

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



# Advocacy Report

Fall 2023



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With a wide array of child health issues under consideration in Washington and the states, the AAP and AAP state chapters continue to lead efforts to advance policies that optimize the health and well-being of children and adolescents while speaking out against harmful proposals that threaten to undermine these goals.

A divided Congress, in which a narrow Republican majority controls the House and an equally narrow Democratic majority controls the Senate, has created a challenging environment in which to advance the Academy's child health agenda. For the first time in US history, the sitting Speaker of the House of Representatives, Kevin McCarthy (R-Calif.), was removed from his post after a majority of the House voted to oust him on October 3. At the time of this writing, the House remains without a Speaker as Republicans attempt to identify a candidate who can secure near-unanimous support from their conference, and the House is paralyzed, unable to bring any legislation to the floor in the meantime.

This historic moment was led by a small handful of members of the House Republican Conference who were outraged after McCarthy cut a deal with the White House to raise the debt ceiling in June and subsequently pass a 45-day continuing resolution with Democratic votes to keep the government open. This small group of Republicans forced a no-confidence vote, made possible by a rules concession they won from McCarthy in January.

While the government remains open and funded until November 17, the reliance on a short-term continuing resolution to keep the government operational places crucial programs that children and families rely upon on precarious footing. Earlier this year, House Republican leaders pursued large budget cuts, putting programs like Medicaid and SNAP potentially at risk. It remains unclear whether Congress will be able to move the annual appropriations process forward by mid-November to avoid a government shutdown.

AAP advocacy efforts this year have focused on maintaining funding for these critical child health programs, advancing important reauthorizations of key programs for children, and promoting child health and safety online. To that end, more than 320 pediatricians came to Washington, DC, in March for the AAP Advocacy Conference—the first in-person convening since 2019. The attendees, hailing from 46 states and DC, took to Capitol Hill to urge their lawmakers to pass policies to protect young people online. In this challenging political environment, the pediatrician voice is more important than ever to advancing the needs of children.



## ADVOCACY OPPORTUNITIES

To learn more about the Academy's latest federal advocacy priorities and urge your members of Congress to support the health and well-being of children and families, [visit federaladvocacy.aap.org](https://www.aap.org/federaladvocacy).

To learn more about state advocacy engagement opportunities, contact your AAP chapter or the AAP State Advocacy Team at [stgov@aap.org](mailto:stgov@aap.org).

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## AAP Priorities

### Debt Ceiling

In June, Congress passed the Fiscal Responsibility Act, which raises the debt ceiling through January 2025 and sets federal government spending caps for fiscal years (FY) 2024 and 2025. The legislation increases defense spending by 3 percent in FY 2024 and reduces non-defense discretionary (NDD) spending by around 5 percent for FY 2024. However, the agreement rescinds about \$27 billion in unused COVID-19 funds, and cuts \$20 billion in IRS funding to be used for NDD programs that will essentially keep FY 2024 spending at the same level as FY 2023. Both defense and non-defense discretionary programs will receive a 1 percent increase in funding in FY 2025. During the negotiations, AAP weighed in with this [press statement](#) and a [statement](#) with leading physician groups opposing Medicaid work requirements.

### Gender-Affirming Care

In June, a federal district judge struck down Arkansas' ban on gender-affirming care for minors as unconstitutional. In the first ruling to overturn such a ban, US District Judge Jay Moody issued a permanent injunction against the law, which is the first in the nation to prohibit medical professionals from providing any gender-affirming medical care to anyone under 18. Arkansas is now unable to implement the law, although it is likely that the state will appeal.

Also in June, a federal district judge struck down a Florida rule excluding gender-affirming care from Medicaid coverage as unconstitutional. In the ruling, US District Judge Robert Hinkle stated that the law violates the federal Medicaid statute, the Equal Protection Clause, and the Affordable Care Act's prohibition of sex discrimination. The

rulings in both Florida and Arkansas signal two major victories for transgender rights in the South.

