



# BLUEPRINT FOR CHILDREN

How the next president can build a foundation for a healthy future.



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# American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

September 2016

## Dear Partners:

The American Academy of Pediatrics (AAP) produced the *Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future* to put forward a vision for what the 45th presidential administration can do to improve the lives of children. The AAP is a non-profit professional medical organization with over 66,000 primary care pediatrician and medical and surgical pediatric subspecialist members dedicated to the attainment of optimal physical, mental, and social health for all infants, children, adolescents, and young adults.

Pediatricians and other pediatric health care providers play an important role in promoting the health and well-being of all children and in addressing the challenges that many children and families face. Regardless of practice setting—whether rural or urban, in hospitals or in clinics—providers see firsthand the potential that is present in every child. Achieving this potential requires a new commitment to addressing the needs of children, families, and communities.

Improving the lives of children and families is integral to the mission of the AAP and its members. The AAP has published numerous policies calling on pediatricians to achieve this goal through clinical and community-based strategies—as well as state-level advocacy through the work of AAP chapters—while the Academy also works to advocate for programs and policies that promote these goals on a national level. Pediatricians are committed to working alongside partners both inside the medical community and outside—such as parents, educators, and advocates—to improve the lives of children and their families.

Because the health of our society depends upon the strength and well-being of children, this document outlines a comprehensive vision for how the federal government should be aligned to give children a solid foundation. While the realities of the political process will necessitate choices and prioritization, we believe that children deserve no less than a bold agenda for improving their lives. The *Blueprint* consists of a high-level policy agenda followed by specific recommendations for each of the relevant federal agencies and departments.

The AAP also thanks the following organizations that reviewed the document and offered valuable feedback: American Pediatric Society, America's Promise Alliance, Association of Maternal and Child Health Programs, Center on Budget and Policy Priorities, Children's Defense Fund, Children's Hospital Association, Family Voices, Food Research and Action Center, Georgetown Center for Children and Families, March of Dimes, National Association of Pediatric Nurse Practitioners, Pediatric Policy Council, Society for Adolescent Health and Medicine, Society for Pediatric Research, and ZERO TO THREE.

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# INTRODUCTION

On November 8, 2016, Americans will elect the 45th president of the United States. The priorities and policy decisions of the next president will have a lasting impact on our nation's future. The children born during this president's administration will be our country's future leaders and their descendants will lead the United States into the next century. It is imperative that the 45th president, and the federal government that he or she leads, lay a strong groundwork for this future. The next administration must take active steps to ensure that all children have the essential and foundational elements necessary for a healthy and productive life.

A great deal has been learned about the early childhood origins of lifespan outcomes. There is extremely strong evidence that a child's first years of life establish the fundamental elements of lifelong experiences. The landmark Adverse Childhood Events (ACE) study showed that adults from all walks of life were at much higher risk of long-term physical, mental, and behavioral health issues as a result of their exposure to adverse childhood events, such as violence.<sup>1</sup> We know now that early childhood relationships and experiences—both positive and negative—have a significant impact on an individual's health, educational, and economic outcomes decades later, through adolescence and into adulthood.

As a result, positively influencing a child's developing body and brain—rather than trying to identify and remediate more intractable problems later in life—is key to building healthy, productive adults. Investments in the early life experiences of all young children yield significant positive returns and save money on increased health care expenses and other societal costs. In addition, population health-based approaches to addressing the social determinants of health and making the healthy development of children a national priority help build secure families and strong communities, which benefit the nation as a whole.

The United States must use the period of early childhood to promote resilience and provide each child with a strong start to their life. Comprehensive and long-term approaches are required to raise the next generation of productive, healthy, and active Americans who can lead our country to the best



possible future. To have maximum impact, these approaches must start at the beginning of a child's life and continue throughout the lifespan, into the adolescent years and young adulthood. They must address the significant challenges that threaten children and their families, including poor health, poverty, food insecurity, social disparities, violence, and toxic stress.

The United States has made great strides to protect and nurture our nation's children and expand opportunities for all. Direct support for families and programs that provide health care, education, nutrition, and social services help build stronger Americans and a stronger nation. Programs such as Medicaid, the Children's Health Insurance Program (CHIP), Head Start, the Supplemental Nutrition Assistance Program (SNAP), and the Earned Income Tax Credit (EITC) have had a demonstrable positive impact on health outcomes, school achievement, and workforce competitiveness. Those who care for children serve as important advocates for, and partners in, these successful programs.

The next administration must preserve these successes, build upon this progress, and create a stronger foundation for future generations—which will reap benefits for the nation's workforce, productivity, military readiness, and economic performance. Children are our most enduring and vulnerable legacy. They must be at the center of federal policy discussions and deliberations. A thoughtful approach to optimum child development is the single best investment in the future that the country can make. To this end, concerted action by the federal government is required to promote **healthy children**, support **secure families**, build **strong communities**, and ensure that the United States is a **leading nation** for children.

# COMPREHENSIVE REVIEW AND REALIGNMENT OF FEDERAL GOVERNMENT ACTIVITIES FOR CHILDREN AND FAMILIES

The way the federal government structures its activities and prioritizes its efforts has profound implications for all Americans. Analyzing, developing, and implementing an administration's vision for the future requires a deliberative approach that must begin during the transition period and extend throughout the president's term in office.

In its first 100 days, the next administration should seize the opportunity to direct all federal agencies to conduct a top-to-bottom review of how their activities can maintain progress made to date and boldly and proactively strive to better children's lives. This review should analyze rules, regulations, policies, funding, and programs across the federal government that affect children, families, communities, and our nation's role as a leader for child health. It should

then provide the basis for an intentional plan involving all federal stakeholders to promote **healthy children** by supporting **secure families**, building **strong communities**, and ensuring that the U.S. is a **leading nation** for all children. To achieve this, there will need to be new programs, enhancements to existing ones where the current policies are insufficient, and better coordination across the federal government among programs that impact children.

As part of this effort, the administration must meaningfully convene and engage with child health experts from the outset to ensure that the plan meets the most pressing needs of children and families and includes multi-sector collaboration.



## CHILD HEALTH POLICY AGENDA FOR THE NEXT ADMINISTRATION

To assist the next administration in putting children and families at the center of its agenda, the *Blueprint* offers the following policy agenda, which describes key issues and policies that will help make the nation's future more secure and successful.

This agenda presents specific policy recommendations for the federal government to align its activities to optimize lifespan outcomes, foster child health and well-being, strengthen families, support our communities, and maintain the position of the United States as a leading nation for children. Following the policy agenda are specific and detailed policy recommendations relevant to numerous federal departments and agencies that impact the lives of children.



## HEALTHY CHILDREN



Child health is a strong predictor of adult health. Addressing health and development during childhood—from birth through adolescence—leads to improved life outcomes in many areas.

Conversely, the inability to access health care services threatens the physical, mental, and social health and well-being of children and their caregivers.

The United States has succeeded in significantly expanding the number of children who have health insurance and, thus, has improved access to health care. From 1984 to the first quarter of 2014, the percentage of uninsured children declined from 29 percent to 6.6 percent.<sup>2</sup> Today, 53.7 percent of U.S. children under age 18 are covered through private insurance, and 42.2 percent are covered by public plans, including Medicaid and the Children's Health Insurance Program (CHIP).<sup>3</sup> These programs, combined with the Affordable Care Act (ACA), have reduced the

number of uninsured children to a record low and helped millions of children, adolescents, and young adults access high-quality health care. These individuals now have better access to preventive health services, timely identification and treatment of illness, and improved health over the lifespan. And yet, about six percent of U.S. children still lack health insurance, jeopardizing their health and well-being.<sup>4</sup> The next administration must expand coverage so that that all children in the United States, regardless of immigration status, have access to the services they need to stay healthy and build a strong foundation for lifelong wellness. In addition, many children, particularly those with special health care needs, remain underinsured, creating serious financial problems for their families.

Having insurance coverage is not enough on its own, however. Coverage must be designed so that it is age-appropriate and specifically designed to address the needs

## GOALS FOR HEALTHY CHILDREN:

The 45th president must ensure that all children have access to the highest-quality health care so they can thrive throughout their lifespan. The next administration must ensure that all children, regardless of their immigration status:

- have affordable and high-quality health care coverage,
- have insurance with comprehensive, pediatric-appropriate benefits,
- have access to needed primary and subspecialty pediatric care and mental health services, and
- receive comprehensive, family-centered care in a medical home.



of developing bodies and minds. The next administration should take steps to ensure that all children have access to essential services from birth, through childhood and adolescence, and up to age 26. A comprehensive benefit package must include services such as preventive care, critical care, pediatric surgical care, developmentally appropriate behavioral health services, reproductive health care, oral health care, and habilitative services and devices.<sup>5</sup> An appropriate benefits package is particularly important for families with children who have special health care needs, such as chronic diseases, physical or developmental disabilities, or mental health and substance use disorders. Costly uncovered services can lead to financial hardship and medical debt for families and higher long-term costs for society. Moreover, because of the dire shortage of child and adolescent mental health providers, primary health care providers and the medical home must be recognized by the federal government and payers as a key site where mental and behavioral health needs for children and adolescents are identified and

treated. Innovations to equip those sites with the appropriate training and expertise must be supported.

Addressing health care for children and adolescents is only part of the solution, however. Everyone deserves the services needed to safeguard their health, and providing appropriate care for parents also has the benefit of improving child health. For instance, the U.S. maternal mortality rate is too high, driven, in part, by chronic health conditions that increase the risk of pregnancy. It is particularly important for pregnant women to access key services from pre-conception through the postpartum period, including prenatal care, depression screening, smoking cessation services, and immunizations. In addition, the U.S. unintended pregnancy rate remains unacceptably high—almost half (45 percent) of all pregnancies are unintended—with potentially negative outcomes for individuals, children, and society as a whole.<sup>6</sup> Reproductive and sexual health services, including family planning and health education, are critical to ensuring that

every pregnancy is intended and all pregnant women and their babies are safe.

Challenges also remain to improve access to providers, including pediatric subspecialists. The nation must do more to address insurance design and payment barriers that exacerbate the significant shortages and maldistribution of pediatric providers. Shortages of pediatric subspecialists impede the ability of the sickest children to access medically necessary care. In some areas, especially rural and other underserved communities, the shortages are so severe that there may only be one provider in a given subspecialty (such as neurology, developmental-behavioral pediatrics, gastroenterology, and adolescent medicine) to serve all of the children who need their care. Some entire states lack providers in specific pediatric subspecialties, such as pediatric rheumatology. The result is that children with critical medical needs must wait unacceptably long times for appointments or travel long distances for crucial medical care. For example, the average wait time for a child to see a pediatric neurologist is 8.9 weeks—well beyond the benchmark of two weeks and clearly too long for very ill patients and their anxious families.<sup>7</sup>

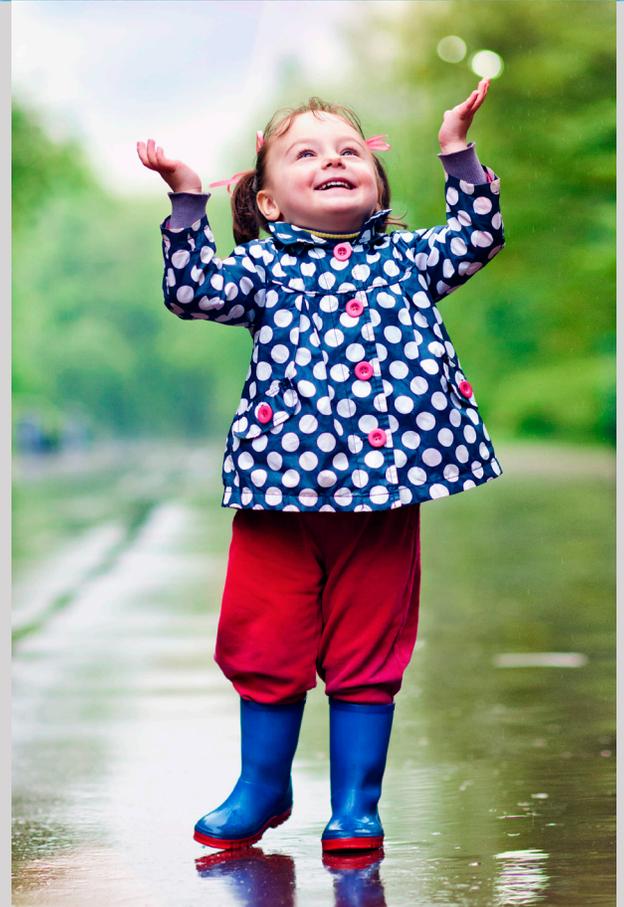
Other factors that impede access to high-quality care include narrow networks; disparities in the geographic distribution of pediatric providers; coverage exclusions and carve-outs; payment inequities between Medicaid and other public programs; and high out-of-pocket costs including co-pays, deductibles, and co-insurance rates. For example, payment for services for children covered by Medicaid are significantly lower than payments for the same services for adults in the Medicare program. On average, a pediatric provider treating a Medicaid enrollee is paid about two-thirds of what Medicare pays for the same services and about half of what is paid by private insurance plans.<sup>8</sup> This payment inequity threatens the ability of providers to care for an increased number of Medicaid patients. Unless these issues are proactively addressed, there is significant risk that children and families will be unable to access the services they need to maintain and promote their health. The next administration must strive to ensure that children can access health care regardless of age, location, or insurance status.

The federal government must create a health care system that is designed to meet all children's needs and eliminate barriers that impede providers from treating the most vulnerable among us.



## POLICY RECOMMENDATIONS TO PROMOTE HEALTHY CHILDREN

- Renew and strengthen CHIP.
- Ensure that children covered under the ACA receive comparable services at the same reasonable costs as children covered under CHIP and Medicaid.
- Improve access to Medicaid services by simplifying eligibility processes, reducing bureaucratic barriers to care, and streamlining enrollment, including through increasing linkages to other programs such as nutrition programs.
- Safeguard the access of military families to appropriate supports by strengthening services provided by the TRICARE network, particularly for mental health services.
- Ensure that all public and private health plans for children offer a comprehensive, well-defined, and pediatric-specific essential health benefits package that includes a broad range of preventive and medical care, subspecialty care, surgical and critical care, mental and behavioral health care, oral health care, and habilitative and rehabilitative care. Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) standard provides a useful model for these services.
- Promote maternal and reproductive health, including comprehensive family planning and prenatal services, such as those supported by the Title V Maternal and Child Health (MCH) Block Grant Program, the Community and Migrant Health Center Program, the Title X Family Planning Program, and Medicaid.
- Improve financing for high-quality, team-based medical and mental health care delivered in a medical home that incorporates *Bright Futures*<sup>9</sup> guidelines and EPSDT services.
- Offer loan repayment programs to pediatricians and pediatric subspecialists who work in underserved areas or care for a significant share of low-income patients.
- Address the inequity between Medicaid and Medicare payment so children have better access to providers and services.
- Ensure that Medicaid and other key entitlement programs for children are not subject to payment caps, block grants, or other structural harms.





## **SECURE FAMILIES**



Every child needs to grow up in an environment that is safe and nurturing. When a family lacks access to steady income, stable housing, adequate nutrition, and social and emotional support, it threatens the future of children and undermines the security of the nation as a whole. The next administration must embrace a multi-generation perspective built on awareness of the fact that to promote healthy children, the nation must first support secure families.

It is a national tragedy and disgrace that almost half of U.S. children, more than 31.5 million, live in poor, near poor, or low-income families.<sup>10</sup> Children who are born into poverty and persistently live in poor conditions are at significant risk of experiencing health and developmental challenges throughout their lives. Poverty has profoundly negative effects on child health, development, school achievement, and future employment and is estimated to cost the nation \$500 billion annually in lost productivity, crime, and poor health alone.<sup>11</sup>

Federal anti-poverty and safety net programs work. Research suggests that income supports and direct benefits have cut family poverty in half, from an estimated 31 percent in 1967 to 16 percent in 2012.<sup>12</sup> Programs that support parents and increase parental income and employment must be protected and expanded to reach all of the families in need.

The constellation of efforts to lift families out of poverty must include policies to ensure higher minimum wages and access to jobs that offer family-friendly benefits, including the opportunity to take paid leave during pregnancy or to care for family members. These efforts must also include affordable, high-quality child care. Although critically important to early brain development, excellent child care is inaccessible for too many families. Child care accounts for approximately 25 percent of the budget for a family with two children and can cost as much as housing in some parts of the United States. Infant care can cost as much as college.<sup>13</sup>

Housing stability is another key anti-poverty effort and one that is deeply entwined with child health and educational outcomes. According to the Department of Housing and Urban Development (HUD), nearly one-quarter (23 percent) of homeless individuals were children under age 18 (127,787); another nine percent (52,983) were aged 18 to 24.<sup>14</sup> These children are more likely to suffer from higher rates of chronic disease, hunger, malnutrition, abuse, and decreased academic achievement compared to children with stable homes. A much larger group of low-income children lives in families that struggle to afford housing. Families with high housing cost burdens may be forced to divert resources from other basic needs (e.g., food, medicine) to pay rent and are at greater risk of being evicted or becoming homeless. Efforts to help families with housing

## Blueprint for Children: Policy Agenda

# SECURE FAMILIES

costs such as rental assistance and housing vouchers are essential and children fare better if that assistance enables mobility to move to low-poverty areas. Children who move to low-poverty neighborhoods are more likely to attend college and have higher earnings, and less likely to become single parents, compared to their peers who do not move.<sup>15</sup>

Childhood is a critical time of rapid physical, cognitive, emotional, and social development that sets the stage for good health and success in learning and relationships. This growth requires good nutrition on a year-round basis. Beginning at birth, breastfeeding results in improved infant and maternal health outcomes, yet the United States is not meeting national targets for breastfeeding initiation and duration, especially among African-American women. Additionally, more than one-fifth of U.S. children live in a family that experiences food insecurity and lacks consistent access to adequate nutrition.<sup>16</sup> In early childhood, deficiencies of key micronutrients during the vulnerable period of development from birth to 24 months can lead to delays in attention and motor development, poor short-term memory, and lower IQ scores. School-aged children can face immediate and lifelong educational, health, and behavioral problems as a result of hunger. Programs that promote breastfeeding and ensure access to nutritious foods, such as the Special Supplemental Nutrition Program for Women,

Infants, and Children (WIC) program, the school meals and summer feeding programs, the Supplemental Nutrition Assistance Program (SNAP), and child care food assistance, improve health outcomes, school achievement, and workforce competitiveness. These programs help lift families out of poverty. Enrollment in these programs could be improved by streamlining linkages with the Medicaid program.

Children fare best when they are raised in families that are equipped to meet their needs. Stable, responsive, and nurturing relationships are critical to helping children thrive. Without the buffering protection of supportive relationships, the stress children experience can become toxic. Toxic stress affects the architecture of the developing brain and influences physical, mental, and economic outcomes well into adulthood. Toxic stress is caused by a variety of adverse events, including parental substance abuse and mental health conditions (including post-partum

## GOALS FOR SECURE FAMILIES

The 45th president must advance efforts to ensure that parents can give their children the best foundation for the future. The next administration must ensure that all families have:

- work that provides a stable and adequate income and family-friendly benefits,
- safe and secure housing,
- affordable and safe child care,
- access to adequate, healthy, nutritious foods throughout the year, and
- resources that support positive parenting skills training.



## **POLICY RECOMMENDATIONS TO PROMOTE SECURE FAMILIES:**

- Increase opportunities to lift families out of poverty, including raising the minimum wage, offering job training, strengthening the Earned Income Tax Credit (EITC) and the Child Tax Credit (CTC), expanding the Temporary Assistance for Needy Families (TANF) program, strengthening SNAP, and expanding family and medical leave.
- Make significant investments to ensure access to affordable and high-quality child care for all families, including support for the Administration for Children and Families (ACF) Office of Child Care and the Child Care and Development Block Grant (CCDBG).
- End family homelessness, reduce housing instability, help families struggling to afford their rent, and improve public support for affordable and safe housing, including through expansion of federal rental assistance.
- Expand programs for at-risk parents, such as the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, in order to identify and connect them to services in the community to treat maternal depression and familial substance abuse, promote child welfare, and identify and mitigate toxic stress.
- Improve the child welfare system to prevent child abuse and neglect, better serve vulnerable children and their families, and ensure that children and caregivers have access to coordinated, high-quality, trauma-informed health and social services.
- Protect and strengthen federal nutrition programs for children and families—especially pregnant mothers—including breastfeeding promotion, SNAP, WIC, the Child and Adult Care Food Program, the National School Breakfast and Lunch Programs, and the Summer Food Service Program.

depression), poverty, child abuse and neglect, violence, hunger, homelessness, and other harmful life experiences. To prevent, identify, and mitigate the effects of toxic stress, all families must have access to the skills and support they need to successfully raise their children.

The next administration must help parents address social and emotional challenges, build interpersonal skills to care for their children, and get help when they need it. Identifying families in need and connecting them with services has a high economic return and is a better investment than costly remediation efforts later in life. Among other supports, families need access to the full array of evidence-based services

to screen, assess, and treat any mental and behavioral health needs. Failure to do so causes an immense human and economic toll, as untreated mental health disorders lead to higher rates of family dysfunction, poor school performance, juvenile incarceration, substance abuse, unemployment, and suicide. For example, in 2012, more than 5,000 children and youth aged 10 to 24 died by suicide, making it the second-leading cause of death in this age range.<sup>17</sup>

The next administration must ensure that families have the support they need to promote resilience, mitigate the effects of toxic stress, and provide their children with a secure and stable home environment.

