

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



July 29, 2020

COVID-19 Response

Advocacy Report



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Government Response to COVID-19

The country is roughly 6 months into the response to the novel coronavirus (SARS-CoV-2) pandemic and attendant respiratory illness COVID-19. 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 is in regular communication with legislators and top administration officials. Among AAP's top priorities is ensuring that pediatricians have access to immediate financial relief that enables them to continue providing care to children. While funds from the provider relief fund have now been made available to pediatricians that bill Medicaid and CHIP, more must be done to ensure that pediatric practices are able to provide quality care to children and that children are able to receive timely immunizations. The AAP has prioritized the need for new federal resources for schools so that they are in a position to be able to safely reopen. 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 children's special needs, including justice-involved youth, children from low-income families, children in the child welfare system, and children in immigrant families.

Federal Response

Congress has passed four pieces of legislation to address the COVID-19 pandemic to date. To read more about those bills and AAP's summary of relevant provisions, please see the **April 15, 2020 Advocacy Report**.

On July 27, Senate Republicans unveiled their COVID-19 response package, the Health, Economic Assistance, Liability Protection and Schools, or HEALS, Act. The bill conditions new resources on schools reopening for in-person instruction and contains no new money for Medicaid, state and local governments, or the Supplemental Nutrition Assistance Program (SNAP). New investments in child care, research, child abuse, and global health fall short of what is needed. The bill advances liability protections for businesses and includes a smaller enhanced unemployment benefit, changes to the Paycheck Protection Program (PPP) and continues cash assistance for families while continuing to exclude U.S. citizen children in mixed-status families from this aid. In response to the proposal, the AAP issued **this statement** calling it far short of meeting the needs of children and families. While there are not the Republican votes to pass the bill in the senate, it represents the starting point for Republicans as they head into bipartisan Senate negotiations.

On May 15, the House passed the Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act. The \$3 trillion coronavirus response legislation included many priorities from House Democrats. Among the provisions important to pediatricians and families are a temporary increase in the Medicaid matching rate, additional financial relief for families, an increase in the child tax credit, and additional resources for the Provider Relief Fund, federal nutrition programs, child care, and child abuse prevention. Additionally, the bill allows 501(c)(6) non-profits to qualify for the Paycheck Protection Program, which would allow numerous AAP chapters to apply.



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 Response

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. After several weeks of stay-at-home orders, governors in many states have recently relaxed these measures, with some taking a more measured approach than others. However, recent spikes in case numbers have many governors reconsidering plans, and some beginning to scale back. Many states are also establishing mask requirements for residents when social distancing isn't possible. States have also initiated contact tracing and rigorous COVID-19 testing in order to curb the spread of the disease with more of the public now leaving their homes and coming into contact with others.

Many state legislatures postponed or adjourned their regular sessions this spring to comply with safe social distancing practices. For those that did not fully adjourn, state lawmakers found ways to resume legislative business via extensions of session days, one-day special sessions, and other workarounds to provide continuity of legislative business.

The bulk of legislative output is focused on the COVID-19 response and related appropriation of state funding. With skyrocketing unemployment and a precipitous drop in state revenue, state governments face a daunting budgetary landscape. A report from the **Center on Budget and Policy Priorities (CBPP)** provides updated budget shortfall estimates in the range of \$555 billion over the 2020-2022 state fiscal years. State governments (with **some exceptions**) must put forth balanced budgets, and, as such, AAP chapters will need to prepare in the coming months and into 2021 to advocate for child health and pediatric practices in a challenging policy environment.

AAP chapters have been an indispensable voice for children on countless aspects of the COVID-19 response at the state level. Remaining challenges include persuading families that pediatric clinics are open and ready to ensure the safe provision of well-child care and immunizations. This is critically important as schools discuss reopening plans for the 2020-2021 academic year. The AAP has released **guidance on safe return to in-person education in schools**, which strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school. With this goal in mind, AAP chapters are working closely with school officials at both the state and local school district levels to ensure that schools reopen safely

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Note: This report covers developments that occurred after June 29, 2020. Previous advocacy reports containing updates from May 19 to June 29, April 15 to May 19, and March 1 to April 15 are available online.

AAP Priorities

School Reopening

On June 25th, the Academy published **Guidance for School Re-entry** to provide recommendations for safely reopening schools in the fall. Based on careful consideration of available evidence such as the impact of COVID-19 on children and the benefits of in-person learning, AAP determined that policy considerations should start with the goal of having students physically present in school in the fall.

On July 7th, AAP President Sally Goza, MD, FAAP was invited to participate in a White House panel and roundtable comprised of educators, students, and school and public

health officials about safely reopening schools. At this event, Dr. Goza delivered remarks about AAP's guidance, including what considerations and evidence were used to inform its development, and the importance of safely reopening schools.

