

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Advocacy Report

Summer 2021



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The United States is nearly a year and a half into the response to the novel coronavirus (SARS-CoV-2) pandemic and attendant respiratory illness COVID-19, with nearly **4.2 million cases reported in children** as of July 29. The AAP continues to advocate at the federal and state level to ensure that the government response adequately addresses the needs of children, families, and pediatricians.

The AAP remains in regular communication with legislators and the Biden-Harris administration. Among AAP's top priorities are strengthening the vaccine delivery system for children and vaccinating all eligible children and adolescents against COVID-19. The AAP continues to advocate for children to be included in COVID-19 vaccine trials and has also fought for new federal resources to facilitate the safe reopening of schools. With the mental and behavioral health crisis in children made worse by the pandemic, AAP has launched new efforts aimed at urging policymakers to invest in a broad-scale, comprehensive approach to prevention, early intervention, and treatment.

The AAP is calling for stronger federal leadership on Medicaid, telehealth, vaccines, testing, and other core components of pediatric care. The AAP is also focused on ensuring that the response to COVID-19 at all levels of government accounts for the special needs of children, including the needs of justice-involved youth, children from low-income families, children in the child welfare system, and children in immigrant families.

Federal Advocacy Landscape

Now that COVID-19 vaccines are widely available across the country, attention is turning away from immediate response measures to long-term investments to build back from the pandemic. Provisions included in the American Rescue Plan signed into law in March are now rolling out nationwide. The third round of economic impact payments was distributed earlier this spring, the child tax credit monthly installments began hitting bank accounts in July, and the increased cash value benefit for WIC is in effect.

The Biden administration has subsequently released two major proposals to rebuild the economy and address longstanding needs exacerbated by the COVID-19 pandemic. The American Jobs Plan calls for more than \$2 trillion to rebuild the nation's infrastructure including roads, bridges, and airports. The American Families Plan includes \$1 trillion in spending on families and education while also providing \$800 billion in tax cuts to promote economic prosperity and security. More details about both of these proposals can be found in this report.

The future of these two plans remains uncertain as Republicans have voiced opposition to the levels of spending outlined in both the Jobs and Families plans. It is likely Congress will once again use reconciliation, a budgetary process used to pass the American Rescue Plan, to enact some of these policies.



ADVOCACY OPPORTUNITY

To learn more about the Academy's latest federal advocacy priorities and urge your members of Congress to support the health and wellbeing of children and families in future COVID legislation, **visit federaladvocacy.aap.org**.

State Advocacy Landscape

COVID-19 has strained state and local governments in an unprecedented way. Governors, state legislators, state agencies, and local governments are charged with the day-to-day work of COVID-19 response efforts. With the increase in vaccine availability, states are working tirelessly to ensure all eligible residents receive the vaccine. However, there are rising case counts in some states – particularly those with low vaccination rates – causing those states to increase efforts to have eligible residents vaccinated.

AAP chapters are engaged in state level efforts to ensure the needs of children are appropriately addressed in all aspects of the state level public health response to the pandemic, and, in several states, AAP members are playing key leadership roles in state COVID-19 vaccine distribution task forces.

Most state legislatures have adjourned for 2021, with a few continuing to remain in session throughout the year. Some legislatures will also be reconvening in special sessions this fall to discuss redistricting. When in session, legislatures have developed protocols and other safety precautions to ensure they can conduct business. These include limiting public access to state house buildings, requiring face coverings, daily temperature checks, increased use of technology, and other workarounds. Despite these precautions, numerous outbreaks within state legislatures have occurred with considerable impacts on the health of state legislators and their staff. Along with heightened security measures recently instituted in state capitols,

changes to procedures will also impact citizens' engagement, including those advocating for child health and pediatric practice. It is vital to be familiar with limitations for in-person testimony and virtual engagement opportunities to ensure AAP chapter advocacy success.

States have experienced a **better than expected** fiscal situation at the end of the fiscal year (June 30 in most states). While revenues may be down, states have generally been able to avoid disastrous cuts to major services. In addition, the American Rescue Plan is providing significant funding to states, including \$195 billion in direct fiscal relief as well as a provision that **reduces this relief if states cut taxes as a result. State budgets for FY 2022** began on July 1, 2021 and as of July 22, 48 states have enacted budgets for this fiscal year. Additionally, two states previously enacted biennial budgets that cover this fiscal year.