Legislators across the country have undermined medical authority and introduced hundreds of bills that aim to restrict access to age-appropriate, medically necessary care for transgender and gender diverse youth. There are currently 22 states that have passed laws banning gender-affirming care for transgender youth under the age of 18. The AAP continues to be involved through amicus briefs in legal challenges against statewide bans on gender-affirming care.

Gender-affirming care and transgender sports bans have been proposed in standalone federal legislation and as amendments to multiple appropriations and other bills. The AAP has consistently opposed these bans and restrictions.

### Pediatric Subspecialty Loan Repayment Program

After over a decade of advocacy from the American Academy of Pediatrics, the Health Resources and Services Administration (HRSA) has completed the process of funding applicants for the first year of the Pediatric Subspecialty Loan Repayment Program.

Awardees must commit to serving an underserved area for three years. The program is available for both fellowship trainees and those who have completed fellowship. Visit [HRSA's website](#) to learn more.

The AAP is monitoring the implementation of PSLRP closely and is aware of challenges that made it difficult for pediatric subspecialists to qualify for the program. In August, the AAP, joined by the Children's Hospital Association and academic pediatric organizations, sent a letter to HRSA outlining concerns with the program's implementation and recommendations for ensuring it benefits pediatric subspecialists as intended. Read [the letter](#) to learn more.

The AAP continues to call on Congress to sustain and increase funding for PSLRP in FY 2024 to ensure this vital program can reach additional pediatric subspecialists.

### Children's Coverage

#### Unwinding

As of October 1, all states have begun terminations of coverage as part of the Medicaid "Unwinding", where state Medicaid programs redetermine the eligibility of all enrollees over a 14-month period. CMS requires all states to report on the Unwinding; these data reports are due to CMS on the 8<sup>th</sup> of each month.

Six months of data show that a significant number of individuals have lost coverage; as of October 16, more than

8.8 million people have been disenrolled from 49 state Medicaid programs. Although data are limited, children accounted for roughly four in ten (39%) Medicaid disenrollments in the 19 states reporting age breakouts. As of October 16, at least 1.7 million children had been disenrolled out of 3.5 million total disenrollments in the 17 states. Some states are disenrolling significantly higher proportions of individuals than others, and some are also disenrolling more individuals for *procedural* reasons, meaning that paperwork never reached families or was not returned in time.

The AAP continues to advocate that the Centers for Medicare and Medicaid Services (CMS) use all powers at its disposal—including those granted by Congress via the 2022 omnibus package—to ensure states are not inappropriately disenrolling eligible individuals.

On September 21, CMS **released a list** of 30 states that self-attested to erroneously making *ex parte* renewal decisions on a household level, rather than an individual level as federal regulations require. *Ex parte* renewals use already available data, reducing burdens on enrollees. As a result, CMS determined that 500,000 children and families had been inappropriately disenrolled from Medicaid coverage and that states must reinstate their coverage immediately. CMS **identified** this issue in late August and laid out steps that impacted states must take to pause procedural terminations, reinstate coverage, implement mitigation strategies, and fix their systems and processes. [AAP News](#) has more.

AAP will continue to advocate with CMS and Congress to ensure appropriate oversight of the Unwinding. AAP also continues to work with state AAP chapters in responding to state Unwinding data and activities and will continue to update [www.aap.org/MedicaidUnwinding](http://www.aap.org/MedicaidUnwinding) with new resources for chapters and members.

#### Courts Preserve Access to Care

In June, the US Supreme Court issued a decision in *Health and Hospital Corporation of Marion County, IN v Talevski*, confirming that legislation passed by Congress pursuant to its spending powers can create rights that can be enforced by individuals against states through federal litigation. This case was of critical importance for preserving the rights of Medicaid beneficiaries, as the Medicaid Act is a law created through Congress's spending powers. AAP and the Children's Hospital Association filed an amicus brief in this case arguing the essential nature of individual litigation as an enforcement mechanism when states deny children rights under Medicaid's EPSDT benefit.

