

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



May 19, 2020

COVID-19 Response

Advocacy Report



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Government Response to COVID-19

The novel coronavirus (SARS-CoV-2) pandemic and attendant respiratory illness COVID-19 have consumed Washington's attention as members of Congress and Executive Branch leaders attempt to contain the outbreak and provide relief to Americans. As a result, the AAP's advocacy efforts are now focused on ensuring federal, state, and local governments respond to the needs of children, families, and pediatricians.

The AAP is in regular communication with legislators and top Administration officials. AAP's top priorities are ensuring that pediatricians have access to adequate supplies of personal protective equipment (PPE) and that pediatricians receive immediate financial relief to enable them to continue providing care to children. The AAP is calling for stronger federal leadership on Medicaid, telehealth, vaccines, testing, and other core components of pediatric care. The AAP is also focused on ensuring that the response to COVID-19 at all levels of government accounts for children's special needs, including justice-involved youth, children from low-income families, children in the child welfare system, and children in immigrant families.

Federal Response

Congress has passed four pieces of legislation to address the COVID-19 pandemic to date. To read more about those bills and AAP's summary of relevant provisions, please see the **April 15, 2020 Advocacy Report**. This report contains updates that have occurred since April 15.

On May 15, the House passed the Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act. The \$3 trillion coronavirus response legislation included many priorities from House Democrats. Among the provisions important to pediatricians and families are a temporary increase in the Medicaid FMAP, additional financial relief for families, an increase in the child tax credit, and additional resources for the Provider Relief Fund, federal nutrition programs, child care, and child abuse prevention. Additionally, the bill allows 501(c)(6) non-profits to qualify for the Paycheck Protection Program, which would allow numerous AAP chapters to apply.

The legislation will now head to the Senate, where it is unlikely to gain much traction among the Republican-controlled chamber. The Senate is not expected to address another legislative response package until June.

State Response

Governors, state legislators, state agencies, and local governments are actively engaged in COVID-19 response

efforts. Governors used their public health and emergency authority at the outset of the crisis to issue stay-at-home orders and to marshal resources and streamline agency processes and to shore up suffering state and local economies. Now, governors are looking to relax stay at home measures, with some taking a more measured approach than others--in states where the governor's mansion and the legislature are of opposing political parties, governors face political pressure regarding the speed at which restrictions are lifted, without regard for possible consequences for infection control. States are also working to scale up contact tracing and rigorous COVID-19 testing in order to curb the spread of the disease with more of the public leaving their homes and coming into contact with others. Updates on current state actions in response to COVID-19 and the lifting of state level stay at home restrictions are available from the **National Governors Association** and the **Council of State Governments**.

Many state legislatures postponed or adjourned their regular sessions to comply with safe social distancing practices. For those that did not fully adjourn, state lawmakers are now finding ways to resume legislative business via extensions of session days, one-day special sessions, and other workarounds to provide continuity of legislative business. The bulk of that legislative output is focused on COVID-19 response and related appropriation of state funding.

AAP chapters made meaningful progress with their state governments on stay-at-home orders, telehealth, Medicaid payment, and many other issues. The challenges that remain are persuading parents that pediatric clinics are open for business and ready to ensure that children are protected from outbreaks of vaccine preventable diseases as the summer months approach and as schools plan to reopen for the next academic year, and to enlist public health officials to help amplify that message. The AAP has released **guidance on safe return to in-person education in schools**, and AAP chapters are working closely with school officials at both the state and district level to prepare schools to reopen safely.

For more information about the AAP's advocacy during the coronavirus pandemic including AAP's letters to Congress, please visit **this website**.

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Note: This report covers developments that occurred after April 15, 2020. To view the previous advocacy report, [please click here](#).

AAP Priorities

Supporting Frontline Pediatricians

Relief for Pediatric Practices

Pediatricians are on the frontlines of the COVID-19 response, triaging sick patients while continuing to conduct well-child visits. Despite the increased burden on the health care system, pediatric practices are seeing dramatic reductions in patient volume and attendant declines in revenue, as certain health maintenance visits and deferrable services are delayed and families around the country stay home. Subspecialists are also facing unique issues, including lost revenue from delayed elective procedures and reallocation of medical equipment and other hospital resources toward adult medicine providers treating critically ill patients. Practices are facing increased costs for PPE and other essential medical supplies. These sudden financial strains threaten the viability of many practices, and the AAP is focused on ensuring the availability of financial resources to support pediatricians.

The AAP is advocating that HHS prioritize pediatricians in the allocation of the \$175 billion Provider Relief Fund under the CARES Act and the Paycheck Protection Program and Health Care Enhancement Act. The fund is intended to provide immediate financial relief by covering non-reimbursable expenses and lost revenue attributable to COVID-19. However, the funding to date has left most pediatricians behind.

