



90 Years of Caring for Children—1930–2020

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September 28, 2020

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Verma,

On behalf of the American Academy of Pediatrics (AAP), representing more than 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults, I write today to respond to the Centers for Medicare and Medicaid Services (CMS)'s call to action following the release of data showing declines in care for children during the SARS-CoV-2 (COVID-19) pandemic. For months, pediatricians have seen and reported on these declines, leading us to launch a campaign designed to encourage parents to continue to take their children to the pediatrician. We would welcome the opportunity to partner with CMS to expand the reach of this effort and we offer the following ideas for immediate actions CMS could take to ensure children receive necessary medical care in a timely way.

Last week, CMS released a snapshot highlighting a critical gap in children's use of primary care, preventive, and mental health services during the public health emergency.ⁱ These data reinforce what pediatricians have been saying: the COVID-19 pandemic is harming children. Pediatricians provide essential care, screenings, and anticipatory guidance to keep children healthy and treat children's acute and chronic medical conditions. We have seen a troubling decrease in childhood immunizations over the course of the public health emergency that leaves communities vulnerable to serious, but preventable, diseases like measles and whooping cough.ⁱⁱ We know that COVID-19 can have serious consequences for children's health, such as the newly identified multisystem inflammatory syndrome in children associated with COVID-19.ⁱⁱⁱ The social distancing required in response to the pandemic has increased anxiety and depression, adding complexity to the worrying increase in pediatric suicidal ideation and self-harm.^{iv} As CMS notes, these forgone services may have lifelong consequences for children.^v

Pediatricians' offices are open for business. Pediatricians have shouldered substantial risks and burdens to ensure that children can continue to safely access needed care, from treating patients critically ill with COVID-19 to skipping paychecks for months on end so they can keep their lights on and staff employed. They have rapidly adopted and scaled telehealth. They have modified schedules to separate well-care from sick-care, implemented intensive infection control practices, and set up drive-through immunization and testing clinics. They have reached out to their patients and communities at every turn to assure families of the necessity and safety of routine immunizations and other services.

To address the staggering drop in pediatric care that we saw in the spring, the AAP launched the #CallYourPediatrician campaign, which aims to reach parents with timely reminders that

going to the pediatrician, even during the COVID-19 pandemic, is important and safe.^{vi} Despite these efforts, recent data published by the Commonwealth Fund underscore that the patterns of care for children enrolled in Medicaid and CHIP carry across coverage type. Overall, pediatric ambulatory care remains at a 26 percent deficit compared to a pre-pandemic baseline.^{vii}

As a result of declines in visits and the increased expenses shouldered by pediatricians, pediatric practices have faced serious financial distress and confronted terrible choices about furloughs, layoffs, and permanent closures. The billions of dollars allocated by Congress for the Provider Relief Fund have not effectively reached pediatricians. The cumbersome application imposed on Medicaid providers and the unacceptable amount of time it took to verify provider TINs prevented many pediatricians from successfully applying and those that received funding exhausted it quickly. The decisions made regarding allocations from the Provider Relief Fund severely disadvantaged Medicaid and CHIP providers compared with their Medicare counterparts which only further threatens access to pediatric care. Still, pediatricians who do not participate in Medicaid, CHIP or Medicare have received no financial relief despite facing revenue losses and higher expenses due to COVID-19. We urge you to immediately address the shortfalls in the Provider Relief Fund and work with us to get financial relief to all pediatricians as soon as possible.

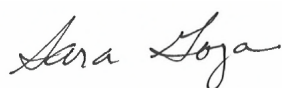
As pediatricians work tirelessly to encourage parents to bring their children in for care, we invite CMS to use its power to help amplify our messages to parents. We also offer the following ideas for steps CMS can take now that will help address the declines in care for children covered by Medicaid and CHIP. As the federal agency responsible for the programs that cover nearly 40 million children, CMS is uniquely positioned to ensure children receive the care that they need under the programs it administers.

- Expand the locus of concern to include children who do not have coverage. Even before the COVID-19 pandemic, 320,000 fewer children had coverage in 2019 compared to 2018, a decrease driven by large reductions in Medicaid and CHIP coverage without offsetting gains in other coverage types.^{viii} Children without coverage face even more barriers to care yet still suffer the health impacts of missed diagnoses, delayed interventions, and skipped immunizations. **CMS can fund and promote outreach and enrollment in Medicaid and CHIP as top priorities to cover every eligible child.**
- Though children in nearly every group experienced a decrease in coverage, Latinx children faced the most precipitous declines in coverage. This is due in part to the chilling effect of current immigration policies including the public charge rule; more than three in ten adults in low-income immigrant families with children avoided a public benefit such as Medicaid or CHIP in 2019, and four out of five adults in immigrant families with children who were confident in their understanding of the public charge rule did not understand that children's Medicaid enrollment is not a factor in their parents' public charge determination.^{ix} **CMS can publicly commit to immigrant families that it is safe to enroll their children in public coverage, and to take their children to the doctor. Ultimately, the public charge rule should be rescinded but, during the public health emergency, CMS, working with the Department of Homeland Security, should make absolutely clear that medical care sought for children during the pandemic cannot be used as a factor to deny them or their parents a green card.**
- If pediatricians cannot afford to remain open, children will face barriers accessing timely, necessary care. Following the model that CMS used for certain habilitation and personal care providers, **CMS can issue guidance that state Medicaid programs can immediately require managed care plans to issue retainer payments to pediatric providers to maintain the delivery system.**^x HHS can also use funds that remain in the Provider Relief Fund to give targeted support to pediatric providers. **HHS can distribute funds to states to increase Medicaid payments for pediatric services or distribute funds directly to pediatric providers.**

