

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



March 23, 2021

# COVID-19 Response

Advocacy Report



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## Government Response to COVID-19

The United States is roughly one year into the response to the novel coronavirus (SARS-CoV-2) pandemic and attendant respiratory illness COVID-19, with over **3.28 million cases reported in children** as of March 11. 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 and the Biden-Harris administration. 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 to include children in COVID-19 vaccine trials and has also fought for new federal resources for schools so that they are in a position to be able to safely reopen. With the mental and behavioral health crisis in children made worse by the pandemic, AAP has launched new efforts aimed at urging policymakers to invest in a broad-scale, comprehensive approach to prevention, early intervention, and treatment. 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

On March 10, Congress passed the *American Rescue Plan Act (ARP)*, a \$1.9 trillion landmark COVID-19 relief package containing several key AAP priorities. Numerous provisions in the sweeping legislation were a direct result of AAP advocacy and would not have been possible without the efforts of pediatricians across the country.

The legislation allocates money for vaccines, schools, and expands anti-poverty programs such as the child tax credit. It also provides relief for state and local governments, businesses, and individuals in the form of \$1,400 Economic Impact Payments. The legislation also raises unemployment benefits by \$300 a week and extends them until Labor Day. Several provisions in the legislation are detailed further below.



## 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](https://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 several weeks, several states have started to ease restrictions, while a few states have completely reopened. Many states continue to require face coverings for residents when social distancing is not possible. There is, however, variation across states regarding age requirements for face coverings 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.

Nearly every state has convened for their 2021 legislative session, with the final state scheduled to convene in April. One state has already adjourned their regular 2021 legislative session. Legislatures have developed 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 state legislators and their staff's health. Along with heightened security measures recently instituted in state capitols, changes to procedures will also impact citizens' engagement, including those advocating for child health and pediatric practice. It is vital to be familiar with limitations for in-person testimony and virtual engagement opportunities to ensure AAP chapter advocacy success in 2021.

In most states, Fiscal Year 2021 began on July 1, 2020. Most states continue to face budget deficits for the current year and years beyond. A recent report from the **Center on Budget and Policy Priorities (CBPP)** indicates that the

overall state budget picture has improved somewhat, but states are still face considerable fiscal challenges, including approximately \$300 billion in shortfalls through FY 2022, even after subtracting federal aid provided to-date. Several states utilized portions of their rainy-day funds for COVID-19-related spending during Fiscal Year 2020 to close gaps in their Fiscal Year 2021 budgets. In addition, the ARP provides significant funding to states, including \$195 billion in direct fiscal relief as well as a provision that **reduces this relief if states cut taxes as a result.**

AAP chapters will continue to advocate for child health and pediatric practices during the 2021 state budgetary legislative sessions. The AAP has developed a resource for chapters, **Protecting Medicaid and CHIP During Budget Shortfalls**, to assist in conversations with governors, state legislators, and other policymakers. The document is designed to help address some of the most pressing Medicaid budget-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 February 3, 2021. Previous advocacy reports are available [online](#).**

## AAP Priorities

### American Rescue Plan

The \$1.9 trillion *American Rescue Plan (ARP)* is a landmark piece of legislation that includes historic investments across health care, public health, social services, and other urgently needed help for Americans. Several provisions of importance to child health and pediatricians are detailed further below.

#### Medicaid Postpartum Coverage Extension

The ARP offers states a new “state plan” option to provide pregnancy-related Medicaid and CHIP coverage for one year after the end of pregnancy, extending coverage well beyond the current cutoff of 60 days. Previously, states could only receive federal matching funds to extend postpartum

coverage beyond 60 days through a Section 1115 waiver. The option will be available to states for five years, beginning in 2022. A long-supported provision by the Academy, this option is critical in responding to the alarming maternal mortality crisis in the U.S., which disproportionately affects women of color.

#### Other Medicaid Provisions

The ARP includes several other provisions to improve Medicaid and CHIP. The legislation provides states the option of receiving a 10-percentage point increase in their Medicaid matching rate for home- and community-based services (HCBS), including home health, personal care, case management, and rehabilitative care. The legislation also provides 100% FMAP for the administration of COVID-19 vaccines in Medicaid/CHIP.

