

What's New in Advocacy

Maryland Chapter, AAP
February 3, 2022

Tamar Magarik Haro, Senior Director, Federal and State
Advocacy

Omonigho Ufomata, Director, State Advocacy

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Pediatrician Advocacy Leadership



**Geoffrey Rosenthal,
MD, PhD, FAAP
COFGA Member**



**David Myles, MD, FAAP
COSGA Member**



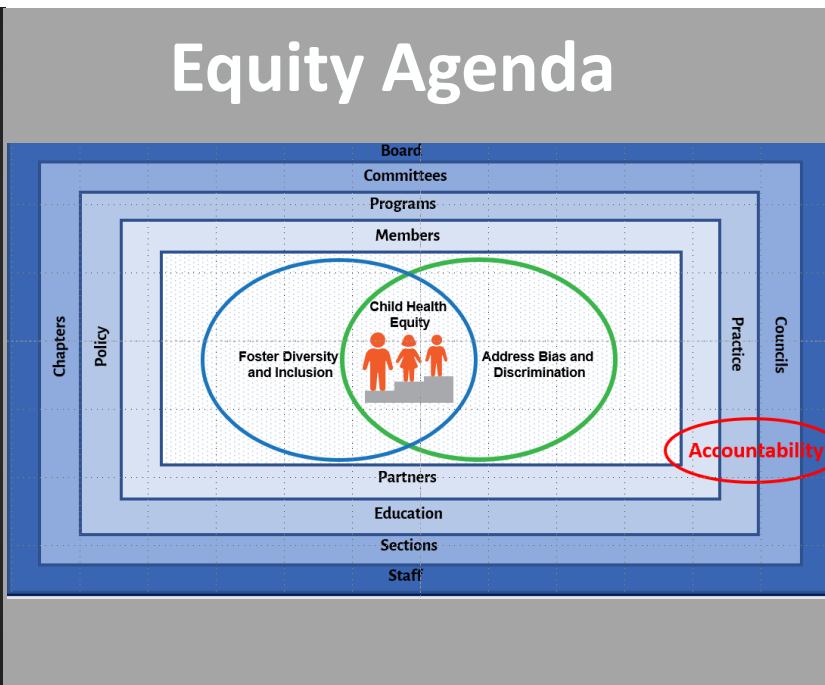
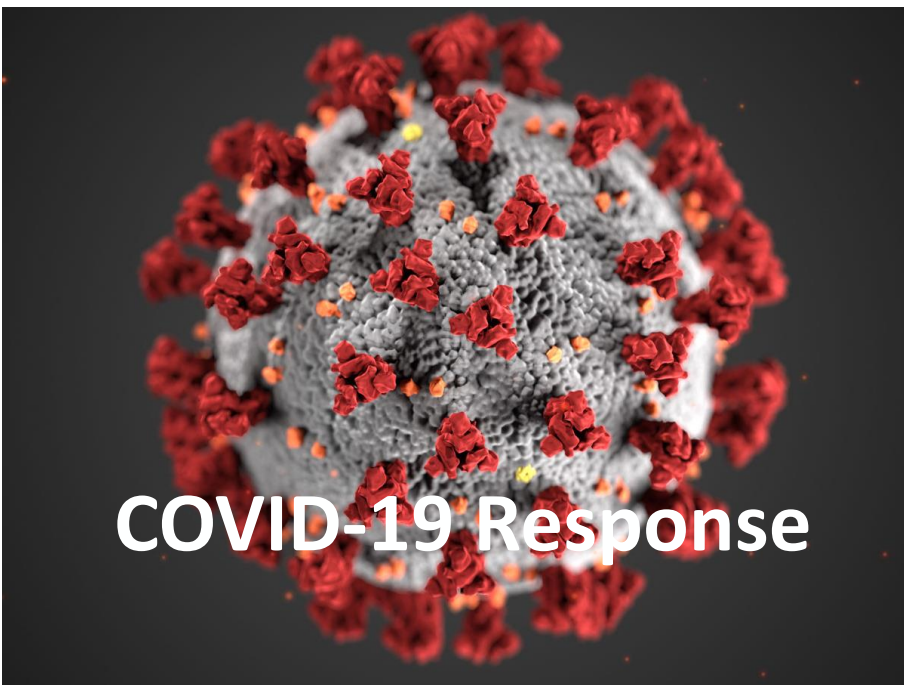
AAP Advocacy Conference

- AAP Advocacy Conference:
March 20 – 22, 2022
- Child health issue sessions,
skills-building workshops,
distinguished guest speakers
- Virtual Capitol Hill meetings
on a key child health issue
- Registration closes **March 6**

Register today at
AAP.org/AdCon



Uniting Around Child Health Priorities



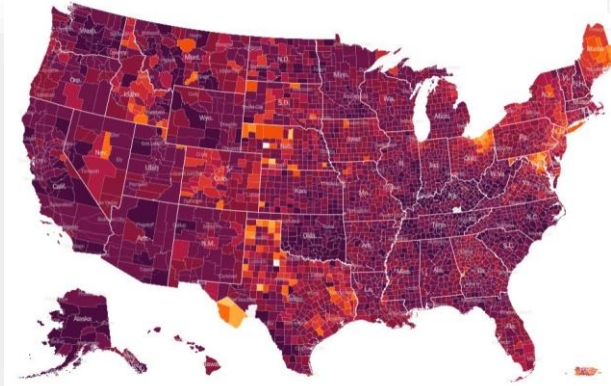
Children and COVID-19: State Data Report

