

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



September 16, 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**.

While House Democrats and Senate Republicans have both passed individual pieces of legislation responding to the pandemic since April, there is not yet agreement on a subsequent bipartisan, bicameral COVID-19 response package. As we approach the November election, it is becoming more and more unlikely that the two sides will come together to pass a fifth legislative package responding to the pandemic.

Government funding is currently set to expire on September 30, 2020. To avoid a government shutdown, the House and Senate must pass a Continuing Resolution to fund the government before the September 30th deadline. While some in Congress are calling for a "clean" continuing resolution that simply funds the government, others see this must-pass legislation as a vehicle to include some COVID relief measures.



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 months of stay-at-home orders, governors in many states have relaxed these measures, with some taking a more measured approach than others. However, recent spikes in case numbers in some parts of the country have many governors pausing or scaling back reopening efforts. Most states have also established face covering requirements for residents when social distancing is not possible, however there is variation across states as to age requirements for children. States have continued ramping up their contact tracing and COVID-19 testing efforts 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 have adjourned for the 2020 legislative sessions, with only a few remaining in session. In states where legislatures have adjourned, many are busily preparing for their upcoming 2021 legislative session. During the 2021 legislative sessions, if states are not fully able to reopen, legislators will have to continue to grapple with how to conduct business to comply with safe social distancing practices. These efforts may include the use of technology and other workarounds.

While nearly every state has enacted a budget for Fiscal Year 2021, which began on July 1 in most states, 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. AAP chapters will need to be prepared to advocate for child health and pediatric practices in the remaining months of the year and into the 2021 state legislative sessions.

AAP chapters have been an indispensable voice for children on countless aspects of the COVID-19 response at the state level. Continuing challenges include persuading families that pediatric clinics are open and ready to 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 when schools reopen, they do so safely.

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Note: This report covers developments that occurred after July 29, 2020. Previous advocacy reports containing updates from June 30 to July 29, May 19 to June 29, April 15 to May 19, and March 1 to April 15 are available online.

AAP Priorities

School Reopening

On August 19th, the Academy published updated **school reopening guidance** as part of its routine re-examination of clinical guidance during the ongoing COVID-19 pandemic.

The guidance update emphasizes the need for additional federal assistance to schools throughout the United States, with no restrictions regarding their plans for in-person versus virtual learning. It also includes additional guidance on cloth face coverings to align with AAP recommendations; additional discussion about the decision to open schools in light of uncontrolled spread of COVID-19 in many parts of the U.S.; and an expanded discussion regarding equity in education. AAP continues to participate in state and national media interviews on the guidance.

While the majority of states have allowed local education authorities (LEAs) to make decisions about reopening schools based on community transmission rates and the district's ability to safely educate its students, some governors have issued statewide orders on school reopening. Governors in 4 states have ordered all schools to reopen for full time or part time instruction. Rhode Island and the District of Columbia have required all school districts to start the school year via remote learning; and 2 states have ordered schools begin the year with remote learning or using a hybrid model, which allows a smaller number of students on campus at one time.

To aid in school reopening, 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 has 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. 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

In June, the Department of Health and Human Services (HHS) announced that pediatricians, pediatric medical subspecialists, and pediatric surgeons would finally be able to access financial relief from the CARES Act Provider Relief Fund. Since that announcement, the Academy has been working tirelessly to mitigate the operational and logistical challenges that have prevented members from receiving critical relief funding.

After persistent AAP advocacy, HHS finally created a simplified and streamlined process for applying for CARES Act funding, making it less cumbersome for members to apply.

Moreover, the Academy repeatedly expressed concern to HHS with the policy decision to exclude practices that received any amount of funding from the Medicare general distribution from applying for the Medicaid and CHIP targeted allocation. In response, HHS agreed to reopen the portal in August for those who were not previously eligible because they received a small Medicare-based payment.

With the application process and procedures changing many times over the course of the summer, the Academy advocated for several deadline extensions to ensure members had adequate time and information to apply. This advocacy led to HHS extending the application deadline to September 13th.