HHS allocated the first \$30 billion of the fund to providers in proportion to their share of net patient revenue from Medicare fee-for-service claims. Another \$50 billion was announced on April 22 geared towards hospitals in high-impact areas, Medicare providers, and rural hospitals and clinics. Despite assurances from senior officials at the White House and HHS that funding would be available for pediatricians, none has been announced. An additional funding allocation for treatment of uninsured patients was also announced. For more information on how to access that funding or to attest if you are provider who bills Medicare, more information can be accessed [here](#).

The Academy is advocating for provider relief funding to be immediately available to pediatric providers who do not participate in Medicare. On April 16, the Academy **sent a letter** to Secretary Azar urging the agency to provide immediate financial relief federal grants to general pediatricians, pediatric medical subspecialists, and pediatric surgical specialists. After the second tranche of funding was announced, the AAP led a **joint letter** with the American Academy of Family Physicians (AAFP) and the American

College of Obstetricians and Gynecologists (ACOG) urging HHS not to further delay much-needed financial relief to practices that have been largely excluded from federal relief efforts to date.

In early April, the AAP and the Children's Hospital Association sent a **letter** to HHS outlining the critical role of pediatric providers in the nation's health care system and the current inequities between adult and pediatric providers in benefitting from certain federal support, such as recent Medicare payment rate increases.



ADVOCACY OPPORTUNITY

Tell your members of Congress to ensure pediatricians receive needed financial support so that you can provide care for children throughout the COVID-19 crisis (under Key Issues).

The Academy has also worked with a number of AAP chapters on their requests for state Medicaid advanced payments during the public health emergency. While CMS has yet to approve federal financing of such payments, such state requests help advance the Academy's goal of additional relief via the Medicaid program. Recently, CMS issued **guidance** to states outlining options for states with respect to Medicaid managed care contracts.

The CARES Act also created a \$349 billion Paycheck Protection Program, administered by the Small Business Administration (SBA), to address the financial hardship posed to small businesses by the COVID-19 pandemic. An additional \$321 million was infused into the Paycheck Protection Program by Congress in late April. This new loan program provides federally guaranteed, forgivable loans of up to \$10 million available to qualifying small businesses to assist with payroll and other operating costs. These loans are available April 3 through June 30, 2020. For more information on the SBA loans and additional support for pediatric practices, please see [this AAP guidance](#).

Funding Protections for Frontline Workers

As Congress debates upcoming COVID-19 legislative packages, there are ongoing discussions about supporting frontline health care workers and other essential employees. Senate Democrats have proposed funding pandemic premium pay for health care workers of an additional \$13 per

hour through the end of the year. The proposal would also fund a one-time \$15,000 payment as a recruitment incentive. Other proposals have included offering loan repayment to medical personnel and essential workers. The AAP will continue to monitor proposals that provide needed additional resources to pediatricians and other frontline health care workers.

Health Care Equipment and PPE

Addressing the dire shortage of adequate supplies of PPE for pediatricians and health care providers is and will continue to be a top AAP priority. The Academy is advocating at many levels to increase the supply of PPE and is in regular contact with Congress and administration officials to share our concerns and recommendations. The AAP issued this **statement** along with 45 medical specialty societies and a **statement** with other health care partners. In addition, the Academy is pressing **policymakers** to take urgent action and sent a **letter** with numerous medical organizations to ask the administration to do more to address the shortage.

Advocating for Immigrant Pediatricians

The AAP is advocating to ensure that immigrant pediatricians can provide care where it is most needed during the public health emergency and give them needed stability and peace of mind. In May, the AAP endorsed the Healthcare Workforce Resilience Act. This legislation makes up to 15,000 employment-based immigrant visas (i.e., green cards) available for foreign national physicians practicing in the U.S. on temporary work visas.

Approximately a quarter of the U.S. physician workforce is educated abroad, and many of these individuals are foreign nationals. However, visa restrictions have prevented these physicians from being redeployed during the COVID-19 pandemic to provide care to children and families where it is needed most. Additionally, foreign national physicians on temporary work visas face the threat of deportation for themselves and their families should they develop a long-term disabling condition or die from COVID-19. The Healthcare Workforce Resilience Act would provide an expedited pathway to permanent residency in the United States, allowing thousands of physicians to provide care on the front lines and providing them long-term stability.

In April, the AAP also called on Congress to include needed flexibilities for foreign national physicians and assurances that their legal presence in the U.S. would not be in question if COVID-19 renders them unable to work in any future legislative packages to address the public health emergency.

Medicaid

The AAP is advocating for stronger federal leadership on Medicaid so that that families across the country can depend on Medicaid to get the care they need.

The *Families First Coronavirus Response Act* temporarily increased the federal match state Medicaid programs receive by 6.2 percentage points above what states typically receive from the federal government. The law prevents states from cutting benefits or eligibility during the crisis. The HEROES Act passed by the House would raise states' FMAPs by another 7.8 percentage points beginning July 1, for a total increase of 14 percentage points from July 1, 2020 through June 30, 2021.