## **STRONG COMMUNITIES**



Strong communities are the building blocks for secure families and healthy children. The next administration must ensure that all children and families are safe in their communities and have equal access to opportunities, regardless of their racial or ethnic background, how much they earn, or where they live.

A major threat to strong communities is the public health crisis caused by violence, particularly gun violence. Every day, 48 children and teens under age 19 are shot in the United States. More than 2,600 children under 19 die each year from gun violence.<sup>18</sup> This is a public health epidemic that, if caused by an infectious disease or natural disaster, would prompt immediate action. Senseless acts of violence are terrorizing and destroying individuals, families, and communities. They are a threat to our nation's future and security. It is critical for the next administration to prioritize enactment of meaningful and comprehensive violence prevention measures, including the common-sense gun violence prevention policies supported by the vast majority of Americans. The United States must also invest in research to identify the violence epidemic's causes and potential solutions, including underlying contributors such as crime; domestic violence; mental health conditions; and forms of intolerance such as racism, religious bigotry, homophobia, xenophobia, and terrorism.

Communities play a key role in improving children's readiness to learn through the provision of high-quality early education programs. Children start learning the day they are born and must have access to necessary supports to ensure proper brain development in all domains—social-emotional, physical, linguistic, and cognitive—that lead to academic achievement and a secure adulthood. Success in school is strongly linked to positive life outcomes. Yet, too many children do not have access to Early Head Start, Head Start, high-quality child care, and pre-kindergarten that could put their early development on the right track. Additionally, too many children face preschool expulsions and suspensions that lead to negative educational and life experiences.



Every year, more than one in three U.S. children start kindergarten without the language skills they need to succeed. Without intervention, these children are unlikely to catch up. The achievement gap seen in kindergarten only widens after third grade for those with poverty- and family-related risk factors. But, this trend can be reversed, and the gap can be minimized or prevented with high-quality early care and learning programs that promote positive social-emotional development together with strong language and cognitive skills. Children who participate in high-quality early childhood programs show remarkable improvement in school performance, social skills, and other factors critical to future success.<sup>19</sup> The next administration must ensure that all children have access to high-quality early child care and education programs, so they can reach their maximum potential and the nation can reap the profound and long-lasting benefits of these programs.

Exposure to environmental toxins is a threat to child health and academic success. Children in all communities must be protected from the negative effects of dangerous toxins, including lead, mercury, tobacco smoke, and air pollution. Exposure to these toxins has damaging effects on child development that are severe and irreversible. For example, children who have elevated blood lead levels are more likely to experience behavioral problems and learning disabilities and less likely to graduate from high school. There is no safe level of lead. Lead exposure at even at half the levels previously considered to be safe is now known to cause irreversible brain damage in children.<sup>20</sup>

The environment in which children live also must include access to safe places to play and to healthy food. The relationships between the physical environments of the home and the overall structure of the physical environment of a child's community (referred to as the "built environment") can affect health in diverse ways. For example, some urban areas may have few supermarkets, produce stands, or community gardens, thereby limiting access to fresh fruits and



## GOALS FOR STRONG COMMUNITIES

The 45th president must advance efforts to ensure that communities are safe and can mitigate social disparities in order to build a strong and resilient society. The next administration must help create communities that:

- are safe from violence and environmental hazards,
- provide high-quality early education programs,
- support public health systems that protect children from infectious diseases and support maternal and child health, and
- respond effectively when disasters and public health emergencies occur.

vegetables. The physical environment of a community can support opportunities for play, an essential component of child development, and for physical activity, a health behavior that not only reduces risk of excess weight gain but also has many other benefits for overall well-being.

As has been seen in Flint, Michigan, entire communities can be threatened by our aging infrastructure and resulting exposure to these toxins. The next administration must identify and ameliorate environmental toxins where they exist and implement strict regulations in order to prevent them from entering our communities to begin with. The nation must also address the persistent racial, ethnic, and income disparities that lead some communities to face greater risks from environmental toxins than others. No parent should have to worry about whether their children are being exposed to damaging toxins when they breathe, eat, drink, or play.

Parents should also not have to worry that their children will be sickened with a vaccine-preventable disease in their community. Vaccines are the safest and most effective way to prevent disease, disability, and death—particularly among children. They are one of the most-effective medical advances in the history of the world and have prevented innumerable cases of deadly diseases once common in the United States, including measles, mumps, rubella, polio, tetanus, pertussis, and meningitis. But, there is a very real risk that these diseases will re-emerge as a result of intentional non-immunization of children. It is worth noting that measles is highly contagious and can lead to serious health

complications, including death (globally, 122,000 people die every year from measles.) Although U.S. vaccination rates are, on average, very high, they vary significantly across the country. San Diego County, for example, has individual schools in which 30-50 percent of students are not fully immunized.<sup>21</sup> Since most infectious diseases are just a touch or sneeze away, unvaccinated children are at greater risk for disease and risk passing infections on to others in the community.

The next administration must ensure that parents receive accurate and valid information about the safety and benefits of vaccines so the United States can raise its vaccination rates to the level of herd immunity and keep them consistently high nationwide. At the same time, significant efforts must be made to ensure that there is a sufficient supply of vaccines, and that these vaccines are available at a reasonable cost to families. These are the only ways to avoid future outbreaks of deadly but preventable diseases that are so common in other parts of the world.

In addition to preventing outbreaks of infectious disease, children must be protected from other natural and man-made disasters as well. Infants, children, adolescents, and young adults must be at the forefront of community planning for other emergencies due to their unique needs with respect to disaster preparedness, response, and recovery. Disasters like 9/11, Superstorm Sandy, and outbreaks of diseases like the Zika virus (which can cause serious birth defects, including microcephaly) are characterized by their precipitous nature and overwhelming effect on a community's response system. While the nation's leaders prepare for disasters, they must recognize that children are not "little adults." Children have different physical, mental, and emotional responses than adults. The unique anatomic, physiologic, and developmental characteristics of children must be addressed during disasters and in public health responses to emergencies.

Disaster preparedness and emergency response teams must take steps to appropriately address the needs of children (including children with special health care needs) with respect to evacuation, shelter, family reunification, medical and mental health care, nutrition, and safety. The next administration must also close the gaps between adult and pediatric medical countermeasures to address potential disaster hazards, including chemical, biological, radiologic and nuclear (CBRN) threats. Special measures must be taken to ensure preparedness for children with special health care needs, who must have access to medications, insulin, and/or medical technology to stay alive.

The next administration must ensure that our communities take active measures to safeguard all of their members so they can be healthy and reach their full potential.

## **POLICY RECOMMENDATIONS TO PROMOTE STRONG COMMUNITIES:**

- **Conduct federally funded research to build the evidence base for a public health response to violence, including research on gun violence coordinated by the Centers for Disease Control and Prevention (CDC).**
- **Expand efforts to ensure that firearms do not get into the wrong hands by passing comprehensive, common-sense gun violence prevention measures, such as banning assault weapons and improving background checks.**
- **Increase the number of children in pre-kindergarten and improve access to proven, high-quality early learning programs such as Head Start and Early Head Start.**
- **Strengthen federal laws and programs to ensure children live in clean environments, including clean air, water, and housing through the Environmental Protection Agency's (EPA) air and water quality standards and HUD's public housing standards.**
- **Address aging and outdated infrastructure and its impacts on lead in water.**
- **Strengthen federal laws and programs to provide resources to low-income neighborhoods to ensure that all children and adolescents have access to safe and desirable opportunities for play and active lifestyles.**
- **Expand support for the efforts to reduce the burden of preventable infectious disease by supporting vaccination efforts at the CDC and the Health Resources and Services Administration (HRSA).**
- **Fully fund biodefense and public health efforts to prepare for and respond to the needs of children before, during, and after natural and man-made disasters by supporting programs run by the CDC, the Department of Health and Human Services' Assistant Secretary for Preparedness and Response (ASPR), and the Maternal and Child Health Bureau (MCHB).**

## LEADING NATION



The way a nation spends its money is a reflection of its values and priorities. Child health and well-being must be elevated and maintained as a national priority to demonstrate the United States' commitment to the future. The federal government must ensure that it invests taxpayer funds where they can have a significant and long-term impact on the future of our nation: our children. The next administration must fully support and aggressively fund the wide range of programs that have been shown to help children, families, and communities thrive. This effort must include working with Congress to repeal the arbitrary limits on discretionary spending enacted in the Budget Control Act of 2011 (BCA). These limits have and will continue to negatively impact children's health and lifelong well-being and will constrain the United States from making needed investments in children unless appropriately addressed.

The "community" extends beyond state and national borders. The United States has a leading role in advancing human rights and health not only at home but also around the world. The United States must invest in children on both the national and international levels. Only in this way can the nation ensure that the health and well-being of children, and their families' access to opportunities and life outcomes, are not determined by their ZIP Code or country of origin.

Communities and families at home are safer and stronger when people around the world have opportunities for a better future. Americans are more secure when the world as a whole is more prosperous, peaceful, and stable. The United States expresses its highest democratic and humanitarian values when fostering economic and social development internationally. To advance health and well-being at home and around the globe, the next administration must target foreign aid and strengthen international systems to promote maternal and child health and protect children from poverty, disease, and other threats to their well-being, such as human trafficking and involvement in armed conflicts. The next administration should continue current, strong efforts to achieve the Sustainable Development Goals; participate in the promotion of human rights, including through the United Nations Convention on the Rights of the

Child; and target aid and expertise that supports the health and well-being of children of families.

The United States can and should be the leader in pediatric research. By investigating the childhood antecedents of adult disease, we can improve health across the lifespan and help develop new therapies for and methods to prevent pediatric and adult diseases. These efforts require the realignment of federal research resources—at the National Institutes of Health (NIH) and other federal agencies—to increase investment in improving health from pre-conception, through childhood, and into adulthood. It also involves a focused effort to ensure that we invest in training the next generation of pediatric researchers. Encouraging clinician researchers is important in the effort to translate research into clinical practice. Expanded research funding will also help the United States develop new therapies for the thousands of rare diseases that occur in children.

The development of new therapies will also require continued and expanded efforts by the Food and Drug Administration (FDA) to promote pediatric drug and device development. Despite tremendous progress made to study and label drugs for children under the Pediatric Research Equity Act and the Best Pharmaceuticals for Children Act,



## GOALS FOR A LEADING NATION

The 45th president must safeguard the nation's position as a global leader for children. The next administration must ensure that the United States:

- promotes biomedical, public health, and health services research to help children grow into healthy adults,
- develops innovative new therapies for pediatric diseases,
- guides global efforts to address non-communicable diseases in children,
- aggressively addresses climate change,
- addresses factors that make some children more vulnerable than others, such as race, ethnicity, religion, sexual orientation or gender identity, and disability, and
- reforms our broken immigration system.

children are still forced to wait nearly 10 more years for medical technologies to be FDA-approved for them as compared with adults. At the same time, persistent drug shortages and the skyrocketing cost of medications threaten the health and safety of children and long-term solutions must be implemented.

Everyone is vulnerable to the emerging dangers of both antibiotic resistance and to contagious diseases that spread across domestic and international borders. The Zika virus is just one example. As with other incipient public health threats, the United States must support research efforts to prevent Zika's spread and better understand how the virus causes microcephaly during pregnancy, provide comprehensive health services to women experiencing Zika-related pregnancies, and care for babies born with Zika-related conditions.

The planet is threatened by climate change. Time is running out to address this impending disaster, which jeopardizes the health and safety of every person on the globe. Children are particularly vulnerable to the environmental effects of climate

change. According to the World Health Organization, children under age five experience more than 80 percent of the health burden caused by climate instability, including that caused by poor air quality, natural disasters, increased infections, scarcity of food and water, and heat-related deaths.<sup>22</sup> Failure to take immediate action on climate change is an injustice to children. The next administration must prioritize the reduction of greenhouse gas emissions that exacerbate climate change by supporting regulations, research, and international treaties to address this threat. In addition, the nation must expand efforts to promote renewable energy and efficient resource use, including green development and transit.

The United States has a role to play in aggressively protecting civil rights and human rights both domestically and around the globe. No one should be the target of violence and discrimination because of the color of their skin, or their family background, religion, gender, country of origin, disability, or health status. Both at home and abroad, there are specific communities that are disproportionately affected by discrimination, violence, and lack of opportunity. These include poor children; children in immigrant families; girls; lesbian, gay, bisexual, and transgender (LGBT) children; and racial and ethnic minorities. Every child and adolescent needs access to the conditions that foster healthy and safe development, including early education and protection from violence and exploitation. The next administration must enact laws and support programs that bring information, services, and opportunities to those in need, and oppose discriminatory legislation and practices wherever they occur.



## **POLICY RECOMMENDATIONS TO ENSURE OUR ROLE AS A LEADING NATION FOR CHILDREN:**

- **Repeal the arbitrary limits on federal discretionary spending put into place in the BCA.**
- **Target foreign aid and strengthen systems that support global maternal and child health activities to protect children from infectious and non-communicable diseases and end preventable maternal and child deaths, including through the U.S. Agency for International Development (USAID) and the Department of State.**
- **Expand funding for pediatric research at the NIH and other federal agencies such as CDC and the Agency for Healthcare Research and Quality (AHRQ), including for efforts to address emerging threats like the Zika virus and to support the career development of pediatric researchers.**
- **Encourage the development of drugs and devices for children and speed their approval by FDA so that children do not have to wait for necessary and life-saving treatment.**
- **Prioritize efforts to address and reverse climate change by supporting regulations, research, and international treaties to address this threat, such as activities coordinated by the EPA.**
- **Aggressively protect the civil rights of children and families, including children who are disproportionately affected by discrimination and lack of opportunities, by supporting the efforts of the Department of Justice in this area.**
- **Enact comprehensive immigration reform that prioritizes the health, well-being, and safety of children.**

The United States is a country built by immigrants, and immigrant families are the fastest-growing segment of the population; one in every four children in the United States now lives in an immigrant family (18.4 million children).<sup>23</sup> Almost 90 percent of these children were born in the United States and are U.S. citizens.<sup>24</sup> These are the future workers of America and the future backbone of our economy. Yet, children of immigrant families face significant life challenges—regardless of their individual status—that include poverty, lack of health care, low educational attainment, and language barriers. In order to build a strong and competitive future for the nation, all children must have the tools and opportunities to succeed in life. To safeguard these children, the next administration must expand access to health insurance, health care, including mental and behavioral health services, and legal services. It must also end the current detainment of families, avoid separating children from their families, and expedite



family reunification. In particular, the nation must address the significant needs of unaccompanied minor children, who flee violence in their country of origin and must be protected from further violence and trauma when they arrive in the United States. Harmful barriers to immigrant access to health care must be torn down.

The next administration must maintain the U.S. role as a leading nation for children, and ensure that communities at home and abroad enable children and their families to grow, thrive, and succeed throughout their lifespan.



## RECOMMENDATIONS FOR FEDERAL AGENCIES AND DEPARTMENTS

The following sections detail actions that specific federal agencies and departments can take to improve the lives of children. For each agency, the *Blueprint* lays out a vision for how it should align its goals for the benefit of children, outlines funding priorities, and makes recommendations for needed administrative and congressional actions.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Vision

The Department of Health and Human Services (HHS) oversees many critical agencies and provides leadership to other federal departments. It stands at the heart of the federal government's activities to improve the health and well-being of children. In this role, it is imperative that the department promote a bold vision for improving children's lives and actively coordinate relevant activities conducted by its various divisions. Above all, HHS should strive to implement an agenda with children at the core and ensure that all children have access to high-quality, affordable health care so they can thrive throughout their lifetimes. All children, regardless of their immigration status, should have affordable health care coverage, insurance with pediatric-appropriate benefits, access to timely and affordable primary and subspecialty pediatric care and mental health services, and receive comprehensive, family-centered care in a medical home. The recommendations that follow are for issues directly in the purview of the HHS Office of the Secretary. Following this section are recommendations for the various agencies and offices overseen by HHS.

### Recommended Administrative Actions

*Support efforts to monitor and assess HHS programming.* The Office of the Assistant Secretary for Planning and Evaluation

(ASPE) serves an essential function at HHS by conducting research, evaluating programs, and developing new policies. For instance, ASPE has been at the center of efforts to better understand how poverty impacts children and how implementation of the Affordable Care Act (ACA) can be improved. The next administration must maintain a commitment to an evidence-based approach to health care policy and help inform the public debate by making the work of ASPE as transparent as possible.

*Foster coordination among federal agencies.* HHS must lead efforts to improve coordination so families can benefit from all of the programs for which they are eligible. Families are often eligible for programs coordinated by HHS—such as Medicaid, the Children's Health Insurance Program (CHIP), and Temporary Aid for Needy Families (TANF)—as well as the programs of other agencies, such as the Department of Agriculture's nutrition programs. But, families can face daunting and complicated enrollment barriers when trying to access these services. For example, virtually all children enrolled in SNAP are financially eligible for Medicaid as well, yet not all of them are enrolled. HHS should play a leading role in coordinating government-wide efforts to ensure seamless eligibility and enrollment in its programs and the programs of other agencies. Renewing Medicaid eligibility when families are re-certified for SNAP is just one mechanism that could help ensure continuous enrollment in both programs. Only through focused and targeted leadership by HHS will families be

ensured of access to all needed services and programs offered by the federal government.

*Prevent prematurity.* Preterm birth affects one in every 10 births and is a leading cause of death among infants. Prematurity can lead to long-term physical, intellectual and/or developmental disabilities. Moreover, the average preterm birth costs 10 times more than a healthy, full-term birth. HHS should coordinate efforts across all HHS agencies to support research and services to prevent and treat preterm birth, such as research into the underlying causes of prematurity, access to preconception health care, tobacco cessation for pregnant women, and interventions for women at risk of preterm birth.

*Ensure that adolescents have the information, services, and support they need to thrive.* Adolescence is a critical time of transition that requires a special focus. Adolescents face numerous unique challenges including mental health and substance abuse, tobacco use, exposure to violence through media, eating disorders, sexually transmitted infections, and teen pregnancy. They require special care as they move through adolescence and transition into adulthood. The HHS Office of Adolescent Health (OAH) administers the important Teen Pregnancy Prevention Program (TPPP), but has been given only very limited resources to conduct other broader activities to address the needs of adolescents, such as reproductive health care, life and parenting skills training, and violence and substance abuse prevention. The next administration should ensure that OAH can take on an expanded role in promoting adolescent health, expand its medical expertise, and serve as a focal point for comprehensive federal government action to improve the health and well-being of adolescents.

*Address neonatal abstinence syndrome.* The opioid epidemic has resulted in a dramatic increase in the number of infants born withdrawing from opioids, called neonatal abstinence syndrome (NAS). In 2015, Congress passed the Protecting Our Infants Act, which was designed to expand the administration's response to the rising rates of NAS. HHS must lead these important implementation activities, which must include an increased emphasis on maternal treatment for opioid use and the creation of a research agenda to improve the care of infants with NAS. In addition, the administration should work to prevent use of alcohol during pregnancy—an ongoing problem that affects as many as 200,000 infants a year and often co-occurs with drug use—by identifying children with fetal alcohol spectrum disorders and addressing their documented developmental affects.

*Eliminate barriers to health care access for immigrant children and youth.* The next administration should break down the harmful barriers that hamper immigrants' access to health care. It should increase participation among eligible but unenrolled children in CHIP and Medicaid, reduce barriers to access (including waiting periods), and provide for access to all children regardless of their immigration status. For example, the next administration should end the practice of denying access to health care through the

ACA, Medicaid, and CHIP to immigrant youth who qualify for the Deferred Action for Childhood Arrivals (DACA) program. The next administration should work closely with states to ensure all states take up the Immigrant Children's Health Improvement Act (ICHIA) option to remove the five-year bar to coverage for lawfully residing immigrant children and pregnant women. Increased support for medical-legal partnerships will be critical for vulnerable children and families, especially immigrant families.

*Expand pediatric functionality of health information technology.* Pediatricians were early and ambitious adopters of health information technology (HIT), yet pediatrician participation in the Meaningful Use program has fallen behind that of other providers. Children are not just little adults in that both they and their health care providers require different functionality in order to ensure that their electronic health records (EHRs) are accurate and contain useful information. Right now, only eight percent of office-based EHRs contain pediatric functionality, which creates an increased risk for errors and injuries. The Office of the National Coordinator for Health Information Technology (ONC) should emphasize and make pediatric functionality of EHRs a driving priority in its future efforts to increase the use, effectiveness, and quality of EHRs. Eligibility for the Meaningful Use program should also be expanded to include all providers who serve Medicaid and CHIP patients, not just those who achieve a 20 percent threshold of Medicaid patients.

### Recommended Congressional Actions

*Expand access to care by reauthorizing CHIP.* Since its bipartisan beginning in 1997, CHIP has worked hand-in-hand with Medicaid to cut the child uninsurance rate in half. CHIP currently finances insurance for eight million children in working families that earn too much to qualify for Medicaid but too little to afford private health insurance. Simply put, the benefits, affordability, and networks available in CHIP surpass other available options. Current federal funding for CHIP is slated to expire at the end of fiscal year 2017. If this is allowed to happen, it would disrupt coverage for millions of children and jeopardize their health. To ensure maximum stability for children, Congress should enact a long-term extension by the spring of 2017. Long-term funding will give stability to states and encourage them to implement programmatic innovations in their programs. Such an extension should also include provisions that increase participation among eligible children in CHIP and Medicaid, including "express lane" and continuous eligibility, as eligible but unenrolled children constitute a large majority of children who remain uninsured. Congress should also bar states from charging premiums in CHIP plans for families below 300 percent of the federal poverty level.