The ARP also includes new financial incentives for the 12 states that have not yet expanded their Medicaid program to low-income adults under the ACA. Under the legislation, non-expansion states that opt to expand their programs will receive a temporary increase of 5 percentage points in the FMAP for non-expansion populations (in addition to the 90 percent FMAP for the expansion population).

#### Affordable Care Act/COBRA Enhancements

The ARP makes significant changes to temporarily bolster the ACA for 2 years and improve marketplace access and affordability by:

- Eliminating the ACA’s subsidy cliff and extending Premium Tax Credits to those with incomes above 400 percent of the federal poverty level (FPL) for 2021 and 2022, capping premiums at a maximum of 8.5% of income;
- Increasing existing ACA subsidies for lower-income people who already qualify for 2021 and 2022;
- Allowing those who receive unemployment benefits in 2021 to receive maximal subsidies for ACA coverage, including no-premium coverage.

Additionally, the ARP subsidizes 100 percent of the cost of premiums for COBRA continuation coverage for workers who are laid off or have reduced hours. The bill includes \$20 million for states to help adopt these changes.

#### COVID-19 Vaccines, Treatments, and Testing

To further enable the country’s ongoing mass vaccination campaign, the ARP provides an additional \$7.5 billion to the Centers for Disease Control and Prevention (CDC) to promote, distribute, administer, monitor, and track COVID-19 vaccines. After intensive AAP advocacy, the law provides \$1 billion for vaccine confidence activities at the CDC. These

funds will be used to help strengthen vaccine confidence in the United States, provide further information and education to the public regarding vaccines, and improve rates of vaccination throughout the United States. This funding provision specifically references the recently enacted, AAP-championed *VACCINES Act* and the activities it authorizes, including a national public education campaign.

Additionally, the legislation allocates \$6 billion for expenses related to the production and manufacturing of COVID-19 vaccines, therapeutics, and ancillary medical supplies. There is also \$47.8 billion provided to detect, diagnose, trace, and monitor SARS-CoV-2 and COVID-19 infections and related strategies to mitigate spread.

Finally, it provides \$500 million to the Food and Drug Administration (FDA) for the evaluation of the continued performance, safety, and effectiveness of vaccines, therapeutics, and diagnostics approved, cleared, licensed, or authorized for use for the treatment, prevention, or diagnosis of COVID-19.

### Mental Health

As a result of AAP [advocacy](#), during Senate negotiations \$80 million was added to the ARP for HRSA's Pediatric Mental Health Care Access Program—a key AAP priority. This successful program increases access to mental health services for children and adolescents by providing funding for 21 states to create or maintain telepsychiatry access lines. This new infusion of funds will allow HRSA to award grants to the remaining states, DC, and territories for five years.

### Nutrition

The ARP includes funding for child nutrition programs to reduce food insecurity. The bill invests \$880 million in funding for WIC, including \$490 million to enhance the WIC Cash Value Benefit (CVB) for fruit and vegetable purchases over a four-month period as well as \$390 million in outreach, innovation, and program modernization funding. The bill also boosts SNAP benefits by 15% through September and extends the Pandemic Electronic Benefit Transfer (P-EBT) program through the end of the COVID-19 health crisis.

### Child Tax Credit

The ARP includes an expansion of the Child Tax Credit that would temporarily boost the benefit to \$3,600 per child under age six and \$3,000 for each child ages 6 to 17. Single parents making up to \$75,000 a year and couples making up to \$150,000 a year would be eligible for the full benefit. The benefits will be distributed in a monthly payment starting in July through the end of the year.

At a time when families are facing significant financial challenges caused by the pandemic, policies like the child tax credit are critical to providing families with the support they need and have been shown to improve child outcomes. The provision included in the COVID relief legislation is an important policy to address the impact of poverty on child health, especially as families continue to be affected by the pandemic, and is expected to cut the number of children in poverty by more than 40%.

### Economic Impact Payments

The ARP authorized a third round of economic impact payments (EIPs). These payments will amount to \$1,400 per tax filer and for each filer's dependents in households making below \$160,000 or individuals making less than \$80,000.

In a change from previous COVID-19 response bills, under the ARP an additional 2.2 million children in mixed-status immigrant families will now be eligible for EIPs. The ARP no longer requires at least one parent to have a Social Security Number (SSN) in order for their child with an SSN to receive an EIP. The AAP strongly advocated for this change in policy. Parents and children without an SSN are still ineligible for an EIP.