A joint report from the American Academy of Pediatrics and the Children's Hospital Association

Summary of publicly reported data from 49 states, NYC, DC, PR, and GU



Report posted Mondays on AAP.org



NYT 01.31.22 all ages

As of 1/27/22 – 11,411,047 cumulative confirmed child COVID-19 cases

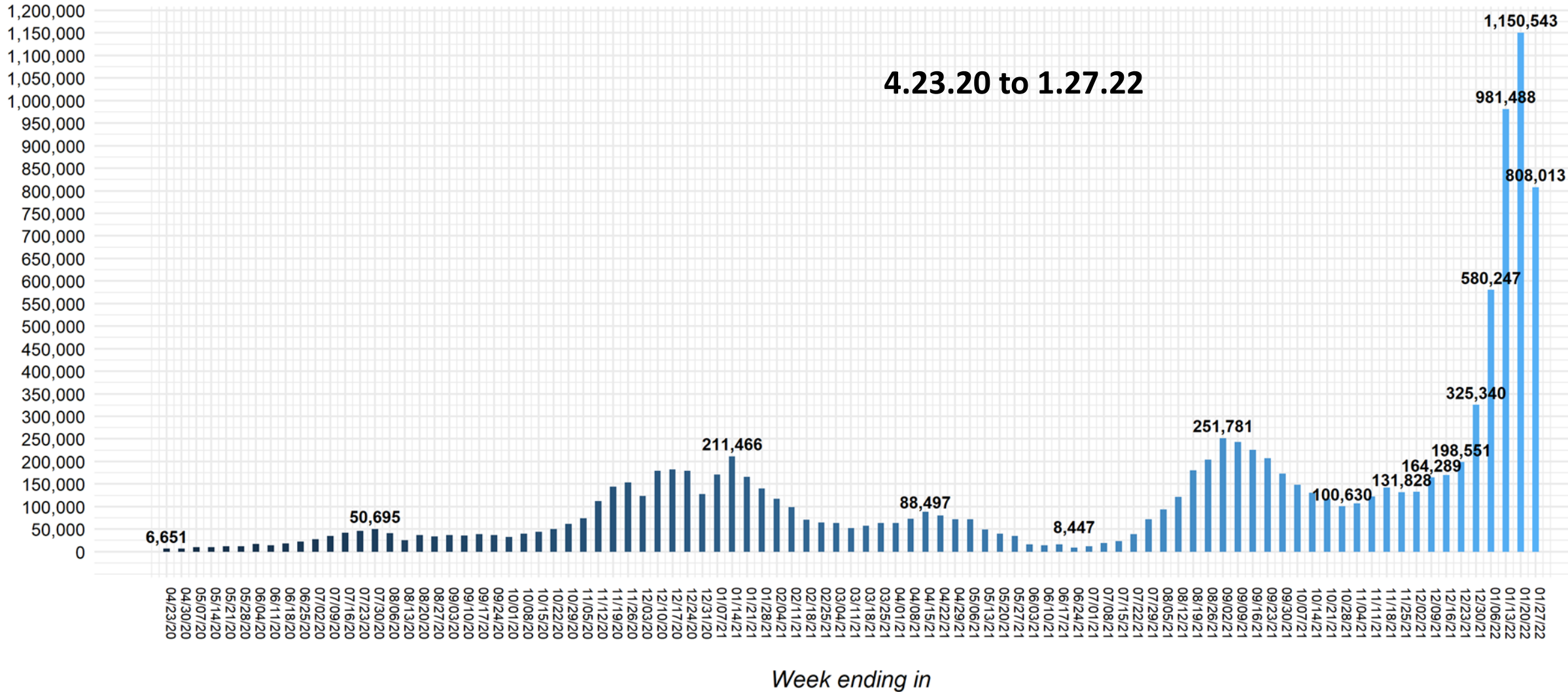
- In the past week over 800,000 cases were reported**
- Down from the peak level of 1.1 million cases the previous week; but triple the peak level of the Delta surge in 2021.**
- An increase of nearly 2 million new cases in the past 2 weeks**



United States: Number of Child COVID-19 Cases Added in Past Week

4.23.20 to 1.27.22

Number of child cases added



Source: AAP analysis of publicly available data from state/local health departments

Note: 5 states changed definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21

On 1/14/22, TX released new data that is NOT included in cumulative case counts or figures but located at <https://dshs.texas.gov/coronavirus/AdditionalData.aspx> (774,083 cumulative child cases as of 1/20/22)

TX previously reported age for only a small proportion of total cases each week (eg, 2-20%); these cumulative cases through 8/26/21 are included (7,754)

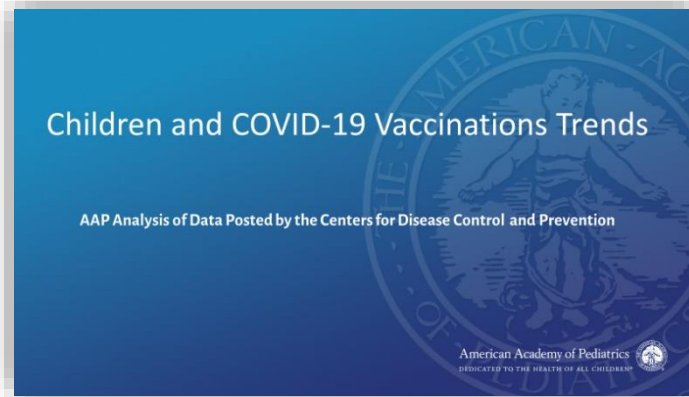
As of 6/30/21, NE COVID-19 dashboard is no longer available; NE cumulative cases through 6/24/21

Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21

Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate (eg, on 1/27/22 there were 2,718 fewer cumulative child cases)

On 1/27/22, due to available data, DC cumulative child cases and HI cumulative child and total cases through 1/13/22

On 1/27/22, due to available data, VA cumulative child cases and GU cumulative child and total cases through 1/20/22



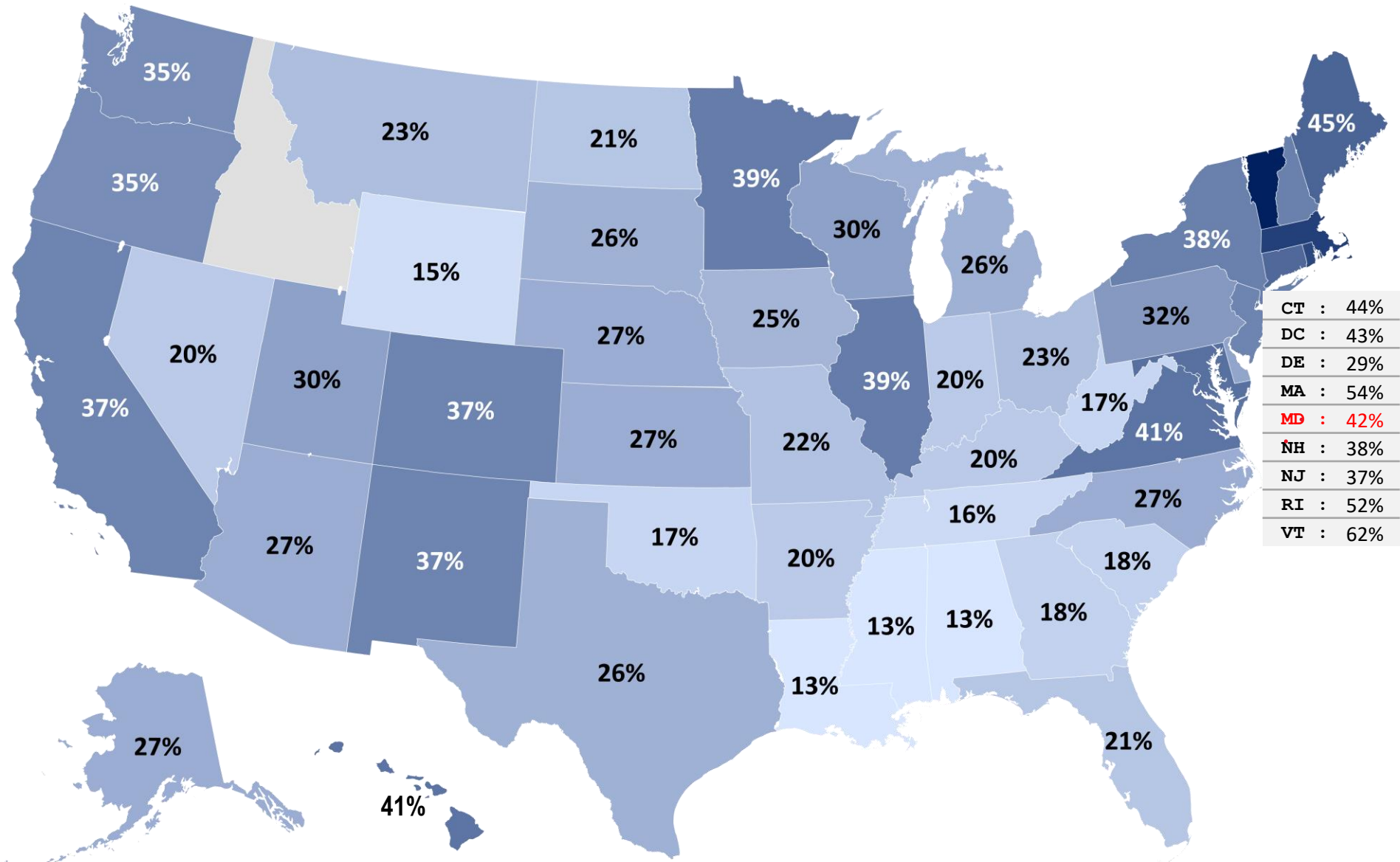
Report posted Fridays on AAP.org

As of 1/26/22:

- **8.3 million (29%) US children ages 5-11 have received an initial dose of COVID-19 vaccine**
 - **20% are fully vaccinated**
- **16.4 million (66%) US children ages 12-17 have received an initial dose of COVID-19 vaccine**
 - **55% are fully vaccinated**
 - **8.8 million yet to receive first dose**
 - **169,000 received their initial dose this week**

Proportion of Eligible US Children Ages 5-11 Who Received the Initial Dose of the COVID-19 Vaccine, by State of Residence

Received Initial Dose as of 1.26.2022
 13% 62%



Source: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/Covid-19-Vaccinations-in-the-United-States-Jurisdiction/unsk-b7fc>). Idaho information not available. Check state's web sites for additional or more recent information

VAD HANDELSMAN
THE TIMES-PICAUNE
THE ADVOCATE
© 2022

THIS IS OUR
PATH AROUND
COVID, THAT'S OUR
PATH AROUND THE
FILIBUSTER...