*Support and improve the ACA.* The ACA has made important progress for children. Congress should improve upon this progress and enhance pediatric benefits in the marketplaces, allow families that are not eligible for CHIP to purchase CHIP plans in the health insurance marketplaces, improve affordability of plans for families (especially those with children with special

health care needs), and strengthen rules to ensure that adequate pediatric networks exist in marketplace plans. Congress should also remedy the “kid glitch” or “family glitch” if the administration does not do so administratively. This “glitch” has been read to disallow certain individuals from qualifying for exchange subsidies for family coverage even if the individual’s employer fails to offer employees affordable family health insurance.

*Repeal sequestration.* The Budget Control Act of 2011 (BCA) attempted to reduce the federal deficit, but does so in a way that disproportionately hurts non-defense discretionary programs, including those coordinated by HHS. The stringent budget caps in the BCA that have constrained funding for these crucial activities must be eliminated.

*Prevention and Public Health Fund.* Congress must support the Prevention and Public Health Fund, which is the first mandatory funding stream dedicated specifically to improving public health. The fund can be used to bolster public health efforts at the local, state, federal levels such as obesity prevention and tobacco control. The fund should be used to supplement, not supplant, existing public health funding.

### Funding Priorities

*Pregnancy prevention and adolescent health.* HHS funds critical programs to support adolescent health, reduce unintended pregnancy and provide reproductive health care. The Title X Family Planning Program provides crucial funding for family planning and other health clinics to offer free or low-cost confidential reproductive health care services and effective contraceptives including long-acting reversible contraceptives (LARCs). These programs and services are critical to the health of adolescents and adults. The TPPP funds evidence-based educational programs to reduce unintended pregnancy among teens.

## Office of the Assistant Secretary for Preparedness and Response

### Vision

The Assistant Secretary for Preparedness and Response (ASPR) leads the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters. The nation has seen an increasing number of natural disasters and public health emergencies, including ones involving emerging infectious diseases. What all disasters have in common and what sets them apart from other emergencies are their precipitous nature and overwhelming effects on a community’s response system. For individual communities and the nation as a whole to truly be prepared to respond to disasters—and to be resilient in their wake—children’s needs must be integrated into all levels of preparedness, planning, and recovery. The majority of Americans believe children should be given a

higher priority in disaster planning and response, according to national polling. Yet, federal funding for public health preparedness and biodefense continues to fail to integrate and prioritize children so that their unique considerations and vulnerabilities are addressed.

### Recommended Administrative Actions

*Provide leadership.* The next president must be prepared to respond to infectious disease outbreaks and public health emergencies from day one. That will require strong leadership by an entity in the White House to oversee strategies to better prepare the health care and public health sectors, coordinate the responses of all federal agencies during a disaster or emergency, and identify and implement lessons learned for future emergency responses. If a community is inadequately prepared to meet the needs of children during a disaster, the nation is not truly prepared.

*Ensure that hospitals are prepared for public health emergencies.* The Hospital Preparedness Program (HPP) supports the emergency preparedness of regional health care systems to protect public health and enable a rapid recovery. The next administration should undertake a top-to-bottom review and reform of the HPP as well as the at Centers for Disease Control and Prevention’s public health counterpart, the Public Health Emergency Program. Such a review will ensure that both programs are improving state and local community preparedness to meet the needs of children. The next administration should also ensure the full integration of the needs of children in performance measures for both federal programs. Where grantees show poorer performance, technical assistance and targeted support should be provided. The HPP program must ensure that the pediatric medical home and community medical providers are a component of all health care coalitions, as well.

*Close the gaps in medical countermeasures for children.* Despite recent progress, major gaps still remain related to medical countermeasures (MCMs) to treat the effects of a man-made disaster or infectious disease outbreak on children, because many vaccines and pharmaceuticals approved for use by adults as MCMs lack pediatric formulations, dosing information, or safety information. As a result, the nation’s stockpiles of MCMs are ill-prepared to address the needs of children compared with those of adults in the event of a disaster. Federal agencies, collaborating with industry, academia, and other Biomedical Advanced Research and Development Authority (BARDA) partners, should research, develop, and procure pediatric MCMs for all public health emergency, disaster, and terrorism scenarios and report on progress made. The federal government should proactively identify anticipated uses of MCMs in children during a public health emergency and, where pediatric Food and Drug Administration (FDA)-approved indications do not exist, establish a plan to collect sufficient data to support the issuance of a pre-event emergency use authorization (EUA) that includes information such as safety and dosing information.

## Recommended Congressional Actions

*Public health and medical preparedness for children.* Congress should reauthorize the HPP and add capabilities and performance measures that improve state and local health care preparedness for children. Congress should also reauthorize the National Advisory Committee on Children and Disasters, an advisory committee to the Department of Health and Human Services (HHS) comprised of federal and non-federal subject matter experts to provide advice and counsel on improving our nation's preparedness for children.

## Funding Priorities

*Public health system and HPP.* Robust new investments are needed to ensure strong public health systems. If the medical and public health systems are not ready day-to-day to respond to the emergency needs of children, they will not be ready in a time of crisis. HPP has suffered from major reductions in funding. The capacity lost in the medical and public health systems must be restored and strengthened.

*Public health emergency funding.* Total reliance on congressional approval of additional funding to enable federal agencies to mount a robust, timely response to public health emergencies is a failed strategy. There is a need for emergency "bridge" funding that does not force federal agencies to reallocate or divert money from other important health functions in order to fund responses to public health emergencies.

## Administration for Children and Families

### Vision

All children, regardless of family means or status, deserve the best start in life. Research demonstrates that high-quality child care, early education, and early experiences can make an enormous difference in whether children grow up to meet their potential. The Administration for Children and Families (ACF) helps provide this vital early start through its multitude of community-based early-intervention programs for some of the nation's most vulnerable children and families. In order to meet the need, ACF must have robust resources—both financial and non-financial—so the country can prioritize strong child well-being rather than have to implement solutions after children have already been harmed. ACF can also play an important coordination function to ensure that all of the federal government's programs are providing vulnerable children and families with consistently high-quality, evidence-based services.

In addition, ACF plays a key role in protecting, providing health care, education and other services to—and ultimately helping assimilate—unaccompanied children who have escaped extreme violence, trauma, and poverty to make a dangerous journey to

the United States. Compared with the treatment of children by the Department of Homeland Security (DHS), ACF shelters provide age-appropriate services and their capacity both to care for children while in custody and upon release to the community with sponsors must be vastly expanded.

## Recommended Administrative Actions

*Ensure access to high-quality child care programs.* Families in poor and low-income households have difficulty accessing health care and meeting their children's basic needs for healthy development. This, in turn, negatively affects school readiness for children from low-income families, affecting their academic success and placing them on a trajectory for poor health, social, and economic outcomes across the life span. High-quality child care can help counteract these challenges for children from low-income families while also helping to alleviate poverty by reducing barriers to work. The goal of the ACF-administered Child Care and Development Fund (CCDF) is to lift low-income families out of poverty by making quality child care affordable, thereby generating substantial long-term health and economic benefits to children and their families. The Child Care and Development Block Grant (CCDBG) Act of 2014 reauthorized the law governing the CCDF for the first time since 1996. It also made critical improvements to the standards for federally funded child care for low-income families. The reauthorized law strengthens health and safety requirements for child care providers, among other improvements. ACF must continue with timely implementation of this law, ensure that the applicable regulations are as protective of child health and safety as possible, and work with states to improve providers' ability to support early development. High-quality child care requires a substantial financial investment by federal and state governments and a commitment from child care providers to improve quality with support for reaching higher levels. The next administration must ensure the application of the law's improved health and safety standards to all licensed child care facilities, not only those receiving federal subsidies. In addition, it must advocate for increased funding, both to cover the costs of the reauthorization and provide greater support for providers so they can deliver the care children need.

*Ensure that children and youth in foster care receive needed health care.* Children in foster care face specific risks because they have experienced significant trauma, which has substantial effects on their health, development, and well-being. Federal policy has a critical role in ensuring that children who are placed in out-of-home care have timely access to quality health services to facilitate their healing. As a component of their Title IV-B child welfare services plans, states are required to develop Health Oversight and Coordination Plans (HOCPs) that outline how states ensure children in foster care receive needed health services. HOCPs provide a critical means through which child and adolescent health and well-being can be improved. Unfortunately, implementation of this aspect of the law has not been effective. The next administration must help states effectively implement their HOCPs and must provide additional resources and clear

guidance and oversight on HOCP development, implementation, and reporting activities.

*Safeguard the health of children and youth in foster care.* ACF's Administration for Children, Youth and Families has proposed improvements to the Adoption and Foster Care Analysis and Reporting System (AFCARS) rule. These important improvements include expansion of the ability of the Children's Bureau to collect and analyze information about both the health of children in foster care and the health services they receive. The proposed rule has been pending since the spring of 2015 and must be finalized as soon as possible.

*Develop a plan for reauthorizing Temporary Assistance for Needy Families (TANF).* The TANF block grant provides critical resources for states to help parents find and maintain employment and provide cash assistance to help families meet their basic needs when work is not available or feasible. The Office of Family Assistance, which administers the TANF block grant, should develop a comprehensive TANF reauthorization proposal that holds states accountable for reaching more families in need, creates effective work programs that place families on an employment path that eventually will lead them out of poverty, and requires that the majority of state and federal TANF funds be used for TANF's core purposes—income support, work preparation and child care.

### Recommended Congressional Actions

*Pass the Family First Prevention Services Act.* The bipartisan, bicameral Family First Prevention Services Act would provide assistance to strengthen families in order to prevent the need for children to enter the child welfare system and would make critical improvements to foster care homes.

*Reauthorize Child Abuse Prevention and Treatment Act.* The authorization for the Child Abuse Prevention and Treatment Act (CAPTA) expired in September 2015, and it needs to be updated. Most importantly, the reauthorization needs to include liability protections for pediatric providers assisting in cases of suspected child abuse.

*Support direct aid to low-income families.* TANF is an essential part of the safety net for families, yet changes made to the program by Congress 20 years ago have resulted in significant declines in the percentage of families with children in poverty who receive its benefits. TANF must be better aligned with serving the actual needs of families in poverty.

*End funding for abstinence-only sexuality education.* Adolescents deserve medically accurate and comprehensive sexuality education. Abstinence-only-until-marriage (AOUM) programs often miss the mark by providing ineffective interventions, offering inaccurate information, excluding critical knowledge, and failing to be sensitive to the needs of diverse populations. Congress should repeal funding for AOUM sexuality education.

### Funding Priorities

*Early childhood education and child care programs.* Currently, need for Head Start, Early Head Start, and the CCDBG outpaces available slots. The funding and number of available slots in these programs needs to be significantly increased.

*Protect children at risk for entering foster care.* Children fare best when they are raised in families equipped to meet their needs. The federal government should provide states with much-needed funding to support mental health, substance abuse, and in-home parenting skills programs for all families, and specifically for families with children who are at-risk of entering foster care. This approach would incentivize state efforts to preserve and strengthen families by providing federal funds to administer prevention programs.

*Support state improvements to oversight and coordination of health services for children in foster care.* Given the substantial trauma and disproportionate health service needs of children in foster care, it is essential to ensure states can effectively oversee and coordinate their health services. The federal government should provide expanded technical assistance and resources for state HOCP development and implementation. This will better support the goals of current federal law and improve access to quality health care for vulnerable children.

*Adoption and Foster Care Analysis and Reporting System.* AFCARS plays a key role in tracking the experience of children in foster care and the success of implementation of federal child welfare law at the state level. Greater funding for AFCARS will improve how these children are served and help them make a healthy transition to adulthood.

*Protect the health of unaccompanied children.* Unaccompanied children are children under the age of 18 who have no lawful immigration status in the United States and who have no parent or legal guardian in the United States available to provide care and physical custody. The age of these children, their separation from parents and relatives, and their hazardous journey make them especially vulnerable to human trafficking, exploitation, and abuse. Unaccompanied children have multiple, inter-related reasons for undertaking the difficult journey to the United States, which may include rejoining family already in the United States, escaping violent communities or abusive family relationships in their home country, or finding work to support their families in the home country. For the past several years, large numbers of unaccompanied children crossed the U.S. border from Central America due to extreme violence, trauma, and poverty in their home countries. The next administration must greatly expand funding for the Unaccompanied Children's Services program, including major new investments to ensure children are in appropriate shelters, that those shelters provide appropriate and ample services, especially mental health services, and to expand in-home studies and post-release services for unaccompanied minors once they are released to sponsors. Such expansions should be accompanied

with increased collaboration with community pediatricians who will be providing medical care to this highly vulnerable population of children, many of whom are victims of violence and have been exposed to trauma.

*Provide medically accurate sexuality education.* In lieu of funding for AOUM programs, the federal government should only fund comprehensive, age-appropriate, and medically accurate sexuality education programs such as those supported by the Personal Responsibility Education Program (PREP).

## Agency for Healthcare Research and Quality

### Vision

As system reform accelerates and payers focus on value over volume, quality measurement and improvement will become even more critical in spreading evidence-based medicine. The Agency for Healthcare Research and Quality (AHRQ) is a critical agency in the age of value-based care. Its mission to produce useable evidence to make health care safer, better, and more accessible, equitable, and affordable will be essential to ensuring that all Americans get the information, services, and care they need. AHRQ houses the Pediatric Quality Measurement Program (PQMP), which helps coordinate the development and spread of evidence-based consensus pediatric measures. As the new Merit-Based Incentive Payment System (MIPS) takes hold in Medicare, AHRQ must use its resources to focus on Medicaid and CHIP to help ensure that every child gets the right care in the right place at the right time.

### Recommended Administrative Actions

*Prioritize pediatrics.* AHRQ should advocate for children and pediatrics to be a focus in the system reform efforts of the CMS Center for Medicare and Medicaid Innovation (CMMI) and other groups. AHRQ must take a leadership role in pediatric quality measure development. Efforts to date have unfortunately contributed to multiplying, confusing, and duplicative measure development.

### Recommended Congressional Actions

*Ensure children have access to high-quality care.* The Children's Health Insurance Program Reauthorization Act's (CHIPRA) Title IV included an unprecedented commitment to pediatric quality improvement. The law included \$225 million over five years to fund pediatric measure development, state demonstrations, an Institute of Medicine (IOM) report on pediatric quality measures, and a pediatric electronic health record format. Pediatric quality measures should be included as part of the next Children's Health Insurance Program (CHIP) extension and should focus

on a continued role for the federal government as a catalyst for pediatric health system change.

### Funding Priorities

*Safeguard focused and predictable resources for quality improvement.* As system reform becomes even more critical, Congress should increase funding for AHRQ, since its overall budget has been cut to \$300 million.

*Fund for the PQMP and Centers of Excellence.* AHRQ has served as the home for the PQMP since CHIPRA's passage in 2009. Funding for the PQMP and its associated programs (such as the Centers of Excellence) should be extended and strengthened to focus on measure development, stewardship, spread, and technical assistance.

## Centers for Disease Control and Prevention

### Vision

Prevention works. A robust public health system is crucial for the health and safety of all Americans, particularly children, adolescents, and the most vulnerable in our society. The work of the Centers for Disease Control and Prevention (CDC) is essential to supporting public health infrastructure at the local, state, and national levels. The CDC is a leader in preventing infectious diseases from spreading, responding to new and emerging health threats, using the latest scientific technology to prevent disease, promoting healthy and safe environments, and preventing adverse childhood experiences (ACEs).<sup>25</sup> The CDC plays a critical role in the promotion of breastfeeding, supportive parenting skills, violence and injury prevention, tobacco control, immunization, healthy lifestyles, and nutrition. CDC funding for public health preparedness is critical—but many gaps for children exist.

### Recommended Administrative Actions

*Address the epidemic of violence, including gun violence.* America is facing a crisis caused by rampant violence in communities, most notably gun violence. Gun violence is a serious public health issue and plagues communities across the country. The dearth of research on how best to prevent gun-related morbidity and mortality, as well as other forms of community violence, hampers efforts to implement a public health approach to addressing this crisis. The CDC must be allowed to research how gun violence affects Americans, including children, in order to better understand how to protect children and their families from gun-related injuries and deaths.

*Continue the agency's work to keep children safe from violence and injury.* The CDC plays a critical role in preventing all kinds of

injury and violence to children—from child abuse and teen dating violence to traumatic brain injury. The CDC also plays an irreplaceable role in tracking and maintaining data, such as through the Web-based Injury Statistics Query and Reporting System (WISQARS) and the National Violent Death Reporting System (NVDRS). Pediatricians and researchers rely on these databases. Both the CDC's prevention programs and data functions should be robustly funded and expanded.

*Keep children safe during disasters and other emergencies.* The next administration should undertake a top-to-bottom review and reform of the Public Health Emergency Preparedness Program, in order to ensure that the needs of children are first and foremost in state and local community preparedness efforts. This review should include the program's counterpart under the Assistant Secretary for Preparedness and Response (ASPR), the Hospital Preparedness Program. The needs of children must be fully integrated into performance measures for both of these federal programs. Technical assistance and targeted support should be provided to grantees that show poor performance, in order to improve their capacity. To assist with pediatric preparedness, the next administration should continue to activate and utilize the subject matter expertise of the Children's Preparedness Unit. It should also consider making the unit permanent, to expand its role beyond responding to a public health emergency, and improve its ability to support state and local public health preparedness before emergencies occur.

*Promote vaccination nationwide, particularly the HPV vaccine.* U.S. vaccination rates are high, but there are still too many pockets nationwide where low vaccination rates threaten both children who are too young to receive vaccines and those who are immuno-compromised. The next administration must support efforts to better educate Americans on vaccine safety and reduce vaccine hesitancy by supporting the Advisory Committee on Immunization Practices and the Advisory Committee on Childhood Vaccines. CDC should also support state efforts to eliminate non-medical exemptions to vaccine mandates. The vaccination rate for human papillomavirus (HPV) is an example of this problem. Nationwide, vaccination rates for HPV are unacceptably low—at approximately 40 percent for girls and 20 percent for boys—despite its efficacy in preventing cancer deaths. The CDC must expand efforts to increase HPV vaccination rates among adolescents.

*Prevent child exposure to lead, tobacco, and other harmful substances.* There are a number of child health hazards, such as lead and tobacco, for which there is ample evidence of harm. For example, we know that there is no safe level of lead exposure and that lead damage can be permanent and irreversible, leading to increased likelihood for behavior problems, attention deficit and reading disabilities, and failure to graduate from high school. Children exposed to lead also experience a host of other impairments to their developing cardiovascular, immune, and endocrine systems. Today, over 500,000 children are exposed to unacceptably high levels of lead. Similarly, each day over 2,500 smoke a cigarette for the first

time and the rates of e-cigarette use among children are rising dramatically. Given this knowledge, CDC must make it a priority to prevent child exposure to these well-established hazards.

*Promote global immunization.* The CDC and the United States Agency for International Development (USAID) have made great strides helping reduce polio and measles worldwide. To continue this effort, the CDC must fully implement a strategy to eradicate polio and update the global immunization funding stream to reflect the transition to polio legacy and routine immunization activities.

### Recommended Congressional Actions

*Public health preparedness.* Congress should reauthorize the Public Health Emergency Preparedness Program (PHEP) program and must add capabilities and performance measures that improve state and local public health preparedness for children.

*Promote global health.* In addition to leading on reducing infectious diseases world-wide, Congress must provide authorization to CDC to address chronic illness internationally.

### Funding Priorities

*General CDC funding.* While certain CDC programs have been well-funded in recent years, funding for other programs has languished. Below are some examples of CDC public health prevention programs that are in need of significantly greater resources.

*Childhood Lead Prevention Program.* The crisis in Flint, Michigan, highlights the dangers stemming from unacceptable levels of lead in the water system. Funding for the Childhood Lead Prevention Program must be expanded and its funding increased. The next administration must work with the CDC director to issue a directive that makes this program a priority as well as to request robust funding to fully support its mission and protect children from lead's harmful effects.

*National Center for Birth Defects and Developmental Disabilities.* Birth defects affect one in 33 babies and are a leading cause of infant death in the United States. The National Center for Birth Defects and Developmental Disabilities has done tremendous work to identify the causes of birth defects and developmental disabilities, help children to develop and reach their full potential, and promote health and well-being among people of all ages who have disabilities.

*National Center for Environmental Health.* The National Center for Environmental Health (NCEH) does critical work to better understand and prevent illness, injury, and death from interactions between people and the environment. This work is a critical complement to the efforts on the part of the Environmental Protection Agency (EPA) and the Department of Health and Human Services. Congress should support and expand the NCEH, with a particular focus on the environment's impact on child health.

*Tobacco control.* CDC's tobacco prevention and control activities have been remarkably successful and must be protected and expanded to include tobacco and second-hand smoke as global and child health priorities. Among other activities, CDC funds the important work done by state-run tobacco quitlines as well as the innovative "Tips from Former Smokers" national media campaign. An evaluation of the Tips from Former Smokers campaign has found that it saved 50,000 lives in the first three years at a cost of only \$393 per year of lives saved.<sup>26</sup>

*Global immunization.* The next administration must ensure that the agency continues its important work on global health by revising the global immunization account structure to reflect polio legacy and routine immunizations outcomes.

*Zika virus:* The Zika virus is increasingly understood to cause a range of serious health effects, including microcephaly, in infants born to mothers who contracted the virus while pregnant. Microcephaly is a debilitating lifelong condition that has been linked to seizures, developmental delays, intellectual disability, and vision problems. However, even infants who appear healthy at birth may have effects that cannot be detected until later. CDC should play a central role in assisting states, tribes and localities in preventing Zika infection through vector control, public education, and other strategies. CDC surveillance efforts will be critical to understanding how Zika is transmitted and spread in the United States, and the agency must continue to serve as a critical resource for providers and public health agencies in their efforts to control Zika.

