



90 Years of Caring for Children—1930–2020

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March 24, 2020

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
1236 Longworth House Office Building
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
United States Senate
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
2468 Rayburn House Office Building
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader
United States Senate
322 Hart Senate Office Building
Washington, DC 20510

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

On behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents, and young adults, I am writing to urge you to act immediately to protect frontline physicians responding to the COVID-19 pandemic by doing everything in your power to increase the supply of personal protective equipment (PPE) and to act on the following recommendations to protect the health of children and the physicians who provide care for them.

In order to protect access to care during this pandemic and beyond, we urge you to provide immediate relief that will support and sustain physicians and their practices during this pandemic through tax relief, no-interest loans, direct payment, and other financial mechanisms to allow the health care workforce to remain intact and able to address the immediate needs of this crisis as well as the ongoing needs of children and families. This must include action to ensure Medicaid payment for telehealth services at parity with in-person visits, to increase Medicaid funding to the states through an enhanced FMAP, and to support physicians caring for the most vulnerable populations by enacting payment parity with Medicare rates. Medicaid is the single largest insurer for children and Medicaid coverage is linked with long-term positive outcomes: children enrolled in Medicaid are more likely to miss less school, graduate, and enter the workforce than their uninsured peers. In contrast, gaps in coverage and barriers to access threaten the physical, mental, and social health and well-being of children and their caregivers. Congress must act immediately to stabilize and reinforce Medicaid to protect this foundational program supporting children and families during the current crisis.

As testing, treatment, and research on a vaccine or therapeutic ramp up, children cannot be left behind, and their parents cannot be left footing the bill. It is Congress's obligation to ensure testing and therapies are affordable for all families and that the government intervenes to prevent and mitigate product shortages and resultant price gouging. COVID-19 does not discriminate based on immigration or insurance status and neither should the federal government's response. All children and families should be able to access the testing and care they need to slow the spread of COVID-19 and to stay healthy, no matter their immigration or insurance status.

The COVID-19 pandemic is having an unprecedented impact on the U.S. health care system and public health infrastructure. We are only beginning to understand the extent of the prevalence, incidence, and serious outcomes associated with COVID-19, and the ways in which it impacts and transmits through children. The critically necessary public health measures that governments and businesses are taking to promote social distancing and reduce the rate of transmission are having substantial effects on the U.S. economy and families that will have long-lasting results. Vulnerable children and families need a comprehensive federal policy response to all these implications that can curtail this pandemic and mitigate its widespread detrimental effects.

To address the significant impact of this pandemic, we need a thorough, comprehensive, and reassuring federal response. In the midst of this crisis, Congress has a major opportunity for bipartisan leadership to address the pandemic's impact on children and families, strengthen and develop services and systems to support families during efforts to contain it, and strengthen the social safety net during a time of economic uncertainty. As Congress considers legislation to respond to COVID-19, we respectfully urge your enactment of the following proposed policy recommendations.

Personal Protective Equipment (PPE)

There is no greater need for the health care workforce than an increase in the supply of PPE. The government must step in and use its power to streamline the purchase of PPE and ensure its equitable distribution. Hospitals and those involved in testing, especially in areas hardest hit, must remain high priorities for new supply. But we must also not forget frontline community physicians whose ability to keep seeing and treating patients helps alleviate the burden on hospitals and emergency departments. The AAP recommends pediatricians continue to see newborns and infants for preventive care, as well as younger children who need immunizations.

As such, we need to support the system to allow children to be seen whether they are sick or well and that includes vaccines for preventable illnesses, so we don't see outbreaks of other illnesses. PPE is essential to enable primary and specialty care pediatricians and other providers to continue seeing children with special health care needs and to maintain home-based chronic care for this uniquely vulnerable population of children. With access to school-based services curtailed by school closures nationwide, and access to other providers threatened because of an inability of medical practices to stay open, improved access to PPE combined with expanded telehealth can help providers ensure that children with special health care needs avoid missed therapies that could otherwise set them back in their developmental progress.

Telehealth Care

Pediatricians are rapidly changing the way they practice to meet the needs of children and families in the time of this unprecedented crisis. Telehealth care is playing a crucial role in protecting the health of children during this time of social distancing. The health care system must also dynamically respond to the needs of patients. Though the Medicare program has changed to facilitate telehealth services, the landscape facing children and the clinicians who provide care for them is far more complex. During this time of crisis, Medicaid, CHIP, and private insurance must:

- Pay for all types of clinically appropriate telehealth care, including synchronous video, store-and-forward, remote patient monitoring, telephone care, and electronic consults, as well as virtual check-ins and e-visits. Telehealth care services should be made widely available to replace typically in-person visits as clinically appropriate, including ambulatory, hospital-based, mental and behavioral health, habilitative and rehabilitative, and other services.