SOCIAL
DISTANCE

TEST

QUARANTINE

AVOID CONTACT

SOCIAL
DISTANCE
FROM JOE MANCHIN

TEST
THE WATERS

QUARANTINE
KYRSTEN SINEMA

AVOID CONTACT
WITH MITCH
MCCONNELL



Midterm Elections

Senate	
Democrats	Republicans
50*	50
<i>* Includes two independents, Vice President Kamala Harris breaks ties</i>	

House	
Democrats	Republicans
221	212
<i>1 Democratic and 1 Republican seat currently vacant</i>	

Supreme Court Vacancies & Midterm Elections (Gain/Loss for Party Holding White House)

JUSTICE	YEAR	HOUSE	SENATE
Kavanaugh	2018	-41	+2
Kagan	2010	-63	-7
Alito	2006	-31	-6
Breyer	1994	-54	-8
Souter	1990	-7	-1
Scalia	1986	-5	-8
Rehnquist	1986	-5	-8
Blackman	1970	-12	-2
Carswell (rejected)	1970	-12	-2
Goldberg	1962	-4	+4
White	1962	-4	+4
Warren	1954	-18	-2
Vinson	1946	-54	-11

Source: Senate

Lost Control



2022: The Year Ahead in Advocacy

Build Back Better?

Voting rights

COVID-19, Omicron, Pi?

Mental health

Immigration

FDA bill

Child welfare

Vaccine policy

Gender-affirming care

Abortion

Supreme Court vacancy

Election 2022



INFRASTRUCTURE INVESTMENT AND JOBS ACT

- Key highlights of the \$1 trillion bill:
 - \$15 billion to replace lead service lines
 - \$30 billion in other clean drinking water investments
 - \$11 billion in infrastructure investments for Native communities
 - \$11 billion for transportation safety programs
 - \$65 billion in broadband investments



BUILD BACK BETTER?

What was in the House bill?

- Paid Medical and Family Leave
- Child Care and Universal Pre-K
- Climate Change
- Children's Coverage: CHIP PERMANENT!
- Child Tax Credit
- Child Nutrition
- Immigration



AAP Advocacy on Vaccines

Vaccine Advocacy Successes

- Provider relief funding
- Administrative flexibilities in the VFC program
- Passage of the *VACCINES Act*
- Billions in funding for vaccine confidence
- Enhanced payment for COVID vaccine administration
- COVID vaccines authorized for children 5+

Continued Progress

- The bipartisan *Strengthening the Vaccines for Children Program Act* is progressing through the legislative process

Pediatricians plead with FDA to move quickly on Covid vaccine for kids

"The delta variant has created a new and pressing risk to children and adolescents across this country," president of the leading pediatricians group wrote.

Via Skype
Washington, DC
11:13 AM ET

CORONAVIRUS PANDEMIC
IN THE UNITED STATES
NEW DEATHS 7-DAY AVERAGE
1,675
↑ **9%**
FROM A WEEK AGO
SOURCE: JOHNS HOPKINS UNIVERSITY
FULLY VACCINATED
57.1%
SOURCE: CDC

BREAKING NEWS
WHITE HOUSE: U.S. READY TO BEGIN VACCINATING KIDS 5-11 STARTING NEXT MONTH
Dr. Lee Beers | President, American Academy of Pediatrics

TOMORROW ON CNN
PRESIDENT **JOE BIDEN**
CNN TOWN HALL
8P ET

LIVE
CNN
S&P ▲ 14.45

ATE CRISIS ► DISCONNECT BETWEEN GOVT. PLANS AND THEIR CLIMATE P AT THIS HOUR



TIME

Payment for Vaccine Counseling

DOCTORS DON'T GET PAID FOR TALKING TO PARENTS ABOUT KIDS' COVID-19 VACCINATIONS. JOE BIDEN WANTS TO CHANGE THAT



- Medicaid to cover COVID-19 vaccine counseling visits for children up to age 21 with 100% federal funding throughout the public health emergency and the following year
- CMS will require states cover stand-alone vaccine counseling visits related to all pediatric vaccines under EPSDT benefit
- AAP staff preparing guidance and resources for AAP chapters to help states implement these changes

American Academy of Pediatrics

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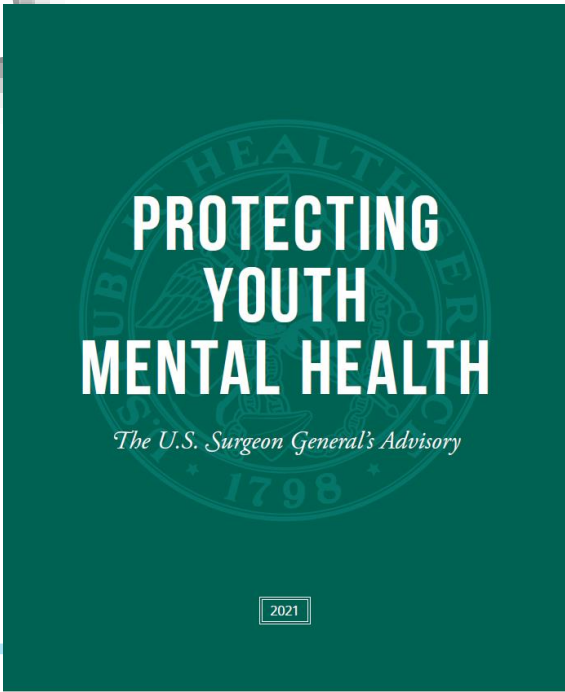


DECLARING A MENTAL HEALTH EMERGENCY



The New York Times *Surgeon General Warns of Youth Mental Health Crisis*

The coronavirus pandemic intensified a rise in adolescent depression, anxiety and mental health distress that was underway before the spring of 2020.