AAP chapters are an indispensable voice for children on countless aspects of the COVID-19 responses at the state level. Continuing challenges remain, including persuading families that pediatric clinics are open and can ensure the safe provision of well-child care and immunizations. AAP chapters are also working closely with school officials at both the state and local school district levels to ensure that schools that are reopening are doing so safely.

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Note: This report covers developments that occurred after May 25, 2021. Previous advocacy reports are available [online](#).

AAP Priorities

Social and Physical Infrastructure

Efforts are underway in Congress to enact major parts of President Biden's domestic agenda as detailed in the American Jobs Plan (AJP) and the American Families Plan (AFP). Given Democrats' narrow margins in both the House and the Senate, Democratic leaders in Congress are seeking to pass some of the President's agenda as part of the bipartisan infrastructure bill and other provisions comprising the "human infrastructure" package using budget reconciliation, a partisan process that only requires a simple majority to pass.

Physical Infrastructure

In early August, the Senate is poised to pass the bipartisan *Infrastructure Investment and Jobs Act*. Upon passage, the bill will head to the House for consideration. It's fate in the

House is unclear but may be tied to the Senate passing a budget resolution that paves the way for budget reconciliation. The bill reflects months of bipartisan negotiations and was outlined in the *Bipartisan Infrastructure Framework* announced by the White House in late June. The framework amounts to \$1.2 trillion in spending over 8 years, of which roughly half would be new money, for physical infrastructure investments like roads, bridges, airports, water infrastructure, and broadband internet. It would be financed through a mix of user fees, sales of federal assets like wireless spectrum for cellular networks, and public-private and state-federal partnerships.

Of note, the initial framework would include funds to replace the nation's lead pipes and service lines to protect children from lead exposure in drinking water. In response to recent reporting that this funding may be left out of the final agreement, the AAP is articulating the critical importance of reducing childhood exposure to lead. In July, the AAP organized a **sign-on letter** from medical and public health organizations in support of investing \$45 billion to fully replace all lead service lines in the U.S. The Bipartisan Infrastructure Framework also seeks to expand broadband infrastructure nationwide, which will be key in expanding telehealth services and a critical priority for children and families who increasingly rely on the internet for virtual school, work, and other activities. While the agreement calls for investments in electric vehicle charging infrastructure, electrification of public transit, and climate mitigation, the deal notably does not include many of the more ambitious climate provisions outlined in the AJP. Policies to reduce greenhouse gas emissions and promote environmental justice will be a key priority for the subsequent, Democrat-only bill.

Human Infrastructure

Once the Senate has completed its work on the bipartisan infrastructure, Democrats will turn their attention to paving the way for a partisan, budget reconciliation bill which will be the vehicle for the "human infrastructure" components of President Biden's AJP and the AFP. While budget reconciliation only requires a simple majority, its strict budgetary rules mean that provisions Democrats might like to include may not be in order.

In a promising first step, Senate Democrats have agreed in principle to the size and scope of a budget resolution for the coming fiscal year. A budget resolution sets topline spending and revenue targets and instructs relevant congressional committees to draft budget reconciliation legislation that meets those goals. The \$3.5 trillion budget resolution would create a national paid family and medical leave program, subsidize childcare, provide universal prekindergarten,

expand child nutrition programs, and extend enhanced Child Tax Credit benefits. The proposal also calls for expanding Medicare benefits to include vision, dental, and hearing services, as well as ambitious provisions to combat climate change.

Paid Family and Medical Leave

The AFP proposed the creation of a comprehensive, national paid family and medical leave program to provide all workers with the ability to take time off of work to care for a family member, to care for their own serious medical needs, or to care for a new child. The COVID-19 pandemic has illustrated and underscored the public health importance of paid family and medical leave, and drawn new attention to the ongoing, unmet public health need for comprehensive paid leave in the U.S. The AAP is taking on a greater role coordinating medical and public health organizations to engage in ongoing policy deliberations over paid family leave, including by organizing a letter with 26 other medical and public health organizations urging congressional action on comprehensive paid leave. In May, AAP President Lee Savio Beers, MD, FAAP, testified before the U.S. House Ways and Means Committee Worker and Family Support Subcommittee on the importance of paid leave for children and families.