*Public Health Emergency Preparedness Program.* PHEP grants improve the capacity and capability of state and local public health departments to effectively respond to public health emergencies. Funding must be maintained and expanded and should not be used to offset other public health emergency response efforts, such as efforts to respond to the Zika virus.

*Support and bolster the Section 317 Immunization Program.* The Section 317 Immunization Program is a discretionary federal grant program that has played an important role in ensuring that uninsured and underinsured individuals receive vaccinations that prevent life-threatening diseases. Though the Affordable Care Act now requires that insurers provide first dollar coverage of vaccines, Section 317 still plays a valuable role in other areas, particularly in vaccine infrastructure and in handling outbreaks. If a large outbreak were to occur, Section 317 funds could be used to vaccinate individuals—including infants, children, adolescents and young adults—in the affected area, and could supplement the efforts of CDC to effectively combat the outbreak. We encourage the next administration to ensure that Section 317 is adequately funded to fulfill its mission and continue to provide a comprehensive vaccine education program, monitor vaccine effectiveness, investigate outbreaks, improve tracking systems, and provide necessary support to providers who administer vaccines.

## Centers for Medicare and Medicaid Services

### Vision

The Centers for Medicare and Medicaid Services (CMS) is one of the most important federal agencies that impacts the health of U.S. children. CMS manages Medicaid, the Children's Health Insurance Program (CHIP), and the insurance marketplaces, which, combined, help finance the care of close to 40 million children in the country. These federal and state partnerships have a huge impact on families. Medicaid's rate of growth is the lowest of any health program in the country. Its per-child costs are also the lowest of any quality insurance structure in the United States. Medicaid includes the appropriate pediatric benefit—the Early and Periodic Screening, Diagnosis, and Treatment program (EPSDT)—which covers medically necessary services for each child and is especially critical for children with special health care needs and their families. CMS is currently embarking on a challenging implementation of the new Merit-Based Incentive Payment System (MIPS) in Medicare, but the agency could also leverage its vast Medicaid and CHIP resources to ensure that every eligible child is enrolled and receives comprehensive access to EPSDT services, and ultimately, that all children get the right care in the right place at the right time.

### Recommended Administrative Actions

*Increase access to care.* On average, Medicaid pays providers about 70 percent of what a Medicare provider receives for the same service. The only difference is the age of the patient being served. Inappropriately low Medicaid payments impede the ability of providers to accept more patients covered through this program and create unnecessary access barriers for children enrolled in the Medicaid program. CMS must work with states to improve access in Medicaid and CHIP by extending the Medicaid Payment Equity provision of the Affordable Care Act (ACA). It must also reverse its decision and apply the "equal access rule"—a rule intended to ensure that state Medicaid payment rates are sufficient to encourage sufficient provider participation in the program—to Medicaid managed care. In addition, the next administration must also work to address barriers that prevent children from accessing appropriate behavioral health care through the Medicaid and CHIP programs which include the use of behavioral health carve-outs and inadequate payment. Lastly, all children must have access to the full range of age-appropriate health care providers, subspecialists, and facilities. ACA marketplace plans and other health plans should not be allowed to create narrow networks that exclude children's hospitals and other pediatric appropriate providers.

*Ensure that insurance offers children appropriate benefits.* CMS should require the adoption of state-level requirements that covered benefits in Medicaid and stand-alone CHIP programs meet the ACA requirements for essential health benefits, which

include preventive care, acute care, critical care, pediatric surgical care, behavioral health services, and oral health care. CMS should specifically clarify that such benefits packages should adhere to *Bright Futures*. This national health promotion and prevention initiative includes guidelines that provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits. CMS should also confirm that all future updates of *Bright Futures* are self-executing in the context of private insurance coverage. Because children often lack access to oral health care, CMS should provide detailed guidance specific to pediatric dental benefits in CHIP and the ACA marketplaces and allow for flexibility to provide cost-effective risk-based pediatric dental benefits. In addition, medical foods should be explicitly covered by all public and private insurers. CMS should work with the Department of Defense to strengthen and harmonize benefits provided by TRICARE. Lastly, CMS should ensure that state Medicaid programs cover out-of-state services when medically necessary.

### *Facilitate enrollment in health insurance for eligible children.*

More children have health insurance than ever before thanks to Medicaid and CHIP, but they do not always get the benefits of the programs to which they are entitled. Millions of children are eligible for Medicaid or CHIP but are simply not yet enrolled. If all eligible children were enrolled in the appropriate plans, the percentage of children who lack insurance could be cut by over 40 percent. CMS must act to further streamline enrollment and retention rules and work with states to simplify their eligibility procedures and boost outreach to ensure that every eligible child is enrolled in quality, affordable health insurance for which they are eligible. Appropriate support for presumptive eligibility and increased periods of continuous eligibility for children would also decrease the uninsurance rate. CMS should also coordinate efforts with HRSA, which funds the Family to Family Health Information Center (F2Fs) Program. These centers help families of children with special health care needs navigate the health care system, including state Medicaid programs.

*Expand CHIP coverage for pregnant women.* While states have the option of covering pregnant women under their CHIP programs, only 17 do so. CMS should work with states to identify barriers to uptake of the CHIP options for covering pregnant women and to expand access to prenatal care for eligible women.

*Integrate mental and behavioral health into pediatric primary care.* As many as one in five children in the United States will experience a diagnosable mental disorder, but only 20 to 25 percent of affected children receive treatment. There are countless more children who face mental and behavioral impairments that do not meet the criteria for a diagnosis, or who are not accessing developmentally appropriate assessment and diagnosis, whose needs are not being met by the current system. Primary care physicians treat one-third of children and adolescents with mental health conditions. Shortages of mental health professionals including those with early childhood and adolescent expertise—and, specifically, of child and adolescent psychiatrists—necessitate

greater primary care clinician involvement in mental health care. The next administration should provide federal support for innovative state or regional models of behavioral health integration in pediatric primary care settings, such as child psychiatry access programs. As noted, it should also eliminate inappropriate behavioral health carve-outs, which prevent children from getting the care they need, and support payment policies that promote co-location of care and same-day billing of medical and mental health services.

*Ensure that children receive mental health and addiction services regardless of insurance.* The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act was intended to protect children and their families from insurance discrimination on the basis of mental health and substance use disorders. That law—and successor legislation applying the same protections to Medicaid managed care and CHIP—were supposed to end long-standing discriminatory practice by insurers. Unfortunately, that has not proven to be the case. CMS should aggressively investigate and enforce provisions relating to treatment limitations and financial cost-sharing, including and especially within Medicaid managed care and CHIP, and work with Congress to expand these protections to fee-for-service Medicaid. This must include stronger protections for network adequacy and greater education of the provider community about the obligations of insurers under parity and what constitutes a violation of parity. In addition, CMS should work with states and private insurers to specifically cover multigenerational therapies to address infant-early childhood mental health issues.

*Actively address downstream impact of MACRA on children.* Changes in Medicare are often adopted and applied to Medicaid programs and to private payer contracts. Thus, even though few children are enrolled in Medicare, the new MIPS and Alternative Payment Models (APMs) programs in Medicare have the potential to impact health care payments for all children insured by Medicaid, CHIP, and private payers. CMS should consider the downstream impact that implementing MIPS will have on children and work with pediatric providers while implementing it to avoid later issues.

*Protect adolescent confidentiality.* It is absolutely essential for adolescents to be assured of confidentiality when they seek sensitive medical services like contraception, pregnancy tests, and treatment for sexually transmitted infections. Without a guarantee of confidentiality, they are unlikely to seek timely care for their health care issues. Yet, this confidentiality can be violated by billing practices and the health insurance claims process (e.g. Explanation of Benefits documents that are sent to the policy holder, including parents). CMS, in coordination with the Department of Labor, which oversees Employee Retirement Income Security Act (ERISA) plans, should work with the states to ensure that insurance coverage processes do not impede the ability of providers to deliver essential health care services to adolescents on a confidential basis.

*Clarify the primary care exception rule.* The Medicare program is clear—under the primary care exception rule (PCER)—that a physician can bill for up to four individuals in continuity care clinics in teaching hospitals, but it is unclear if the same applies to Medicaid. Most state agencies state that they follow the Physicians at Teaching Hospitals (PATH) guidelines, which only apply to Medicare. CMS should explicitly inform state Medicaid directors that pediatric providers qualify for the PCER, as well to ensure appropriate financing of pediatric training.

*Address the impact of the “Two-Midnight Rule” on children.* Children often arrive at hospitals with care needs that are addressed intensively, leading to rapid improvement. CMS should closely examine the impact of the “Two-Midnight Rule” with respect to children. The rule would require a Medicare patient to stay in the hospital for two nights to qualify for inpatient status. Downstream uptake of this rule could impact pediatrics. Currently, the rule undermines the medical judgment of the treating physician in determining the most appropriate course of care for their patients. Pediatric providers are concerned that, if the rule is applied to private insurers and other payers like Medicaid and CHIP, access to care for the most vulnerable populations of children could be limited even further.

*Children with medically complex conditions.* Children with special health care needs, in particular those with medical complexity, deserve access to the highest quality care in a medical home. The next administration must seek to improve patient care for these children. In addition, CMS should work to assure that children in need of home care services can access those services under the EPSDT benefit.

*Health information technology (HIT).* CMS should work to increase the regulatory uniformity of pediatric health information technology across states. Current electronic health records systems are not designed for the needs of children or pediatricians. CMS should require the inclusion of children covered by stand-alone CHIP programs in Health Information Technology for Economic and Clinical Health (HITECH) Act incentive payment case-mix calculations.

*Support payment for primary care interventions.* CMS should consider financing innovative primary care interventions for children that can have a significant impact on child health and development. For instance, the Reach Out and Read program provides developmentally appropriate children’s books to families in the primary care setting to encourage family reading and child literacy.

### Recommended Congressional Actions

*Preserve the fundamental nature of Medicaid.* Medicaid is the largest health insurance program for children in the United States, but is under constant debate in Congress. Congress should cease efforts to block grant Medicaid, implement a per capita cap, or otherwise shift significant costs to states. These changes would represent a step backward in federal funding to states and states

would invariably cut payments, limit services, or bureaucratize enrollment to decrease the burden on state budgets. Medicaid must remain a guaranteed source of coverage.

*Expand access to care by reauthorizing CHIP.* Since its bipartisan beginning in 1997, CHIP has worked hand-in-hand with Medicaid to cut the child uninsurance rate approximately in half. CHIP currently finances insurance for eight million children in working families that earn too much to qualify for Medicaid but too little to afford private health insurance. Simply put, the benefits, affordability, and networks available in CHIP surpass other available options. Current federal funding for CHIP is slated to expire at the end of fiscal year 2017. If this is allowed to happen, it would disrupt coverage for millions of children and jeopardize their health. To ensure maximum stability for children, Congress should enact a long-term extension by the spring of 2017. Long-term funding will give stability to states and encourage them to implement innovations for their programs. Such an extension should also include provisions that increase participation among eligible children in CHIP and Medicaid, as eligible but unenrolled children constitute a large majority of children who remain uninsured.

*Apply Bright Futures requirement to all insurance.* The ACA references the *Bright Futures* recommendations as a standard for access and design of age-appropriate health insurance benefits for infants, children, adolescents, and young adults. Congress should explicitly require that all private insurance, Medicaid, CHIP, and other insurers cover all *Bright Futures* services for children.

*Ensure that children have access to providers under the Medicaid program.* Children are, too often, left behind by low Medicaid payment policies. On average, Medicaid pays about 70 percent of Medicare rates for a given service. Low Medicaid payments impede the ability of pediatric providers to accept more Medicaid patients, to implement medical home enhancements such as employing care coordinators, and to create unnecessary access barriers for children enrolled in the Medicaid program. Congress should extend the Medicaid payment equity provision of the ACA and enact legislation to apply the equal access rule to Medicaid managed care.

*Promote efforts to fully vaccinate all children.* The Vaccines for Children (VFC) program is a successful program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. Multi-antigen vaccine administration is regulated by the VFC program. The current CMS interpretation of the VFC statute promotes suboptimal pediatric care and threatens child welfare. CMS disallows the use of CPT code 90461 for multi-component vaccines and only allows CPT code 90460 for the first components. As a result, pediatricians are sending VFC children elsewhere for their vaccinations or are, in some instances, reverting to the use of less-effective single-antigen vaccines. These practices fracture the medical home and decrease vaccination rates, endangering entire communities. Congress should clarify the VFC statute in order to promote vaccine usage.

*Pass legislation to improve the care of medically complex children.* The Advancing Care for Exceptional (ACE) Kids Act, if properly designed and implemented, could provide access to a strong medical home for medically complex children, begin to remedy barriers to access in Medicaid across state lines, and improve data collection in Medicaid.

*Establish systematic and comprehensive data collection efforts in all care models.* Medicare data are now easily accessible for research and inform system reform efforts across the country. Yet, state Medicaid data are often non-comparable due to the structures established in individual programs. Data collection, aggregation, and analysis are necessary predicates for children to fully participate in health system reform efforts whether arising from fee-for-service or managed care models. Congress must act to ensure that data from state Medicaid programs can be systematically and appropriately utilized in a timely manner.

*Expand access to care through telehealth services.* Every child deserves access to care in a medical home and care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. Yet, too many children lack access to such a medical home, particularly those who live in underserved areas and who have special health care needs. Telehealth care has the potential to provide cost-effective opportunities to meet the patient's needs, including the unique needs of children. The next administration should encourage the passage and implementation of the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act (S. 2428 in the 114th Congress) and the Expanding Capacity for Health Outcomes (ECHO) Act (S. 2873 in the 114th Congress). Incorporating these models into the pediatric medical home could help ensure child access to appropriate and coordinated care.

*Ensure child access to mental and behavioral health care.* Nationwide, there are significant shortages of providers to treat children with mental health concerns. Congress should pass the Children's Access to Mental Health Services Act (H.R. 5462 in the 114th Congress), which provides an enhanced federal match for state Medicaid administrative expenses. This match enables states to create the necessary infrastructure to develop and implement organized behavioral health access programs for children. Congress should also address payment and insurance design that serve as barriers that prevent pediatric providers from seamlessly providing or collaborating with other medical professionals to provide mental health services to children.

*Expand the number of pediatric providers.* Medicare's graduate medical education (GME) program provides essential support for pediatric GME programs located outside of freestanding children's hospitals. The program, however, has an arbitrary statutory cap on the number of Medicare-funded GME slots that hampers the nation's ability to meet the need for pediatric providers. Congress should expand the number of Medicare GME slots and ensure equitable distribution to pediatrics to support the pediatric

pipeline. In addition, to incentivize provision of care to children on Medicaid, Congress should explore loan repayment for physicians who serve a significant share of low-income patients.

*Maintain coverage for youth in the juvenile justice system.* The period when a juvenile reenters the community after being incarcerated is a critical time to prevent recidivism. Connection with appropriate medical, mental health, and substance abuse care is absolutely necessary. Yet, states often completely terminate a juvenile's Medicaid coverage while they are in the juvenile justice system. Federal law should facilitate easier access to services upon reentry by requiring states to merely suspend, rather than terminate, a juvenile's Medicaid coverage when he or she is incarcerated.

*Medicaid parity for Puerto Rico.* In general, under federal law, the percentage of funds that the federal government provides to Puerto Rico's Medicaid program is capped at 55 percent, despite lower incomes and higher rates of poverty than the U.S. mainland. Enhanced funding provided to Puerto Rico under the ACA will cease at the end of fiscal year 2017. Since 40 percent of Puerto Rico residents rely on Medicaid for health insurance, Congress must address the impending shortfall to prevent devastating cuts to services and eligibility.

*Fix the foster care "glitch."* In passing the Affordable Care Act, Congress intended to extend health care coverage eligibility to all individuals up to age 26. However, because of what is understood to be a "glitch" in federal law, this eligibility is being denied to youth who age out of foster care in one state but subsequently reside in a different state. If the administration fails to address this issue administratively, Congress should pass legislation that clarifies eligibility to age 26 across state lines for youth who age out of foster care.

## Funding Priorities

*Enrollment.* CMS should continue funding for outreach and enrollment in communities for CHIP, Medicaid, and marketplace plans. CMS should encourage states to coordinate enrollment efforts with community based programs in order to reach children and families where they are.

*Health Information Technology.* CMS should waive requirements for pediatricians to have a certain percentage of their case mix financed by Medicaid to qualify for health information technology (HIT) incentive payments. Pediatricians have the lowest penetration of HIT of any medical specialty and hurdles to qualify in Medicaid are not comparable to those in Medicare.

## Food and Drug Administration

### Vision

Twenty-five cents out of every dollar spent by U.S. consumers are used to purchase products regulated by the Food and Drug Administration (FDA). Children come into contact with most of these products: drugs, vaccines, medical and surgical devices, dietary supplements, cosmetics, food, and tobacco products. For this reason, FDA has a key public health role in protecting children from dangers that include food-borne illness, cigarettes and e-cigarettes, and unsafe medical products and dietary supplements. It also has an important role in encouraging the development of safe and effective drugs, vaccines, and devices that safeguard and improve the lives of children. FDA also plays an integral role in helping spur the development of antibiotics and promoting their proper use to help reduce antibiotic resistance. The next administration must ensure that the FDA process remains the gold standard for approving safe and effective devices, drugs, antibiotics, and other medical products for use by children and their families.

### Recommended Administrative Actions

*Expand children's access to FDA-approved drugs and devices.* The lives of millions of children have been improved as a result of the Best Pharmaceuticals for Children Act (BPCA) and the Pediatric Research Equity Act (PREA), which have resulted in more than 630 drugs and biologics being relabeled with important information about their use in children. Children are safer because of what we have learned through BPCA and PREA studies and the pediatricians who care for them are better equipped to make clinical decisions for their patients. Despite that progress, today, roughly 50 percent of all drugs used in children still lack FDA-approved pediatric information. For some populations, such as neonates, over 90 percent of drugs still lack approved labeling. Children should not have to wait 10 years or more for FDA-approved treatments that are safe and effective for their use. Yet, that is the average time lag between when a product is FDA-approved in adults and when it is approved for children. Some drugs never receive pediatric approval. Many life-saving drugs for children are older, off-patent drugs that still lack FDA-approved pediatric labeling. This must change. The next administration should build on the tremendous progress achieved by BPCA and PREA by supporting the elimination of the exemption for orphan drugs from PREA and allowing PREA to reach drugs with a similar mechanism of action in adults and children, not just those based on the same indication. The next administration should also maximize FDA authority to increase data and labeling for neonates.

*Prevent drug shortages that endanger children.* New and persistent drug shortages of critical pediatric drugs are routinely impacting the care of children. The next administration should prioritize action to prevent and mitigate drug shortages and protect child health. Absent new legislative solutions, FDA must

work within its existing authorities to proactively respond to potential shortages to ensure that patients have the therapies they need.

*High and rising costs of drugs and devices.* In recent years, the high and rising costs of drugs and devices have caused financial hardship for families. Every child's health and safety is of equal importance, and no parent should have to worry about how to pay for access to life-saving medications. Urgent solutions to the skyrocketing price of drugs are needed. The next administration should act quickly to convene stakeholders including families, doctors, manufacturers, distributors, payers and government agencies like the FDA to develop and implement solutions to the high and rising cost of drugs and devices for families.

*Data and labeling for drugs used during pregnancy and lactation.* Each year, almost four million women in the United States give birth and 75 percent of them breastfeed their infants. There are 73.7 million women of childbearing age in the United States, and nearly all of these women will take a medication or receive a vaccine during pregnancy. Yet, not enough is known about the effect of most drugs on a woman and her pregnancy, or the ways in which pregnancy may alter the uptake, metabolism, and effect of medication. As more women with chronic diseases such as diabetes, hypertension, depression, and asthma are becoming pregnant, safe and effective medications to manage these ongoing conditions throughout their pregnancy and beyond are needed. The next administration should expand efforts to generate data for use in improving the labeling of drugs and biologics with respect to their safety and efficacy during pregnancy and lactation. FDA should work collaboratively with other federal agencies to promote a coordinated strategy that will advance clinical data about drugs and biologics used during pregnancy and lactation.

*Pediatric device labeling.* The next administration should prioritize the development of medical devices that are appropriately labeled for children. Medical device innovation continues to lag about a decade behind that for adults. As a result, providers must use medical devices off-label, an unapproved use of a medical device. In other cases, providers must "jury-rig" devices to make them appropriate for a small and growing child. To assist with promotion of pediatric labeling of medical devices, an internal pediatric infrastructure to promote and provide consultation on pediatric medical device labeling within FDA is needed.

*Regulate tobacco products.* The administration must prioritize FDA's newly instituted authority to regulate all tobacco products, including e-cigarettes and cigars. As such, it must develop new regulations to restrict the sale and marketing of tobacco products to children. It must guarantee (using appropriate scientific evidence) that any e-cigarette products allowed on the market will benefit the public health and will not be attractive to non-smokers and adolescents. The agency must take quick action to prohibit candy flavors in all tobacco products (including e-cigarettes and cigars) and should immediately prohibit menthol in cigarettes. FDA should also develop companion regulations to

the Consumer Product Safety Commission's current authority to require child-resistant packaging of liquid nicotine used to refill e-cigarettes. Finally, FDA should publish a new rule establishing graphic cigarette warning labels as required by law.