ADVOCACY OPPORTUNITIES

Capitol Hill

- Health Resources and Services Administration (HRSA) Pediatric Mental Health Care Access Program Reauthorization and Funding
- Senate Finance Committee RFI
- Lorne Breen Health Care Provider Protection Act
- Reauthorization of major child welfare programs

Biden Administration

- Surgeon General's Advisory on Youth Mental Health
- New HHS Behavioral Health Coordinating Council

BRIEF REPORTS

Trends in Mental Health Concerns Reported to Two Pediatric Mental Health Care Access Programs During the COVID-19 Pandemic

Amie F. Bettencourt, Ph.D., Carson Allen, B.S., Kelly Coble, L.C.S.W.-C., Terrence Hibbert, M.B.A., Dustin E. Sarver, Ph.D.

Objective: Pediatric Mental Health Care Access (PMHCA) programs increase access to mental health care by providing training, consultation, and resource-referral support to primary care providers (PCPs). The authors compared trends in services provided by two PMHCA programs during the COVID-19 pandemic.

Methods: Maryland and Mississippi PMHCA programs had 2,840 contacts with PCPs from January 2019 to March 2021. Descriptive trends on PMHCA program utilization, service type, clinical severity, diagnostic complexity, and PCP contact reasons were reported.

Results: Both programs observed significant increases in call volume during the COVID-19 pandemic compared

with before COVID-19. Increases were observed in calls regarding patients with multiple diagnoses (Maryland, 20% to 37%; Mississippi, 0% to 11%) as well as patients with mood and anxiety symptoms.

Conclusions: Changes in PMHCA program usage suggest that PCPs identified more complex mental health concerns, particularly regarding mood and anxiety, during the pandemic than before COVID-19. Trends underscore the importance of PMHCA programs in supporting PCPs with managing pediatric mental health concerns.

Psychiatric Services 2021.001-5. doi: 10.1176/appi.ps.2020.00479

Pediatric mental health problems are common, with an estimated 17% of children having at least one psychiatric disorder (1). Recent data suggest that the COVID-19 pandemic has significantly worsened children's mental health. A national survey showed that 14% of families reported that their children's mental health worsened during the COVID-19 pandemic (2). A sharp increase in pediatric emergency department visits for mental health concerns was also recorded, beginning in mid-March 2020 (3).

The increased need for pediatric mental health care due to COVID-19 compounds pressure on an already strained system in which the gap between the need for and availability of mental health services is well known (1, 4). Before the COVID-19 pandemic, it was estimated that nearly half of youths with a psychiatric diagnosis were not receiving treatment (1). A significant barrier to care access is the limited number of specialty mental health providers (e.g., child psychiatrists) (1). Although the number of child psychiatrists has recently grown, 70% of counties across the United States remain without access to a child psychiatrist (5).

Bolstering the knowledge and skills of pediatric primary care providers (PCPs) in managing common pediatric mental health problems has been identified as one way to

address the services gap; this endeavor may be even more critical during the pandemic, when mental health concerns are on the rise (6). Pediatric Mental Health Care Access (PMHCA) programs, also called Child Psychiatry Access programs, were established to increase PCP capacity to manage pediatric mental health problems by providing continuing education, clinical consultation, and resource-referral

HIGHLIGHTS

- Pediatric Mental Health Care Access (PMHCA) programs increase access to specialty mental health care through supporting pediatric primary care providers via consultation and resource-referral networking.
- Compared with the pre-COVID-19 period (before April 1, 2020), the Maryland and Mississippi PMHCA programs observed significant increases in PMHCA utilization and changes in patient and call characteristics during the initial period after COVID-19 onset.
- Trends highlight the role of PMHCA programs in responding to growing pediatric mental health needs where gaps in specialist access are present.