Following the White House event, and as part of their effort to push for a full return to in-person learning, the administration threatened to withhold federal funds from schools that did not reopen fully in the fall. The Academy is deeply concerned by these threats as they put financially strapped schools in an impossible position that would endanger students, teachers, and staff.

In response, on July 10th, the Academy joined together with the American Federation of Teachers (AFT), National Education Association (NEA) and AASA, The School Superintendents Association, to issue a **joint statement** on the safe return of students, teachers, and staff to schools. The joint statement highlights the need for science and community circumstances to guide decision-making, and urges Congress and the administration to provide critical federal resources to ensure that inadequate funding does not stand in the way of safely educating and caring for children in schools.

AAP sent a **letter** to congressional leadership on July 15th echoing these sentiments and expressing the urgent need for robust education funding in the next legislative package in response to the COVID-19 pandemic. Specifically, the Academy is requesting \$175 billion for K-12 education through the Education Stabilization Fund, including \$500 million for programs operated by the Bureau of Indian Education, and \$25 billion for IDEA, Title I and other ESSA programs that support marginalized students that are most likely to be affected by missing in-person instruction.

On July 20th, AAP also sent a **sign-on letter** with 33 other organizations representing public health, medical providers, and advocates for children and families in support of this request for at least \$200 billion in additional K-12 education funding. Additionally, the letter urges Congress to increase the federal government's share of Medicaid costs by raising the federal medical assistance percentage (FMAP) at least another 5.8 percentage points.

Sean O'Leary, MD, FAAP, Vice Chair of the Committee on Infectious Diseases, virtually testified at a House Education and Labor Subcommittee hearing, "Underfunded & Unprepared: Examining How to Overcome Obstacles to Safely Reopen Public School," on July 23rd. His testimony provided additional insights about the Academy's guidance, what it does and does not say, and recommendations for safely reopening schools.

Ensuring that schools are able to reopen safely remains a top priority for the Academy, and we will continue to advocate at the federal level for sufficient funding and measures that maximize the safety of students, teachers, and staff, with flexibility to adapt as needed to each community's prevalence of COVID-19.

State government officials in all 50 states and Washington, DC have released considerations to safely reopen schools for the 2020-21 school year. In general, they are guidance, not mandates, although some states include mandated requirements for schools such as masks for all students and staff. All state guidance documents acknowledge that local school districts should have flexibility to make decisions to accommodate local needs.

The AAP developed a **state-by-state school reopening comparison** which includes considerations on face coverings, social distancing, health screening, and alternative school schedules and instructional models. The document will be updated regularly.

Despite AAP guidance that all decisions on school reopening take into consideration community disease incidence, some state governors have called for all schools to reopen for 5 days a week, with in-person instruction. AAP chapters are working closely with state and local officials to ensure that schools reopen safely and that the overall health and well-being of children and adolescents in their communities are taken into consideration when making these decisions.

Provider Relief Fund

On June 9, the Department of Health and Human Services (HHS) announced that pediatricians, pediatric medical subspecialists, and pediatric surgeons will finally be able to access financial relief from the CARES Act Provider Relief Fund. Pediatricians, pediatric medical subspecialists, and pediatric surgeons can apply for a new Medicaid and CHIP targeted allocation of approximately \$15 billion. HHS has listed eligibility criteria **here**.

After HHS extended the application deadline, eligible pediatricians now have until August 3rd to apply for financial relief equal to at least 2% of their reported annual patient care revenue, including all payers.

While this funding announcement is a positive first step, the Academy acknowledges that the Medicaid & CHIP Provider Relief Funding does not go far enough in terms of eligibility and amount. Specifically, the Academy has expressed concern to HHS with the policy decision to exclude practices that received any amount of funding from the general distribution to apply for the Medicaid and CHIP targeted

allocation. Additionally, pediatric providers who do not care for Medicaid/CHIP patients are not eligible for relief funds.

Additional information can be found on the **HHS website**. Further, the AAP has developed a list of answers to **frequently asked questions**. In June, the Academy hosted a **webinar** explaining how pediatricians, pediatric medical subspecialists, and pediatric surgeons can access federal financial relief. Finally, the Section on Administration and Practice Management (SOAPM) has developed a detailed **application guide** to assist members in applying for the funds.

The June 9 announcement reflected months of AAP advocacy efforts to bring provider relief to pediatricians. Since the pandemic began, the Academy has been **urging** the swift, direct allocation of funding to pediatricians, including subspecialists. AAP has pushed for the funding to account for lost revenue and higher expenses attributable to COVID-19, with as few barriers as possible, and to go to all pediatricians, regardless of Medicaid participation and without cumbersome reporting requirements. Copies of the letters AAP has sent to HHS and Congress advocating for financial relief for pediatricians can be accessed through the COVID-19 Advocacy Resources **page** on aap.org.