In addition, the Affordable Care Act mandate for coverage of preventive services with an A or B rating from the US Preventive Services Task Force (USPSTF) will remain in place for the time being after a June order from the US Court of Appeals for the Fifth Circuit in the case *Braidwood Mgmt Inc. v Becerra*. A federal district court judge had previously ruled that the ACA mandate for coverage of preventive services is unconstitutional because of the way the members of the USPSTF are appointed. The Fifth Circuit's order reflected an agreement between the US Department of Justice and plaintiffs, and it is expected to remain in place while the case undergoes judicial review. AAP joined an amicus brief with a number of other medical organizations arguing the importance of coverage for preventive services.

### Section 1115 Waivers

In April, Washington became the second state to receive CMS approval to cover children in Medicaid from birth to age 6 continuously. This approval followed Oregon's groundbreaking waiver approval in September 2022 to also provide such 0-6 continuous coverage. New Mexico currently has a waiver proposal before CMS to extend Medicaid coverage from 0-6, and California is working on its legislature-approved proposal to provide continuous coverage to age 5. Also of note, in May 2023, Minnesota enacted legislation to provide continuous coverage in that state from ages 0-6; as in other states, this will require a waiver submission.

## Child Nutrition

### School Meals

In September, the US Department of Agriculture (USDA) released a final rule to expand eligibility for the Community Eligibility Provision (CEP). The CEP permits schools with a high proportion of low-income students to provide free school meals to all students without requiring families to submit eligibility paperwork. The AAP submitted **comments** in support of the proposed rule that ultimately informed the final rule.

### SNAP

The debt limit deal reached in June expanded work requirements for able-bodied SNAP beneficiaries with no dependent children, placing many low-income Americans at risk of losing their SNAP benefits. The deal also expanded exemptions from work requirements to several new populations. AAP is monitoring the impact of these changes to SNAP eligibility.

SNAP is due to be reauthorized in the Farm Bill this year, which presents an opportunity for Congress to make changes to the program. AAP is advocating to preserve and improve access to SNAP, maintain and increase benefits to ensure

children have access to the food they need to thrive, and strengthen the SNAP nutrition programs. In July, the AAP Committee on Federal Government Affairs members conducted roughly 60 congressional visits reiterating these messages around SNAP.

### WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program is facing cuts to funding at a time when enrollment and eligibility have both increased significantly and food costs have increased due to inflation. The Biden Administration submitted a supplemental funding request to Congress to cover the additional need. Without additional funding, the program would have to resort to cutting benefits or implementing waitlists. The AAP and over 30 state chapters signed onto a **letter** in support of fully funding the program for FY 2024.

## Online Protections for Children and Adolescents

In late July, the AAP-endorsed, bipartisan *Kids Online Safety Act* (S. 1409, KOSA) and *Children and Teens' Online Privacy Protection Act* (S. 1418, COPPA 2.0) advanced with broad bipartisan support out of a key Senate committee. KOSA, led by Sens. Richard Blumenthal (D-Conn.) and Marsha Blackburn (R-Tenn.), would require technology companies to act in the best interests of young people when designing their platforms and give children and teens new tools to control their online experience. COPPA 2.0 is led by Sens. Ed Markey (D-Mass.) and Bill Cassidy (R-La.) and would expand current data privacy laws for children to further limit data collection while giving teens new protections online. KOSA has nearly 50 cosponsors in the Senate, and both bills are expected to be considered on the Senate floor this fall. The AAP will continue work to move these bills through the Senate and enact new online protections for young people into law.

## AAP Center of Excellence on Social Media and Youth Mental Health

This summer, the AAP Center of Excellence on Social Media and Youth Mental Health developed a variety of new resources including **parent tip sheets**, a series of **webinars**, **social media content** and **videos for youth**.

In May, the Center launched an **interactive portal** with questions from and responses for clinicians, educators, parents, and youth about social media. Co-medical directors **Jenny Radesky** and **Megan Moreno** published videos for parents in conjunction with the **Surgeon General's Advisory on Social Media and Youth Mental Health**.