### K-12 Education

The ARP provides additional robust funding for K-12 education to help schools implement safe reopening measures and address the academic, social, and emotional needs of students. It **allocates** nearly \$123 billion for the existing Elementary and Secondary School Emergency Relief Fund. States and local educational agencies may use these funds with flexibility for a broad range of expenses, such as providing mental health services and supports, school facility repairs and ventilation, implementation of mitigation strategies, and purchasing technology. States and local educational agencies must use at least 20 percent of these funds to address learning loss through the implementation of evidence-based interventions.

Separately, the ARP includes \$7.2 billion in funding through the Federal Communications Commission (FCC)'s E-Rate program to expand broadband access at public and private schools and public libraries to support remote learning and library services.

Additionally, \$800 million of this funding is designated for identifying homeless children and youth and providing them with wraparound services and assistance to enable school attendance and participation in school activities, in light of COVID-19.

The bill also provides \$3 billion for grants and programs under the Individuals with Disabilities Education Act (IDEA), \$850 million for the Bureau of Indian Education, and \$2.75 billion to governors to provide services or assistance to non-public schools that enroll a significant percentage of low-income students and are most impacted by the pandemic.

### Child Care

The ARP included \$39 billion to support child care providers through the Child Care and Development Block Grant (CCDBG) and to create a new stabilization fund for child care providers. This builds on funding that was provided in the last COVID-19 relief bill to ensure child care providers can safely operate and provide safe, quality child care. The bill also includes \$1 billion for Head Start programs.

### AI/AN Child Health

According to the CDC, American Indians and Alaska Natives (AI/AN) were 3.5 times more likely to be diagnosed with COVID-19 than non-Hispanic whites, with a mortality rate nearly twice as high. The ARP included one of the largest investments in Native programs in history, with over \$6 billion going to Native health systems to address the COVID-19 pandemic. This funding includes \$2.34 billion to the Indian Health Service (IHS) to fund testing, contact tracing, PPE, vaccine distribution, and workforce needs. In addition, the bill provides \$420 million for mental and behavioral health, \$140 million for improving health information technology and telehealth access, and \$600 million for health facilities construction and other infrastructure needs. These crucial funds will be made available to Tribes through IHS, providing critical support to address the COVID-19 pandemic and its disproportionate impact on AI/AN communities.

### Child Welfare

The ARP allocates \$350 million for the Child Abuse Prevention and Treatment Act (CAPTA), the only federal law focused specifically on preventing and responding to intra-familial child abuse. Specifically, the legislation includes \$100 million for CAPTA Title I – State Grants to offer support to state child protective services programs and infrastructure, and \$250 million for CAPTA Title II – Community-Based Child Abuse Prevention which provides grants to communities to provide community-driven support services to strengthen families and ensure children can remain safe.

### Global Health

The ARP includes over \$10 billion in funding for global health and humanitarian assistance. This funding includes \$750 million for the CDC's global health security and global immunization work, \$3.09 billion for the U.S. Agency for

International Development's (USAID) global programs to support health activities and emergency food security needs, and \$580 million in multilateral assistance to help finance U.S. membership in the World Health Organization.

The U.S. continues to lead funding efforts for the global COVID-19 response through investments in the COVAX Facility, a global initiative aimed at equitable access to COVID-19 vaccines and the Access to COVID-19 Tools (ACT) Accelerator, a coordinating mechanism to develop and equitably distribute COVID-19 treatments, diagnostics, and PPE. On top of the \$4 billion allocated to Gavi, the Vaccine Alliance in December 2020 to help fund the COVAX Facility, the ARP includes \$3.5 billion to the Global Fund to further support the ACT Accelerator and \$905 million to USAID for a contribution to a multilateral vaccine partnership such as the Coalition for Epidemic Preparedness Innovations (CEPI).

These contributions are a huge win for global child health, the broader global health community, and for the U.S.'s role as a leader in fighting COVID-19 around the world.