*Provide accurate information about nutrition.* Foods high in sodium can contribute to higher blood pressure in children and adolescents, which is a risk factor for health challenges like obesity and cardiovascular disease. Foods high in sodium are also incredibly common in the diets of children and adolescents. The next administration should continue the progress made to update the nutrition facts label and ensure the final rules are fully implemented and enforced. Similarly, the next administration should move forward with finalizing the voluntary, phased-in targets for industry intended to help Americans gradually reduce their sodium intake.

*Reduce child caffeine intake.* Caffeine and other stimulant substances contained in energy drinks have no place in the diet of children and adolescents. Furthermore, frequent or excessive intake of caloric sports drinks can substantially increase the risk for overweight or obesity in children and adolescents. The inappropriate marketing to children and consumption by children of beverages, foods, or dietary supplements (including sports and energy drinks and powdered caffeine) is a major public health concern that should be addressed by the next administration. The next administration should take stronger action to reduce consumption of caffeine by our nation's children.

*Take aggressive action to combat antibiotic resistance.* Overuse of antibiotics in food animal production is a dire public health problem. Approximately 80 percent of the overall tonnage of antimicrobial agents sold in the United States in 2012 was for animal use, and approximately 60 percent of those agents are considered important for human medicine. Most of the use involves the addition of low doses of antimicrobial agents to the feed of healthy animals over prolonged periods to promote growth and increase feed efficiency, or at a range of doses to prevent disease. These nontherapeutic uses contribute to resistance and create new health dangers for humans. FDA has implemented voluntary programs to incentivize animal antibiotic manufacturers to discontinue growth promotion use of antibiotics in agriculture. FDA should promulgate regulations prohibiting even disease prevention uses of medically important antibiotics, as recommended by the Preservation of Antibiotics for Medical Treatment Act (H.R. 1552 in the 114th Congress).

### Recommended Congressional Actions

*Strengthen BPCA and PREA.* Congress should continue to build on the success of BPCA and PREA by making legislative changes to improve the programs. To ensure that the pediatric study requirements apply to innovative, targeted therapies—like those developed for cancer—PREA must be amended to lift the orphan drug exemption and to allow FDA to require studies of a drug if the drug's molecular target is relevant in a pediatric

disease. Congress must also add transparency to the programs, encourage earlier pediatric study of drugs for serious and life-threatening diseases, and ensure that pediatric study requirements are completed in a timely manner.

*Over-the-counter monograph reform.* Congress should enact legislation to reform and streamline the current monograph system for regulating old, grandfathered over-the-counter (OTC) drugs so that FDA can act quickly to respond to new and existing information about safety and efficacy concerns. A reformed system should give FDA the authority to address gaps in data on safety and efficacy and to facilitate innovations that protect public health. Congress must establish a new user fee program to provide greater certainty to industry and support the ability of FDA to address public health needs.

*Pediatric Device Consortia Program reauthorization.* Congress should reauthorize the FDA Pediatric Device Consortia (PDC) Program. The PDC Program has assisted more than 650 device innovators on more than 770 would-be pediatric device projects since the program's inception in 2009. In fact, there are seven new devices available for children as a result of the program.

*Pediatric Humanitarian Device Exemption incentive.* Congress should reauthorize the pediatric Humanitarian Device Exemption (HDE) incentive that allows manufacturers of pediatric HDEs that are approved by FDA to make a profit on the sale of those devices.

*Promise for Antibiotics and Therapeutics for Health (PATH) Act.* Congress should enact legislation to establish a new, limited population antibacterial drug approval pathway through FDA for antibiotics to treat serious or life-threatening infections for which there exists an unmet medical need. Antibiotic resistance remains a serious patient safety, public health, and national security concern, particularly for children. Unfortunately, antibiotic development has dwindled, with many pharmaceutical companies leaving this market. One key reason has been the lack of a clear, feasible regulatory pathway for FDA approval of a new antibiotic for some of the most serious infections caused by multidrug-resistant (MDR) pathogens. Congress should enact legislation that provides for the limited pathway, and also help guide the appropriate use of antibiotics approved under this new pathway.

*Antibiotics resistance legislation.* Congress should pass PAMTA, which requires a drug manufacturer applying for approval of a new animal drug that is a medically important antimicrobial to demonstrate that there is a reasonable certainty of no harm to human health from antimicrobial resistance attributable to the nontherapeutic use of the drug. PAMTA would also begin to address the antibiotic resistance crisis by prohibiting a medically important antimicrobial from being administered to a food-producing animal for disease control unless there is a significant risk that a disease or infection present on the premises will be transmitted to the animal.

## Funding Priorities

*Pediatric Device Consortia Program.* The PDC Program should be funded at its fully authorized level, which will allow the program to support additional consortia and, in turn, more pediatric device projects.

*Implementation of Food Safety Modernization Act.* Foodborne illness is a preventable public health threat. Children are particularly vulnerable to the pathogens that cause foodborne illness, and are at unique risk of severe infection and more serious outcomes. The 2011 Food Safety Modernization Act (FSMA) was a once-in-a-generation overhaul of FDA's authorities to prevent foodborne illness before it happens, rather than reacting after children and others have been sickened. However, without adequate funding for all of the requirements of the law, FSMA's protections will remain theoretical. FDA needs to fill a budget gap of approximately \$172 million in order to fully implement the law. We urge Congress to close this budget gap so that FDA may implement FSMA as intended.

## Health Resources and Services Administration

### Vision

There is no agency whose mission is more aligned with the goal of promoting resilience in childhood and providing children with a strong, healthy start than the Health Resources and Services Administration (HRSA). The agency's mission to improve health and achieve health equity through access to quality health care services, a skilled health workforce, and innovative programs is critical to the health of all children. HRSA, and specifically its Maternal and Child Health Bureau (MCHB), should continue to expand their efforts to promote healthy children through increased access to high-quality health care and an expanded pediatric subspecialty workforce. It should continue supporting two-generation approaches that enhance positive outcomes by directing programs and services to parents and children together. The agency should expand efforts to foster secure families through the home visiting and Healthy Start programs. And, it should continue to build strong communities by addressing persistent health disparities and social determinants of health. Because HRSA's programs help provide health care to people who are geographically isolated, economically at-risk, or medically vulnerable, it is uniquely suited to help bolster the pediatric workforce, improve the quality of care for children, and reduce disparities in care provided to minority and low-income children.

### Recommended Administrative Actions

*Safeguard maternal and child health.* As the nation's oldest federal-state partnership, the Title V Maternal and Child Health

Block Grant, administered by MCHB, is crucial in improving the health of mothers and children throughout the country. In 2014, programs provided with this funding reached 50 million Americans, helping expand access to pre-natal and post-natal care for low-income women; reduce infant mortality; increase access to preventive and child care services; expand access to quality health care, including health assessments and follow-up diagnostic and treatment services; and provide family-centered, community-based systems of coordinated care for children with special health care needs. The program also provides a toll-free hotline that helps families apply for and enroll in Medicaid, an important service for low-income women and their children. MCHB also receives funding to support Family to Family Health Information Centers (F2Fs), which help families of children with special health care needs navigate the complex health care system and find services for their children. The next administration must ensure that this program is adequately funded to distribute the much-needed grants to all 50 states, the District of Columbia, and every U.S. territory.

*Keep children safe during emergencies.* Gaps in providing quality care to children in emergencies continue to persist throughout the country. The Emergency Medical Services for Children (EMSC) Program has made landmark improvements to the emergency care delivered to children all across the nation. It aims to ensure that state-of-the-art emergency medical care for ill or injured children is well-integrated into a system that is backed by optimal resources. As the only federal program dedicated to improving emergency care for children, EMSC has brought vital attention and resources to an otherwise neglected population. The next administration should support and expand the existing EMSC program, using as a basis the 2015 comprehensive assessment of pediatric readiness of emergency departments and the positive effect of pediatric emergency care coordinators (PECCs) on readiness.

*Meeting the needs of people living with HIV/AIDS.* The next administration should recognize, elevate, and enhance the role of Ryan White CARE Act Part D: Services for Women, Infants, Children, and Youth living with HIV. Future budgets should cease proposing to eliminate Part D. Future budgets should also cease efforts to consolidate this vital program for women, infants, children, and youth with Part C, which provides care to adults. The next administration should create, implement, and fund an aggressive plan that includes prevention, education, and treatment (including treatment adherence) for the fastest-growing population of new HIV infections in the United States: young, low-income, African-American men who have sex with men. Education efforts must be directed at providers, schools, and the public.

*Staff essential HRSA programs.* The National Vaccine Injury Compensation Program (NVICP) is an alternative to the traditional tort system for resolving vaccine injury claims, and provides compensation to individuals found to have been injured by certain vaccines. Over the past 5 years, NVICP has seen a 71.6 percent rise in the number of petitions filed, due, in large part, to the flu vaccine. In fact, more than 60 percent of all petitions

filed are now adult claims for alleged injuries from the flu vaccine. Although the number of petitions has risen, the number of staff has not. HRSA should hire more staff in order to expedite the processing of claims, thereby reducing the administrative backlog.

### Recommended Congressional Actions

*Address the shortages of pediatric subspecialists.* Children with special health care needs require care by pediatric subspecialists. Yet, serious subspecialty shortages across the country often impede access for these children by driving up appointment wait times and distances that must be traveled to care. A vast majority of primary care pediatricians report difficulties in referring their pediatric patients to numerous types of pediatric subspecialists. Unfortunately, pediatric subspecialists do not currently qualify for any existing loan repayment programs. Congress must incentivize providers to train to be pediatric subspecialists by providing loan repayment for those who agree to practice in underserved areas.

*Protect Ryan White CARE Act Part D.* Part D is the only part of the Ryan White CARE Act that provides age-appropriate, family-centered care for women, infants, children, and adolescents with HIV/AIDS. Congress must protect Part D and continue to reject the proposed consolidation of Parts C and D.

*Expand postpartum/maternal depression screening and treatment.* Congress should enact legislation that expands screening and treatment for maternal depression, such as the Bringing Postpartum Depression Out of the Shadows Act (S. 2311/H.R. 3235 in the 114th Congress).

### Funding Priorities

*Workforce programs.* HRSA programs such as the Title VII and Title VIII health professions programs and the National Health Service Corps are critical for training new pediatric providers and ensuring those in underserved areas have access to appropriate pediatric care. The next administration should fully support efforts to expand the numbers of pediatric subspecialists. HRSA should also continue to support specific training programs such as the Leadership & Education in Adolescent Health (LEAH) and Leadership Education in Neurodevelopmental and Related Disabilities (LEND) programs.

*Children's Hospital Graduate Medical Education (CHGME) Program.* Half of all primary care and subspecialty pediatricians train at freestanding children's hospitals. However, the primary federal funding for graduate medical education (GME) is offered through the Medicare program and freestanding children's hospital are not eligible for this funding. The CHGME program helps address this inequity by providing GME funding to these hospitals. Continued and expanded funding for CHGME is critical to maintaining the pipeline of pediatric providers.

*Title V Maternal and Child Health Block Grant.* The Title V Maternal and Child Health Block Grant, whose funding has

stagnated in the era of sequestration, needs an increase in funds to fully support the mission of the block grant program, including assuring access to prenatal and postnatal care, reducing infant mortality, expanding newborn screening programs, and improving the quality of care given to adolescents and young adults.

*Maternal, Infant, and Early Childhood Home Visiting Program.* Home visiting programs have a history of bipartisan support. The first federal funding was appropriated in 2008, and Congress allocated additional funding to create the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) in 2010. MIECHV works to improve the health of children and families through voluntary home visiting services designed to help parents develop skills to care for their children. The United States spends billions annually to address a host of health, educational and social challenges facing at-risk families, which voluntary evidence-based home visiting programs can help reduce or prevent at a fraction of the costs. MIECHV should be extended and expanded long-term.

*Healthy Start.* In the last 50 years, infant mortality has decreased significantly. However, there are significant disparities in these rates: African American women are more likely than white or Hispanic women to deliver their babies before 37 weeks gestation, putting them at risk for infant death.<sup>27</sup> HRSA's Healthy Start program provides grant funding to prevent infant mortality in 87 communities with infant mortality rates at least 1.5 times the national average and high rates of low birthweight, preterm birth, maternal mortality and maternal morbidity. Healthy Start funding should be continued, and HRSA should work with pediatricians to develop materials that can help reduce these deaths.

*Ryan White CARE Act Part D.* Part D predates the Ryan White CARE Act and is the cornerstone of domestic HIV/AIDS programs and funding. It is the only part of the Ryan White CARE Act that provides coordinated, family-centered services to women, infants, children, and youth living with and affected by HIV/AIDS. Mother-to-child transmission is largely eliminated in the United States. The federal government must preserve the Part D program as a stand-alone program and increase its funding.

*Emergency Medical Services for Children Program.* EMSC strives to ensure that the entire spectrum of emergency services is provided to children and adolescents no matter where they live, attend school, or travel. It helps address gaps in emergency services, and increased funding should be provided to promote the quality of care provided in the pre-hospital and hospital setting, reduce pediatric mortalities due to serious injury, and support rigorous multi-site clinical trials.

*Mental and behavioral health integration in pediatric primary care.* Primary care physicians treat one-third of children and adolescents with mental health conditions. Shortages of mental health professionals with infant-early childhood and adolescent expertise throughout the country, and specifically, of child and adolescent

psychiatrists nationwide, necessitate greater primary care clinician involvement in mental health care. The next administration should provide federal support for innovative state or regional models of behavioral health integration in pediatric primary care settings such as child psychiatry access programs.

### *Postpartum/maternal depression screening and treatment.*

Postpartum depression is a serious mood disorder that affects nearly 15 percent of mothers after childbirth. The severe feelings of anxiety, sadness, and exhaustion associated with this condition can make it hard for women to care for themselves and their new baby. The next administration should expand funding for innovative models that increase maternal depression screening and treatment rates.

*Newborn screening.* Newborn screening is a well-established program that effectively identifies newborns with certain genetic, metabolic, hormonal, and functional conditions. Early detection is critical to ensure newborns receive prompt treatment and prevent permanent disability, developmental delay, or death.

*Early hearing detection and intervention.* Thanks to the hearing screening provisions in the Children's Health Act of 2000, almost all newborns now receive audiologic screening to identify hearing impairment, which is the most common congenital condition in the country. Many infants are not benefitting from timely follow-up and treatment, however, and too few providers are trained to care for infants with hearing loss. Congress should fund these programs at an effective level, and pass the Early Hearing Detection and Intervention Reauthorization Act (H.R. 1344/S. 2424 in the 114th Congress).

*Family to Family Health Information Centers.* Congress must support the reauthorization and extension of funding for the F2F grant program beyond fiscal year 2017, so that F2Fs can continue and expand their current work helping families of children and youth with special health care needs navigate the health care system, including their state Medicaid programs and private health insurance.

## Indian Health Service

### Vision

The confluence of historical and continuing trauma, poverty, and severe under-funding have resulted in large, unmet health needs for American Indians and Alaska Natives (AI/AN). Over one-third of the AI/AN population is under the age of 15. AI/AN children often live in remote, medically underserved areas and face significant health disparities compared to the national average. Native Americans have a life expectancy over four years shorter than the national average for all races, and have a suicide rate nearly twice the national average. Native children face substantial health disparities, many of which are rooted in

social determinants of health that stem from the historical trauma Native communities have faced throughout our history. Poverty, alcoholism, substance abuse, chronic illness, child abuse, obesity, and other poor health and social conditions are the symptoms of these underlying health crises in Native communities, not the cause of them. All Native children, whether urban or rural, must be served with the highest-quality health care that addresses both the historical trauma of Native peoples, as well as the significant health disparities they face. The Indian Health Service (IHS) is unique in that it oversees the provision of health services through the U.S. government's trust responsibility to provide for the health of all AI/AN individuals. The IHS provides and funds health services and public health programming that are specific to the needs of Native communities and that address the manifestations of historical trauma.

### Recommended Administrative Actions

*Improve the quality of health services.* The next administration must ensure that the IHS has the support and resources needed to improve both the quality and quantity of medical and behavioral health services available to Native children, including in urban settings.

*Improve workforce recruitment and retention.* Effective recruitment and retention programming is central to ensuring IHS has the workforce necessary to meet the health needs of Native children. There are nearly 1,500 health professional vacancies in IHS, indicating significant unmet need. The burden of student loan debt is a clear and compelling factor in the decision to take an IHS position. The next administration must support the IHS budget proposal to make the Indian Health Service Health Professions Scholarship Program and Health Professions Loan Repayment Program tax exempt. Doing so would align these programs with the National Health Service Corps and Armed Services Health Professions scholarships. IHS should fully fund these programs and their tax-exemption.

*Address neonatal abstinence syndrome and substance abuse in pregnant Native women.* The opioid epidemic has not spared Indian country. In some Native communities, over half of births are affected by maternal substance use. The next administration should allocate considerable funds that have been appropriated by Congress to address the opioid epidemic to help AI/AN populations, particularly pregnant women. In addition, the administration should work to prevent use of alcohol during pregnancy, an ongoing problem that often co-occurs with drug use, by identifying children with fetal alcohol spectrum disorders and addressing their documented developmental affects.

*Expand access to health care services.* The Purchased and Referred Care (PRC) program is a needs-based priority system for health services that are not available from IHS, Tribal, or Urban Indian Health Programs, which can often include emergency and specialty care. PRC funds are limited each fiscal year, and funding levels are not sufficient to meet the population's needs,

which means that each year the funds expire before the population accesses all needed services. IHS is in the process of implementing new regulations to update this program's payment rates so that it pays rates that are comparable to those in the Medicare program. Previously, PRC paid whatever providers billed for outpatient and physician services, leading to substantially higher payments than Medicare or private insurance. This limited the reach of these funds. This new policy will ensure that the PRC's limited funds can serve more of the population. The next administration should fully implement this rule, and monitor its impact to assess whether additional changes are necessary to make the program work most effectively.

### Recommended Congressional Actions

*Enact tax exemption for loan repayment and scholarship in the IHS.* Unlike the National Health Service Corps, IHS loan repayment and scholarship are subject to taxation, which limits the reach of these critical recruitment and retention programs. Congress should implement an update to align IHS policy with other federal programs, expand the number of slots these programs can fund, and better support the placement of talented health professionals in Indian country.

*Update policies to encourage expansion of Native youth in health professions.* Native youth face an array of barriers to educational achievement and careers in the health professions field, including low graduation rates, poverty, and a lack of cultural support in higher education. Congress should develop legislation that removes these barriers, provides incentives to support Native youth's pursuit of careers in the health professions, and supports their recruitment and retention so these individuals can serve the communities where they grew up.

*Special Diabetes Program for Indians.* The Special Diabetes Program for Indians (SDPI) is intended to address the disproportionate impact of diabetes on the AI/AN population. AI/AN adults are 2.4 times as likely as white adults to be diagnosed with diabetes. The SDPI grant program provides funds for diabetes prevention and treatment to IHS, Tribal, and Urban Indian health programs. SDPI is funded at \$150 million, but its funding expires in 2017. Congress should extend the program long-term and appropriate sufficient funding to foster program stability and allow it to expand the number of individuals helped with services.

### Funding Priorities

*Overall funding of IHS.* The administration's proposed budget of \$5.185 billion for IHS in fiscal year 2017 is an important increase, but it still leaves the agency with substantial unmet need, specifically in IHS' ability to meet the health needs of those it serves, particularly AI/AN children. Native children face substantial health disparities, many of which are rooted in social determinants of health that stem from the historical trauma Native communities faced throughout history. It is essential that public policy support Native children by providing access to services to meet their

health and developmental needs. Congress should consider the systemic savings to be garnered from greater appropriations for IHS and ensure that sufficient funds are provided to meet the population's needs. In addition, Congress should provide advance appropriations to IHS, in order to support better fiscal stability and planning of health services and public health programs. This policy has effectively served the Veterans Health Administration, and would work well with the IHS.

## National Institutes of Health

### Vision

Biomedical research is essential for improving child health and too often pediatric research is an afterthought. New frontiers in science, including epigenetics, increasingly show how childhood is the foundation for lifelong health. The National Institutes of Health (NIH), which is the primary funder of biomedical research in the United States, must realign its research portfolios to address the childhood roots of the costly diseases of adulthood. In doing so, NIH must increase its focus on disparities. For instance, since poverty disproportionately impacts children, we need more research on how to reduce the health and educational disparities that lead to the intergenerational transmission of disadvantage. Finally, NIH must also invest in the future of pediatric research by supporting the career development of physician-scientists.

### Recommended Administrative Actions

*Inclusion of children and adolescents in research.* The next administration must immediately take steps to reverse decades of inaction at NIH related to the implementation of its 1998 policy requiring children to be included in NIH-funded studies. NIH refuses to systematically track the numbers and ages of children and adolescents actually enrolled in NIH studies, like it does for women and minorities. Without this data, gaps in pediatric research will remain unidentified. NIH must immediately begin collecting and reporting this important data.

*Environmental Influences on Child Health Outcomes Program.* The Environmental Influences on Child Health Outcomes (ECHO) Program is an essential program to investigate how prenatal and early childhood environmental influences—including physical, chemical, biological, and psychosocial exposures—affect high-impact pediatric conditions such as prematurity, asthma, autism, and obesity. The maternal and child health community is committed to the success of ECHO, and NIH must make a long-term commitment to this important initiative. NIH must also ensure that the cohorts selected to participate in this project appropriately include data on prenatal environmental influences.

*Precision Medicine Initiative.* The Precision Medicine Initiative (PMI) and its planned genetic cohort of over one million

individuals shows great promise for the development of personalized therapies. It is absolutely essential that children be included in the cohort.