The Center held the first in-person meeting of its Technical Expert Panel, a mix of experts from the tech industry, mental

health, education, parenting organizations, and youth, in late September. The Center and our co-medical directors were also invited to participate in roundtables of the new Interagency Governmental Task Force on Kids Online Health and Safety. In early October, the Center finalized selection of a 20-person Youth Advisory Panel after reviewing some 800 applications. The panel will meet monthly and provide guidance and perspective to Center activities and resources.

### Health Workforce

In one of the most widely anticipated Supreme Court rulings of the term, a majority of justices voted to **strike down race-conscious admissions programs** in higher education for violating the Equal Protection Clause of the 14<sup>th</sup> Amendment, which forbids legal distinctions based on race or color. While exceptions to the Equal Protection Clause can be justified when the use of race is narrowly tailored and done to further compelling governmental interests, the Court found that race-conscious admissions programs did not meet that burden. Six justices voted in favor of ending affirmative action, while the Court's other three justices vigorously dissented.

The decision is expected to dramatically alter the college admissions process, potentially leading to drops in enrollment among historically minoritized communities. The Academy **expressed concern** that the new prohibition on affirmative action would set back efforts to diversify the health workforce and had previously filed an amicus brief before the Supreme Court arguing that the use of race in admissions was critical to addressing health disparities. The AAP will continue to support the development of a diverse pathway of future pediatricians to meet the needs of an increasingly diverse population of children.

Recently, AAP President Sandy Chung, MD, FAAP, published this **op-ed** with other medical groups leaders on the need for policymakers to support the physician workforce.

### Indigenous Children's Health

Following the 7-2 summer decision at the Supreme Court upholding the *Indian Child Welfare Act* (ICWA), the 43-year-old federal law that reaffirms the rights of Tribal nations to be involved in child welfare matters and keeps American Indian and Alaska Native (AI/AN) children connected to their community and culture, the AAP continues to support efforts to strengthen ICWA and support AI/AN children and families. Recently, the AAP endorsed the **Strengthening Tribal Families Act of 2023** (H.R. 3461), which would enhance the capacity of state and local child welfare agencies to robustly implement the *Indian Child Welfare Act* (ICWA).

## Immigration

### Unaccompanied Children

In April, AAP and the Migration Policy Institute (MPI) released a joint report, ***A Path to Meeting the Medical and Mental Health Needs of Unaccompanied Children in US Communities***, which chronicles the barriers to care for unaccompanied children and promising community practices to strengthen medical and mental health services. It also included recommendations on steps that governments, health systems, schools, and communities can take to improve access to medical and mental health care, for the benefit of the children and broader society.

In September, the HHS Office of Refugee Resettlement (ORR) published a proposed rule that is has termed the "Foundational" Rule for ORR's Unaccompanied Children Program. The proposal would establish clear standards for the placement, care, and services for unaccompanied children in ORR's custody; AAP intends to submit comments on the proposed rule.

### Children in Custody

In June, AAP President Dr Sandy Chung published an **op-ed** in USA Today calling for a full and transparent investigation of the deaths of multiple immigrant children in federal custody. Since the publication of the op-ed, Dr Chung and AAP leadership have repeatedly engaged with Department of Homeland Security and Customs and Border Protection officials and made numerous recommendations on how to improve the immigration system for children. After a recent **court filing** made public that very young children were temporarily separated from their parents while they were in Border Patrol custody this summer because of overcrowding, AAP strongly expressed concerns to CBP officials.

### DACA

In September, a federal judge ruled against the Deferred Action for Childhood Arrivals (DACA) program that allows immigrants brought to the US as children to remain in the country. The ruling is expected to be appealed. While the roughly 580,000 current DACA recipients can continue to renew their DACA status every two years, the program is closed for new applicants. Without a permanent solution from Congress, the fate of the DACA program is unclear.

### Gun Violence Prevention

The AAP continues its work leading the medical, public health, and research community's advocacy for federally funded research to prevent firearm violence through the **Gun Violence Prevention Research Roundtable** coalition.