HCBS Funding

The American Rescue Plan (ARP) included a critical provision strongly advocated for by the AAP to increase federal Medicaid funding for Home and Community Based (HCBS) services. This 10-percentage-point increase in the federal medical assistance percentage (FMAP) for HCBS lasts for one year, creating savings for state Medicaid programs that must then be reinvested in Medicaid HCBS. States have three years to spend these savings. AAP chapters are well positioned to advise states on improvements in HCBS for children; to help AAP chapters in this effort, the Academy released an **Opportunities for State Advocacy resource** to AAP chapters in June.

As part of the AJP, President Biden included \$400 billion to expand access to Medicaid home and community-based services (HCBS) for seniors and people with disabilities and strengthen the direct care workforce. To implement this proposal, a group of Democratic senators and Rep. Debbie Dingell (D-Mich.) in the House have introduced the Better Care Better Jobs Act.

This legislation would enhance Medicaid funding for HCBS through a permanent 10 percent federal Medicaid match. To receive these funds, states would be required to strengthen and expand access to HCBS, strengthen and expand the direct care workforce, show improvement over time, and

comply with a strong maintenance of effort. Additional provisions of the bill seek to encourage innovative models that benefit direct care workers and care recipients, support quality and accountability, and facilitate state planning.

The AAP recently joined a **letter** with dozens of other organizations in support of the proposed \$400 billion investment for HCBS. The Academy has also been strongly advocating for the need to ensure that children with disabilities are specifically considered in HCBS access and expansion, including sending a **letter** to lawmakers on the discussion draft of the Home and Community Based Services Access Act of 2021. The bill would change the structure of Medicaid HCBS replacing waivers and other optional HCBS services with a set of mandatory Medicaid services. The letter emphasizes that this legislation must consider the needs of children and youth who rely on HCBS, including the impact of HCBS on their families and caregivers.

School Guidance

On July 19, the Academy released its updated **COVID-19 Guidance for Safe Schools**. The interim guidance encourages all eligible individuals to receive a COVID-19 vaccine and continues to recommend universal masking in schools for all students older than 2 years and all school staff (unless medical or developmental conditions prohibit use) regardless of vaccination status. The AAP is continuing to recommend universal masking in schools at this time for several reasons, including that children under 12 years of age are currently not eligible for vaccination, the lack of a system to monitor vaccine status among students and staff, and the possibility of low vaccination uptake in the surrounding school community. Upon issuance of AAP's updated guidance, the Centers for Disease Control and Prevention updated its recommendations to align with the AAP.

As schools are preparing to reopen in the fall, states are taking varying approaches to masking in school. While some states have prohibited school districts from requiring masks in schools, a handful of states require all students and staff to wear masks regardless of vaccination status. Most states allow local school districts to set their own mask policies.

Vaccines

International COVID-19 Vaccine Access and Delivery

Continuing its efforts to serve as a leader in the global COVID-19 response, the Biden Administration announced in June that the U.S. will purchase and donate an additional half a billion Pfizer vaccines through the COVAX Facility – a global initiative aimed at equitable access to COVID-19 vaccines. This is the largest-ever purchase and donation of vaccines by a single country and will serve as the foundation

for a coordinated effort to vaccinate populations in 92 low- and lower middle-income countries. The administration has committed to delivering 200 million of these doses by the end of 2021 and the remaining 300 million doses within the first half of 2022.

Previously, the United States announced its commitment to share 80 million doses, 60 million of which would be donated through COVAX. COVAX recently reported that, through close coordination with the U.S. government, it has already delivered 33 million of those donated doses to 15 countries. In the coming weeks and throughout the summer, COVAX will ship millions more doses, reaching a total of 75 countries.

The AAP is encouraged by the U.S.' steps to support global vaccine access and will continue to advocate for vaccine dose-sharing through the COVAX Facility to ensure equitable distribution.

COVID-19 Vaccine Authorization and Administration

The Biden administration met its goal of having 70 percent of all individuals 18 years and older at least partially vaccinated with a COVID-19 vaccine, though it did so roughly one month later than its July 4 target date. As of July 26, 69 percent of the population of individuals 18 years and older have received at least one dose of a COVID-19 vaccine. Of individuals 12 years and older, 66.5 percent are at least partially vaccinated.