- Ensure coverage of telehealth care by the pediatric medical home as well as pediatric medical subspecialists and surgical specialists, and not default to existing telehealth care vendor contracts.
- Allow for the home and other secure locations as originating (patient) and distant (provider) sites.
- Waive cost sharing for families without putting financial burdens on practices.
- Pay for telehealth care visits at parity with that of in-person visits, including transmission or facility fees to account for the costs of supporting technology, with retroactive coverage to the January 31, 2020 declaration of a nationwide public health emergency.
- Waive any geographic or frequency restrictions that might exist.
- Allow telehealth care for both new and established patients and allow all types of clinically appropriate services (not simply those related to COVID-19) to be provided via telehealth.

In addition, pediatricians and other clinicians need rapid support to take on telehealth care and otherwise change their practices. We urge Congress to include the *Expanding Capacity for Health Outcomes (ECHO) Act of 2019* (S 1618/HR 5199) to support technology-enabled collaborative learning and capacity building. The AAP is one of ten ECHO super-hubs – and the only pediatric super-hub – that train and support organizations running a telementoring program for a specific clinical issue or population such as epilepsy, traumatic brain injury, and lead screening. In March 2020, the AAP launched a COVID-19 ECHO to increase clinician knowledge, comfort and competence regarding emergency readiness and response through the lens of COVID-19, with the aim of building capacity for primary care providers to care for children and their families affected by COVID-19.

Medicaid Funding

Medicaid is essential to helping states respond to public health emergencies and is crucial to ensuring families receive testing, treatment, immunization, and other services. States will face a challenging landscape with a greater number of Medicaid-eligible individuals, higher costs from increased testing and treatment during the pandemic, and less general tax revenue. An increased federal medical assistance percentage (FMAP) can allow states to focus on ensuring people can get covered and that the health system has capacity to respond to the pandemic. In addition to an emergency FMAP increase, measures such as requirements to maintain enrollment, benefits, and payment levels can ensure Medicaid programs remain robust. We applaud the 6.2 percent increase included in the *Families First Coronavirus Response Act* and urge Congress to immediately take additional actions to address this public health emergency, the threat of a steep economic downturn, and the fiscal relief states will need as a result:

- Increase the FMAP for Medicaid eligibility expansions during the public health emergency to 100 percent for all states.
- Establish an automatic FMAP increase tied to state economic indicators that will trigger on and trigger off as states' economies fluctuate without requiring new acts of Congress. For example, increase a state's baseline FMAP by a certain percentage for each percentage point by which the state's unemployment rate exceeds a threshold level based on historical trends.¹
- Require Medicaid payment parity with Medicare rates for physician services, especially for primary care. Enact HR 6159, the *Kids' Access to Primary Care Act*, which would provide critical financial resources to practices serving the most vulnerable populations in this time of great need and great uncertainty.

¹ See, for example, M Fiedler, J Furman, W Powell, Increasing Federal Support for State Medicaid and CHIP Programs in Response to Economic Downturns, The Hamilton Project, May 2019. Accessed from <https://www.brookings.edu/research/increasing-federal-support-for-state-medicare-and-chip-programs-in-response-to-economic-downturns/>

Medicaid Stability and Availability

It is essential that states focus their financial and human resources on mitigating the harm from this public health emergency by ensuring individuals have coverage for COVID-19-related testing and treatment as well as for other health care needs. States need to be able to increase Medicaid and CHIP eligibility to new populations; reduce redetermination barriers that could threaten the continuity of coverage; and focus resources on enrollment, retention, and payment for services, rather than reporting requirements.

To facilitate this emphasis, the AAP urges Congress to halt current and expected Administrative actions that would add to states' uncertainty about their Medicaid resources. In particular, the AAP asks Congress to place a moratorium on further rulemaking related to the Medicaid Fiscal Accountability Regulation (MFAR, CMS-2393-P); on pending regulations for Medicaid premiums and cost sharing (CMS-2411-P), eligibility determinations (CMS-2421-P), and payment for eligibility workers (CMS-2433-P); and on enforcement and recoupment of the Payment Error Rate Measurement including a hold on pending rulemaking (CMS-6083-P). Each of these policy areas places a burden of increased reporting, diminished resources, or both on state Medicaid programs – burdens that act at cross-purposes in light of the ongoing public health emergency.