Psychiatric Services 00:00, ■■ 2021

ps.psychiatryonline.org 1

American Academy of Pediatrics

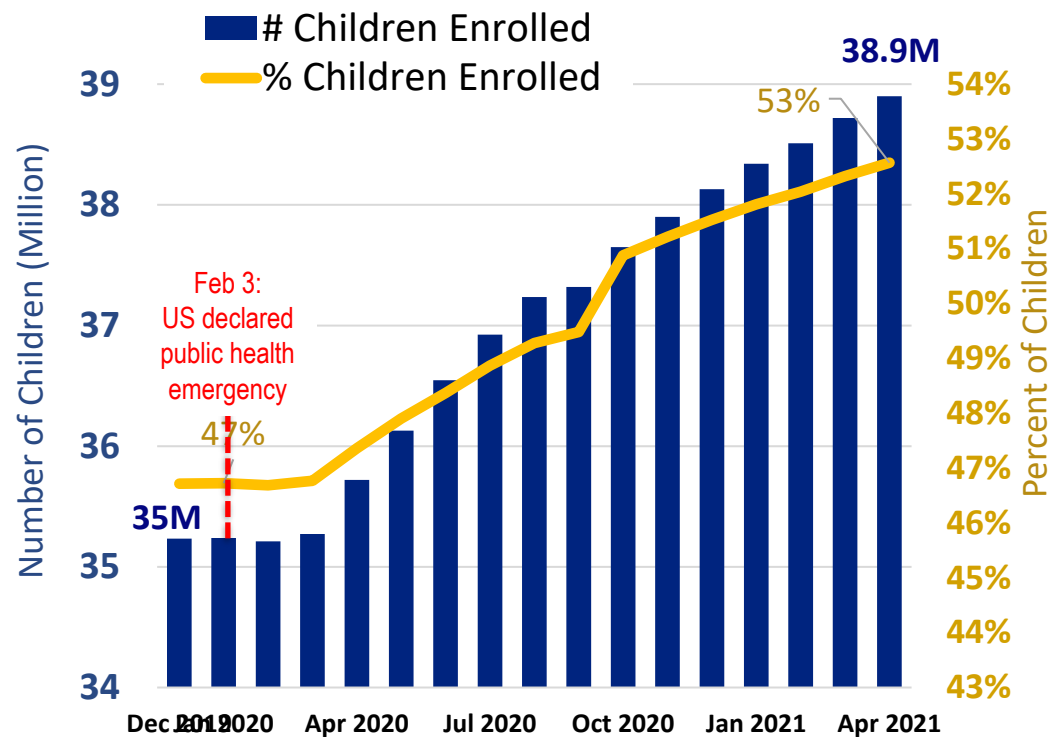
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Medicaid/CHIP Monthly Child Enrollment

January 2020 – April 2021

Number and Percent of US Children Enrolled in Medicaid/CHIP, January 2020 – April 2021



National* Trends

Medicaid/CHIP enrollment overall rose 11.6M, or 16.4%, during the PHE.

Child Medicaid/CHIP enrollment rose 3.9M (11.1%) compared to adult enrollment rising 7.5M (20.2%).

As of April 2021, an estimated **38.9M**, or **nearly 53%**, of US children were **enrolled** in Medicaid or CHIP, up from 46.7% in February 2020. Enrollment rates varied considerably by state.

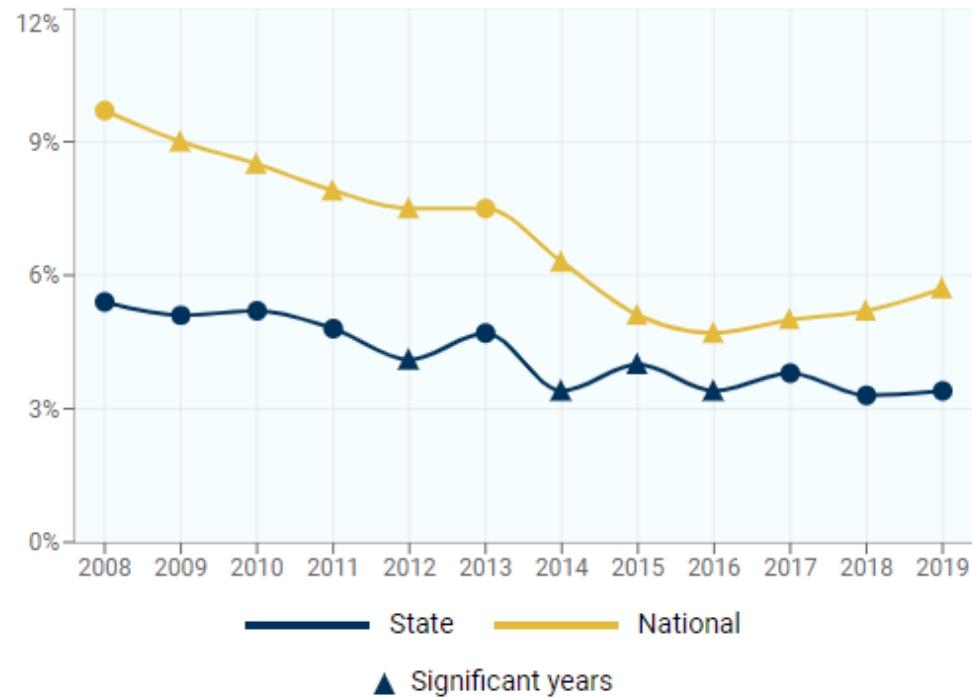
As of April 2021, children accounted for **47%** of all Medicaid and CHIP enrollees.

* Includes data reported by 49 states and the District of Columbia to CMS from January 2020 through April 2021. AZ did not report any child-specific data during this period.

Children

Non-Elderly

Rate of uninsured children under 19.



3.4%

of **children** do not have health insurance

Source: Georgetown University Center for Children and Families analysis of the Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2019, Health Insurance Historical Tables, U.S. Census Bureau American Community Survey (ACS). *Change is significant at the 90% confidence level relative to the prior year.

Rank among states 2019

10

 /51

In Maryland, 3.4% of children do not have health insurance. When children are uninsured, they are more likely to have unmet health needs and lack a usual source of care, diminishing their chances to grow into healthy and productive adults.