The AAP continues to share **the letter** that includes over 400 medical, public health, and research organizations in calling

on Congress to maintain and increase gun violence prevention research funding. While the House version of the Labor-HHS-Education spending bill eliminated this funding entirely, the Senate Appropriations Committee approved its own bill, which includes level funding for firearm violence prevention research. This is a total of \$25 million, split evenly between CDC and NIH. The AAP will continue its efforts to make clear the importance of at least maintaining current funding for FY 2024.

In July, nearly 200 pediatricians gathered virtually for an **AAP town hall** on gun violence prevention, which culminated with the announcement of a new **Firearm Injury Prevention Special Interest Group** (SIG). Dr Lois Lee, lead author of the AAP policy statement *Firearm-Related Injuries and Deaths in Children and Youth: Injury Prevention and Harm Reduction*, moderated the 90-minute forum. Participants submitted questions on a range of topics, including how to talk with families about safe firearm storage, how to engage in conversation in a politically polarized world and how to take on an issue that might seem insurmountable as an early career pediatrician.

States continue to make significant progress on gun violence prevention. In 2023, Minnesota and Michigan passed laws requiring universal background checks, extreme risk protection orders, and child access prevention. Vermont enacted a waiting period requirement and a child access prevention law. New Mexico enacted a child access prevention law as well. Meanwhile Illinois and Washington passed assault weapons bans and Maryland and Colorado raised age of purchase of assault weapons to 21.

## Mental Health

The Biden Administration recently released a proposed rule to increase access to mental health services. The proposed rule requires insurers to provide coverage for mental health and substance use disorder care in parity with coverage of medical/surgical care benefits, and to take action to address any gaps. AAP President Sandy Chung attended an event at the White House in July to celebrate the announcement of this proposed rule.

The AAP submitted **comments** on the proposed rule. AAP also distilled the comments into a high-level **comment** that was submitted on behalf of the AAP-led Child and Adolescent Mental Health Coalition (CAMH).

AAP is working with policymakers on legislative proposals to improve access to mental health care, including allocating funds from SAMHSA's Mental Health Block Grant for prevention and early intervention, as well as S. 2556, which

removes same day billing restrictions for mental health care provided to patients with Medicaid and CHIP.

## NDAA

Earlier this fall, the AAP led **a letter** with other medical organizations in support of provisions in the House and Senate versions of the FY 2024 National Defense Authorization Act for inclusion in the final conference report that would examine staffing levels at Military Treatment Facilities (MTFs) and support uniformed military clinicians. The AAP is also supporting a provision that would increase the stipend for recipients of health professions scholarships and financial assistance programs. The AAP continues to engage in advocacy efforts with these organizations and the Tricare for Kids coalition to urge Congress to improve access to care for children and families covered by TRICARE.

## RSV

Over the summer, two new products were approved and recommended for the prevention of RSV in babies and infants. Nirsevimab (Beyfortus), a monoclonal antibody, was approved by FDA in July and recommended by the CDC Advisory Committee for Immunization Practices (ACIP) in August as a single injection for all infants during their first RSV season and for children up to 24 months who remain at risk of severe disease in their second RSV season. Earlier this fall, FDA approved RSVPreF (Abrysvo) and ACIP recommended its use for pregnant people between 32 and 36 weeks of pregnancy to provide infants protection from RSV for up to six months following birth.

In July, Dr Chung sent **a letter** to CDC and CMS outlining the AAP's concerns around the infrastructure supports needed to allow pediatricians to administer nirsevimab. Of note, the Academy has concerns with provider participation requirements in the Vaccines for Children program that require purchase of commercial vaccine stock for non-VFC patients and restrictions on borrowing between public and private stock. Due to AAP advocacy, CDC announced there would be no minimum amount of commercial stock of nirsevimab required for VFC providers and that borrowing between VFC and commercial stock is allowed for the product.