In tandem with the fiscal and regulatory relief described above, Congress should act to further protect Medicaid and CHIP beneficiaries through maintenance of effort requirements that go beyond *the Families First Coronavirus Response Act* to maintain eligibility categories and levels, to require 12-month continuous coverage during the public health emergency and any subsequent economic recession, and to prohibit enrollment caps or freezes. In addition, Congress should remove barriers to coverage by prohibiting work reporting requirements as a condition of eligibility.

First Responder Protections for Clinicians

Physicians and other health care providers are on the frontlines of this crisis. Pediatricians are taking care of sick children and are stepping in to fill in gaps in the adult health care workforce. During this time of need, health care providers are putting their own health at risk to combat the pandemic and care for those who are ill. They do this oftentimes without stable child care for their own children and with current shortages of the PPE needed to keep them safe while performing this vital work. We must do more to support our first responder clinicians. We urge Congress to consider a 9/11-type compensation fund so that clinicians who put their lives on the line will be certain that their families will be taken care of in the event of COVID-19-related disability or death. Congress should allocate funding to provide benefits to the families of those who pay the ultimate price taking care of patients with COVID-19.

Nutrition Assistance

As children stay home from school and millions of Americans lose their jobs, many across the country will be losing access to the resources needed to feed their families. While the recently enacted *Families First Coronavirus Response Act* included important provisions to promote food security, protect public health, and ensure economic well-being, more must be done to respond to this crisis. The Supplemental Nutrition Assistance Program (SNAP) serves a crucial role in addressing food insecurity by putting food on the table for low-income families and is especially important for children given their higher prevalence of food insecurity and high rates of participation. The benefits currently provided through SNAP are currently not enough to provide families with the resources to obtain an adequate, healthy diet throughout the month. To address this issue, Congress should boost SNAP maximum benefit levels by 15 percent, increase the minimum benefit from \$16 to \$30, and prevent any SNAP rule changes that terminate or weaken eligibility or benefits. These provisions should be continued until the economy has shown sufficient improvement.

We urge Congress to ensure that there are no barriers to families accessing WIC. We are hearing reports of infant formula shortages at retailers around the country, mostly due to people over buying or stockpiling formula. Retailers should take steps to ensure infant formula is available to families, particularly families on WIC. We remain deeply concerned that shortages can lead to families making homemade formula or diluting formula with extra water. This is not safe for children, as infants need a specific balance of nutrients to grow and be healthy. Families should only provide infants with products that meet federal standards and are prepared according to directions on the label. Congress should act to ensure access to infant formula for families across the country. Vulnerable families who participate in WIC should be able to make substitutions for WIC-eligible formulas if those formulas are unavailable. Stores should work to ensure a protected supply of infant formula for families that need it.

Immigrant Children and Families

All children and families should be able to access the testing and care they need to slow the spread of COVID-19 and to stay healthy, no matter their immigration or insurance status. No family should fear the potential of immigration enforcement during this pandemic or as a result of seeking needed care. All federal policies and regulations that discourage immigrant families from accessing health care and nutrition services should be immediately halted, including the public charge rule, interior check points, and immigration raids that sow fear in immigrant communities.

Public charge has already led to a chilling effect of immigrant families disenrolling from vital nutrition and health care services. DHS should state clearly that immigrant communities can and should seek testing and care related to COVID-19 without fear that doing so will result in immigration enforcement actions taken against them. Immigrant families are already confused and scared, and the coronavirus outbreak only contributes to that uncertainty. This combination will undoubtedly cause children and families to avoid services or programs they are eligible for, meaning children may go without adequate food or health care. Pediatricians care for and care about all children – no matter where they or their parents were born. We urge Congress to ensure that all immigrant families can seek medical care if they or their children feel ill without fear of immigration enforcement. These families should get the care they need, whether it's accessing nutrition support in WIC or getting tested for coronavirus.

Pediatricians remain deeply concerned about conditions in federal custody and the lack of adequate medical and humanitarian standards that would protect children and families from the spread of infections such as coronavirus. The Department of Homeland Security (DHS) and Customs and Border Protection (CBP) are not capable of controlling the spread of infectious illnesses in their facilities; there have been outbreaks of influenza and other infectious diseases in these facilities in the past year.

