



April 30, 2020

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
United States Senate
Washington, DC 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell, and Minority Leader Schumer:

On behalf of the Pediatric Policy Council (PPC), a public policy collaborative of four pediatric academic organizations, we write to thank you for your efforts to date to mitigate the impact of the COVID-19 pandemic and provide needed relief to physicians and the health care system. As you work to develop additional legislative responses to coronavirus, we urge you to address the needs of academic medicine, which is not only playing a crucial role in the treatment of COVID-19, but also conducting cutting edge research that will lead to new cures and better quality clinical care.

The recently enacted Coronavirus Aid, Relief, and Economic Security (CARES) Act was a crucial step towards addressing the immediate needs facing the health care system and directing critical research dollars toward the National Institutes of Health (NIH) and other research agencies to urgently study the novel coronavirus SARS-CoV-2 and attendant respiratory illness COVID-19. However, more must be done to sustain America's biomedical research enterprise and to ensure that systems of care for children remain robust, both now and after the immediate public health emergency subsides.

The PPC urges Congress to address the needs outlined below in its next COVID-19 legislative package.

Support for Research

The COVID-19 pandemic has had enormous consequences for the biomedical research enterprise. In a matter of weeks, academic research institutions have rapidly reoriented their work to address the nation's pressing public health needs brought about by the novel coronavirus. From better understanding the epidemiological characteristics of the novel coronavirus to identifying safe and effective prevention and treatment modalities, research will play a key role in bringing the pandemic to a close.

However, while new COVID-19 research studies have been launched with record speed, most other biomedical research is currently on hold to stem the further spread of the virus. From delayed lifesaving research into conditions like childhood cancer and Type 1 diabetes to disrupted training programs to train the next generation of pediatric researchers, this pause will have drastic short- and long-term consequences for academic pediatrics. Congress must act now to sustain and preserve research

infrastructure so that the pipeline of researchers, availability of facilities and equipment, and other necessary components of the research enterprise are there when the pandemic ends. **It is therefore essential that Congress provide additional supplemental appropriations to the NIH and other science-funding agencies at approximately 30 percent of their current fiscal year funding level.** This additional infusion of money will be critical to covering expenses incurred to extend research grants, pay researchers and staff while research activities are on hold, and address other expenses associated with the current stoppage of work.

We also urge Congress to ensure that any money invested in COVID-19 research, including the development of treatments and immunizations, also benefits children. While children have largely been spared severe illness and death from the novel coronavirus, understanding the progression of SARS-CoV-2 infection in children and the reasons children are avoiding serious morbidity and mortality could provide key insights into the virus. From a public health perspective, it will also be critical to understand whether children act as asymptomatic carriers of the virus and therefore facilitate the spread of COVID-19. **We therefore urge you to ensure children are appropriately included in COVID-19 research, including research on viral transmission and prevention strategies.** Such research will also ensure that new drug therapies and vaccines are labeled for use in children.

The abrupt changes to daily life that the pandemic has brought about are likely to have significant consequences for the mental health and well-being of children, including both acute concerns and long-term impacts. School closures, social isolation, and changes to daily routines, as well as increased stress on families from economic uncertainty and food insecurity, are likely to increase the risks to children's socioemotional development and physical safety. **Congress must therefore fund research to assess the behavioral health implications of the COVID-19 pandemic on children and design strategies to minimize harm.**

Diversity in research must also extend beyond age. It has become increasingly and disturbingly clear as the COVID-19 crisis has unfolded that marginalized communities, in particular racial and ethnic minority communities, are shouldering a disproportionate burden of this crisis in the form of more severe illness and higher death tolls. While some of the reasons for this disparity are known, many remain unknown, and only through high-quality research will definitive causes be discerned and effective interventions be identified. Furthermore, specific demographic characteristics do not exist in a vacuum but rather intersect with others, like age and gender. It is essential that research populations reflect the diversity of the population at large if we are to address the impact of this pandemic on every American. **Congress must fund COVID-19 research that will help us understand the racial, ethnic, and other disparities that are apparent in this pandemic and ensure that public health agencies are collecting and reporting data that includes crucial demographic information.**

