

Neonatal Priorities for the Biden-Harris Administration selected from AAP Transition Plan.
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MEDICAID

Facilitate children's enrollment in health insurance: Support presumptive Medicaid Enrollment from birth through early childhood.

Rescind Medicaid waivers that reduce coverage: Particularly lifetime limits on coverage which disproportionately impact the ability of premature neonates to be continuously enrolled in insurance in later childhood.

Eliminate the Family Glitch: This impacts the ability for newborns to receive coverage in states which do not have expansive Medicaid programs, which co-incidentally overlap with states that have high rates of prematurity.

Medicaid Parity: Pay pediatricians/neonatologists what adults counterparts make for the same service. H.R. 6159: Kids' Access to Primary Care Act of 2020

Defend and support the Affordable Care Act and Expand Medicaid Coverage to Post-Partum mothers for up to a year after delivery.

VACCINES

Formally study whether maternal COVID-immunization confers reduction in horizontal transmission to neonates and young infants.

Enhance Efforts to Reduce Vaccine Hesitancy: Parental vaccine hesitancy is a major impediment to timely immunization of premature infants, who remain an under-immunized population.

REPRODUCTIVE HEALTH

Restore and expand access to comprehensive reproductive health care services for adolescents and young adults: This includes expansion of Title X and guarantee of access to all PDA-approved means of contraception. Access to appropriate family planning services reduces high risk teen birth and promotes optimal inter-pregnancy spacing, reducing the risk of premature birth.

MENTAL HEALTH AND SUBSTANCE USE

Ensure Medicaid, CHIP, and private insurance plans remove barriers to providing timely, comprehensive care and adequately reimburse providers: This would include separate payments and/or additional reimbursement through Medicaid and private insurers for services such as maternal depression screening in the NICU, which are not paid fairly (if at all).

Oppose the legalization and commercialization of cannabis: Data demonstrates that maternal prenatal and postnatal use of marijuana are increased in states with legalized marijuana. Further, implications for breastfeeding are not well known, conferring unknown potential risks.

PEDIATRIC WORKFORCE

Fund and implement the Pediatric Subspecialty Loan Repayment Program: to reduce critical shortages of pediatric subspecialists. The program was reauthorized by Congress in 2020 but has not been adequately funded to address the scope of the problem of access to pediatric subspecialists.

Bolster the pipeline of pediatricians by supporting foreign national physicians training and practicing in the United States: Remove regulatory burdens on the application and use of J-1 Visas for medical workers, particularly those who provide care in medically-underserved areas.

AMERICAN INDIAN/ALASKAN NATIVE CHILD HEALTH

Address neonatal abstinence syndrome and substance use disorders in pregnant Native women as a public health issue: Expand efforts to improve access to treatment

NUTRITION AND BREASTFEEDING

Support and strengthen the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program: Work to reverse declining participation rates in WIC and increase SNAP benefits for children. Reverse the categorical eligibility proposed rule for SNAP.

FAMILY LEAVE

Implement paid family and medical leave universally after birth.

INJURY PREVENTION

Finalize strong safety standards for infant sleep products: CPSC should finalize a protective product safety standard that ensures that any product designed for infant sleep meet the requirements for cribs, play yards, or bassinets before it enters the marketplace.

Remove padded crib bumpers from the market

RESPECTING SCIENCE AND RESEARCH

Rescind misleading and misguided executive order on newborn care: The administration should rescind the 2020 executive order on Protecting Vulnerable Newborn and Infant Children.

Remove political interference in federally funded research: This includes scientifically unsubstantiated limitations on the use of fetal tissue in research.

Coordinate pediatric research across the NIH: Fully support (N-PErC)

Support the next generation of pediatric researchers: Funding new and emerging scientists is essential to ensure that scientific advances continue. Physician-scientists have unique financial and institutional challenges that deserve special attention from the NIH. The federal government must support a concerted effort to invest in training the next generation of pediatric researchers.

PEDIATRIC MEDICAL PRODUCT INNOVATION:

Expand treatment options for neonates: While some progress has been made with regards to neonatal studies, more must be done as studies for neonates continue to lag behind those for other children.