

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



December 23, 2020

COVID-19 Response

Advocacy Report



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Government Response to COVID-19

The country is roughly 9 months into the response to the novel coronavirus (SARS-CoV-2) pandemic and attendant respiratory illness COVID-19, with over **1.6 million cases reported in children** as of December 10. The AAP continues to advocate at the federal and state level to ensure that the government response adequately addresses the needs of children, families, and pediatricians.

The AAP remains in regular communication with legislators, top administration officials, and the Biden-Harris transition. Among AAP's top priorities is ensuring that pediatricians have access to adequate financial relief that enables pediatric practices to continue providing quality care to children, including timely administration of childhood 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.

It is against this backdrop that record numbers of Americans went to the polls to cast their ballots for elected officials at all levels of government. The outcome of the election was in part a referendum on elected leaders' response to the pandemic. After all the votes were counted, Americans rendered a split verdict, ousting an incumbent president while narrowing party margins in the U.S. Congress and largely maintaining the status quo in state capitals. These changes will have important ramifications for the Academy's ongoing advocacy.

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 or proposed individual pieces of legislation responding to the pandemic since April, it was only in the last days of 2020 that Congress agreed to an additional bipartisan, bicameral COVID-19 response package. The roughly \$900 billion bill, combined with a \$1.4 trillion Fiscal Year (FY) 2021 spending package, passed the House and Senate on December 21, 2020. The bill contains \$3 billion in additional funding for the Provider Relief Fund, \$8.75 billion

for COVID-19 vaccine distribution, \$22.4 billion for testing and contact tracing, and \$54.3 billion for elementary and secondary schools. However, President Trump unexpectedly announced his displeasure with the final bill after the House and Senate passed it by wide margins, and it is not yet clear when or whether he will sign it. For more information on provisions of importance to pediatricians, please see this **summary**.



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. Over the last few months, the dramatic increase in the number of cases across the country has led many states to pause or scale back their reopening efforts. In many states, governors are not only pausing reopening efforts, but reinstating measures seen in the spring and summer to limit the spread of COVID-19. Most states continue to require face coverings for residents when social distancing is not possible. However, there is variation across states as to age requirements for children. States have continued their contact tracing and COVID-19 testing efforts to curb the spread of the disease. AAP chapters are integrally involved in state testing efforts to ensure children are included in any testing initiatives.

Legislatures in all 50 states and Washington, DC, are scheduled to convene in 2021. Most legislative sessions will begin in January, with a few starting up in the following months. Legislatures are working to develop increased physical distancing protocols and other safety precautions to ensure they can conduct business. These include limiting public access to state house buildings, requiring face coverings, daily temperature checks, increased use of technology, and other workarounds. Despite these precautions, numerous outbreaks within state legislatures

have occurred with considerable impacts on the health of state legislators and their staff.

While almost every state has enacted a budget for Fiscal Year 2021, which began on July 1 in most states, states continue to face budget deficits for the current year and years beyond. Tax revenue declines in many states will threaten state programs and services this year, potentially including public health programs. A report from the **Center on Budget and Policy Priorities (CBPP)** expects budget shortfall estimates in the range of over \$500 billion over the 2020-2022 state fiscal years. Several states utilized portions of their rainy-day funds for COVID-19-related spending during Fiscal Year 2020 and to close gaps in their Fiscal Year 2021 budgets. Rainy day fund spending may increase during this fiscal year as the pandemic continues to strain state budgets. AAP chapters should prepare to advocate for child health and pediatric practices during the 2021 state legislative sessions. The AAP has developed a resource for chapters, **Protecting Medicaid and CHIP During Budget Shortfalls**, in order to assist in conversations with governors, state legislators, and other policy makers. The document is designed to help address some of the most pressing Medicaid related issues chapters may face in the upcoming fiscal year.

AAP chapters are an indispensable voice for children on countless aspects of the COVID-19 responses at the state level. Continuing challenges remain including persuading families that pediatric clinics are open and 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 schools that are reopening are doing so safely.

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Note: This report covers developments that occurred after October 22, 2020. Previous advocacy reports containing updates from September 16 to October 22, July 29 to September 16, June 30 to July 29, May 19 to June 29, April 15 to May 19, and March 1 to April 15 are available

AAP Priorities

Immunizations

COVID-19 Vaccine Development and Authorization

Since the onset of the COVID-19 pandemic in the U.S., development and distribution of a COVID-19 vaccine has made progress at a historic pace. As of December 18th, two

COVID-19 vaccines have received an Emergency Use Authorization (EUA) by the Food and Drug Administration (FDA).