In addition, AAP was also concerned about coding and payment levels for administering nirsevimab. Because it is a monoclonal antibody and not a vaccine, the product was not eligible for vaccine administration codes and was instead assigned immune globulin administrative codes. Unfortunately, the immune globulin codes are not valued enough to account for the work and counseling required to administer the new product. Subsequently, the AAP proposed new administrative codes for nirsevimab that

more accurately reflected the time spent on counseling and practice costs for administering the product. While the Academy waits for the outcome of their proposal, it continues to work closely with CDC and CMS to address these concerns and others ahead of the upcoming RSV season.

## Childhood Immunizations

### Nonmedical Exemptions to School Entry Immunization Requirements

In April 2023, a US District Court judge issued a preliminary injunction barring Mississippi from enforcing its medical-only exemption to school entry immunization requirements and directing the state to create a religious exemption. Since that time, the state health department has promulgated regulations permitting a religious exemption for school entry immunization requirements to comply with the court's ruling. Notably, the rule requires an in-person visit to a public health clinic before an application for a nonmedical exemption can be accepted, placing Mississippi among those states with the most stringent requirements on this issue. As a result, less than 700 applications for nonmedical exemptions were submitted for the 2023-2024 school year.

## Reproductive Health

State level efforts to curtail reproductive rights and abortion care access continued in the 2023 state legislative sessions, with 8 states further restricting access to abortion care in 2023. Conversely, 6 states enacted legislation providing additional protections for abortion care access in 2023. At present, 25 states significantly restrict or wholly ban abortion care access, and 25 states plus the District of Columbia permit expansive access. Litigation in opposition to abortion care restrictions is ongoing.

At the federal level, access to the abortion medication mifepristone is at issue after a US District Court judge ruled the drug must come off the market. The sweeping ruling in response to litigation brought by organizations representing anti-abortion physicians suspended the Food and Drug Administration (FDA)'s approval of the medication nationwide, finding the agency's decision unlawful.

The AAP expressed concern about the ruling immediately following its release and joined amicus briefs to higher courts urging them to temporarily block the ruling while it is challenged. Following emergency consideration, the US Supreme Court blocked the ruling from taking effect while the legal issues in the case are resolved. The decision temporarily preserves access to the drug.

## Tobacco Control

The 2023 state legislative sessions have brought several notable tobacco control victories, including Georgia and Illinois adding e-cigarettes to their respective clean indoor air laws, Kansas passing legislation to raise the age of purchase for tobacco products to 21, and New York increasing its state cigarette tax by \$1. Bills restricting the sale of flavored tobacco products were introduced in at least 10 states, with several still pending a final vote. In April, seven states settled a joint lawsuit against the e-cigarette manufacturer JUUL for \$462 million for the company's role in the youth e-cigarette epidemic, which followed a \$23.8 million settlement with the City of Chicago in March, and a 33-state \$438.5 million settlement in September 2022. AAP chapters have advocated for the JUUL settlement dollars to be reinvested in prevention.

AAP and partners continue to advocate for the FDA to use its enforcement authority to take illegal e-cigarettes off the market while the agency works to complete premarket review of pending e-cigarette marketing applications. So far in 2023, the FDA has issued marketing denial orders to 12 e-cigarette companies covering a range of nearly 7,000 products. It has also issued warning letters to more than 400 retailers, manufacturers, importers and distributors, as well as filed civil monetary complaints against more than 2 dozen retailers and manufacturers.

In addition, this spring, AAP and 10 national partners wrote to the FDA requesting that the agency act swiftly to remove "non-menthol" cigarettes from the market. These products, which contain cooling additives rather than flavors, emerged in California shortly after menthol cigarettes were taken off the market when the state's flavored tobacco prohibition took effect. This development comes against the backdrop of FDA's own efforts to prohibit the use of menthol flavoring in cigarettes and all flavoring in cigars nationwide, and AAP continues to urge FDA to finalize rules quickly.