### School COVID-19 Safety

On March 19, the CDC released updated **guidance** for K-12 schools to reflect the latest science on physical distancing between students in classrooms, recommending that students maintain at least three feet of distance in conjunction with universal masking. For older students in communities with high transmission, the CDC continues to recommend six feet of distance if cohorting is not available. AAP President Lee Savio Beers, MD, FAAP, subsequently issued a **statement** indicating that the CDC's guidance mirrors the AAP's updated guidance calling for a minimum of three feet of physical distancing and calling for decisionmakers to continue prioritizing return to school for students.

On February 22, the U.S. Department of Education (ED) released its guidance on statewide assessments. The guidance rejected blanket waivers from states to not conduct statewide assessments for the 2020-2021 school year but does emphasize flexibility in administering assessments in light of the COVID-19 pandemic.

Specifically, the guidance encourages states to administer a shortened version of statewide assessments; offer remote administration, where feasible; and/or extend the testing window to the greatest extent practicable. ED's guidance emphasizes using assessment data to help understand student performance and target resources and supports rather than for accountability purposes. Therefore, the guidance does allow states to request a waiver for the

accountability and school identification requirements in the Elementary and Secondary Education Act.

As virus transmission rates decline from the mid-winter peak levels and more teachers become eligible for COVID-19 vaccination, state government officials have become more vocal about the importance of in-person learning. A handful of governors have signed executive orders requiring that schools reopen 5 days a week, while other governors have ordered schools to be open for in-person learning at least 2 days a week. Some states have acted legislatively, passing bills to require schools to reopen as soon as possible.

In addition, states continue to address virus mitigation strategies by amending state school safety guidance. While a few states have let mask mandates sunset, the majority have not lifted state requirements for mask-wearing in schools. In addition, some states have clarified that while 6 feet in between students in classrooms is ideal, 3 feet in between students is sufficient to prevent virus transmission if masks are worn, allowing more schools to be able to offer 5 days a week in-person learning. As states have issued new guidance, the **State COVID-19 School Safety Guidance** comparison document has been updated to reflect these changes.

## Vaccines

On February 27, the FDA issued an Emergency Use Authorization (EUA) for the Janssen/Johnson & Johnson COVID-19 vaccine for use in individuals 18 years of age and older. It is the third COVID-19 vaccine to receive an EUA in the United States and the first single-dose vaccine to be authorized. In a **press statement** and **letter** to the White House and federal officials, the Academy commended the swift development and review of another vaccine to protect against COVID-19, but reiterated the need for the administration to do more to speed the enrollment of children of all ages in clinical trials.

President Biden, in his first prime-time address on March 11, directed States, tribes, and territories to make all American adults eligible to receive a COVID-19 vaccine by May 1 to help ramp up the nation's ongoing mass vaccination campaign. To facilitate this acceleration, the White House plans to increase the number of federally run mass vaccination sites and pharmacies administering vaccines across the country and expand the workforce of qualified vaccinators to include dentists, paramedics, veterinarians, and others.

States continue to update vaccine prioritization lists as more COVID-19 vaccine product becomes available. To help AAP chapters advocate on issues related to distribution, administration, vaccine confidence, and payment and

coverage, the Academy has released **COVID-19 Vaccine: Opportunities for State Advocacy**.

## Mental Health

In March AAP joined with the Children's Hospital Association (CHA) to **launch** a campaign highlighting the impact of the pandemic on the mental health of children and adolescents and sharing ideas about what the government can do to ensure families have access to services. The campaign will feature digital advertising in national publications, op-eds, and forums for policymakers. AAP and CHA will also be advocating for increased funding for mental health services where children are: in their pediatricians offices, schools, and in times of crisis. The campaign will support a range of additional activities to support children including telehealth, training for crisis response, primary and emergency mental and behavioral health care, school-based services, outpatient programs and partial hospitalizations.

AAP President Lee Savio Beers, MD, FAAP, was published in **CNN Opinion**, discussing the campaign, pediatricians' concerns for their patients and the need for policymakers to prioritize children's mental, emotional and behavioral health.

## AAP Transition Plan for Biden-Harris Administration

In November, the AAP 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 Biden administration.

AAP shared the plan with President Biden, Vice President Kamala Harris, and their team during the transition. **Read the full plan at [AAP.org/Transition](https://www.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](https://www.aap.org/Blueprint)**.

Additionally, the AAP released the new **AAP Chapter Blueprint for Children template** last fall. 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](mailto: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](mailto:hholstein@aap.org)