs to afford insurance. Those CBO estimates indicate that a greater strain could be placed on the public health infrastructure in communities throughout the United States. With more uninsured Americans, with less access to health care coverage, American communities would be less resilient to face public health threats. No amount of money in a Federal Emergency Response Fund will be sufficient if the AHCA causes more families to leave health care coverage and access to preventive care, including vaccines.

As pediatricians, we know that children start learning from the day they are born and that it is crucial that they receive the proper health care, social supports, stimulation, nutrition, exercise and nurturing environments to ensure proper brain development and growth. We not only diagnose and treat our patients, we also promote preventive interventions to improve overall child health, as we know that healthy children make for healthier adults. As such, we urge you reject the spending proposals outlined in the President FY 2018 budget proposal and instead pass strong spending measures that invest in children from the earliest days of life through young adulthood.

There are many ways Congress can help meet children's needs and protect their health and well-being. Adequate funding for children's health programs is one of them. The American Academy of Pediatrics looks forward to working with Members of Congress to prioritize the health of our nation's children in FY 2018 and beyond. If we may be of further assistance, please contact Pat Johnson in AAP Department of Federal Affairs at 202-347-8600 or [pjohnson@aap.org](mailto:pjohnson@aap.org). Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, consisting of a large, stylized loop followed by a horizontal stroke and a vertical stroke extending downwards.

Fernando Stein, MD, FAAP  
President