*Partnerships with other federal agencies.* NIH should pursue research funding partnerships with other federal agencies such as CMS, FDA, and MCHB. To address the urgent issues in child health including population health, genomics, environmental health, behavioral health, and health-systems reform, creative solutions will require action that impacts the major federal agencies that are charged with funding systems of care for children.

### Recommended Congressional Actions

*Studies of off-patent drugs in children.* Congress must reauthorize and expand the NIH program authorized under the Best Pharmaceuticals for Children Act (BPCA), which expires in 2017. This program funds essential research into old off-patent drugs that are commonly used in children but have not been appropriately studied or labeled for pediatric use. It also funds the development of pediatric clinical pharmacology researchers to conduct these needed studies.

*Inclusion of children in research.* If the administration fails to take quick action to collect the numbers of children enrolled in NIH-funded studies, Congress must require NIH to do so in statute.

### Funding Priorities

*Sustainable NIH funding.* While the Eunice Kennedy Shriver National Institutes of Child Health and Human Development (NICHD) funds more pediatric-focused research than any other institute at the NIH, the majority of NIH's pediatric research portfolio resides outside of NICHD. Increasing the NIH budget across the board is essential to ensuring that NIH has the resources to fund pediatric research. Many successive years of flat budgets have decreased grant success rates to unacceptably low levels—with NICHD having among the lowest paylines—which threaten the viability of research careers. The NIH budget must be raised in a consistent and sustainable manner that provides meaningful increases over and above biomedical inflation.

*Pipeline of the next generation of pediatric researchers.* Funding new and emerging scientists is absolutely essential to ensure that important scientific advances will continued to be made in the future. Therefore, robust funding of training grants and training programs is a significant priority. In addition, physician-scientists have unique financial and institutional challenges that deserve special attention from NIH in order to maintain the long-term viability of these researchers who have contributed so much to the medical field.

*ECHO program.* Congress has shown great leadership over the past two decades in supporting funding for large studies to investigate the impact of the environment on child health and development. To continue this important legacy, Congress must

make a long-term funding commitment to the ECHO program.

*Zika virus.* The Zika virus is increasingly understood to cause a range of serious health effects, including microcephaly, in infants born to mothers who contracted the virus while pregnant. Microcephaly is a debilitating lifelong condition that has been linked to seizures, developmental delays, intellectual disability, and vision problems. However, even infants who appear healthy at birth may have effects that cannot be detected until later. Medications and early intervention therapies will be needed to protect women of childbearing potential and pregnant women and to help children affected by microcephaly and other health consequences of Zika. The NIH can and must play an important role in better understanding how Zika damages the fetus in utero, developing therapies and vaccines to protect against the virus, and treating children who have been impacted by Zika.

## Substance Abuse and Mental Health Services Administration

### Vision

The Substance Abuse and Mental Health Services Administration (SAMHSA) has a critical role to play in leading public health efforts to advance the behavioral health of the nation. All children need access to mental health and substance abuse screening and assessment and a full array of evidence-based therapeutic services to appropriately address their mental health and substance use disorder needs. These services should be provided in the context of the medical home. Pediatricians, both primary care and subspecialists, must be properly supported to be able to provide mental and behavioral health services, particularly when access to mental health providers in the community or in co-located settings are unavailable. Reduction in barriers to and promotion of mental and behavioral health integration into the pediatric primary care setting is essential to children receiving the screening, prevention, and treatment services they need. The pediatric mental health workforce crisis in the United States necessitates a greater role for primary care.

### Recommended Administrative Actions

*Ensure strong leadership.* The next administration should ensure that the SAMHSA has a strong leadership team. That team should include physicians who provide mental health care, substance use disorder treatment, and pediatric primary care. In order for SAMHSA to fulfill its mission, the agency needs physician leadership that is attuned to existing pediatric practice and systemic barriers to screening and treatment for children.

*Build effective partnerships.* Given how pervasive, yet under-resourced, mental and behavioral health concerns are in children, SAMHSA should meaningfully engage its partners in the medical provider community to assist the agency in partnering on

programs and initiatives that seek to enhance evidence-based interventions.

*Expand treatment of substance use disorders.* SAMHSA must make a shift to a greater emphasis on evidence-based treatments for substance abuse, such as medication-assisted treatment (MAT) for opioid use disorder. MAT is currently underused during adolescence even though it is a critical time for substance abuse intervention. The agency should also be prepared to respond to the liberalization of state marijuana laws that is contributing to rising levels of marijuana use among children. The administration should also encourage the use of screening, brief intervention, and referral to treatment (SBIRT) in the clinical setting to reduce underage drinking and other risky substance usage.

### Recommended Congressional Actions

*Reauthorize the Sober Truth on Preventing Underage Drinking Act.* The Sober Truth on Preventing Underage Drinking (STOP) Act (S. 728/H.R. 1717 in the 114th Congress) is the primary law that directs federal efforts to reduce underage drinking. Congress must reauthorize this Act, and include a funding authorization for a new program to train pediatric health care providers on adolescent SBIRT for alcohol and other drug use.

*Recognize infant-early childhood mental health in mental health policy.* In considering comprehensive mental health legislation, Congress should include provisions to support programs for infant and early childhood mental health promotion, intervention, and treatment, including multigenerational therapy and other services that support the caregiving relationship.

### Funding Priorities

*Opioid epidemic.* The federal government must greatly expand funding for its efforts to get the opioid epidemic under control. Increasing the use of substance abuse SBIRT and MAT for adolescents must be a crucial priority.

*Mental health integration in pediatric primary care settings.* SAMHSA should fund programs that promote the integration of mental and behavioral health in pediatric primary care settings. The agency should partner with professional organizations that provide specialized, developmentally appropriate, mental and behavioral health care to children on the design and implementation of such programs.

*Adolescent research in mental health and substance abuse treatment.* Although there is a significant amount of data on evidence-based mental health and substance abuse treatment for adults, much less is known about safe and effective treatments for adolescents. Funding must prioritize more research on effective treatment modalities for adolescents and young adults.

## DEPARTMENT OF AGRICULTURE

### Vision

Sound, appropriate nutrition is a basic foundation of health for children, beginning with the mother's health before and during pregnancy. Good nutrition during pregnancy and childhood decreases the risk of prematurity, fetal or infant death, anemia, and subsequent obesity and other chronic illnesses. Deficiencies of key micronutrients during this vulnerable period of development from birth to 24 months can lead to delays in attention and motor development, poor short-term memory, and lower IQ scores. The effects of these micronutrient deficiencies can persist well into childhood.

Our children deserve the best possible chance at success, and that means that no child should have to struggle with food insecurity. Providing children with access to healthy meals while they are in child care, in school, and during the summer—as well as connecting families to nutritional assistance programs like the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)—not only reduces food insecurity, but also serves as a critical support for the health, behavior, and learning of children. Children who are at-risk for food insecurity must be identified and their families connected with needed federal nutrition programs and other resources. The U.S. Department of Agriculture (USDA) must act to address the 16 million U.S. children (21 percent) who live in households that lack consistent access to adequate food. USDA must take steps to increase access, and minimize barriers, to child enrollment in federal nutrition programs.

### Recommended Administrative Actions

*Promote breastfeeding.* Breastfeeding is the preferred feeding method for all infants, including preterm newborn infants. Breastfeeding has proven to have numerous health benefits for both mother and child. Studies show that children who are not breastfed have higher rates of mortality, meningitis, certain cancers, asthma and other respiratory illnesses, bacterial and viral infections, ear infections, juvenile diabetes, some chronic liver diseases, allergies, and obesity. The next administration should advance policies that support exclusive breastfeeding for approximately the first six months, followed by continued breastfeeding for at least the first year of a child's life as complementary foods are introduced.

*Address food insecurity.* The next administration should pursue and expand innovative models to address childhood food insecurity. This means improving benefits in and access to the federal nutrition programs. The SNAP program is a crucial anti-hunger program, boosting food security, health, and economic security. But its benefits, based on the Thrifty Food Plan, need to be increased to provide families resources to obtain an adequate,

healthy diet throughout the month. This inadequacy needs to be addressed. It is important as well to increase participation in SNAP among underserved groups such as low-income working families. Given the nexus between malnutrition and health (in particular, rates of obesity), the next administration should seek to maintain and enhance linkages between nutrition programs run by USDA and health programs, such as Medicaid, administered by the Centers for Medicare and Medicaid Services (CMS). For example, adjunctive eligibility between Medicaid and WIC must be maintained. Similarly, virtually all children enrolled in SNAP are financially eligible for Medicaid, yet some miss out, and others fall through the cracks when their eligibility needs to be renewed. Renewing Medicaid eligibility at the same time that families are re-certified for SNAP as part of a coordinated process could help ensure continuous enrollment in both programs. USDA and HHS could work to set performance targets for states and to promote this goal of a strong start for low-income infants and toddlers. For each of these efforts, USDA should work to engage pediatricians in models to address and reduce food insecurity.

*Expand access to summer feeding.* The next administration must take actions to expand access to summer food programs. These programs contribute to the healthy growth and development of low-income children by providing them with nutritious snacks and meals (often alongside recreational and educational activities), when they are unable to receive them at school. Currently, only about 16 percent of children who rely on free or reduced-price school lunch receive these meals during the summer.

*Increase family access to fruits and vegetables.* The next administration should invest in innovative models to promote increased access to fruits and vegetables. It should expand programs such as Farm to School, the Fresh Fruit and Vegetable Program, fruit and vegetable cash vouchers for WIC participants, and Food Insecurity Nutrition Incentive grants.

*Support strong, science-based dietary guidelines, especially for pregnant women and children through age two.* The next administration should vigorously support the development and inclusion of science-based dietary guidelines for children from birth to 24 months (including during the mother's pregnancy) in the 2020 Dietary Guidelines for Americans. Federal nutrition programs should be based on expert nutrition guidance. Children and their families deserve nutrition guidance that is free of political and industry interference and based on sound science.

*Address agriculture practices that lead to arsenic in food.* Inorganic arsenic ingestion poses a public health threat to the American public, especially to children. Exposure to contaminants like arsenic has a disproportionate effect on children due to the rapid growth of their developing bodies and minds. USDA should advance efforts to reduce arsenic uptake by food crops, especially foods targeted towards children, such as infant rice cereal, in order to reduce this risk.

## Recommended Congressional Actions

*Reauthorize essential child nutrition legislation and oppose efforts to weaken child nutrition programs.* Congress must pass bipartisan child nutrition reauthorization legislation that keeps child nutrition programs strong and science-based and improves their reach. Successful, cost-effective federal nutrition programs play a critical role in reducing child poverty and helping children access healthy foods—while also improving their overall health, development, and school achievement. Congress should oppose legislation currently under consideration that would significantly weaken the Community Eligibility Provision (CEP) by substantially reducing the number of high-poverty schools that are eligible to implement community eligibility and hampering access to free or reduced-price school meals. Science-based nutrition standards for school meals that have resulted in greater consumption of fruits and vegetables and whole grains and foods lower in sodium should be maintained.

*Protect and strengthen SNAP.* Congress must act to improve SNAP by increasing benefit levels to align with the Low-Cost Food Budget to help families stave off food insecurity for the full month. It should also lift the cap on the shelter deduction so the program can take into consideration the needs of families with high housing costs.

*Oppose block grants and program “streamlining” that reduces eligibility and participation.* Congress must reject changes to federal nutrition programs in the form of block grants and program “streamlining” or “consolidation,” which are designed to restrict or cap eligibility and reduce participation and access. Eligibility rules and funding structures of the current federal nutrition programs (such as SNAP), which make benefits available to children in almost all families with little income and few resources, are critical to their success.

## Funding Priorities

*SNAP and child nutrition entitlements.* Congress must strengthen these programs and fund their improvements. High-priority examples include improving the adequacy of SNAP benefits and improving the reach of summer food programs. Children need optimal nutrition year-round. Increased reach of summer feeding programs will make it easier for children to access meals and help parents stretch their food dollars at home during the summer months.

*Special Supplemental Nutrition Program for Women, Infants, and Children.* WIC is a targeted intervention for mothers and young children that fights food insecurity and promotes nutrition in early childhood, which is a critical time period of rapid physical, cognitive, emotional, and social development. WIC improves birth outcomes and the health of infants, supports breastfeeding mothers through education and peer support, and connects families to medical care. WIC funding must be maintained and expanded to ensure all families in need have access to this essential program.

*WIC breastfeeding peer counseling.* WIC has played an important role in promoting breastfeeding and improving breastfeeding initiation. There are, however, further improvements needed in order to support the continuation of breastfeeding through at least the first year of life. Expanded funding for the WIC breastfeeding peer counseling program will ensure that the program has a greater geographic reach and improve support for WIC participants to reach pediatric recommendations and national targets for breastfeeding.

## DEPARTMENT OF DEFENSE

### Vision

The health and wellness of military families play an important role in ensuring the readiness of the U.S. armed forces. While all children have unique needs compared to adults, children in military families—particularly those who have complex or chronic needs—face distinct experiences due to the very nature of their parent's service to the nation. Up to two million children have been exposed to the wartime deployment of a loved one over the past decade. The practical difficulties that accompany deployments and frequent relocations must be taken into consideration when planning the health, medical, and social support systems to serve these families. Children in military families deserve a health care system that is tailored to their unique needs and that enables them to get care at the right time, in the right setting, and from the right provider. To achieve this goal, the Department of Defense (DoD) must close the “gaps” and “areas for clarification” that were found in the report required by Section 735 of the Fiscal Year 2013 National Defense Authorization Act (FY13 NDAA), often referred to as “TRICARE for Kids,” which studied pediatric coverage under TRICARE.

### Recommended Administrative Actions

*Safeguard the health of children who get their care through the military.* *Bright Futures* is a national health promotion and disease prevention initiative—developed by the Health Resources and Services Administration in conjunction with the American Academy of Pediatrics—which addresses children's health needs in the context of family and community. *Bright Futures* provides evidence-informed content for well-baby and well-child visits, with recommended vaccines and screenings at each age. The Affordable Care Act requires each participating insurer in the health insurance exchanges to cover services recommended by *Bright Futures*. Unfortunately, the study required by Section 735 of the FY13 NDAA found that TRICARE is not aligned with *Bright Futures* for children age six and older. The next administration should take steps to ensure that TRICARE fully aligns with *Bright Futures* for children of all ages.

*Align TRICARE with Medicaid's EPSDT benefit.* The guiding principle for child health care under Medicaid is the Early and Periodic

Screening, Diagnosis and Treatment (EPSDT) benefit, which has been shaped to fit the standards of pediatric care and to meet children's special physical, emotional, and developmental needs. Federal law requires that Medicaid covers a comprehensive set of benefits and services for children. Unlike insurance benefits targeted at adults, EPSDT provides age-appropriate benefits so that young children receive medically necessary physical health, mental health, and developmental services. DoD should adopt a standard of care equivalent to EPSDT to ensure that dependent children in military families have access to all needed health care services to treat any health care conditions that are found in screenings in the most appropriate settings possible.

*Adopt an appropriate definition of “medical necessity” for children.* The term “medical necessity” refers to medical services that are generally recognized as being appropriate for the diagnosis, prevention, or treatment of disease and injury. It is used both by public insurers (such as Medicaid and Medicare) and private insurance contracts. Yet, TRICARE's medical necessity standards differ between the “direct care” and “purchased care” components. This leads to confusion on the part of military families and the risk of inadequate coverage for their children. In addition, the hierarchical evidence for approval of treatments under TRICARE does not always align with pediatric practice standards. The next administration should direct the DoD to adopt the American Academy of Pediatrics' definition of medical necessity, which will ensure that children in military families have timely access to the full range of services they need to stay healthy.

*Ensure military families and children can access needed mental health services.* The stressors inherent in military life make basic mental health services as important and time-sensitive as basic health care. Currently, TRICARE access standards consider basic mental health care in the same category as medical specialty referrals. Under this standard, initial mental health appointments can be significantly delayed. In addition, children have particularly constrained access to treatment services, especially adolescents with substance abuse problems, who are often best treated through intensive outpatient or partial hospitalization services. However, outpatient and partial hospitalization treatment for substance abuse is virtually non-existent in many geographic regions; as a result, families must send their children two to four states away for inpatient treatment, which is more expensive and not clinically indicated. There is also an inadequate number of mental health providers in the military health system, something DoD needs to address, particularly its inadequate payment rates that do not attract enough providers.

*Develop a TRICARE Physician Advisory Committee.* DoD should develop a TRICARE Physician Advisory Committee to advise the department on practice standards, quality and safety issues, formulary and durable medical equipment, access to care, eligibility and enrollment issues, and patient satisfaction. This committee should include pediatricians and other providers who serve children. The committee structure could parallel the Physicians Professional Advisory Committee of the United States Public

Health Service or be modeled after physician advisory committees commonly implemented by major insurance carriers.

### Recommended Congressional Actions

*Address the needs of children with special, chronic, and complex medical conditions.* The DoD offers the Extended Care Health Option (ECHO) for military families who need assistance in caring for a family member with significant disabilities. ECHO, which acts as a supplemental program to the TRICARE Basic Program, is designed to “provide an additional financial resource for an integrated set of services and supplies designed to assist in the reduction of the disabling effects of the ECHO-eligible dependent’s qualifying condition.” Section 735 of the FY13 NDAA required DoD to report on the participation rate of eligible families and whether the ECHO program was appropriately providing for the needs of children with significant disabilities. The DoD response noted deficiencies in the ECHO program. In addition, in 2015, the Military Compensation and Retirement Modernization Commission (MCRMC) also determined that the ECHO program was not working as efficiently as possible and included a recommendation to improve the program. Congress should ensure that the ECHO program works for eligible military families to ensure that children with special health care needs receive much-needed health care and support services.

*Expand access to vaccines for children of military families.* Universal vaccine purchasing programs (UVPs) purchase recommended vaccines and distribute them to entities that administer vaccines to privately insured patients, such as private practices, clinics, hospitals, and other providers. Because the vaccines are purchased in bulk, the programs provide significant cost savings. The costs of the vaccines are offset through assessments to participating health plans and insurance carriers, which reimburse the UVP based on a per-vaccine assessment for each payer. In practice, each participating health plan or insurance carrier pays an assessment for the number of vaccines used by their beneficiaries. Unfortunately, TRICARE is not fully participating in state-run UVPs and is not reimbursing UVPs for its beneficiaries who have UVP-purchased vaccines administered by providers who do participate in UVPs. Children who are eligible for TRICARE coverage are already receiving UVP vaccines because pediatric providers do not want to see any child go unprotected. TRICARE should be required to participate in UVPs and pay the proper assessment.

### Funding Priorities

*Raise payment rates for applied behavioral analysis therapy.* DoD’s Autism Demonstration Project is providing essential care and support services for children in military families who have an autism spectrum disorder. Applied behavioral analysis (ABA) therapy provides important behavioral care for many of the children enrolled in the demonstration. However, DoD recently decided to lower payment rates for ABA providers, thus driving many providers to drop out of the program. DoD’s decision to

lower rates midway through the Autism Demonstration Project has had an adverse impact on the ability of families to access covered care. Instead, DoD should reinstate the ABA payment rates for the duration of the demonstration project to ensure that families can get much-needed ABA therapy for their children.

*Fund peer-reviewed research on child abuse and children’s exposure to violence.* Evidence suggests that children in military families may face particular risks for child abuse, such as the higher risk of abusive head trauma for children who have an enlisted parent. Child maltreatment harms children’s long-term health and development. Adverse childhood experiences, including abuse and neglect, contribute to physiological changes with lifelong negative health implications. As part of efforts to address this problem, Congress should appropriate funds to the Congressionally-Directed Medical Research Programs (CDMRP) for peer-reviewed research on child abuse and exposure to violence. This research would support the development of effective interventions to address these challenges, support the needs of both military and non-military families, and reduce the negative effect of child maltreatment on military readiness.

## DEPARTMENT OF EDUCATION

### Vision

Children start learning from the day they are born and it is crucial that they receive quality health care, social supports, stimulation, nutrition, exercise, and nurturing environments to ensure the proper brain development that leads to academic success. All children—from birth through early education, elementary school, high school and secondary school—must receive the services necessary to achieve their full potential as a student and as an adult. These include any needed special education services, recess and physical education, proper nutrition and health education, safe environments free from bullying and harassment—particularly for lesbian, gay, bisexual, or transgender (LGBT) youth, those with special needs, and racial and ethnic minorities—and extra-curricular activities that promote a well-rounded education. The department could also promote school-based outreach and enrollment for Medicaid, the Children’s Health Insurance Program (CHIP), and other programs that can help ensure that students have health insurance to help keep them healthy and avoid prolonged absences due to sickness.

### Recommended Administrative Actions

*Promote physical and health education, safe environments, and other policies that foster student success.* The newly enacted Every Student Succeeds Act (ESSA) made dramatic changes to education policy on the national level and in all 50 states. ESSA includes a beneficial focus on a “well-rounded education” and a stronger emphasis on the integration of health and education. It also includes physical education and health education, among others,

as options for states to include in ESSA implementation plans. It is important, however, for the department to provide states with proper guidance in order to ensure that these areas are included in state education plans. The department should work with states to include additional content, as well, such as safe school environments, nutrition, and literacy promotion.

*Expand early literacy programs.* ESSA represents an intentional federal policy shift to recognize early childhood care and education as a critical piece of the educational continuum that improves long-term outcomes for poor children. It is positive that ESSA allowed Title II funding to be used for literacy education programs and grants, including the Comprehensive Literacy Program that spans both early childhood language and literacy and K-12 programs. Incorporating support for early language and literacy in early care and learning programs can help address the gap in language processing skills, which are apparent in disadvantaged children by the age of two. This large discrepancy in the number of words that children are exposed to (often labeled as the “word gap”) puts low-income children at a disadvantage when they start kindergarten. Encouraging responsive interactions between adults and young children using quality language in the course of everyday activities as well as reading to children from birth onwards is immensely important and should be highlighted in any guidance on this issue. This emphasis complements school readiness efforts throughout early childhood education settings.