The Academy's relentless advocacy to ensure adequate emergency financial relief to support our members continues.

Improving Health Care Coverage

Medicaid/CHIP

The AAP continues to **urge Congress** to strengthen Medicaid and CHIP in future COVID-19 response packages. In July, the AAP signed on to a **letter** organized by the National Governors Association (NGA) calling on Congress to enhance Medicaid in the next package by further increasing Medicaid FMAP to 12%, extending FMAP increases through the end of FY 2021, and urging Congress to consider permanent countercyclical FMAP increases based on unemployment in the future.

In addition, the AAP is advocating for the inclusion of the *Kids' Access to Primary Care Act*, legislation from Rep. Kim Schrier (D-Wash.) to align Medicaid payment rates with Medicare rates for primary care services.

Telehealth

Federal advocacy staff are continuing to advocate for expanded access and adequate payment of telehealth services to Congress and the administration. In July, the Academy sent a **joint letter** with the American Academy of Family Physicians (AAFP) and the American College of Physicians (ACP) outlining principles for lawmakers as permanent changes to telehealth are contemplated beyond the current public health emergency. The letter urges Congress to ensure that flexibility to offer telehealth services be balanced with safety and quality, in addition to promoting and supporting the medical home.

State Medicaid agencies continue to **develop and update** guidance and bulletins on the provision of services via telehealth care and providing for more flexibility. State AAP chapters continue to work with public and private payers to ensure these telehealth policies remain available.

Immigration

In June, a federal judge ordered that immigrant children held in the three family detention centers in the U.S. for longer than 20 days be released by July 17 due to the health risks to children from the spread of COVID-19 in these facilities. That deadline was recently extended to August 5. Because the judge only has jurisdiction over children and not their parents, Immigration and Customs Enforcement (ICE) is not required to release children with their parents. In fact, ICE could decide to pursue a policy that separates children from their parents.

In March, the AAP submitted an **amicus brief** in a lawsuit brought on behalf of parents in federal detention arguing that because family detention centers were unable to follow CDC guidelines to prevent spread of COVID-19 due to the lack of social distancing and access to tools to maintain hygiene, families should be released together from detention centers immediately. Unfortunately, the judge overseeing that case is not likely to force ICE to release parents with their children.

In July, presidents of the AAP, the Texas Pediatric Society, the TX Chapter of AAP, and the Pennsylvania Chapter of the AAP **wrote** to DHS and ICE urging them to authorize the release of parents and caregivers with their children from the detention centers in Texas and Pennsylvania. AAP also sent a **letter** with several medical organizations urging ICE to release families from detention centers together. AAP will continue to advocate that families be released together.

Also in July, media reports surfaced that ICE was holding children, including unaccompanied children as young as 1, in hotel rooms in Texas and Arizona with adult ICE agents or

their contractors with few protocols to protect against the spread of COVID-19. Despite protections for unaccompanied children in federal law, ICE used a CDC order issued at the start of the pandemic as justification for holding children in hotel rooms while they await deportation. The CDC order has resulted in more than 69,200 individuals seeking safe haven in the U.S. being turned away at the southern border. In response, the AAP issued this **statement**. Since then, a lawsuit has been filed and public pressure has been mounting.

World Health Organization Withdrawal

On July 7, the Trump Administration formally notified the United Nations that the United States was withdrawing from the World Health Organization (WHO), beginning a one-year clock for the U.S. to withdraw from the agency. This withdrawal undermines U.S. efforts to combat the global COVID-19 pandemic and jeopardizes bipartisan programs to combat polio, malaria, and seasonal influenza, implemented by the WHO.

In response to the notice of withdrawal, the AAP released a **joint statement** with the American Medical Association, American Academy of Family Physicians, and American College of Physicians calling on Congress to reject the administration's withdrawal from the WHO and make every effort to preserve the United States' relationship with the organization.

On July 22, the AAP endorsed **Senate Resolution 653** condemning the Trump Administration's decision to withdraw from the WHO.

Grassroots Advocacy

AAP Advocacy Alerts & Emails

The Academy sends regular advocacy-focused communications to its members. These emails include timely advocacy action alerts, policy updates and breaking child health news from Washington.

These communications help keep AAP members informed on the latest updates from the nation's capital and offer opportunities to speak up for children's health, including ways to directly contact members of Congress.

The Academy also sends an email every Friday that Congress is in session, spotlighting the key child health activities, events and policy developments from the week.

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](https://twitter.com/AmerAcadPeds), [@AAPPres](https://twitter.com/AAPPres), [@AAPNews](https://twitter.com/AAPNews), and [@healthychildren](https://twitter.com/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