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February 1, 2017

President Donald J. Trump
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President:

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 from around the country dedicated to the health, safety, and well-being of all infants, children, adolescents, and young adults, I write to congratulate you on your inauguration as our nation's 45th President. As President, you face many competing priorities but, as a father and grandfather, you understand that children are our most enduring and vulnerable legacy. The children born during your administration will be our country's future leaders and their descendants will lead the United States into the next century. The AAP leadership and its members look forward to working with you and your administration to ensure all children have the essential and foundational elements necessary for a healthy and productive life.

As you begin to implement your first 100-day agenda and to plan for the years beyond, the AAP would offer the following recommendations to promote healthy children, support secure families, build strong communities, and ensure that the United States is a leading nation for children from our [*Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future*](#), which was released last fall.

Healthy Children

Child health is a strong predictor of adult health. Addressing health and development during childhood—from birth through adolescence—leads to improved life outcomes in many areas. Conversely, the inability to access health care services threatens the physical, mental, and social health and well-being of children and their caregivers. The United States has succeeded in significantly expanding the number of children who have health insurance and, thus, has improved access to health care. From 1984 to 2014, the percentage of uninsured children declined from 29 percent to roughly 5 percent.

Today, 53.7 percent of U.S. children under age 18 are covered through private insurance, and 42.2 percent are covered by public plans, including Medicaid and the Children's Health Insurance Program (CHIP). These programs, combined with the Affordable Care Act (ACA), have reduced the number of uninsured children to a record low and helped millions of children, adolescents, and young adults access high-quality health care. As a result of health insurance coverage, these children have better access to preventive health services, are more likely to access routine care, and ultimately have improved health over their lifespan. We must not lose ground on our historic uninsurance rate among children, while working hard to close the gap for the remaining five percent of U.S. children who still lack health insurance. As you consider changes to the current health care system, we urge you to embrace the position that any such changes "do no harm to children" whether they are covered by Medicaid, CHIP, or private insurance.

We believe that all children should have quality health care coverage, have insurance with comprehensive, pediatric-appropriate benefits, have access to needed primary and subspecialty pediatric care and mental health services, and receive comprehensive, family-centered care in a medical home. As such, we urge you to support a strong renewal of the CHIP program, preserve the protections that exist for children in the Medicaid program, and ensure that any changes to the health care system do not leave any child worse off. We appreciate the commitment Secretary-designate Tom Price made at his recent confirmation hearing to a long-term renewal of the CHIP program and we look forward to working with you to ensure that CHIP is renewed with strong provisions to prevent states from rolling back recent gains in CHIP enrollment.

Access to Pediatric Care

It is essential that children are able to access the care they need when they need it. Under current private insurance market rules, a family can choose their child's pediatrician; if a plan requires enrollees to designate a primary care provider, insurers must allow families to choose who it is. In the case of a child, a family can choose a pediatrician as the primary care provider.

Sufficient payment rates are critical to ensure children's access to care. On average, Medicaid pays providers about 70 percent of what a Medicare provider receives for the same service — the only difference is the age of the patient being served. Inappropriately low Medicaid payments impede the ability of pediatricians to accept more patients covered through this program, and create unnecessary access barriers for children enrolled in the Medicaid program. We urge you to work with Congress and the states to improve access by improving Medicaid payment. We also urge you to confirm that the "equal access rule"—a rule intended to ensure that state Medicaid payment rates are sufficient to encourage sufficient provider participation in the program—applies to Medicaid managed care. Finally, we must address barriers that prevent children from accessing appropriate mental and behavioral health care which include the use of behavioral health carve-outs and inadequate payment that hinder access to appropriate care.

Comprehensive Benefits

All children need access to comprehensive health benefits packages that include preventive care, critical care, pediatric surgical care, behavioral health services, and oral health care. This must include the *Bright Futures* recommendations as a standard for access and design of age-appropriate health insurance benefits for infants, children, adolescents, and young adults. *Bright Futures*, a national health promotion and prevention initiative, includes Guidelines that provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits. All private insurance, Medicaid, CHIP, and other insurers should cover all *Bright Futures* services for children.