Additionally, we are troubled by the impact border restrictions and the Migrant Protection Protocols (MPP) are having on the most vulnerable populations, unaccompanied children and families with children. The border restrictions have a disproportionate impact on children, including unaccompanied children, and the government must end policies that deny immigrant families their right to seek asylum in the United States. MPP is forcing families to wait in dangerous conditions in Mexico, putting their lives and health at risk. MPP must be ended immediately. We also urge you to immediately address the life-threatening harm to unaccompanied children of the recently announced border restrictions. They are endangering unaccompanied children and those seeking asylum in the U.S. All immigrant children and families seeking safe haven in the United States should be treated with dignity and respect. In every decision about children, government leaders should prioritize the best interests of the child. Especially now in the face of the coronavirus pandemic, we need compassionate immigration policies that account for the most vulnerable among us.

Paid Leave

Social distancing and other public health measures to reduce the rate of transmission of COVID-19 are important, but they also put significant pressure on families where parents lack paid leave. Paid leave is critical to ensuring that families know they can care for children who are sick or who are at home during school closures. Providing paid leave is crucial to help families survive economically during this public health emergency and will also help stop the virus from spreading.

The AAP endorsed the *Families First Coronavirus Response Act* because it provides critical initial relief on a variety of key issues during the COVID-19 pandemic, including expanding access to paid leave. While the paid leave provisions of H.R. 6201 are critical, they still leave gaps in coverage that Congress must urgently address. The *PAID Leave Act* would immediately provide all workers with paid sick days and paid family and medical leave, while also expanding access to this benefit for future crises and life events.

Child Well-Being

We recognize that this pandemic is causing major upheaval for families, especially those who are highly dependent on schools or child care centers for education and other services for their children. Families with children with special health care needs are facing significant disruptions to treatment services and access to care for their children that impede their developmental progress and the stability of their health and wellbeing. These families will need direct financial and service supports to address these needs. Significant family supports to protect and promote parental mental health, prevent substance use through virtual and other means, and prevent child abuse and neglect by supporting families through this time of significant stress are going to be essential. In addition, families will need assurances that there will be mechanisms to ensure their children with special health care needs can access needed treatments and therapies,

Child Welfare Policy

The COVID-19 pandemic will have significant immediate and long-term impacts on vulnerable children and families who are involved with or are at risk of entering the child welfare system. In the immediate near-term, youth in care will face disruptions as they lose housing from college campus closures or risk exposure to COVID-19 in congregate care settings. Federal policy should ensure that older youth in care have access to needed supports and services, and that congregate care use occurs only as is absolutely necessary to reduce the transmission of COVID-19. Relative caregivers are often older and especially susceptible to COVID-19, necessitating a policy response that ensures they and the children for whom they care can access needed services, including nutrition during school and childcare closures. Federal policy should also ensure sufficient supports for the child welfare workforce, including training and technology, to reduce their exposure to COVID-19 and its spread to vulnerable families.

Over the longer-term, the pandemic is likely to negatively impact the economy in ways that could lead to increasing numbers of families coming to the attention of the child welfare system. Families will be experiencing the significant stress of economic uncertainty during a time of necessary social isolation, which is likely to contribute to rising incidence of child maltreatment. This is of particular concern given that children are home from school during the crisis, and therefore less likely to encounter a mandatory reporter who could identify potential maltreatment. For these reasons, we strongly support efforts aimed at the primary prevention of and response to child maltreatment, as well as those to strengthen the child welfare system to weather the impact of the COVID-19 pandemic. We make the following recommendations:

- Increase funding by \$1 billion under Title IV-B of the Social Security Act, Part 2, the MaryLee Allen Promoting Safe and Stable Families.
- Increase funding through the Child Abuse Prevention and Treatment Act (CAPTA) by:
 - \$1 billion for Community-Based Child Abuse Prevention Grants
 - \$500 million for CAPTA Title I State Grants
- Increase the FMAP rate for Title IV-E of the Social Security Act commensurate with any increase for Medicaid, and ensure the same increase is provided for the new Title IV-E Prevention Program created through the *Family First Prevention Services Act* so that services to keep families safely together get the same temporary boost as traditional foster care.
- Ensure all needed temporary flexibilities and resources for states to continue implementation of the *Family First Prevention Services Act*.
- Increase Title IV-E Chafee funds to \$500 million to support older youth in foster care impacted by the pandemic.
- Include \$20 million of additional funding for kinship navigator programs to get information and supplies such as food, health and safety supplies, and other necessities to kinship families.

Child Care

High-quality child care is essential to children's health, development, and wellbeing. As child care providers close nationwide to reduce the spread of COVID-19, it is essential that Congress provide the funding to ensure this vital service remains available. Increased funding is critical to help child care providers who have closed be able to reopen once it is possible to do so. In addition, there are providers around the country who are remaining open to care for the children of health care workers and other first responders who need further support for sanitizing supplies, public health education materials for families, and hazard pay for caregivers. We urge Congress to provide significant new resources through the Child Care and Development Block Grant to support child care providers through the pandemic. We recommend that Congress:

- Appropriate \$50 billion through the Child Care and Development Block Grant.
- Provide all requisite supports to ensure ongoing access to needed child care for health care providers and other essential front-line workers throughout the COVID-19 pandemic.