On June 10, the Food and Drug Administration's (FDA) Vaccines and Related Biological Products Advisory Committee (VRBPAC) met to discuss data needed to support authorization and/or licensure of COVID-19 vaccines for use in pediatric populations. The Academy remains committed to advocacy efforts on the importance of authorizing a safe, effective, and timely COVID-19 vaccine for use in all pediatric populations and continues to monitor progress at the federal level. After an announcement by FDA that it would ask Pfizer and Moderna to double the number of children enrolled in its COVID-19 vaccine trials, the AAP sent a **letter** to FDA on August 5 urging it to not delay the authorization of these vaccines for children.

As COVID-19 cases, hospitalizations, and deaths rise again across the country, largely due to the highly transmissible Delta variant, there has been greater attention to the implementation of vaccine mandates. On July 26, the Academy **joined** with more than 50 other medical and health care organizations to call on all health care and long-term care employers to require their employees to be vaccinated against COVID-19. On the same day, the Department of Justice's legal counsel released an opinion stating that it is legal for public and private entities to issue

vaccination mandates for vaccines subject to emergency use authorizations.

COVID-19 Vaccine Safety Monitoring

CDC's Advisory Committee on Immunization Practices (ACIP) met on June 23 to discuss reported myocarditis and pericarditis cases after administration of mRNA vaccines. Since April, there have been more than a thousand reports to the Vaccine Adverse Event Reporting System (VAERS) of cases of inflammation of the heart - myocarditis and pericarditis - happening after mRNA COVID-19 vaccination. These cases have occurred mostly in male adolescents and young adults over 16 years of age. Following the overview of myocarditis and pericarditis, there was discussion about the benefits and risks of COVID-19 mRNA vaccines in adolescents and young adults, which concluded with ACIP members agreeing to continue to recommend COVID-19 vaccination for everyone 12 years of age and older.

COVID-19 Vaccine Administration Payment

The American Rescue Plan included a critical provision to make Medicaid payment for COVID-19 vaccine administration entirely federally funded. Subsequent to its passage, the Academy issued a letter to payers calling on them to pay for the administration of COVID-19 vaccine at the Medicare rate of \$40 per administration. In May, this letter was sent to state Medicaid programs—**almost all states** now pay at the \$40 per administration level.

Strengthening the VFC Program

On July 22, the House Energy and Commerce Committee advanced permanent fixes from H.R. 2347, the Strengthening the Vaccines for Children Program Act of 2021, including allowing Medicaid to pay for the additional education and counseling costs incurred when administering multi-component vaccines. While the committee opted to split out the relief components of the original bill text, this is an important step towards improving the VFC program. The bill must now be considered by the full House. With such strong bipartisan support, the legislation has a chance of being included in an end-of-year package.

Preparing for the Next Pandemic

Earlier this summer, the leaders of the Senate Health, Education, Labor, and Pensions (HELP) Committee, Senators Patty Murray (D-WA) and Richard Burr (R-NC) announced that they would be beginning bipartisan discussions to consider how to better prepare the nation for future public health emergencies. The Senators intend to work together to develop bipartisan legislation to consider lessons learned during the COVID-19 response, improving the nation's public health infrastructure and medical preparedness and

response programs and capabilities at the local, state, territorial, Tribal, and federal levels.

In July, AAP submitted **comments** to the committee outlining ways that medical and public health preparedness and response efforts could be improved for children. AAP's comments discuss the need to strengthen the public health-primary care partnership, the importance of pediatric expertise, the role of mental and behavioral health and more.

OSHA ETS Rule

On June 21, 2021, OSHA published the first **COVID-19 emergency temporary standard (ETS)** narrowly limited to healthcare settings, which took effect immediately. The ETS establishes new legal requirements that may not have been included in an employer's existing COVID-19 protocols. Covered healthcare employers are encouraged to assess and revise their protocols in advance of the upcoming compliance deadlines. The ETS also establishes a new paid leave requirement that goes significantly beyond the required paid leave established by the Families First Coronavirus Response Act.

Based on feedback from the Section on Administration and Practice Management (SOAPM), many AAP members have likely implemented measures that meet or exceed the components of the ETS. However, the ETS was issued much too late and without enough time for stakeholder input. The short implementation timeline does not give pediatric practices adequate time to fully understand the newly promulgated requirements, crosswalk their existing measures with new regulations in accordance with the ETS and take any additional actions to ensure compliance. The unintended impact of this rule is a likely decrease in access to care for children.