Support for Pediatric Systems of Care

Academic pediatricians are in serious need of immediate financial support to stabilize systems of care for children and ensure the continued viability of a robust pediatric research enterprise after the immediate crisis subsides. The COVID-19 pandemic has brought sudden and precipitous drops in revenue for academic pediatric departments as elective procedures are canceled, deferrable care is delayed, and resources are diverted to treat critically ill adults. At the same time, costs for basic

equipment essential to continued operations, such as personal protective equipment, have increased in response to acute shortages.

Unfortunately, academic pediatricians, along with the rest of their pediatrician colleagues and other child health providers, have not benefited from much of the federal intervention to date because it has focused primarily on Medicare. The vast majority of academic pediatricians never bill Medicare, so policy interventions, including increased Medicare payment rates and advanced payment mechanisms meant to support the health care system during this unusual time, are not reaching child health providers. The Public Health and Social Services Emergency funding included in the CARES Act has not yet reached the pediatric community because the Department of Health and Human Services has so far disbursed the money based on Medicare claims data. Standalone children's hospitals which do not benefit from a relationship with a broader health system that treats adults have been particularly disadvantaged. **We therefore urge Congress to address these shortcomings immediately by authorizing direct financial support for academic pediatricians and the entire pediatric community that imposes administrative and logistical barriers no greater than those imposed on providers who have received disbursements and support on the basis of Medicare claims.**

Medicaid also plays an essential role in financing and sustaining pediatric systems of care and the pediatric research enterprise due to its role as the largest payer of health care services for children in America. Because Medicaid is a major source of funding for pediatric departments in academic medical centers, it is essential that the federal government provide additional support for Medicaid to further bolster these systems. **We therefore urge Congress to raise the enhanced federal medical assistance percentages (FMAP) established in the Families First Coronavirus Response Act to a baseline 12% increase, retaining the maintenance of effort provisions. Furthermore, the enhanced FMAP must extend beyond the end of the public health crisis to support a surge in families accessing deferred care.** Increased federal support will also be essential as states confront the need to balance budgets with revenue shortfalls and will ensure that Medicaid will remain available to the millions of Americans who rely on the program.

Reduced Medicaid payment due to cuts to state Medicaid programs would translate to costs not only in child health and well-being, but ultimately in financial resources being diverted from pediatric research and training and into covering a greater share of the costs to care for critically ill children. This has serious potential to undermine pediatric research, endanger the future pipeline of academic pediatricians, and exacerbate the shortages already seen in pediatric subspecialists, who are trained in these departments.

In addition to increasing federal support for Medicaid, **we urge Congress to shore up Medicaid as a safety net by requiring that Medicaid payment rates are at least at Medicare levels for the duration of the public health emergency.** This could include and go beyond enacting the Kids' Access to Primary Care Act (H.R. 61559), which would increase Medicaid payment for general pediatricians as well as pediatric medical subspecialists and pediatric surgical specialists.

Address the Needs of International Medical Graduates

The strength of the biomedical research community comes in part from its diversity, attracting physician researchers from around the globe to conduct research here in the United States. However, reports continue to emerge that foreign national physicians and trainees face barriers to responding to the

COVID-19 pandemic. **We therefore urge Congress to lift restrictions preventing foreign national physicians from practicing where they are most needed**, since current visa restrictions for trainees and practicing physicians are preventing them from being redeployed as needed to meet the need presented by COVID-19. **Congress must also assure that foreign national physicians and their families will not be subject to deportation proceedings should they be temporarily unable to work due to COVID-19.**

Thank you for your continued work to respond to the COVID-19 pandemic and to ensure that children benefit from needed investments in research.

Sincerely,

Academic Pediatric Association
American Pediatric Society
Association of Medical School Pediatric Department Chairs
Pediatric Policy Council
Society for Pediatric Research