As a result, eligible pediatricians had until September 13th to apply for financial relief equal to at least 2% of their reported annual patient care revenue, including all payers. Additional information can be found on the **HHS website**. Further, the AAP developed and continually updated a list of answers to **frequently asked questions** to assist members with the application process. AAP is hopeful that additional funding

to support pediatricians with lost revenue and higher expenses due to COVID-19 will be made available by HHS.

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.

Child Nutrition

In September, the U.S. Department of Agriculture (USDA) extended several waivers that allow flexibility for the school meals program. These waivers have provided needed flexibility for meal service times, meal pattern requirements, educational or enrichment activity requirements, and existing conditions that meals be served in group settings. While USDA has the authority to extend the waivers for the entire 2020-2021 school year, it has only done so through December 31, 2020.

States have included within their school reopening guidance considerations for serving meals during the in-person school day, including requiring grab and go meals, eating within the classrooms, or eating outside. Some state school reopening guidance also includes options for distributing meals when students are learning virtually. These plans include meal pickup sites, school meal drop-offs via school buses, or volunteers.

The existing waivers that allow flexibility for the Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC) are set to expire on Sept. 30, 2020. In August, AAP joined the National WIC Association and the American College of Obstetricians and Gynecologists in **calling** for the extension of the waivers.

These waivers have allowed providers to adapt service-delivery models – implementing remote appointments, curbside clinic service, and other innovative models to reduce in person contact and assure the safety of WIC participants, clinic staff, and their families. WIC waivers have also expanded the food options allowed for WIC shoppers, simplifying and streamlining the grocery store experience, and assuring the availability of nutritious foods for WIC

families. As of this writing, USDA has not made an announcement about its intention to extend the WIC waivers.

Vaccines

AAP is continuing advocacy to increase vaccination rates, assist pediatric practices with the financial burdens of vaccine delivery, and ensure that the development and approval of COVID-vaccines are transparent and appropriate.

In early September, the Academy led a **letter** joined by other frontline physician organizations urging Congress to make vaccines a priority. It asked Congress to increase vaccine administration payments, to fund public awareness activities to encourage patients to return to their primary care medical home, to pass the VACCINES Act to fund CDC work to address vaccine hesitancy, and to ensure that children and other underrepresented groups are included in COVID-19 vaccine research.

Pharmacist-Administered Vaccines

On August 19th, HHS issued a Public Readiness and Emergency Preparedness (PREP) Act **amendment** authorizing State-licensed pharmacists to order and administer vaccines to children and adolescents aged three to 18 years. In response, the Academy immediately released a **press statement** opposing the announcement and, shortly thereafter and together with many AAP chapters, issued a **letter to HHS** opposing the move.

AAP has repeatedly voiced concerns about this potential authorization to HHS in recent months, including in this **letter** sent on May 1st. As outlined in a follow-up **letter** from June, AAP urged HHS to instead strengthen investment in the existing pediatric vaccine delivery system. It is critical that children receive their immunizations in the medical home with their pediatrician, who is able to provide other important medical services during the visit including developmental and mental health screenings, counseling about nutrition and injury-prevention, and chronic disease management. Additionally, few pharmacies are Vaccines for Children (VFC) providers, and this authorization may only widen the health inequities children have faced throughout the COVID-19 pandemic.

On September 9, HHS issued additional **guidance** to expand pharmacist immunization administration to COVID-19 vaccines for all individuals 3 and older.

The Academy is closely monitoring this issue as it develops and will continue to strongly advocate for bolstering the existing pediatric vaccine delivery system rather than

unnecessarily creating a new one that does not appropriately serve the medical needs of children. AAP chapters are currently working to ensure implementation of this amendment at the state level does not hinder linkages to the pediatric medical home.