## Injury Prevention

### Nursing Pillows

In August, the Consumer Product Safety Commission (CPSC) **proposed** new safety standards for nursing pillows, which include mandatory performance and labeling requirements for these products. This is the first time the CPSC has proposed safety standards for nursing pillows and follows growing concerns about the hazards of infants sleeping on or in these products, with **more than 160 infant fatalities** associated with nursing pillows. The AAP will be commenting on this CPSC proposal to ensure that the CPSC adopts the strongest possible final set of standards to ensure



that nursing pillows are safe for both breastfeeding parents and their infants.

### Infant Rockers

In September, the CPSC **proposed** new safety rules for infant rockers, which include mandatory testing and labeling requirements for these products. This CPSC proposal would require infant rockers to undergo various safety tests and require warning labels highlighting the hazards associated with rockers, including urging caregivers not to allow infants to sleep in infant rockers or put soft bedding in them. The AAP will comment on this CPSC proposal to ensure that the CPSC adopts the strongest possible final rule to ensure that infant rockers are as safe as possible.

### Furniture Tip-Overs

On September 1, 2023, the CPSC began enforcing AAP-endorsed *Stop Tip-overs of Unstable, Risky Dressers on Youth Act* (STURDY Act), which became law last year. This follows CPSC adopting the final rule to regulate furniture or clothing storage unit tip-overs in May. The AAP will continue to work to ensure the CPSC is enforcing this robust safety standard to protect children and their families.

### Magnets

In August, the AAP joined other medical societies in submitting an **amicus brief** to the US Court of Appeals for the Tenth Circuit in support of the CPSC's federal safety standards regulating high-powered magnets. The brief explains that CPSC's regulation of high-powered magnets is sufficiently supported by agency analysis, scientific evidence, and the opinions and stories of medical experts, including pediatricians. AAP's President Sandy Chung, MD, FAAP, was quoted in a **press release** supporting the CPSC's magnets standards.

## Child Welfare Policy

### AAP Report on State Implementation of Family First Congregate Care Reforms

AAP continues to share **this report** on the *Family First and Prevention Services Act*. This report was developed with experts from the University of Chicago's Chapin Hall, individuals with lived experience in foster care, and pediatricians to examine state-level implementation of the congregate care reforms contained in the AAP-championed *Family First Prevention Services Act*. Through a survey of all states and targeted focus groups, this study informs policymaker efforts to support the success of Family First.

### Title IV-B Reauthorization

Title IV-B of the *Social Security Act* is a significant child welfare law that flexibly funds key state child welfare services, including efforts to keep families safely together and to support families after reunification. The AAP is

advocating for a long-term comprehensive Title IV-B reauthorization that would include expanded investments in mental health for youth in foster care, increased funding for family supports, and additional support for the child welfare workforce. AAP is continuing to lead stakeholder efforts to develop and advocate for these reforms and recently joined other stakeholder groups in endorsing a set of **consensus recommendations** to guide reauthorization efforts.

### CAPTA Reauthorization

The AAP is continuing to advocate for a reauthorization of the *Child Abuse Prevention and Treatment Act* (CAPTA) following last year's unsuccessful efforts. Unfortunately, Congress did not enact an AAP-supported bipartisan proposal in 2022, following efforts to attach anti-gender affirming care language to the legislation. CAPTA has not been reauthorized in over a decade. The AAP will continue to advocate for a bipartisan CAPTA reauthorization that prioritizes critical updates to identify, prevent, and respond to child maltreatment. The AAP is also supporting efforts to advance the Plan of Safe Care (POSC) policy that was included in last year's bipartisan CAPTA proposal as part of current ongoing discussions around reauthorizing comprehensive legislation to address the substance use disorder (SUD) crisis.

### Home Visiting

Following last year's enactment of the bipartisan, AAP-endorsed *Jackie Walorski Maternal and Child Home Visiting Act* (H.R. 8876), the AAP is continuing to work with our partners in the Home Visiting Coalition (HVC) to ensure the successful implementation of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The AAP is also working to maximize MIECHV's complementary impact with other relevant federal programs. Recently, the AAP joined letters calling for funding for home visiting programs from the **Family First Prevention Services Act (FFPSA)** and **Medicaid**.