The AAP **sent a letter** to Secretary of Labor Marty Walsh advocating for a delay in the effective date of the ETS to allow full review, stakeholder feedback, and implementation in a reasonable timeline.

Medicaid/CHIP Enrollment

As millions of families experience financial stress during the COVID-19 pandemic and economic downturn, Medicaid and CHIP continue to act as an essential lifeline for children and families. **According to CMS data**, between February 2020 and January 2021, nearly 10 million people enrolled in Medicaid and CHIP (a 13.9% increase), including 3 million children.

Among the 50 states and the District of Columbia, more than 80 million people were enrolled and receiving full benefits

from the Medicaid and CHIP programs by the end of January 2021. In the 50 states that reported total Medicaid child and CHIP enrollment data for January 2021, over 38.3 million children were enrolled in Medicaid and CHIP combined, approximately 50% of the total Medicaid and CHIP enrollment.

Medicaid and the Territories

U.S. territories face another cliff in federal Medicaid funding this September when a temporary federal funding boost is set to expire. Without more federal funding, hundreds of thousands of Americans living in Puerto Rico and the other U.S. territories risk losing access to health care. On July 21, 2021, the full House Energy and Commerce Committee advanced a bipartisan bill (H.R. 4406) to temporarily extend federal Medicaid funding for Puerto Rico and the other territories and avert the fiscal cliff. Extending and increasing federal Medicaid funding for the U.S. territories remains an Academy priority.

Child Tax Credit

The American Rescue Plan expanded the Child Tax Credit so families can qualify for more money and receive payments monthly, rather than having to wait until the end of the year. Eligible families will receive \$3,600 per child younger than 6 and \$3,000 per child ages 6 to 17. Payments started to automatically arrive on July 15, but some families may need to take action to receive the benefit. AAP created several resources that pediatricians can use to make sure families know about this credit.

- A handout, available in **English** and **Spanish**, for pediatricians to share with parents and families, which explains the credit, who is eligible and what next steps parents need to take, if any.
- HealthyChildren.org webpages in **English** and **Spanish**.

AAP is advocating for the expanded Child Tax Credit to be made permanent through the reconciliation bill.

Protecting Transgender Youth

Gender-Affirming Care

Earlier this year, Arkansas enacted HB 1570/Act 626, which prohibits gender-affirming care for transgender and gender-diverse youth. The ACLU filed a challenge, **Brandt et al. v. Rutledge et al.**, to the law in May. Working with the ACLU, the AAP coordinated and led an **amicus brief** with 18 other major national and state medical, mental health, and education organizations supporting the plaintiffs, which include 2 pediatricians. On July 21, a federal judge granted a **preliminary injunction** to stop the law from taking effect

while the case makes its way through the court system. While the injunction is in place, gender-diverse and transgender youth in the state will be able to continue to access the care they need.

Sports Participation

Laws prohibiting transgender youth from participating on athletic teams according to their gender identity have been enacted in 8 states (Alabama, Arkansas, Florida, Idaho, Mississippi, Montana, Tennessee, and West Virginia). Seven of those laws were enacted this year, while Idaho's was enacted last year. In addition, 2 executive orders were issued in South Dakota following the governor's veto of legislation. The laws in Arkansas, Florida, Idaho, Mississippi, Montana, and West Virginia apply to interscholastic and collegiate athletics, while the laws in Alabama and Tennessee only apply to interscholastic athletics. The Idaho law has been on hold after a preliminary injunction was granted, and the AAP submitted an amicus brief with other medical partners supporting the plaintiffs earlier this year. The ACLU filed a **Jawsuit** challenging West Virginia's law, while the Human Rights Campaign filed a **Jawsuit** challenging Florida's law. A federal judge granted a **preliminary injunction** against West Virginia's law, but the injunction only applies to the transgender youth who filed the suit.

Immigration

In July a federal judge in Texas issued a ruling limiting the Deferred Action for Childhood Arrivals (DACA) program and declaring it unlawful. As a result, effective immediately, U.S. Citizenship and Immigration Services is prohibited from approving any new DACA applications. While new applications will no longer be approved, those who have DACA will be able to maintain their protected status and renewals will continue to move forward.

The Biden administration has indicated they will appeal the decision and issue a proposed rule restoring DACA. Congress also has the power to create a permanent solution for DACA recipients - the House passed a bill to do that earlier this year, but the Senate has yet to take it up. It is possible that a permanent fix for DACA is included in the budget reconciliation bill that will soon be considered by Congress.