Immigration

Public Charge

In August, a federal court rolled back a previous court order temporarily halting the implementation of the **public charge rule** during the national emergency related to COVID-19. As a result of this decision, the public charge rule will remain in effect across the country except for in New York, Connecticut, and Vermont where a court order prevents the rule from being applied during the coronavirus pandemic.

Asylum and Public Health

In July, the Trump Administration issued a proposed rule that would give the Department of Homeland Security (DHS) the ability to deny asylum based on public health concerns. AAP submitted **comments** strongly opposing the rule.

The proposed rule comes after the indefinite extension of a rule by the Centers for Disease Control and Prevention (CDC) which allows the federal government to deny entry to asylum-seekers migrating through Mexico and Canada citing the danger of the introduction of COVID-19 into the U.S. The CDC order applies to unaccompanied children and, to date, more than 147,600 adults and children have been denied entry at the southwest border since the order was signed in March 2020. Most recently, it was reported that DHS is detaining unaccompanied children as young as one year of age in **hotel rooms** with unlicensed, untrained adult law enforcement agents and their contractors as a result of the CDC order. In early September, a federal Judge ordered DHS to stop detaining children in hotels, a decision DHS is fighting.

Global Child Health

New data shows COVID-19 could reverse decades of progress toward eliminating preventable child deaths. The Institute for Health Metrics and Evaluation (IHME) found that 2020 coverage in child health services is dropping to levels last seen in the 1990s. A recent WHO survey revealed that 52% of countries reported disruptions in health services for sick children. Disruptions to immunization campaigns have put 80 million children under age one at risk of contracting preventable diseases. Abrupt drops in household incomes,

lack of affordable nutritious foods, and interruptions to early child development services are estimated to lead to an additional 6.7 million children suffering from wasting this year alone.

The AAP has been highlighting the need for a COVID-19 supplemental bill to include foreign aid and global health funding to address these growing problems. There has been increased bipartisan support to include foreign aid funding in a future supplemental, demonstrated by a letter by Senators Rubio (R-Fla.) and Cardin (D-Md.) and accompanied by a letter in the House led by Representatives Frankel (D-N.Y.) and Rooney (R-Fla.) calling for a global response to COVID-19. The AAP, as part of the larger global health community, is continuing to advocate for at least \$20 billion for international affairs funding, including global health and humanitarian assistance.

World Health Organization

On September 2nd, the Trump Administration announced it was withholding the remaining FY2019 and FY2020 assessed contributions to the World Health Organization (WHO) appropriated by Congress and reprogramming these funds to other United Nations agencies. This announcement was exacerbated by an order to start recalling U.S. medical experts who had been seconded to work at the WHO to participate in a wide array of expert panels and lead efforts to eradicate polio and increase immunization coverage. In addition to U.S. medical experts based in Geneva, the AAP is working to determine the impact U.S. withdrawal from the WHO will have on the 81 WHO Collaborating Centers based in the United States.

Additionally, the Administration announced it would not participate in the COVID-19 Vaccine Global Access (COVAX) Facility, a global partnership led by Gavi, the Coalition for Epidemic Preparedness and Innovation (CEPI), and the WHO to accelerate the development, production, and delivery of COVID-19 vaccines. The Administration has said it is not participating in COVAX due to its link to the WHO. This means that the U.S. is essentially “going at it alone” to find a COVID-19 vaccine and will not have access to vaccines supported by COVAX.

AAP's Get Out the Vote Campaign

Election Day 2020 is Tuesday, November 3. The AAP is leading a robust **Get Out the Vote campaign** focused on the connection between health equity and voting. Everyone deserves the opportunity to live up to their full health potential. Voting is one of the main ways we can influence the public policies that address health inequities in our communities. This election, we encourage pediatricians and

those who care about children to vote like children's futures depend on it. This [AAP News article](#) has more information on the campaign and how to get involved.

Visit [AAP.org/VoteKids](#) for a suite of AAP resources, including information on key child health issues and their ties to health equity, voter registration resources, sample social media graphics and messages and other tools to help pediatricians share the importance of voting.

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