On December 14th, the first individuals in the United States received a COVID-19 vaccination, following approval by the FDA of an EUA for Pfizer-BioNTech's COVID-19 vaccine on December 11th. The EUA was approved after a vote by members of FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) on December 10th. There was a discussion during the meeting over whether there was enough data submitted to justify the inclusion of the 16 to 17 age group in the authorization, but a majority of members thought there was sufficient data as well as enough data from young adults to extrapolate that the vaccine was safe and effective for 16- and 17-year olds. The final vote was 17 in favor, 4 opposed, and one abstention. The Academy released a **statement** applauding FDA's approval of Pfizer's application, which authorized use of the vaccine in individuals 16 years old and over, and stressed the need to include children in COVID-19 vaccine trials so they can also benefit from a safe and effective vaccine.

Following the VRBPAC meeting, the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) held a two-day emergency meeting on December 11th and 12th to issue an **interim recommendation** for use of the Pfizer-BioNTech COVID-19 vaccine in persons 16 years of age and older for the prevention of COVID-19. This interim recommendation is to be implemented in conjunction with ACIP's **interim recommendation** for allocating initial supplies of COVID-19 vaccines, which the Committee approved during a December 1st meeting. ACIP has recommended that both health care personnel and residents of long-term care facilities be offered COVID-19 vaccine in the initial phase of the vaccination program.

The following week, Moderna, Inc. received the second FDA EUA for a COVID-19 vaccine on December 18th. The same extensive review and approval process took place as VRBPAC met on December 17th to consider an EUA for Moderna's COVID-19 vaccine for the prevention of COVID-19 in individuals 18 years and older. The committee voted in favor, with one abstention. In light of EUA consideration, ACIP reconvened for another emergency meeting on December 19th and 20th to issue an interim recommendation for use of Moderna's COVID-19 vaccine in persons 18 years of age and older for the prevention of COVID-19.

The AAP applauds the rigorous, thorough process by which these vaccines were authorized. Along with six other medical groups, the Academy sent a **letter** to Operation Warp Speed on November 17th outlining the importance of ensuring that any COVID-19 vaccines receive approval through a transparent, scientific, and robust process in order to improve public confidence.

Finally, throughout the rapidly evolving process of COVID-19 vaccine development, the AAP has remained closely engaged with federal agencies on efforts related to improving confidence for all vaccinations, addressing vaccine hesitancy, and strengthening the U.S. immunization delivery infrastructure. In November, the Office of Infectious Disease and HIV/AIDS Policy (OIDP) at the Department of Health and Human Services (HHS) solicited stakeholder feedback in response to a draft Vaccines National Strategic Plan for 2021-2025. The AAP submitted these **comments** in response. In addition, the AAP provided feedback in November on CDC's draft Vaccinate with Confidence framework, which seeks to reinforce confidence in COVID-19 vaccines nationally.

Vaccine Distribution

Phase 1A distribution of COVID-19 vaccines is now underway in states and communities across the country, but considerable work remains by state governments and health systems in the effort to deliver COVID-19 vaccine to wide swaths of the public. State health departments have published their **interim plans** for vaccine distribution, and variation exists across the states in the models used for distributing vaccines to immunizing sites and for prioritization of other segments of the population and workforce after the initial tranche of vaccine is used to protect frontline health care workers and residents and staff of long term care facilities. For more information, see the new AAP **FAQ resource on COVID-19 vaccine**, which includes links to information on each state's COVID-19 **vaccine provider preregistration** page.

Pandemic Relief Legislation

Following months of stalemate, Congress passed a \$900 billion bipartisan, bicameral COVID-19 relief package on December 21 along with a \$1.4 trillion omnibus spending bill for FY 2021. The legislation includes a number of AAP priorities outlined in this November **letter** to congressional leadership, including major investments in public health infrastructure, health care delivery, and provider relief funding. This includes \$3 billion in additional funding for the Provider Relief Fund, \$8.75 billion for COVID-19 vaccine distribution, \$1.25 billion for the National Institutes of Health (NIH) to support additional COVID-19 research, \$22.4 billion for testing and contact tracing, and \$3.25 billion for the National Strategic Stockpile. The COVID-19 package also provides supplemental funding for a number of federal agencies that have played major roles in addressing the pandemic, including the FDA.