Roe at Stake Before SCOTUS

- Mississippi 15-week abortion ban argued before the court this morning: *Dobbs v. Jackson Women’s Health*
- Ruling likely to come around June
- Contingency planning starting in case *Roe* is overturned or significantly weakened

No. 19-1392

IN THE
Supreme Court of the United States

THOMAS E. DOBBS, M.D., M.P.H., STATE HEALTH
OFFICER, MISSISSIPPI DEPARTMENT OF HEALTH, *et al.*,
Petitioners,

v.

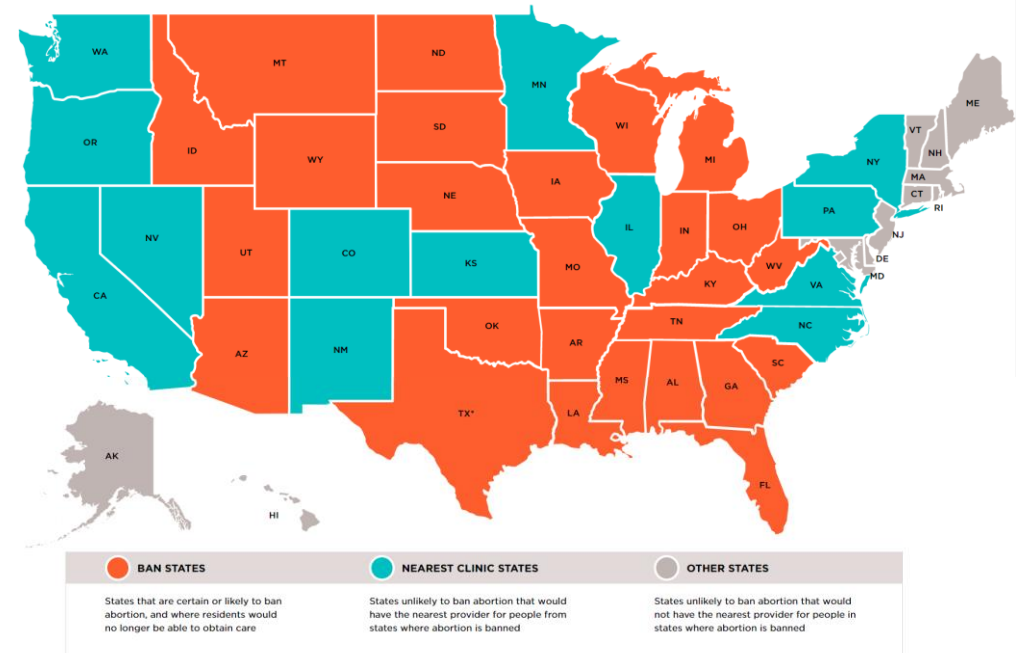
JACKSON WOMEN’S HEALTH ORGANIZATION, *et al.*,
Respondents.

ON WRIT OF CERTIORARI TO THE UNITED STATES
COURT OF APPEALS FOR THE FIFTH CIRCUIT

BRIEF OF AMICI CURIAE AMERICAN COLLEGE
OF OBSTETRICIANS AND GYNECOLOGISTS,
AMERICAN MEDICAL ASSOCIATION, AMERICAN
ACADEMY OF FAMILY PHYSICIANS, AMERICAN
ACADEMY OF NURSING, AMERICAN ACADEMY OF
PEDIATRICS, AMERICAN ASSOCIATION OF
PUBLIC HEALTH PHYSICIANS, ET AL.
IN SUPPORT OF RESPONDENTS

<p>SHIRI A. HICKMAN AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS 409 12th Street, SW Washington, DC 20024 (202) 863-2585</p> <p>ALAN E. SCHOENFELD WILMER CUTLER PICKERING HALE AND DORR LLP 7 World Trade Center, 250 Greenwich Street New York, NY 10007 (212) 230-8800</p>	<p>KIMBERLY A. PARKER <i>Counsel of Record</i> ALEKSANDR SVERDLIK WILMER CUTLER PICKERING HALE AND DORR LLP 1875 Pennsylvania Ave., NW Washington, DC 20006 (202) 663-6000 kimberly.parker@wilmerhale.com</p> <p>HANNAH E. GELBORT WILMER CUTLER PICKERING HALE AND DORR LLP 60 State Street Boston, MA 02109 (617) 526-6000</p>
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ADDITIONAL AMICI LISTED ON INSIDE COVER



IMMIGRATION ADVOCACY

Strengthening Medical and Mental Health Services for Unaccompanied Children in U.S. Communities A Joint Project of the American Academy of Pediatrics and the Migration Policy Institute

Each year, thousands of unaccompanied immigrant children are released from the custody of the federal government to parents, relatives, and other sponsors living in communities across the United States. Unaccompanied children have health needs like other children, including chronic and acute needs, and sometimes have significant developmental, nutritional and mental health needs after having had traumatic experiences in their country of origin, on the journey to the United States, or both. It is important that these children, like all children, have access to needed medical and mental health care but this is not always the case.

While unaccompanied children are in government custody, the Office of Refugee Resettlement (ORR) usually provides comprehensive medical exams, mental health services, needed vaccinations and medications, but when children leave government custody their access to a regular source of medical and mental health care may be quite limited. Unaccompanied children generally do not qualify for Medicaid and are only eligible for state-funded insurance coverage in a small number of states and the District of Columbia. As a result, these aspiring Americans often lack a medical home and access to culturally and linguistically appropriate mental health services. Most frequently, children are released to parents or relatives who themselves face significant immigration-related restrictions on eligibility for medical and mental health services which, in turn, impacts children's access to care.