### COVID-19 Vaccine Advocacy

The CDC recently approved updated COVID-19 vaccines for children and adults, recommending everyone 6 months and older get an updated COVID vaccine containing the XBB.1.5 strain. The updated vaccines are the first to be sold commercially instead of purchased and distributed by the government as they were during the public health emergency for COVID-19. In June, the AAP and the Association of Immunization Managers (AIM) sent a **joint letter** to then-CDC Director Walensky to urge the administration to consider the needs of participating providers in the VFC program, as well as their patients, as the CDC prepares to include COVID-19 vaccines in the VFC program. The letter urges CDC to consider allowing VFC

providers a “ramp up” period to purchase COVID-19 vaccines for their commercially insured patients; ease storage requirements; allow borrowing between VFC and commercial COVID-19 vaccine stock; allow vaccine counseling payment in VFC and continue federal investment in promoting COVID-19 immunizations; and encourage manufacturers to provide flexibility with ordering, package size, and return policies. As a result of this advocacy, CDC is not requiring a minimum threshold for the purchase of commercial COVID-19 stock and is allowing borrowing between public and private COVID-19 vaccine, as long as any borrowed VFC stock is resupplied soon afterwards.

### Appropriations

Hours before the September 30 deadline, Congress averted a government shutdown by passing a bipartisan continuing resolution (CR) to temporarily extend current funding levels for the government through November 17. The 45-day agreement ensures that the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program can continue to provide the full food package to all eligible participants and includes supplemental funding for disaster relief, but it does not include additional funding for Ukraine

As Congress works to set funding levels for the full fiscal year, the AAP will continue to monitor negotiations and urge Congress to provide robust funding for child health.

### Global Child Health

#### Progress on Global Child Health Legislation

After two years of sustained advocacy, the AAP-endorsed *Strengthening Efforts to End Violence Against Children Act* (H.R. 4798, SEEVAC), was introduced in the House of Representatives in July. In addition to updating and strengthening US government efforts to end violence against children, the bill elevates child protection as “lifesaving” in humanitarian contexts, alongside water, food, and shelter.

Additionally, in July, the AAP-supported *International Children with Disabilities Protection Act* (S. 847) passed out of the House Foreign Affairs Committee and was included in the Senate’s National Defense Authorization Act (NDAA) for Fiscal Year 2024. The bill will provide \$5 million per year in small grants to families and disability rights organizations to

advocate for policy and legislative reforms focused on getting children with disabilities into family-based care and out of institutions.

#### PEPFAR Reauthorization

The President’s Emergency Plan for AIDS Relief (PEPFAR) reauthorization is being held up by Congressional debate about abortion. Despite hurdles, the AAP continues to work with allied organizations from the Global AIDS Policy Partnership on reauthorization and ensuring the program continues to meet the needs of children, including orphans and other vulnerable children. To showcase public support for PEPFAR, the AAP participated in the #ProudofPEPFAR campaign.



### AAP ADVOCACY GUIDE

Check out AAP’s new digital Advocacy Guide, available to AAP members at [aap.org/advocacyguide](https://aap.org/advocacyguide). This digital guide offers interactive tools, resources, and information to help pediatricians develop their advocacy skills – more features coming soon!

### How to Sign Up for Advocacy Emails

Email [kids1st@aap.org](mailto:kids1st@aap.org) with your name, AAP ID if known, and your preferred e-mail address to receive timely advocacy communications and requests for action as well as a weekly advocacy recap, the Capital Check-up.

### Engage with AAP on Social Media

Follow and engage with AAP on social media via [@AmerAcadPeds](https://twitter.com/AmerAcadPeds) and [@healthychildren](https://twitter.com/healthychildren). To receive monthly social media communications and more opportunities to advocate on social media platforms, request to be added to AAP’s “SocialPedia” email list by emailing [tjackson@aap.org](mailto:tjackson@aap.org).