Of note, the legislation includes the VACCINES Act, a longtime AAP priority that authorizes a national campaign to increase awareness and knowledge of the safety and

effectiveness of vaccines for the prevention and control of diseases, to combat misinformation, and to disseminate scientific and evidence-based vaccine-related information. The AAP led a **letter** of more than 100 organizations in early December urging the inclusion of this legislation in a pandemic relief package to address concerning sustained decreases in immunization rates for recommended vaccines across all ages. Congress authorized the VACCINES Act programs at \$15 million annually for five years.

Economic relief and support for families also comprised a significant portion of the package. The legislation extends unemployment insurance benefits through March 14, 2021 and provides \$300 per week in enhanced federal payments to beneficiaries, which are in addition to state financed unemployment benefits. It also includes \$600 direct payments to adults and children with annual incomes of \$75,000 or less for individuals and \$150,000 or less for married couples filing jointly. These economic stimulus payments are now available to many mixed status families who were previously excluded and retroactively allows them to receive the previous CARES Act stimulus payments. The bill also increases SNAP monthly benefits by 15% for 6 months.

Congress provided \$54.3 billion for an Elementary and Secondary School Emergency Relief Fund, which schools can use to improve ventilation in classrooms and other facilities repairs and maintenance. The money can also be used to address learning loss among students, including low-income students, children with disabilities, English learners, racial and ethnic minorities, students experiencing homelessness, and children and youth in foster care. Significant federal funding for public schools to reopen safely has been a major priority for the AAP throughout the pandemic.

Following extended debate that threatened to derail final negotiations, Congress ultimately declined to include direct fiscal relief to state and local governments and liability protections for businesses during the pandemic, high priority items for Democrats and Republicans respectively. And, after months of debate, Congress included provisions to address surprise medical bills in the final package. However, President Trump unexpectedly announced his displeasure with the final bill after the House and Senate passed it by wide margins, and it is not yet clear when or whether he will sign it. Additional debate on COVID relief and economic stimulus is anticipated as the new presidential administration takes office.

For more information on provisions of importance to pediatricians, please see this **summary**.

Provider Relief Fund

Pediatricians who received relief funding will need to comply with specific terms and conditions. HHS recently issued **Post-Payment Reporting Requirements** that will apply to all Provider Relief Fund General Distribution recipients whose payments in aggregate exceed \$10,000.

Released in September, the original guidance from HHS placed a limitation on the permissible use of PRF money that the Academy felt was overly burdensome and incongruent from previous HHS communications. The AAP was able to successfully advocate that HHS change this policy to allow pediatricians to **apply provider relief payments against all lost revenues without limitation.**

The Academy continues to closely track updates to these requirements and will share information and guidance as it becomes available. More information is expected in early 2021 when HHS opens the reporting portal.

In addition to Provider Relief Fund dollars, AAP chapters have also actively sought state-based relief via the Medicaid program and/or other means. Most recently, the AAP Tennessee Chapter was successful in obtaining \$12.4 million in additional relief for primary care practices in the state.

CMS COVID-19 Interim Final Rule

The Families First Coronavirus Response Act (FFCRA), signed into law on March 18, includes an option for states to receive enhanced federal Medicaid funding if they comply with certain maintenance of effort (MOE) protections. These protections help ensure continuity of care for children and families during the public health emergency. CMS's earlier interpretation of the continuous coverage provision barred states from cutting benefits or increasing cost-sharing for Medicaid beneficiaries while they are enrolled.

However, in late October, the Trump Administration released their **Fourth COVID-19 Interim Final Rule**, which reinterprets this FFCRA provision, allowing states to impose numerous types of coverage restrictions for individuals who are enrolled in Medicaid, including reduced benefits; reduced amount, duration, and scope of services; increased cost-sharing; and reduced post-eligibility income. The Academy is urging CMS to withdraw these provisions, which may result in harm for children and families enrolled in the Medicaid program.

COVID-19 Pediatric Research Priorities

The National Institutes of Health (NIH) has played a major role in advancing research to address the COVID-19 pandemic, spearheading the development of a research agenda, coordinating public and private research and

development efforts, and funding studies to answer open questions about the novel coronavirus. The AAP has been in communication with the agency to ensure children benefit from the enormous federal investment in COVID-19-related biomedical research. In **December comments to the NIH** to provide feedback on the NIH-Wide Strategic Plan for COVID-19 Research, the AAP outlined its pediatric research priorities. The letter calls on the NIH to prioritize research on the mental and behavioral health implications of pandemic-related lockdowns, ensure children are included in SARS-CoV-2 vaccine trials, and better understand pediatric-specific responses to SARS-CoV-2 infection.