Children are not little adults, and Medicaid and CHIP were designed to meet their unique health and developmental needs. They provide essential child-specific benefits — such as Medicaid's Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) benefit — so that children may access medically necessary care, such as well-baby and well-child visits, immunizations, clinician and hospital visits, and dental, vision and hearing services. Children covered by Medicaid and CHIP also have access to a full range of health care providers with the pediatric training and expertise to meet their unique health care needs.

Vaccines

Vaccines protect the health of children and adults, they are safe, and they save lives. They prevent life-threatening diseases, including forms of cancer. Vaccines have been part of the fabric of our society for decades and are one of the most significant medical innovations of our time.

Because of the introduction of mass vaccinations, smallpox was declared eradicated from the world in 1977. Polio, a disease that routinely afflicted 13,000 to 20,000 Americans every year in the United States before the availability of the vaccine, was officially eliminated from the Western Hemisphere in 1991. Globally, vaccines prevent the deaths of roughly 2.5 million children per year. And, data shows that just for children born in the United States in 2009, routine childhood immunizations will prevent approximately 42,000 early deaths and 20 million cases of disease with savings of more than \$82 billion in societal costs.

Although vaccines are the safest and most cost-effective way of preventing disease, disability and death, this country still witnesses outbreaks of vaccine preventable diseases, as highlighted by the measles outbreak at Disneyland in 2014. Claims that vaccines are unsafe when administered according to expert recommendations have been disproven by a robust body of medical literature. Delaying vaccines only leaves our nation's citizens at risk of disease, particularly children. As a nation we should redouble our efforts to make needed investments in patient and family education about the importance of vaccines in order to increase the rate of vaccination among all populations.

Children with Disabilities

Children with special health care needs especially depend on the coverage offered by Medicaid and the program's EPSDT criteria, which provides age-appropriate benefits so that young children receive medically necessary health, mental health, and developmental services. Children with disabilities also rely on many of the Home- and Community-Based Services (HCBS) waivers that allow services like private duty nursing, specialized therapies, respite care and other services not normally covered by Medicaid. Medicaid waivers also give states the option to extend Medicaid to children with severe disabilities by only counting the income of the child with a disability. Any proposed changes to Medicaid need to be weighed with the impact they would have on children with special health care needs.

TRICARE

The health and wellness of military families play an important role in ensuring the readiness of the U.S. armed forces. While all children have unique needs compared to adults, children in military families—particularly those who have complex or chronic needs—face distinct experiences due to the very nature of their parent's service to the nation. Up to two million children have been exposed to the wartime deployment of a loved one over the past decade. The practical difficulties that accompany deployments and frequent relocations must be taken into consideration when planning the health, medical, and social support systems to serve these families. Children in military families deserve a health care system that is tailored to their unique needs and that enables them to get care at the right time, in the right setting, and from the right provider.

Teen Pregnancy Prevention and Family Planning

Adolescence is a critical time of transition that requires a special focus on the needs of this population. Adolescents face numerous unique challenges including mental health and substance use, eating disorders, sexually transmitted infections, and teen pregnancy. They require special care as they move through

adolescence and transition into adulthood. We urge you to support the critical federal programs that support adolescent health, reduce unintended pregnancy and provide reproductive health care. The Title X family planning program provides crucial funding for family planning and other health clinics to offer free or low-cost confidential contraceptive and other reproductive health care services. These programs and services are critical to the health of adolescents and adults, particularly women. In addition, the Teen Pregnancy Prevention Program funds evidence-based educational programs to reduce unintended pregnancy among teens.

Shortages of Pediatric Subspecialists

Children with special health care needs require care by pediatric subspecialists. Yet, serious subspecialty shortages across the country often impede access for these children by driving up appointment wait times and distances that must be traveled to care. A vast majority of primary care pediatricians report difficulties in referring their pediatric patients to numerous types of pediatric subspecialists. Unfortunately, pediatric subspecialists do not currently qualify for any existing loan repayment programs. We urge your administration to incentivize providers to train to be pediatric subspecialists by providing loan repayment for those who agree to practice in underserved areas.