To contact your senators, visit federaladvocacy.aap.org and go to "Pass a Permanent Solution for DACA Recipients" under Key Issues.

Child Welfare

Child Abuse Prevention

Earlier this year, Sens. Patty Murray (D-WA) and Richard Burr (R-NC) introduced the bipartisan [Child Abuse Prevention and Treatment Act \(CAPTA\) Reauthorization Act](#)

[of 2021](#). This summer, a Senate committee advanced the legislation, which now awaits full Senate consideration. The AAP has been extensively involved in discussions with the committee to ensure its priorities, including an expanded emphasis on support for primary prevention of child maltreatment, improved communication and coordination between health care providers and child protective services, and significantly increased CAPTA funding, are included in the legislation. AAP was thrilled to see all of these priorities included in the final bill, which would increase authorization to \$270 million for the law's programs for state child protective services and community-based child abuse prevention programs, and would establish two new dedicated sections of the law dedicated to prevention and response of child abuse fatalities (Title III) and promotion of a public health response to infants affected by substance use disorders (Title IV), both of which are key AAP priorities. AAP will continue its active work to finalize CAPTA reauthorization this year.

Child Welfare Reauthorization

Conversations are currently underway in Congress to prepare for the reauthorization of a major child welfare law, Title IV-B of the Social Security Act. Title IV-B includes grants for Child Welfare Services to promote the welfare of children, prevent child maltreatment, and support families, and Promoting Safe and Stable Families to fund family preservation and other important services. AAP's recently released ***Reimagining Child Welfare: Recommendations for Public Policy Change*** offers numerous policy considerations that could fit within IV-B reauthorization. In addition, this effort will serve as a potential legislative vehicle for continuing to support state efforts to implement the AAP-championed Family First Prevention Services Act. AAP has been in conversations with Congressional offices to educate them about AAP priorities and to lay the groundwork to ensure they are included in Title IV-B reauthorization.

Pediatric Mental Health Care Access Programs (PMHCA)

Another critical component of the ARP championed by the Academy was a provision to provide \$80 million in funding to support Pediatric Mental Health Care Access (PMHCA) programs in remaining states, the District of Columbia, and US territories for 5 years (through HRSA, the federal government currently supports programs in 21 states). The Notice of Funding Opportunity for such grants to additional states was released on May 19, and the Academy provided AAP chapters with an **Opportunities for State Advocacy resource** to help them advocate for the creation or bolstering of HRSA-supported PMHCA programs in remaining states.

Safe Infant Sleep

In a major advocacy victory, the U.S. Consumer Product Safety Commission (CPSC) published a final rule this summer that will create a mandatory safety standard for all products intended for infant sleep. When it goes into effect next year, this Infant Sleep Products rule will require currently unregulated products to meet one of the agency's rigorous, existing safety standards for cribs, bassinets, portable cribs, or play yards. These standards include a maximum incline of 10 degrees, effectively banning infant inclined sleep products like the previously recalled Fisher-Price Rock 'n Play. AAP President Lee Savio Beers, MD, FAAP applauded the CPSC's bipartisan vote to finalize this rule in a **press release** with partner groups. The AAP will continue to work with the CPSC and Congress to implement this rule and address other dangerous sleep products to prevent sleep-related infant deaths.

How to Sign Up for Advocacy Emails

Email kids1st@aap.org with your name, AAP ID if known, and your preferred e-mail address. If you have questions

about federal advocacy, contact the AAP Washington Office at 202-347-8600.

Engage with AAP on Social Media

Twitter is a powerful tool that allows individuals and organizations to amplify messages, connect with new and diverse networks, and gain access to local-, state- and federal-level decision-makers. As a pediatrician, Twitter also offers you the opportunity to be part of a community that encourages the exchanging of ideas around child health, while not being constrained by time or geography.

To stay up to date on child health news, follow and engage with AAP on social media via @AmerAcadPeds, @AAPPres, @AAPNews, and @healthychildren. You can also subscribe to AAP's official #tweetiatrician list on Twitter by visiting **<https://twitter.com/AmerAcadPeds/lists/tweetiatricians>**.

Request to be added by emailing AAP's Social Media Strategist, Helene Holstein, at hholstein@aap.org