There are significant variations in available care for unaccompanied children across states and communities. ORR funds post-release services which include assisting families with obtaining insurance for children and making medical and mental health appointments, but these services are only available to a small fraction of children who would benefit from them and typically for not more than 90 days and may be insufficient to meet family's needs.

The American Academy of Pediatrics (AAP) and Migration Policy Institute (MPI) have initiated a joint project designed to:

1. learn about current efforts to link unaccompanied children with medical and mental health care after leaving federal custody;
2. identify promising local initiatives and hear perspectives from local communities about how to strengthen linkages; and
3. develop recommendations for steps that federal and state governments and communities could take to help ensure that unaccompanied children in communities have improved access to needed medical and mental health care.

During the project, AAP and MPI will consult with federal officials, state Medicaid agencies and other state officials, local medical and mental health care providers, schools and other service providers and stakeholders, and current or former unaccompanied children to seek their perspectives on current efforts to connect unaccompanied children with medical and mental health care. The project will culminate in a report with recommendations and strategies to improve access to medical and mental health for unaccompanied children in communities.

The project is funded by the David and Lucile Packard Foundation.

For additional information, please contact:

American Academy of Pediatrics: Tamar Magarik Haro, tharo@aap.org and Madeline Curtis, mc Curtis@aap.org
Migration Policy Institute: Essey Workie, eworkie@migrationpolicy.org and Stephanie Heredia, sheredia@migrationpolicy.org

News Release

AAP Statement on Treatment of Haitian Immigrants at U.S. Southern Border

Home / News Room / AAP Statement on Treatment of Haitian Immigrants at U.S. Southern Border



American Academy of Pediatrics

[@AmerAcadPeds](https://twitter.com/AmerAcadPeds)



AAP welcomes [@LRI](https://twitter.com/LRI)'s memo clarifying that immigration enforcement cannot take place where children learn, play and get medical care. Pediatricians will continue advocating for all families to access health care, education and child care without fear.

dhs.gov/sites/default/...

10/30/21, 9:55 AM

TIME

U.S. • IMMIGRATION

Biden Is Expelling Migrants On COVID-19 Grounds, But Health Experts Say That's All Wrong

BY JASMINE AGUILERA OCTOBER 12, 2021 7:00 AM EDT

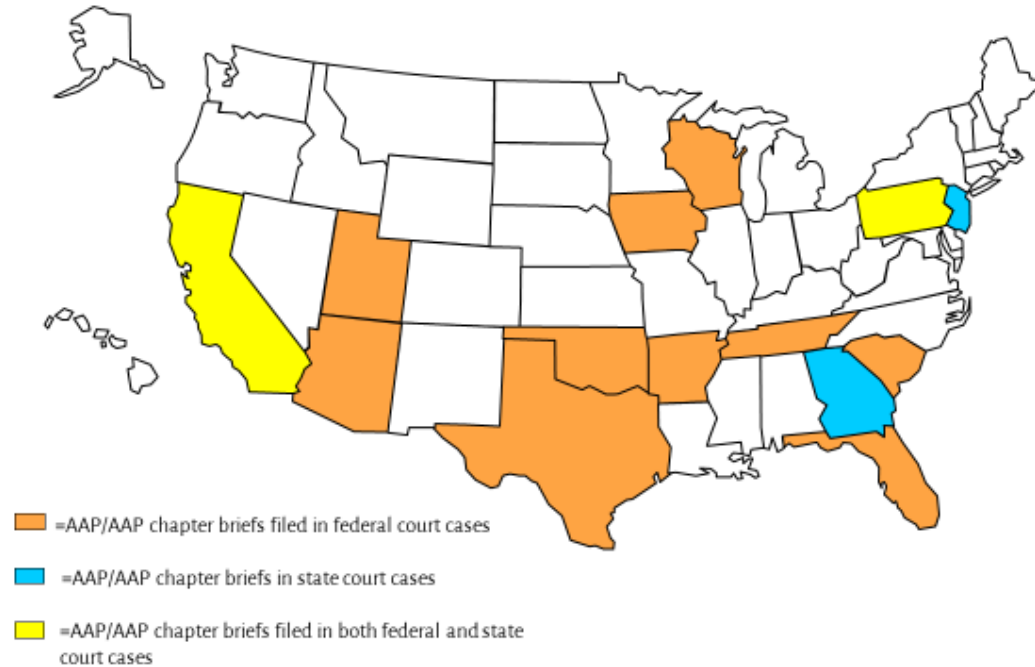
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School Mask Litigation

AAP State School Mask Litigation Strategy



- AAP has filed 25 briefs in 14 states supporting universal mask requirements in schools



STATE ADVOCACY LANDSCAPE

- School Masking
- Vaccines & School Entry Requirements
- Social-Emotional Learning
- Anti-Transgender/Gender Affirming care



COMMON VACCINE RELATED THEMES IN 2022 INTRODUCED BILLS

- “Informed Consent” legislation
- Adding vaccination data to child death reporting requirements
- “Parents Bill of Rights” legislation
- Expansion/creation of nonmedical exemptions



Questions?



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