Mental Health and Substance Use

Families and children, from infancy through adolescence, need access to mental health screening and assessment and a full array of evidence-based therapeutic services to appropriately address their mental and behavioral health needs. As many as 1 in 5 children in the U.S. suffers from a diagnosable mental disorder, but only 20 to 25 percent of affected children receive treatment. Recently, the Centers for Disease Control and Prevention released new data showing that suicide rates for youths ages 10 to 14 are comparable to the rates of death due to traffic accidents, the leading cause of death in this age group. The human and economic toll of inadequately addressing childhood mental and behavioral health problems is significant. Untreated mental and behavioral health disorders are associated with family dysfunction, school expulsion, poor school performance and drop-outs, juvenile incarceration, substance abuse, unemployment, and suicide. We look forward to the opportunity to work with your administration to address the current child mental behavioral health workforce crisis; insurance coverage and payment; integration of mental and behavioral health into pediatric primary care; early identification and intervention; mental health parity; and juvenile justice reform.

As our nation continues to experience an epidemic of opioid dependence and overdose, we urge your administration to make a shift to a greater emphasis on evidence-based treatments for substance abuse, such as medication assisted treatment (MAT) for opioid use disorder. MAT is currently underused during adolescence even though it is a critical time for substance use intervention. Your administration should also encourage the use of screening, brief intervention and referral to treatment (SBIRT) in the clinical setting to reduce underage drinking and other risky substance use.

Secure Families

Every child needs to grow up in an environment that is safe and nurturing. When a family lacks access to steady income, stable housing, adequate nutrition, and social and emotional support, it threatens the future of children and undermines the security of the nation as a whole. We hope your administration will embrace a multi-generation perspective built on awareness of the fact that to promote healthy children, the nation must first support secure families.

Child Poverty

Almost half of U.S. children, more than 31.5 million, live in poor, near poor, or low-income families. Children who are born into poverty and persistently live in poor conditions are at significant risk of experiencing health and developmental challenges throughout their lives. Poverty has profoundly negative effects on child health, development, school achievement, and future employment and is estimated to cost the nation \$500 billion annually in lost productivity, crime, and poor health alone.

Federal anti-poverty and safety net programs work. Research suggests that income supports and direct benefits have cut family poverty in half, from an estimated 31 percent in 1967 to 16 percent in 2012. Programs that support parents and increase parental income and employment must be protected and expanded to reach all of the families in need. Critical to fulfilling that goal and thereby lifting families out of poverty is to ensure higher minimum wages and access to jobs that offer family-friendly benefits, including the opportunity to take paid leave during pregnancy or to care for family members. Housing stability is another key anti-poverty effort and one that is deeply entwined with child health and educational outcomes. Children who are homeless are more likely to suffer from higher rates of chronic disease, hunger, malnutrition, abuse, and decreased academic achievement compared to children with stable homes. Efforts to help families with housing costs such as rental assistance and housing vouchers are essential and children fare better if that assistance enables mobility to move to low-poverty areas. Children who move to low-poverty neighborhoods are more likely to attend college and have higher earnings, and less likely to become single parents, compared to their peers who do not move

Child Care

The constellation of efforts to lift families out of poverty must include affordable, high-quality child care. Although critically important to early brain development, high-quality child care is inaccessible for too many families. Child care accounts for approximately 25 percent of the budget for a family with two children and can cost as much as housing in some parts of the United States. Infant care can cost as much as college.

We urge you to make significant investments to ensure access to affordable and high-quality child care for all families, including support for the Administration for Children and Families (ACF) Office of Child Care and the Child Care and Development Block Grant (CCDBG). High-quality early childhood education is another critical component of building secure families.

Nutrition

Childhood is a critical time of rapid physical, cognitive, emotional, and social development that sets the stage for good health and success in learning and relationships. This growth requires good nutrition on a year-round basis. Beginning at birth, breastfeeding results in improved infant and maternal health outcomes, yet the United States is not meeting national targets for breastfeeding initiation and duration, especially among African-American women. Additionally, more than one-fifth of U.S. children live in a family that experiences food insecurity and lacks consistent access to adequate nutrition. In early childhood, deficiencies of key micronutrients during the vulnerable period of development from birth to 24 months can lead to delays in attention and motor development, poor short-term memory, and lower IQ scores. School-aged children can face immediate and lifelong educational, health, and behavioral problems as a result of hunger.