- Routine childhood immunizations protect children and communities from preventable infectious diseases. The pediatric medical home is the ideal setting for children to receive immunizations to extend the benefits of these encounters; pediatricians assess children’s developmental and mental health, counseling about nutrition and injury-prevention, and chronic disease management in addition to administering vaccines. The pediatric medical home also provides a greater opportunity for parents who may have questions about vaccines to discuss these issues with their pediatrician. The recent PREP Act announcement by HHS threatens, not enhances the pediatric medical home by diverting children away from their regular source of care. **HHS can rescind the decision to allow pharmacists to administer immunizations to children ages 3-18 regardless of state laws. CMS can further encourage childhood immunizations within the pediatric medical home by working with the AAP to promote the importance of going to your pediatrician.**

The AAP appreciates the engagement we have had with HHS and CMS on the response to the COVID-19 pandemic across a wide range of issues. We stand ready to collaborate on actions to immediately counter the troubling trends of children missing vaccines, screenings, and other important care. Should you have any questions, please do not hesitate to contact Stephanie Glier, Director, Federal Advocacy, at sglier@aap.org.

Sincerely,



Sara H. Goza, MD, FAAP
President
American Academy of Pediatrics

SHG/sag

ⁱ Service use among Medicaid & CHIP beneficiaries age 18 and under during COVID-19: Preliminary Medicaid & CHIP Data Snapshot. Centers for Medicare and Medicaid Services, September 23, 2020. <https://www.medicare.gov/resources-for-states/downloads/medicaid-chip-beneficiaries-18-under-COVID-19-snapshot-data.pdf>

ⁱⁱ Santoli JM, Lindley MC, DeSilva MB, et al. Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020. MMWR Morb Mortal Wkly Rep 2020;69:591–593. DOI: <http://dx.doi.org/10.15585/mmwr.mm6919e2>

ⁱⁱⁱ Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus Disease 2019 (COVID-19), Centers for Disease Control and Prevention Health Advisory, May 14, 2020. <https://emergency.cdc.gov/han/2020/han00432.asp>

^{iv} Charmaine B. Lo, Jeffrey A. Bridge, Junxin Shi, Lorah Ludwig, Rachel M. Stanley. Children’s Mental Health Emergency Department Visits: 2007–2016. Pediatrics May 2020, e20191536; DOI: 10.1542/peds.2019-1536. <https://pediatrics.aappublications.org/content/early/2020/05/08/peds.2019-1536>

^v CMS Issues Urgent Call to Action Following Drastic Decline in Care for Children in Medicaid and Children’s Health Insurance Program Due to COVID-19 Pandemic. Centers for Medicare and Medicaid Services, September 23, 2020. <https://www.cms.gov/newsroom/press-releases/cms-issues-urgent-call-action-following-drastic-decline-care-children-medicare-and-childrens-health>

^{vi} #CallYourPediatrician Campaign, American Academy of Pediatrics, July 2020. <https://www.aap.org/en-us/about-the-aap/aap-press-room/campaigns/call-your-pediatrician/Pages/default.aspx>

^{vii} Mehrotra A, Chernew M, Linetsky D, Hatch H, Cutler D, Schneider EC. The Impact of the COVID-19 Pandemic on Outpatient Visits: Changing Patterns of Care in the Newest COVID-19 Hot Spots. The Commonwealth Fund, August 13,

2020. <https://www.commonwealthfund.org/publications/2020/aug/impact-covid-19-pandemic-outpatient-visits-changing-patterns-care-newest>

^{viii} Keisler-Starkey K and Bunch LN. Health Insurance Coverage in the United States: 2019. United States Census Bureau, September 15, 2020. <https://www.census.gov/library/publications/2020/demo/p60-271.html>

^{ix} Haley JM, Kenney GM, Bernstein H, Gonzalez D. One in Five Adults in Immigrant Families with Children Reported Chilling Effects on Public Benefit Receipt in 2019. Urban Institute, June 18, 2020.

<https://www.urban.org/research/publication/one-five-adults-immigrant-families-children-reported-chilling-effects-public-benefit-receipt-2019>

^x Medicaid Managed Care Operations in Responding to COVID-19: CMCS Informational Bulletin. May 14, 2020.

<https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/cib051420.pdf>