*Reduce rates of preschool expulsion.* High-quality preschool education can be a critical beneficial factor for children. Recent data indicate, however, that expulsions and suspensions occur at high rates in preschool settings. This is particularly troubling, since research suggests that school expulsion and suspension practices are associated with negative educational and life outcomes. Not only do such expulsions and suspensions mean young children miss out on the early learning experiences they need to be ready for school, they also can result in early childhood mental health issues that can exhibit themselves as challenging behaviors going undetected and untreated. They may also mask biases in program staff that lead to racial disparities in affected children. The next administration must protect and build upon federal efforts to reduce preschool expulsion and to provide educators and families with the resources they need—including early childhood mental health consultation and the promotion of cultural competencies—to ensure high-quality early childhood education for all children.

*Reduce bullying and harassment in schools.* Preventing bullying, harassment, and violence in schools is of the utmost importance. Too often, LGBT students, or students who are racial and ethnic minorities, are on the receiving end of such behavior. Unfortunately, victims of such behaviors demonstrate poorer school performance, increased absenteeism, and decreased confidence and coping skills. It is imperative that all students are protected against bullying, regardless of their real or perceived race, ethnicity, age, sex, class, national origin, ability, sexual orientation, gender identity, disability, or religion. In an age in which even young children are increasingly using technology,

schools must realize that prevention of bullying includes not only verbal and physical bullying in schools, but also harassment via forms of electronic communication, such as cell phones or social networking sites, known as “cyber bullying.” The next administration should provide guidance to school districts on ways to promote safe environments and reduce the incidence of bullying and harassment.

*Health education.* The department should expand the provision of medically accurate, comprehensive health education that includes curricula on sexual health, healthy relationships, and risk taking. Education programs should also address conflict resolution and healthy food choices and preparation.

### Recommended Congressional Actions

*Support programs for the most vulnerable children.* With the ESSA's passage, Congress can focus its attention on reauthorizing the Individuals with Disabilities Education Act (IDEA). This important legislation authorizes federal funding to states for early intervention services for infants and toddlers who have disabilities and developmental delays (Part C); it also authorizes special education and related services for school-aged children with disabilities (Part B). Services provided under IDEA are essential supports for children with special needs to learn and be integrated and contributing members of their communities. Congress should act immediately to reauthorize the IDEA.

*Support universal access to pre-kindergarten.* Congress must pass legislation establishing high-quality pre-kindergarten for all children. The quality and quantity of early education children receive has profound and long-lasting cognitive development effects. In the short-term, children who are unprepared for kindergarten are unlikely to catch up; studies have shown that the achievement gap among children entering kindergarten only widens after third grade for children with poverty- and family-related risk factors. Because of high-quality, early childhood programs' long-term, positive effects on development, learning, health, and economic productivity, Nobel laureate James Heckman asserts that few initiatives offer a larger return on investment.

*Expand access to care by supporting providers.* The Public Service Loan Forgiveness Program will forgive federal direct student loans after an individual works in the government or for a non-profit for 10 years. The program assists physicians and other providers who have large amounts of student loan debt, thereby increasing their flexibility to choose under-represented subspecialties and/or work in underserved areas. Congress must protect this program as it exists now, and resist suggestions to cap the amount of loan forgiveness offered, which would disproportionately impact participants with higher debt loads and higher incomes.

### Funding Priorities

*Student Support and Academic Enrichment Grants.* The next administration must properly fund the Student Support and

Academic Enrichment Grants, authorized by Title IV, Part A, of ESSA. This is essential to provide students with a well-rounded education, foster safe and healthy students, and support the effective use of technology. The grants will fund important steps to promote health and physical education, school mental health, drug and violence prevention, and training on trauma-informed practices, among others.

*Innovative Approaches to Literacy Program.* Research shows that the more words children hear directed at them by parents and caregivers, the more they learn, yet children from low-income families have significantly fewer books than their more affluent peers. In addition, researchers have found that by age four, children in poverty hear 30 million fewer words than their higher-income peers. These dramatic gaps result in significant learning disadvantages that persist into adulthood. The Innovative Approaches to Literacy Program is designed to support innovative programs that promote early literacy for young children in order to close this “word gap.” Reach Out and Read, a nonprofit organization that gives young children a foundation for success by incorporating books into pediatric care (in both private practice and hospital settings) and encouraging families to read aloud together, is just one of many programs that benefit from the program’s grants. Because of the importance of reading to children from birth, promoting literacy, and reducing the word gap, this program must be adequately funded.

## DEPARTMENT OF HOMELAND SECURITY

### Vision

Immigrant children represent the fastest growing segment of the U.S. population. One in every four children lives in an immigrant family. Immigrant children who have fled violence, trauma, and extreme poverty and arrive in the United States deserve compassion and assistance. All children, throughout the immigration process, should have access to comprehensive, trauma-informed care, including preventive care, chronic condition management, dental care, and mental health treatment, when indicated. Culturally informed education, interpretation, and legal services should be available at every step in the immigration process. Children should never be placed in settings that fail to meet basic standards of health and well-being. In no case should a child be forced to represent him or herself in an immigration proceeding. It is unconscionable that a child seeking asylum or other protection in the United States be allowed to go before a judge without legal representation. The needs of the child should come first, and typically that means that separation of a parent from his or her children should not occur, unless there are concerns of safety of the child.

### Recommended Administrative Actions

*Family detention.* The Department of Homeland Security (DHS) should close all its existing family detention centers, which do not meet appropriate standards for the safety and well-being of children. In cases where children cannot be released from custody, DHS should contract with Department of Health and Human Services (HHS) and its Office of Refugee Resettlement to provide shelter and care for children.

*Access to legal representation.* The next administration should ensure that all children in immigration custody have access to legal counsel and should make legal orientation programs available at all detention and processing centers, so families know their rights and responsibilities under immigration law.

*Executive actions to defer action on deportation.* The next administration must strongly defend and expand the executive actions to defer action on deportation: Deferred Action for Childhood Arrivals (DACA) and Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA). The next administration should end the practice of denying access to health care through the Affordable Care Act (ACA), Medicaid, and Child Health Insurance Program (CHIP) to immigrant youth who qualify for the DACA program.

### Recommended Congressional Actions

*Enact immigration reform that provides health care for all.* Every individual living in the United States, including and especially every child, should have health insurance coverage. All children, regardless of immigrant status, should have access to affordable, high-quality, comprehensive, coordinated, continuous, and culturally and linguistically responsive health services provided in a medical home. The health, well-being, and safety of children should be prioritized in all immigration proceedings. Congress should enact comprehensive immigration reform that addresses these principles.

*Legal representation.* If the administration fails to make legal representation available to all children in immigration proceedings, Congress should pass the Fair Day in Court for Kids Act (S. 2540 in the 114th Congress).

### Funding Priorities

*Protection of children.* There must be a vast increase in the resources spent on medical care (including mental and dental care), educational, interpretation, and legal services for children who arrive in the United States at the border.

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

### Vision

Safe and stable housing in healthy communities is an essential foundation for childhood, and, as such, housing policies have a remarkable potential to impact the health and well-being of children. Since over one-third of rental assistance recipients are children, the Department of Housing and Urban Development (HUD) has a significant responsibility to play an important role in supporting child health among children in assisted families. In addition, HUD programs could be expanded to address pressing unmet needs among families with children who struggle to keep a roof over their heads but receive no housing assistance. Child health and housing security are closely intertwined, and children without homes are more likely to suffer from chronic disease, hunger, and malnutrition than children with homes. Homeless children and youth often have significant psychosocial development issues, and their education is frequently interrupted as a result of their housing situation. Exposure to environmental contaminants and toxins in the home (such as lead and tobacco smoke) has a disproportionately greater impact on children, and must be eradicated. The next administration should work to end family homelessness, reduce housing instability, expand efforts to prevent families from becoming homeless, and increase the access of low-income families to high-opportunity neighborhoods.

### Recommended Administrative Actions

*End family homelessness and reduce housing instability.* The next administration should support initiatives to end family homelessness; reduce housing instability; help families that are struggling to afford housing; and make improvements to community infrastructure, including affordable housing and public spaces. To help achieve this goal, families need greater access to short- and long-term rental assistance, rapid re-housing, and Housing Choice vouchers. Particular focus should be given to ensuring that all children have safe outdoor play areas as well as healthy, safe, and affordable housing.

*Implement smoke-free housing.* Secondhand smoke exacerbates asthma and causes other serious health problems for children. Children in multiunit housing are disproportionately exposed to dangerous secondhand smoke because smoke from other units seeps through the building's vents and cracks. The only way to protect children in multiunit housing from secondhand smoke is to implement building-wide smoke-free policies. HUD has proposed a nationwide policy to prohibit all smoking in public housing. It should be quickly finalized and expanded to include privately owned, subsidized housing as well as e-cigarettes.

*Eliminate lead from children's home environments.* The HUD rules that trigger lead mitigation action in public housing have been tied to a lead level that is four times higher than the Centers for Disease Control and Prevention's (CDC) reference level for elevated blood lead levels. House dust, which can be contaminated by small particles of lead-based paint or tracked-in lead-contaminated soil, is a major pathway of lead exposure for children who live in older, poorly maintained housing. HUD has proposed an update to the Lead Safe Housing Rule to harmonize it with the lower CDC lead reference level. The administration should finalize and implement this rule as quickly as possible.

*Help low-income families with children move to low-poverty neighborhoods.* In 2013, nearly three million renter households with children and incomes below half the local median income had what HUD terms "worst-case housing needs," meaning that they received no housing assistance and either paid more than half their income for housing or lived in severely substandard housing. This was a 53 percent increase since 2003 in the number of renter families with children with worst-case housing needs.<sup>28</sup> HUD should take administrative measures to help more low-income families with children use housing vouchers to move to low-poverty neighborhoods, including strengthening incentives for state and local housing agencies to support such moves and modifying program policies that discourage families from moving to low-poverty areas. Federal rental assistance programs like Housing Choice Vouchers are effective at easing rent burdens and reducing homelessness and housing instability but, because of funding limitations, they assist only one-quarter of eligible low-income families with children.<sup>29,30</sup>

*Safer and healthier built environments.* The "built environment" refers to spaces such as buildings, streets, homes, and outdoor spaces—like parks—that are altered in some way by human activity. The built environment can have a significant impact on how much physical activity a child can engage in. Children need everyday opportunities in their built environment to walk, play, or run. The federal government, including HUD, should work to make neighborhoods safer and healthier through improved built environments for children, such as building sidewalks in new and existing neighborhoods to create safe corridors to schools and neighborhood parks. Such environments can both reduce crime and increase physical activity by children, ultimately improving child well-being.

*Encourage community development.* Strong communities help families provide a solid foundation for their children. Federal efforts to boost economic activity, provide additional educational opportunities, and reduce crime in specific communities, should be continued and prioritized, such as through programs such as HUD's Promise Zones.

### Funding Priorities

*End family homelessness and reduce housing instability.* Congress should make major new mandatory and discretionary investments in housing assistance that will end family homelessness and

help families struggling to afford housing, including through short- and long-term rental assistance, rapid re-housing, and Housing Choice vouchers.

*Support HUD Office of Lead Hazard Control and Healthy Homes.* This office provides funds to state and local governments to help reduce lead-based paint hazards, provides technical assistance, and enforces HUD's lead-based paint regulations. The federal government should expand the resources currently offered by this HUD office to local and state governments for lead hazard and tobacco control work.

## DEPARTMENT OF JUSTICE

### Vision

The Department of Justice (DOJ) plays an important role in keeping children safe from violence, drugs, exploitation, and discrimination. DOJ runs key programs that protect children's civil rights and online privacy and strive to prevent substance abuse, sex trafficking, child exploitation, and the exposure of women and children to violence. While law enforcement is essential to keep children safe, it must be conducted in an appropriate manner that is sensitive to the needs of children and adolescents, especially those from racial and ethnic minorities and those who lack the means for legal representation. DOJ must address the disproportionate contact that minority youth have with the justice system and its sometimes-tragic consequences. Incarceration has demonstrated negative impacts on youth and should be avoided whenever possible in favor of treatment and community support. Law enforcement must also recognize that youth who come into contact with the justice system are significantly more likely to have a history of physical and sexual abuse as well as mental health and substance abuse problems. Importantly, the justice system is not the appropriate venue for addressing and treating these issues. Additionally, large numbers of youth in foster care end up in the juvenile justice system. The United States must commit to not having the justice system be the de facto overflow mechanism for underfunded and inadequate foster care and behavioral health care systems.

### Recommended Administrative Actions

*Provision of legal representation.* The next administration should provide all children and families in immigration custody with legal counsel and should make legal orientation programs available at all detention and processing centers, so families know their rights and responsibilities under immigration law. Timely access to all documents must be provided to children and families for purposes of immigration hearing proceedings. Support for medical-legal partnerships must be expanded.

*Ensure safeguards to prevent trafficking from foster care.* Foster care and congregate care group homes are often targets for

traffickers. Ensuring that these settings have appropriate safeguards and protections, including regular support from health professionals, can help prevent and respond to trafficking. Continued implementation of the Preventing Sex Trafficking and Strengthening Families Act is critical.

### Recommended Congressional Actions

*Prevent gun violence.* There were over 33,000 firearm-related deaths in 2013, according to the CDC. Congress should act quickly to address gun violence by passing legislation creating mandatory waiting periods, closing the gun show loophole, creating mental health restrictions for gun purchases, and requiring comprehensive background checks on all gun purchases (this includes preventing known and/or suspected terrorists from purchasing firearms).

*Decriminalize the possession of marijuana.* Legalization of recreational marijuana is inadvisable because of its potential harms to children and adolescents. But, the general criminalization of marijuana possession has resulted in the incarceration of hundreds of thousands of adolescents, among whom minority youth are over-represented. A criminal record can have lifelong negative effects on an adolescent who would otherwise have no criminal justice history. For this reason, marijuana use and possession should be decriminalized for both minors and young adults, as several states have done. A focus on treatment for adolescents with marijuana use problems should be encouraged, and these adolescents should be referred to treatment.

*End "medical" marijuana and ease marijuana research restrictions.* Medicines used by children should be regulated by the Food and Drug Administration (FDA) to ensure their safety and efficacy. Yet, an increasing number of parents are using unregulated marijuana-derived treatments for their children with serious illnesses. The next administration must support efforts to conduct rigorous research into the potential health benefits of therapies made with marijuana derivatives, particularly for children with intractable seizures. Congress must pass legislation to eliminate unnecessary restrictions, such as those enforced by the Drug Enforcement Agency, on conducting legitimate medical research using marijuana and its derivatives, while maintaining needed protections to prevent the diversion of marijuana from the lab to the street.

*Fund juvenile justice programs.* The Juvenile Justice and Delinquency Prevention Act (JJDP) provides crucial funding for state juvenile justice programs and important protections for juveniles in the system. It must be reauthorized and strengthened. Juvenile justice programs must incorporate an understanding of the overlap of this population with children in foster care and their substantial behavioral health needs.

*Fund programs to support health professionals in identifying trafficking.* Training and support for health professionals in recognizing and responding to the signs of sex trafficking can support the

identification and support of children who are exploited. This is critical because health care is often one of the few systems with which victims will interact.

### Funding Priorities

*Juvenile justice programs.* Funding for programs to divert juveniles away from incarceration and into treatment and community services is vitally important and should be increased. The next administration should coordinate these efforts with activities within the child welfare system to prevent the need for foster care, given that there is often overlap between these two populations of children.

## DEPARTMENT OF LABOR

### Vision

The lives and health of children are impacted by the paid work of their parents and other caregivers. Income stagnation in recent decades and the erosion of purchasing power have contributed to the financial instability of working poor families and harmed children. Financial stability means that the basic needs of children, such as housing and food, are more dependable and family stress is reduced. Child school readiness and academic performance are sensitive to family income as well. Children are impacted if parents cannot take leave to care for them or themselves or if they are let go from jobs because of illness or family needs. Yet, the impact of labor rules on children is too often an afterthought in this country. At some point, nearly everyone will need to take time away from work to care for a new child or address a serious personal or family illness. The United States is alone among advanced economies, however, in not mandating paid maternity leave at the federal level for new parents. And, only 13 percent of U.S. workers have access to paid family leave through their employers. Fewer than 40 percent have access to personal medical leave through employer-provided short-term disability insurance. The Department of Labor must realign its perspective to incorporate the impact that strong labor standards have not only on the worker but also on that worker's family members as well.

### Recommended Administrative Actions

*Increase the minimum wage.* Raising the minimum wage has been shown to help some low-income families reach 200 percent of the federal poverty level (FPL) and to be considered "out of poverty." Policies and programs that increase the earnings of low-income parents have been shown to improve child outcomes, including higher minimum wages, education and job-training programs, and the Earned Income Tax Credit (EITC) and Child Tax Credit (CTC). The next administration should commit to increasing the minimum wage.

*Implement paid family and medical leave.* The reality of 21st century work is that most parents are employed outside the household. In fact, most children live in families with either a working single parent, or parents who both hold jobs. This complicates things when a child is born, or when a family member becomes ill and needs to be cared for. Without job-protected paid leave that enables a parent to take a specified number of weeks out of the workforce, parents may face an impossible choice between their child's health and their income or jobs. For this reason, the next administration must support efforts to provide working parents and their children with a comprehensive paid family and medical leave standard, which exists in every other advanced economy.

### Recommended Congressional Actions

*Increase the minimum wage.* Congress should pass legislation raising the federal minimum wage to support America's workers.

*Pass the FAMILY Act.* The Family and Medical Insurance Leave (FAMILY) Act (S. 786 in the 114th Congress) would provide U.S. workers with up to 12 weeks of partial income when they take time away from work to address a serious health condition. These conditions include pregnancy and childbirth recovery; illness on the part of a child, parent, spouse or domestic partner; birth or adoption of a child; and/or for specific military caregiving and leave purposes.

## DEPARTMENT OF TRANSPORTATION

### Vision

Children are 25 percent of the nation's population, and we must ensure that our nation's roads, highways, and skies are safe. Children's important physical, physiological, developmental, and mental differences of children must be factored into regulations and policies governing our transportation systems. The Federal Aviation Administration (FAA) and the National Highway Traffic Safety Administration (NHTSA) are important agencies within the Department of Transportation that impact transportation safety for children.

### Recommended Administrative Actions

*Keep children safe when they fly.* As families pack up books and toys to keep their children occupied on planes, airlines should be packing their planes with first aid supplies that are suitable for their smallest passengers. CPR masks, tubes for ventilation, liquids instead of solid pills, and other medications (such as epinephrine) should be sized, dosed, and formulated for children's smaller

bodies. In emergency situations, when every second counts, these drugs and devices can save lives. Unfortunately, the emergency medical kits (EMKs) currently required by the FAA to be maintained on commercial airplanes are outdated and do not include these basic medications and equipment. The next administration should review and update the contents of EMKs required on airplanes, and ensure they contain appropriate medication and equipment to meet children's emergency medical needs, including an epinephrine auto-injector.

*Keep children safe in automobiles.* The evolution of child vehicle restraints has been one of the most important public health improvements in recent history. Efforts in this area must continue, however, in order to improve the correct installation and use of child restraints across the child's developmental stages. Under the next administration, NHTSA should take regulatory steps to improve the ease of using child restraints in vehicles, which can help expand installation and compliance. NHTSA should also address racial and ethnic disparities in child restraint usage and consider ways to encourage the provision of free or low-cost car seats to low-income and under-served communities in order to expand the use of this life-saving equipment.

*Ensure children have safe routes to walk and bike to school.* Motor vehicle injuries are the leading cause of death and acquired disability in childhood and adolescence. In addition, concerns with safety cause caregivers and students to choose methods other than walking or biking to school, reducing the amount of physical activity they have throughout the day. Communities that implement Safe Routes to School programs increase the number and quality of safe routes to school for youth. By increasing the safety of walking and biking to school, school-aged kids increase their physical activity, which can lead to improved health outcomes. NHTSA should continue and expand programs to ensure that children have safe spaces to engage in physical activity outdoors.

## Recommended Congressional Actions

*Update contents of Emergency Medical Kits on Airplanes.* If the FAA continues not to update the contents of EMKs on airplanes to ensure they contain appropriate medications and equipment for children, Congress should require FAA to update them, as envisioned in the Airplane KITS Act (S. 2536 in the 114th Congress).

## Funding Priorities

*Reauthorize distracted driving prevention grants for states.* Distracted driving can be deadly. In 2014, alone, 3,129 people were killed in distracted driving crashes. According to NHTSA, 10 percent of all drivers 15 to 19 years old involved in fatal crashes were reported as distracted at the time of the crash. This age group has the largest proportion of drivers who were distracted at the time of the crash. NHTSA's distracted driving enforcement pilot programs have been effective in reducing distracted driving. These funds should be continued and expanded, particularly given the risks of distracted driving among teen and younger drivers.