Programs that promote breastfeeding and ensure access to nutritious foods, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program, the school meals and summer feeding programs, the Supplemental Nutrition Assistance Program (SNAP), and child care food assistance, improve

health outcomes, school achievement, and workforce competitiveness. New data shows lower childhood obesity rates for children due to participation in WIC and increased rates of consumption of fruits and vegetables, whole grains and lower sodium as a result of improvements to the nutritional quality of foods sold in schools. The health effects of nutritional assistance are clear as are the anti-poverty effects of nutrition programs such as SNAP and WIC.

Strong Communities

We urge your administration to ensure that all children and families are safe in their communities and have equal access to opportunities, regardless of their racial or ethnic background, how much they earn, or where they live.

Early Childhood Education

Children start learning the day they are born and must have access to necessary supports to ensure proper brain development in all domains—social-emotional, physical, linguistic, and cognitive—that lead to academic achievement and a secure adulthood. Success in school is strongly linked to positive life outcomes. Yet, too many children do not have access to Early Head Start, Head Start, high-quality child care, and pre-kindergarten that could put their early development on the right track. Every year, more than one in three U.S. children start kindergarten without the language skills they need to succeed. Without intervention, these children are unlikely to catch up. The achievement gap seen in kindergarten only widens after third grade for those with poverty- and family-related risk factors. But, this trend can be reversed, and the gap can be minimized or prevented with high-quality early care and learning programs that promote positive social-emotional development together with strong language and cognitive skills. Children who participate in high-quality early childhood programs show remarkable improvement in school performance, social skills, and other factors critical to future success.

We urge your administration to increase the number of children in pre-kindergarten and improve access to proven, high-quality early learning programs such as Head Start and Early Head Start.

Education Commitment to Children with Disabilities

In addition to early childhood education, which should include children with disabilities so they are provided with the same high quality early education that their peers receive, our nation needs to ensure that its commitments to educate people with special health care needs does not waver. Whether children receive special education or related services under the Individuals with Disabilities Education Act (IDEA) or accommodations under Section 504 of the Rehabilitation Act of 1973, all children are entitled to receive an appropriate education from the nation's public school system. Pediatricians work every day with families and children with disabilities to ensure that these children get the early intervention they need to prepare them for school, and then work with the families throughout the child's school career to shape Individual Education Plans (IEPs) to help students receive the education they deserve, graduate from high school and move on to college.

Safe School Environments

In addition, preventing bullying, harassment, and violence in schools is of the utmost importance. Victims of such behaviors demonstrate poorer school performance, increased absenteeism, and decreased confidence and coping skills. It is imperative that all students are protected against bullying, regardless of their real or perceived race, ethnicity, age, sex, class, national origin, ability, sexual orientation, gender identity,

disability, or religion. In an age in which even young children are increasingly using technology, schools must realize that prevention of bullying includes not only verbal and physical bullying in schools, but also harassment via forms of electronic communication, such as cell phones or social networking sites, known as “cyber bullying.”

Gun Violence Prevention

A major threat to strong communities is the public health crisis caused by violence, particularly gun violence. Every day in the United States, 48 children and teens under age 19 are shot. More than 2,600 children under 19 die each year from gun violence. This is a public health epidemic that, if caused by an infectious disease or natural disaster, would prompt immediate action. Senseless acts of gun violence are terrorizing and destroying individuals, families, and communities. They are a threat to our nation’s future and security. It is critical for your administration to prioritize enactment of meaningful and comprehensive violence prevention measures, including the common-sense gun violence prevention policies supported by the vast majority of Americans.

We urge your administration not to weaken protections against gun violence, and instead to expand efforts to ensure that firearms do not get into the wrong hands by passing comprehensive, common-sense gun violence prevention measures, such as banning assault weapons and improving background checks.

A Lead-Free Childhood

Exposure to environmental toxins is a threat to child health and academic success. Children in all communities must be protected from the negative effects of dangerous toxins, including lead, mercury, tobacco smoke, and air pollution. Exposure to these toxins has damaging effects on child development that are severe and irreversible. For example, children who have elevated blood lead levels are more likely to experience behavioral problems and learning disabilities and less likely to graduate from high school. There is no safe level of lead. Lead exposure at even half the levels previously considered to be safe is now known to cause irreversible brain damage in children. It is essential for child health that your administration address aging and outdated infrastructure and its impacts on lead in water.