Home Visiting

The AAP has long supported the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program for the critical maternal-child health benefits it supports through evidence-based home visiting. These programs are vital to supporting families and their connection to their medical homes. During the COVID-19 pandemic, flexibility and expanded resources are essential to maintain the vital benefits of this important program. We recommend that Congress:

- Appropriate a one-time \$100 million appropriation for MIECHV home visitors to reach families in need. These funds can be used for training for home visitors as well as tangible needs for families that may be out of reach (technology, formula, diapers, etc.)
- Allow virtual visits to count as home visits through the end of the calendar year.

Including Children in Research

While data show that the highest rates of death involving COVID-19 occur in older adults, there have been serious cases reported in adolescents and young adults. In addition, it is likely that asymptomatic or mildly

symptomatic children will give us key insights into how the virus spreads and how the spread of the virus can be contained. Therefore, we strongly recommend that children be included in government-funded research to better understand COVID-19, how it is spread, how it can be treated, and how it can be prevented. In particular, the federal government should support and include children in research on antiviral treatments for COVID-19. Federal funding should support investigational trials of therapeutics and adjunctive therapies for hospitalized children, as well as prophylaxis for high risk children. Any vaccine or therapeutic that is developed for COVID-19 should be tested and labeled for use in children. There is also a need for more information, protection and research regarding pregnant women. In addition, experts are currently theorizing that vaping may predispose individuals to more severe lung illness related to the virus. Given the current epidemic of youth vaping, this link needs serious study.

Health Needs of Native Children

American Indian and Alaska Native (AI/AN) children and families already face substantial health disparities. Significant poverty and the remote nature of many Tribal communities have long presented barriers to AI/AN children and families accessing quality care on a timely basis. The current pandemic will further exacerbate these challenges and place a strain on an AI/AN health system already in need of significantly expanded funding. As Congress considers policies to respond to the current crisis, we urge you to ensure that any response provides needed supports for health systems and providers caring for AI/AN children and families. We recommend that Congress:

- Provide significant resources to support the Indian Health Service, Tribes, and Urban Indian Health Programs in their response to the COVID-19 pandemic.
- Ensure that the Indian Health Service, Tribes, and Urban Indian Health Programs have sufficient medical staffing and access to testing, personal protective equipment, and intensive care supplies necessary to care for patients with or at-risk for contracting COVID-19.

Global Preparedness and Response

As we work to respond to COVID-19 in the United States, it is also essential to continue to address the global response. As the virus threatens the continent of Africa and other at-risk areas, there will be an increased need globally for greater surveillance and reporting, testing and laboratory capacity, and additional health workforce. Given the interconnected nature of our world, we cannot hope to eliminate this threat anywhere unless we eliminate it everywhere. Therefore, it is critical to increase investment to support the Center for Disease Control and Prevention (CDC) and the United States Agency for International Development (USAID)'s work to support vulnerable countries to prevent, detect, and respond to COVID-19. We caution against diverting resources from other global health programs, which need to continue to operate as intended. We recommend that Congress:

- Provide an additional \$500 million Global Disease Detection and Emergency Response activities within the CDC's Center for Global Health, Division of Global Health Protection and for the Infectious Disease Response Fund, which will be key for regional surveillance, expanding local workforce capacity, and transition of recently built Emergency Operations Centers to fight COVID-19.
- Increase funding for USAID's Global Health Bureau by an additional \$500 million to continue scaling up emergency assistance to contain the epidemic, address humanitarian needs, and support the recovery of affected countries.

Conclusion

Children and families need decisive and bipartisan Congressional leadership in response to the ongoing COVID-19 pandemic. Major new federal resources for hospitals and state and local governments are critical as part of the ongoing coronavirus response. There will be both immediate and long-term effects resulting from both the spread of the virus and its attendant impact on the economy and social safety net. We urge you to enact these policy recommendations without delay. At a time of such uncertainty, children and families need to know that they will have access to needed services and supports.

Thank you for your bipartisan work to develop a COVID-19 response.

Sincerely,

A handwritten signature in black ink that reads "Sara Goza MD, FAAP". The signature is written in a cursive style.

Sara H. Goza, MD, FAAP
President

SHG/zml