Housing

On September 2, 2020, the Centers for Disease Control and Prevention (CDC) relied on little-known statutory powers to issue a temporary moratorium for most residential evictions, with a stated goal of reducing the risk of transmission of COVID-19. Several lawsuits challenging the CDC order have been filed across the country. AAP joined with several AAP state chapters and other health care organizations to file **amicus briefs** in cases in numerous states arguing that the mass evictions that are expected to occur if the CDC eviction moratorium is lifted will likely increase the spread of COVID-19.

The CDC eviction moratorium is set to expire on December 31, 2020. In December, AAP joined with other medical organizations in sending a **letter** to CDC urging the agency to extend the moratorium to ensure there is not a gap in protections before Congress or the incoming Biden administration is able to take action to prevent evictions.

Immigration

Unaccompanied Minor Children

Since March, immigration officials have relied on a public health order issued by CDC to expel nearly everyone, including unaccompanied children, who seeks asylum at the U.S. border. Since March, Customs and Border Protection (CBP) agents have used the CDC order to send back more than 200,000 people crossing the northern and southern borders, including at least 13,000 children who crossed the border alone. Many of these children were held by immigration officials in hotel rooms while they awaited deportation. In July, AAP issued a **statement** urging the administration to stop the practice.

AAP identified ending these deportations, known as "Title 42 Expulsions," as an immediate **priority** for the protection of immigrant children. AAP also **called** on the Inspector General of the Department of Homeland Security to

investigate the practice of “hoteling” children as well as the expulsion of unaccompanied children seeking asylum.

In November, a federal judge ruled that the Trump administration must stop expelling unaccompanied minor children, allowing children to be referred to the custody of the Office of Refugee Resettlement (ORR) where staff work to reunify them safely with a sponsor in the U.S. In December, AAP, along with several partners, **wrote** ORR with recommendations for how they can comply with the court ruling in light of the ongoing pandemic.

Global Health

International COVID-19 Vaccine Access and Funding

The AAP successfully advocated for \$4 billion for Gavi, the Vaccine Alliance, in the latest COVID-19 relief package. This funding will enable access to safe and effective COVID-19 vaccines in low-income countries. The AAP worked through global health coalitions to engage key members of Senate leadership around international funding in the COVID-19 relief bill. The AAP signed on to **this letter** in September, which was recirculated to congressional leadership by the Global Health Council, urging emergency supplemental funding to support U.S. bilateral and multilateral investments in the global response to COVID-19.

As part of its advocacy on global health, the AAP worked with an informal group of global health advocates to increase support in Congress and the incoming administration for the Access to COVID-19 Tools (ACT) Accelerator. The group created **this one-pager** explaining the ACT Accelerator and its importance for an effective global COVID-19 response, which has been shared with congressional leadership and the Biden transition team.

World Health Organization

In a crucial move for global child health, the Biden administration’s transition team has indicated that the incoming administration will rejoin the World Health Organization (WHO) on the first day in office. Rejoining the WHO will fortify U.S. efforts to combat the global COVID-19 pandemic and safeguard bipartisan programs to combat polio, malaria, and seasonal influenza, implemented by the WHO.

In November, the AAP participated in the 73rd World Health Assembly (WHA), the decision-making body of the WHO. The session focused on strengthening preparedness for health emergencies. The AAP worked with the Global Health Council on WHA statements outlining the importance of equitable access to COVID-19 vaccines in the pandemic response efforts.

AAP Unveils Transition Plan for Biden-Harris Administration

The AAP recently unveiled the **Transition Plan: Advancing Child Health in the Biden-Harris Administration**, which outlines specific policy recommendations to support our nation’s children and their futures. It covers **26 child health issue areas**, breaking them down into **more than 140 recommendations** for the incoming administration.

AAP shared the plan with President-Elect Joe Biden, Vice President-Elect Kamala Harris, and their transition team. **Read the full plan at AAP.org/Transition**. This **press release** has more.

The plan builds on the AAP’s **Blueprint for Children**, which was released this fall. The Blueprint outlines a comprehensive child health policy agenda for 2020 and beyond, reflects on the State of Children in 2020, and recommends policies to promote healthy children, support secure families, build strong communities, and ensure our role as a leading nation for youth. Read the full Blueprint at **AAP.org/Blueprint**.

Additionally, the AAP released the new **AAP Chapter Blueprint for Children template**. The new template aligns with the AAP *Blueprint for Children*, offers policy recommendations that may be applicable to chapters in their respective state, and can be customized to fit chapter needs.

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 holstein@aap.org