Disaster Preparedness

In addition to being safe from gun violence and environmental toxins like lead, children must be protected from other natural and manmade disasters as well. Infants, children, adolescents, and young adults must be at the forefront of community planning for other emergencies due to their unique needs with respect to disaster preparedness, response, and recovery. Disasters like 9/11, Superstorm Sandy, and outbreaks of diseases like the Zika virus (which can cause serious birth defects, including microcephaly) are characterized by their precipitous nature and overwhelming effect on a community’s response system. While the nation’s leaders prepare for disasters, they must recognize that children are not little adults. Children have different physical, mental, and emotional responses than adults. The unique anatomic, physiologic, and developmental characteristics of children must be addressed during disasters and in public health responses to emergencies. As such, we urge you to ensure that federal agencies responsible for overseeing disaster planning, response, and recovery funding including CDC, the Assistant Secretary for Preparedness and Response and the Biomedical Advanced Research and Development Authority, and FEMA prioritize the needs of children and act quickly to ensure to address gaps that persist in planning, countermeasures, and exercises.

Tobacco Control

We urge your administration to protect children from the dangers of tobacco products by prioritizing FDA's newly instituted authority to regulate all tobacco products, including e-cigarettes and cigars. New regulations are needed to restrict the sale and marketing of tobacco products to children. FDA must also guarantee (using appropriate scientific evidence) that any e-cigarette products it allows on the market will benefit the public health and will not be attractive to non-smokers and adolescents. Candy flavors must be prohibited in all tobacco products (including e-cigarettes and cigars). Finally, the FDA should publish a new rule establishing graphic cigarette warning labels as required by law.

Secondhand smoke exacerbates asthma and causes other serious health problems for children. Children in multiunit housing are disproportionately exposed to dangerous secondhand smoke because smoke from other units seeps through vents and cracks. The only way to protect children in multiunit housing from secondhand smoke is to implement building-wide smoke-free policies. The Department of Housing and Urban Development recently instituted a nationwide policy to prohibit all smoking in public housing. We urge the careful implementation of this policy and ask that it be expanded to protect even more children.

Leading Nation

Immigrant Children and Families

The mission of the American Academy of Pediatrics is to protect the health and well-being of all children—no matter where they or their parents were born. Immigrant families are our neighbors, they are part of every community, and they are our patients. The Executive Orders signed this week are harmful to immigrant children and families throughout our country. Many of the children who will be most affected are the victims of unspeakable violence and have been exposed to trauma. Children do not immigrate, they flee. They are coming to the U.S. seeking safe haven in our country and they need our compassion and assistance. Broad scale expansion of family detention only exacerbates their suffering.

Far too many children in this country already live in constant fear that their parents will be taken into custody or deported, and the message these children received today from the highest levels of our federal government exacerbates that fear and anxiety. No child should ever live in fear. When children are scared, it can impact their health and development. Indeed, fear and stress, particularly prolonged exposure to serious stress – known as toxic stress – can harm the developing brain and negatively impact short- and long-term health.

We urge you to ensure that children and families who are fleeing violence and adversity can continue to seek refuge in our country. We also urge your administration to end the current detainment of families, avoid separating children from their families, and expedite family reunification. Immigrant children and families are an integral part of our communities and our nation, and they deserve to be cared for, treated with compassion, and celebrated. Most of all, they deserve to be healthy and safe. Pediatricians stand with the immigrant families we care for and will continue to advocate that their needs are met and prioritized.

Empathy and Inclusion

The United States has a role to play in aggressively protecting civil rights and human rights both domestically and around the globe. No one should be the target of violence and discrimination because of the color of their skin, or their family background, religion, gender, country of origin, disability, or health status. Both at home and abroad, there are specific communities that are disproportionately affected by discrimination, violence, and lack of opportunity. These include poor children; children in immigrant

families; girls; lesbian, gay, bisexual, and transgender (LGBT) children; and racial and ethnic minorities. American Indian and Alaska Native children also face unique and substantial challenges in the form of health disparities, the legacy of historical trauma, and ongoing impediments to accessing needed health and social services. Every child and adolescent needs access to the conditions that foster healthy and safe development, including early education and protection from violence and exploitation. We urge your administration to enact laws and support programs that bring information, services, and opportunities to those in need, and oppose discriminatory legislation and practices wherever they occur.