# DEPARTMENT OF THE TREASURY

## Vision

Almost half of young children in the United States live in poverty or near poverty. Poverty and related social determinants of health can lead to adverse health outcomes in childhood and across the life course, negatively affecting physical health, social-emotional development, and educational achievement. As the leading agency that implements anti-poverty tax policies, the Department of the Treasury and its Internal Revenue Service (IRS) have a large influence on combatting child poverty in the United States. Key decisions made by the department can more effectively mediate the effects of child poverty by determining which families qualify for credits through the Affordable Care Act (ACA), the Earned Income Tax Credit (EITC), the Child Tax Credit (CTC), and the child and dependent care tax credits. The next administration should continue to build on the tremendous success of the EITC and CTC at reducing child poverty, and providing families with the direct support needed to raise healthy and productive children. Particular attention should be paid to very poor families with young children who currently can receive little or no CTC.

## Recommended Administrative Actions

*Provide direct benefits to lift families out of poverty.* The EITC and the CTC are critical aids to low-income families. The EITC plays a critical role in reducing poverty by incentivizing employment and supplementing income for low-wage workers. The CTC provides tax refunds to low-income working families with children who pay payroll taxes but who might not owe federal income tax. These working-family tax credits lifted 9.4 million people out of poverty in 2013, including five million children, and made 22 million other people less poor. And by encouraging work, the EITC and the CTC have an additional anti-poverty effect that is not counted in these figures. Children whose families receive more income from refundable tax credits do better in school, are more likely to attend college, and earn more as adults. And, research also suggests that these children are also more likely to avoid the early onset of disabilities and other illnesses associated with child poverty, which further enhances their earning ability as adults. The next administration should support and expand the EITC and the CTC in order to increase family income and oppose attempts to reduce access to these tax policies, especially for immigrant families.

*Support two-generation approaches to address poverty.* The nation should expand efforts to support two-generation strategies that focus on helping children, parents, and grandparents simultaneously. This includes promoting the coordination and alignment of adult- and child-focused programs, policies, and systems.

*Fix the ACA "kid glitch."* The administration should revisit the decision to disallow tax credits to cover the cost of insurance

for those caught in the “kid glitch” or “family glitch” of the ACA. This “glitch” has been read to disallow certain individuals from qualifying for exchange subsidies for family coverage even if the individual’s employer fails to offer employees affordable family health insurance.

*Support comprehensive health benefits with tax credits.* The next administration should ensure that tax credits help support affordable dental insurance coverage for children whose parents buy insurance for them in a health care exchange. In particular, the next administration should finalize regulations that clarify and confirm tax credits are available for cost-sharing and premium tax credits to defray the cost of any pediatric dental benefit.

### Recommended Congressional Actions

*Improve health care affordability.* Congress should pass legislation to improve affordability for ACA plans. Children need access to affordable medically necessary services and plans in the Children’s Health Insurance Program (CHIP) can cost 10 times less than exchange plans.<sup>31</sup> For exchange plans to appropriately meet the needs of families they need to address the high costs of premiums and cost-sharing compared those in the CHIP program.

*Empower families to purchase child health insurance.* CHIP provides better insurance for children than policies available through the health care exchanges, because it includes more robust benefits and pediatric subspecialty networks. Congress should pass legislation to empower families to use ACA tax credits to purchase CHIP coverage in the exchanges.

*Expand direct benefits to families.* Congress should build on the tremendous success of the EITC and the CTC in reducing child poverty. Congress should support and expand the EITC and the CTC in order to increase family income. In particular, Congress should extend the CTC to very poor families with young children and ensure that these children can receive the full tax credit. Congress should also oppose attempts to reduce access to these tax credits, especially for immigrant families.

## CONSUMER PRODUCT SAFETY COMMISSION

### Vision

Unintentional injuries are the number one cause of death in children one to 19, and the fifth leading cause of death for newborns and infants under one. Pediatricians look to the guidance of the Consumer Product Safety Commission (CPSC) in communicating to parents the safety of the thousands of consumer products under the agency’s jurisdiction, including cribs, strollers, and toys. The CPSC’s work is important to safeguarding the nation’s children and adolescents and has led to a significant

decline in injury and death over the last 40 years. For example, a ban on drop-side cribs in 2011 helped to prevent needless infant deaths. As the Commission notes, injury and damage by consumer products cost the United States more than \$1 trillion on an annual basis. The next administration must ensure that the CPSC has the support and funding needed to maintain and enforce the strongest possible safety standards and to place child health and safety at the forefront of everything it does.

### Recommended Administrative Actions

*Keep children safe in their cribs.* Crib bumpers have no place in a safe sleep environment and it is past time for the CPSC to strengthen its safe sleep messaging by banning this product. There is no evidence that bumper pads prevent injuries, and there is evidence that they increase the potential risk of suffocation, strangulation, or entrapment. The lack of a CPSC ban on crib bumpers sends a mixed signal to caregivers, and should be rectified immediately. Such a ban would be in keeping with the rest of the CPSC’s safe sleep work, as well.

*Protect children from nicotine poisoning.* Coming in a variety of bright colors and in flavors like cotton candy and ‘gummy bear,’ liquid nicotine refills used in e-cigarettes have found their way into the hands of children across the country, causing serious and even deadly health consequences. Liquid nicotine is a highly toxic substance when it is ingested or absorbed through the skin but, until recently, liquid nicotine containers did not have to use child-resistant packaging. The Child Nicotine Poisoning Prevention Act directed the CPSC to implement a regulation requiring child-resistant packaging on liquid nicotine refill containers, and the CPSC put this requirement into effect in July 2016. The CPSC must fully implement and robustly enforce this safety packaging requirement.

*Assess efforts to keep laundry detergent packets out of children’s hands.* Brightly-colored, highly-concentrated liquid laundry detergent packets are uniquely hazardous to children and exposures to these dangerous products are rising. Child exposures to the brightly colored packets jumped 17 percent from 2013 to 2014, and children who ingest laundry detergent packets are five to 23 times more likely to be hospitalized and eight to 23 times more likely to have a serious medical outcome than children exposed to other detergent types. CPSC must enact strong standards on laundry package safety to prevent child poisonings. In addition, the Commission must ensure that the standards’ follow-up and monitoring efforts include public health surveillance tracking of the number of children poisoned by the packets, in order to assess the standards’ effectiveness. If the ASTM standard does not do enough to protect children from laundry packet hazards, the CPSC should create a mandatory standard to make these packets child-resistant, as it has with many other hazardous cleaning materials.

*Safeguard children from the dangers of window covering cords.* Window covering cords present an avoidable home hazard. Since 1991 more than 175 infants and children have died from

accidentally strangling in window cords. Infants placed in cribs near a window may reach out, grab the dangling pull cord, pull it into the crib, and become entangled. Toddlers playing on a bed near a window cord are also at risk of becoming entangled. Voluntary standards have failed to effectively address this issue for nearly 20 years. For this reason, a mandatory standard that prohibits accessible window covering cords is the only way to ensure that children are protected from this avoidable hazard in all homes. The next administration should direct CPSC to propose and finalize a mandatory rule for window covering safety as soon as possible.

*Prevent furniture and TV tip-over injuries and deaths.* A study in the October 2009 issue of the journal *Clinical Pediatrics* found that 40 children were taken to U.S. emergency departments each day because of injuries involving furniture tipping over. Like furniture tip-overs, TV tip-overs can also result in horrific injuries or even death. A July 2013 *Pediatrics* article found that between 1990 and 2011, an estimated 380,885 patients under 18 were treated in emergency departments for a TV-related injury; this equals an average of 17,313 children a year, or two children every hour. Restraints that secure these items to the wall can make all the difference in preventing children from being injured or killed in tip-over accidents. The most effective solution, however, is for the CPSC to strengthen the stability performance requirements in the relevant safety standards. Doing so may require a mandatory standard from CPSC to ensure that all manufacturers comply and that all consumers have an opportunity to keep their children safe from this hazard.

## Recommended Congressional Actions

*Cease efforts to obstruct safety regulation of recreational off-highway vehicles.* No child under the age of 16 should operate a recreational off-highway vehicle (ROV). Children should not even be passengers in ROVs, as safe methods of securing children in these vehicles have not been established. The CPSC has attempted to regulate ROVs, but Congress has continued to insert unnecessary study requirements into statutes as a way to slow regulation. These efforts must stop.

## Funding Priorities

*Overall agency budget and staffing.* The CPSC continues to do a tremendous amount with relatively few resources. The agency's current budget (\$125 million) must be increased, and the additional funds used to hire child health experts in all departments within the agency.

# ENVIRONMENTAL PROTECTION AGENCY

## Vision

With every passing day, there is a better understanding of the impacts of environmental hazards on child health. These include hazards such as air pollution, lead and other toxins, and endocrine-disrupting chemicals. Federal policy, however, has not kept pace with these environmental threats to child health. Federal environmental policy should be driven by the premise that our actions must be demonstrated to be safe for children. Through its regulatory activities, the Environmental Protection Agency (EPA) can promote resource efficiency and renewable energy, research on climate-associated health effects, education and public awareness on this critical issue, and green development and transit. The EPA can also collaborate with state and local leaders to address the risks climate change poses to human health.

## Recommended Administrative Actions

*Quickly address the dangers of lead exposure.* The lead exposure crisis in Flint, Michigan, reminded the country of what pediatricians have long known: lead has not gone away as a threat to child health, and lead exposure has potentially devastating repercussions on children's development. The EPA must review its protocols for identifying and mitigating residential lead hazards and lead-contaminated water. It is also imperative that the next administration reduce allowable levels of lead in house dust, soil, paint, and water to conform with the recognition that there are no safe levels of lead. The EPA should expeditiously finalize a health-based—not a feasibility-based—lead and copper rule for drinking water. The administration should also incentivize the replacement of lead service lines throughout the country.

*Implement stronger ozone standards.* Ozone is a potent lung irritant that increases asthma morbidity and mortality. Higher surface temperatures promote the formation of ground-level ozone. Because of their higher minute ventilation (the amount of air breathed in or out of the lungs per minute) and time spent outdoors during the summer, children are the group most vulnerable to ozone. Exposure has been associated with asthma exacerbations, increased emergency department visits and pediatric intensive care unit admissions for asthma, and increased risk of developing asthma. In 2015, the EPA released an updated ozone pollution standard of 70 parts per billion (ppb), decreased slightly from the previous standard of 75 ppb. Science supports a far lower standard, however, of 60 ppb, which would have significant health gains for children. The EPA must update the ozone standard to reflect this science.

*Continue implementing Clean Power Plan.* Power plants are the nation's largest carbon pollution source, generating approximately one-third of all U.S. greenhouse gas pollution, a leading

contributor to climate change. The EPA's Clean Power Plan is intended to reduce carbon pollution from power plants, and the agency's promulgation of a final Clean Power Plan in 2015 was a welcome and needed step to help make the air that Americans breathe safer and cleaner. Unfortunately, the plan has come under attack from states and industries that claim the rule will be too costly to implement. However, the Clean Power Plan will help avoid tens of thousands of child asthma attacks in the future, which will in itself produce savings to our health care system. The EPA must continue with its implementation of this plan.

*Implement strong updates to the Toxic Substances Control Act.* In June 2016, the first update of the Toxic Substances Control Act (TSCA) in 40 years was signed into law. The EPA will now implement this updated law. The EPA must keep the prevention of child health harm at the forefront as it implements the new law and put in place the most protective standards possible.

### Recommended Congressional Actions

*Cease efforts to stymie implementation of Clean Air Act regulations.* More than 40 years ago, Congress passed the Clean Air Act, giving the EPA the authority to regulate air pollution. Although there have been significant improvements made to protect children's health, further federal action is needed to ensure the air that children breathe is safe and clean. Congressional attempts to disrupt the EPA Clean Air Act regulatory process, therefore, are counter to the needs of child health and should cease immediately.

### Funding Priorities

*EPA Office of Water.* The EPA Office of Water is responsible for, among other things, implementing the Clean Water Act and the Safe Drinking Water Act. Given that the Flint crisis has exposed the enormous amount of work needed to ensure that children's drinking water is safe, funding for the Office of Water should be significantly increased. This will improve its ability to better assist states and localities with on-the-ground improvements and technical assistance, and to assist with implementation of a stronger Lead and Copper Rule.

*EPA Clean Air Act regulations.* EPA still has significant work to do to implement the Clean Power Plan and the Ozone standard.

*TSCA update implementation.* In 1976, TSCA was first enacted. However, over the following decades, it became clear that the original law failed to give EPA the powers it needs to keep dangerous chemicals out of commerce. In June 2016, the first update of TSCA in 40 years was signed into law. The updated TSCA makes certain improvements over the original law, such as requiring EPA to only take health considerations—and not costs to industry—into account when evaluating chemicals. The EPA will now implement this updated law. EPA must keep the prevention of child health harm at the forefront as it implements the new law, and implement the most protective standards possible.

## SOCIAL SECURITY ADMINISTRATION

### Vision

Social Security is one of the most effective anti-poverty programs of all time, and has lifted 1.2 million children out of poverty. Social Security benefits are a crucial lifeline for millions of children. This includes children who receive survivor benefits from a parent through Old Age and Survivor's Insurance (OASI), those who receive Supplemental Security Income (SSI) due to a disability, and children who live in a household with a parent or other caregiver who receives Disability Insurance (DI) or another Social Security benefit. Almost seven million children in the United States benefit from OASI and DI, and an additional 1.3 million are covered by SSI. These crucial programs must be adequately funded, protected, and strengthened.

### Recommended Administrative Actions

*Ensure that all administrative actions prioritize children's needs.* Any and all proposed rules that govern Social Security must seek to increase access to resources, information, and appropriate counsel for beneficiaries. The next administration must ensure that all proposed rules regarding eligibility and benefits for those receiving Social Security and SSI benefits are in the best interest of children receiving these benefits or who are in households receiving these benefits.

### Recommended Congressional Actions

*Protect Supplemental Security Income for children in need.* Congress must reject proposals to eliminate or severely reduce SSI benefits for children. Numerous proposals have been furthered that seek to replace SSI benefits with "services" or other programs. Some proposals have sought to impose additional, cumbersome, or arbitrary requirements on children and families seeking these benefits. Children with disabilities require adequate financial resources to care for their needs, which are often extraordinarily expensive. In fact, families raising children with disabilities are more than twice as likely to face material hardships such as homelessness, food insecurity, and utility shutoff. It is crucial that these benefits be protected and maintained so they can support the children who need them.

### Funding Priorities

*Adequately fund the Social Security Administration.* Currently, the Social Security Administration (SSA) is experiencing an historic administrative backlog and as a result, Americans are subject to soaring wait times due to the lack of funding for administrative support. More than 1.1 million people are waiting an average of over 550 days for a hearing on their Social Security or SSI benefits. These wait times are unacceptable and leave many individuals

in extreme poverty with little to no resources or recourse. Congress must fully fund the necessary administrative budget in order to decrease wait times and reach Americans in need.

*Ensure Trust Fund solvency.* Congress must keep the Social Security Trust Funds solvent and not play politics with the benefits that people rightly deserve. Almost seven million children (6.8 million) children live in households receiving these benefits, and it is crucial that Congress find a way to maintain solvency without benefits cuts.

## FOREIGN ASSISTANCE PROGRAMS

### Vision

All infants, children, and adolescents have the right to high-quality services that save lives and promote healthy development, regardless of where they were born. Because diseases cross borders, global health protects children in the United States as well as those who live in other countries. Departments across the federal government contribute to global health, including United States Agency for International Development (USAID), the nation's lead development agency; the Department of State, which oversees the country's health diplomacy and its fight against HIV/AIDS; and the Centers for Disease Control and Prevention (CDC), which contributes public health capabilities including surveillance, technical support, and rapid response to epidemics.

The U.S. government spends about one percent of its budget on foreign assistance—far less than the roughly 25 percent imagined by respondents in a recent national poll, and far less than is needed. About one-third of that one percent goes to global health. The next administration should support sustainable programs that deliver impact and strengthen systems, in partnership with local pediatric health associations and other stakeholders. Such programs deliver impact and strengthen systems, in partnership with national health worker associations and other stakeholders.

### Recommended Administrative Actions

*End preventable deaths.* USAID has created an unprecedented strategy for helping to end preventable child and maternal deaths by 2035, entitled “Acting on the Call,” which must be maintained and codified by a new administration. Hard-won reforms must be maintained, including the identification of a coordinator and deputy coordinator for child and maternal survival; identification and coordination of relevant budget lines; innovative financing mechanisms; partnerships with target country stakeholders; and country-specific reporting.

*Address non-communicable diseases.* The next administration must correct USAID's historical neglect of non-communicable

diseases (NCDs) and address chronic health conditions that impact existing health priorities, particularly with interventions including nutrition, injury prevention, and tobacco and second-hand smoke prevention. NCDs are non-infectious diseases that cannot be spread person-to-person, such as cancer, cardiovascular disease, diabetes, mental disorders, and chronic respiratory diseases. They affect millions of children and adolescents and can impact their lifelong health and productivity.

*Support child development.* USAID's programs must ensure that every child and adolescent has support for and access to the conditions for healthy and safe development, including early education, and protection from violence and exploitation. Implementation would require collaboration across USAID's functional bureaus, with an expanded role and dedicated funding for the U.S. Government Special Advisor for Children in Adversity. A new Global Ambassador for Children's Issues at the Department of State would ensure high-level diplomatic representation and oversee interagency coordination.

*Continue to protect mothers and children in the fight against HIV/AIDS.* The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the federal government's largest global health platform, is realigning its programs within partner countries to focus on geographic areas with the highest HIV burden. Many of the U.S. government's maternal and child health (MCH) programs rely on PEPFAR's infrastructure, and may be forced to cut services or close. The next administration must provide a report on how the realignment being overseen by the State Department's Office of the U.S. Global AIDS Coordinator will impact existing projects targeting the MCH population, and take steps to ensure continued service delivery.

*Protect children in conflict settings.* One billion children experience violence every year, of whom millions live without protective family care, including children who are trafficked or enlisted in armed groups. While agencies across the federal government have taken steps to address this challenge, notably under the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005, they lack necessary coordination, authorities, and funding. The next administration must develop an interagency strategy coordinated by the Department of State to protect children in conflicts and disasters, including both children who are internally displaced and those who are refugees.

*Recognize health literacy as essential to adolescent empowerment.* Domestic and global health programs are rarely designed to meet the needs of adolescents, despite the fact that most of the behaviors that underlie chronic illnesses begin during adolescence, nearly half of adolescent women's pregnancies are unintended, and adolescents make up more than 15 percent of the world's population. Fortunately, the new Global Strategy to Empower Adolescent Girls provides a platform that can help address this challenge. The next administration must supplement this strategy with an implementation plan to promote adolescent

health literacy, which would provide youth with information and tools to make healthy choices.

*Support global immunization programs.* The world is close to polio eradication, with polio remaining endemic in only two countries: Afghanistan and Pakistan. The CDC must fully implement a polio endgame strategy and update the Global Immunization funding stream to reflect the transition to polio legacy and routine immunization activities, consistent with the Global Polio Eradication Initiative's Polio Eradication and Endgame Strategic Plan. Failure to do so would jeopardize the substantial gains the CDC has made in helping to build the global infrastructure to fight infectious diseases. Polio funding comprises nearly 80 percent of the CDC's Global Immunization budget and contributes to many of the assets countries rely upon to build functioning immunization systems.

### Recommended Congressional Actions

*Pass the REACH Act.* Congress must pass the Reach Every Mother and Child Act (H.R. 3706/S. 1911 in the 114th Congress) to codify USAID's Acting on the Call blueprint to end preventable maternal and child deaths within a generation.

*Address non-communicable diseases.* Congress must pass legislation authorizing USAID to address chronic health conditions, including injury and violence.

*Support child development.* If USAID fails to support the development of children and adolescents, Congress must require the agency to do so by statute, with a new authorization to coordinate early child development activities across the agency's bureaus.

*Address MCH gaps in PEPFAR realignment.* If the Administration fails to take quick action to close potential maternal and child gaps within the PEPFAR program, Congress must require the State Department to do so in statute.

*Protect children in conflict settings.* Congress must authorize a new, fully funded strategy to replace the U.S. Government Action Plan on Children in Adversity, which was established by the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005 and sunsets in 2017. While lacking sufficient resources and authorities, the Action Plan provided the first whole-of-government guidance for investing in early childhood development and protection and ultimately aligned activities across 11 federal departments and agencies.

*Support global immunization efforts.* Congress must provide authorization for the CDC's prevention of vaccine-preventable chronic illnesses, along with new statutory authority for the CDC to address tobacco control, secondhand smoke prevention, and other NCD risk factors internationally.

### Funding Priorities

*Maternal and child health at USAID.* The MCH account funds advances to health care systems and supports life-saving interventions, such as training skilled birth attendants to ensure labor and delivery are safe for mothers and newborns. It also includes funding for the Global Polio Eradication Initiative, which aims to deliver a polio-free world, and Gavi, the Vaccine Alliance, which procures vaccines for low-income countries.

*Nutrition at USAID.* This account improves the nutritional status of children, adolescents and women who are pregnant or recently gave birth, including by supporting counseling on optimal breastfeeding.

*Family planning/reproductive health at USAID.* USAID's contributions to family planning and reproductive health not only save the lives of women and children, but also help to ensure that adolescent girls can stay in school longer, save more money, and contribute more to their economies.

*Vulnerable children at USAID.* This account supports the Action Plan on Children in Adversity to ensure that every child has support and access to the conditions for their healthy and safe development, families are supported in their ability to stay together, and children are protected from violence and exploitation.

*Migration and refugee assistance at the Department of State.* The Bureau of Population, Refugees, and Migration provides humanitarian assistance during emergencies for vulnerable populations, including children.

*Global immunization at the CDC.* CDC's Center for Global Immunization provides technical assistance and surveillance support to country ministries of health, with a focus on eradicating polio, reducing measles deaths, and strengthening routine vaccine delivery.

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