Global Child Health

The United States plays a leading role in advancing health and human rights at home and around the world. Key to this role is a commitment to pediatric research. By investigating the childhood antecedents of adult disease, we can improve health across the lifespan and help develop new therapies for, and methods to prevent, pediatric and adult diseases. These efforts require the realignment of federal research resources—at the National Institutes of Health (NIH) and other federal agencies, including the U.S. Agency for International Development’s (USAID’s) support for maternal and child health research—to increase investment in improving health from preconception, through childhood, and into adulthood. It also involves a focused effort to ensure that we invest in the next generation of pediatric researchers. The United States must also aggressively address the environmental effects of climate change, to which children are uniquely vulnerable. These include poor air quality, natural disasters, increased infections, scarcity of food and water, and heat-related deaths. Both domestically and around the world, the United States must protect human and civil rights and ensure that all children and adolescents have access to the conditions that foster safe and healthy development, including early education and protection from violence and exploitation. We cannot afford to let any child be forgotten, including children who have traditionally been more vulnerable than others, whether due to race, ethnicity, religion, sexual orientation or gender identity, disability, or parental income level.

American communities and families at home are safer and stronger when people around the world have opportunities for a better future. The U.S. government spends about one percent of its budget on foreign assistance, roughly one third of which goes to global health. The impact has been profound—for example, due in part to U.S. leadership, the number of annual child deaths has been cut in half since 1990, and deaths of mothers during childbirth has declined by almost the same amount. For the first time, the U.S. government and its partners have the tools to end preventable child and maternal deaths in a generation, with many of the resources being committed by other governments and the private and voluntary sectors; USAID should be empowered to complete the mission. U.S. programs should continue to help endemic countries build public health infrastructure and prepare for infectious disease outbreaks before they reach the United States, which can help protect Americans from the next Ebola or Zika outbreak. Your administration also has the opportunity to correct USAID’s historical neglect of non-communicable diseases (NCDs) and address lifelong chronic health conditions that often begin during pregnancy, childhood or adolescence and burden entire economies.

Medical Research and Development for Children

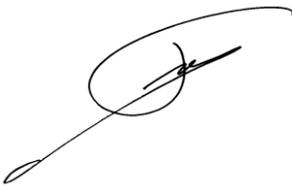
The United States can and should be the leader in pediatric research. By investigating the childhood antecedents of adult disease, we can improve health across the lifespan and help develop new therapies for and methods to prevent pediatric and adult diseases. These efforts require the realignment of federal research resources—at the NIH and other federal agencies—to increase investments in improving health from pre-conception, through childhood, and into adulthood. It also involves a focused effort to ensure that we invest in training the next generation of pediatric researchers. Encouraging clinician researchers is important in the

effort to translate research into clinical practice. Expanded research funding will also help the United States develop new therapies for the thousands of rare diseases that occur in children.

The development of new therapies will also require continued and expanded efforts by the FDA to promote pediatric drug and device development. Despite tremendous progress made to study and label drugs for children under the Pediatric Research Equity Act and the Best Pharmaceuticals for Children Act, children are still forced to wait nearly 10 more years for medical technologies to be FDA-approved for them as compared with adults. Your administration should build on the tremendous progress achieved by BPCA and PREA by supporting the elimination of the exemption for orphan drugs from PREA, and allowing PREA to reach drugs with a similar mechanism of action in adults and children not just based on the same indication. We also urge you to maximize FDA authority to increase data and labeling for neonates. At the same time, persistent drug shortages and the skyrocketing cost of medications threaten the health and safety of children and long-term solutions must be implemented.

The AAP is ready and willing to assist you and your administration in taking a thoughtful approach to optimal child development, which is the single best investment we can make for our country's future. Thank you for your consideration and we look forward to the opportunity to work closely with you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fernando Stein', with a large, sweeping flourish above the name.

Fernando Stein, MD, FAAP
President