The AAP recently led **a coalition of almost 100 national and state organizations** urging Congress to strengthen Medicaid and CHIP in future COVID-19 response packages. This includes urging an additional increase in the federal contribution to state Medicaid programs during the public health emergency while requiring states to maintain strong Medicaid programs. The AAP is also advocating for a mechanism to automatically increase the federal government's contribution to state Medicaid programs during economic downturns. In addition, the AAP is advocating for the inclusion of the *Kids' Access to Primary Care Act*, legislation from Rep. Kim Schrier (D-Wash.) to align Medicaid payment rates with Medicare rates for primary care services. The AAP is also advocating for the creation of advanced payment mechanisms in the Medicaid program, similar to those made available through Medicare, to get payment to frontline providers quickly. Finally, the Academy is calling on Congress to delay the planned decrease in E-FMAP in CHIP, which is set to take place in October.

States, meanwhile, are taking numerous actions to increase access to care and streamline the delivery of services in the Medicaid program in response to the crisis, including waiving prior authorization requirements, suspending eligibility redeterminations, eliminating cost sharing, and more. States are also working to quickly implement and update new telehealth care payment policies to ensure services continue during social distancing.

States also are expecting budgetary threats to the Medicaid program as state revenues rapidly decline and as enrollment increases. AAP chapters are actively engaged on numerous related Medicaid advocacy efforts.

Improving Health Care Coverage

Telehealth

Telehealth care is playing a crucial role in protecting the health of children during this time of social distancing. On May 5, the Academy released **Guidance on the Necessary Use of Telehealth During the COVID-19 Pandemic**. The guidance states that care by pediatricians, pediatric medical subspecialists and pediatric surgical specialists should not be unnecessarily delayed and that well-child care should be provided consistent with the Bright Futures Guidelines and periodicity schedule. Well-child visits should continue to occur in person whenever possible, but may also be initiated via telehealth, recognizing that some elements of the well-exams should be completed in-person.

To facilitate and expedite the uptake and spread of telehealth care while retaining appropriate linkages to the pediatric medical home, the AAP is **advocating that all payers** (private payers as well state Medicaid/Children's Health Insurance Programs (CHIP) and their contracted managed care organizations (MCOs)) should take steps to reduce or eliminate barriers to telehealth care.

State Medicaid agencies continue to **develop and update** guidance and bulletins on the provision of services via telehealth care, including information on how to bill for such services and guidance for the provision of well-child visits via telehealth. AAP chapters continue to work with public and private payers on delivery and payment for well-child care via telehealth modalities.

Federal advocacy staff are continuing to advocate for expanded access and adequate payment of telehealth services to Congress and the Administration. For more information on the Academy's telehealth efforts, please visit **this page**.

Coverage for COVID-19 Care

Congress has taken steps through recent legislation to ensure that American's health care coverage will cover the costs of needed services to prevent, diagnose, and treat COVID-19. To date, Congress has mandated that health plans cover the costs of testing for COVID-19 as well as prevention and immunization services once a vaccine is developed. Some states have also acted to waive prior authorization, cost sharing, and/or to require plan coverage of COVID-19 treatment.

However, Congress and the federal government have yet to reach broader consensus on how to cover the burgeoning ranks of the uninsured as the country faces mass unemployment. While some individuals may newly qualify for Medicaid or for special enrollment through the individual market, others may not qualify or may be unable to afford premiums. At the same time, the Trump administration has

declined to reopen enrollment through HealthCare.gov to allow more individuals to purchase coverage and will be urging the Supreme Court to overturn the ACA.

Congress is facing growing calls from the health care community to address insurance coverage, though disagreement persists over whether the federal government should subsidize employer-sponsored coverage through COBRA for individuals who have recently lost their jobs or provide coverage directly through Medicare, HealthCare.gov, or other means.

Immigrant Children and Families

AAP has called for immigrant families to be included in any federal response to the virus. In April, AAP **joined** with 10 provider organizations in urging Congress to take steps to ensure that immigrant families have access to and coverage for COVID-19 testing, treatment, and prevention and feels safe seeking care.

It is important to note that the U.S. Citizenship and Immigration Services (USCIS) has stated that they will not consider testing, treatment, nor preventative care (including vaccines, if a vaccine becomes available) related to COVID-19 in any public charge determinations for immigrants applying for a green card.

While current legislation does not allow certain categories of immigrants to access COVID-19 testing free of charge, the HEROES Act would cover testing, treatment, and vaccinations for this population through emergency Medicaid. The bill would also allow immigrant families who file for taxes with an ITIN instead of an SSN to access economic impact payments.

Strengthening Systems and Programs to Respond to COVID-19

Childhood Vaccine Administration

In May, the Academy sent a **letter** to HHS Secretary Azar expressing concerns about the Department's potential plans to promote alternate vaccination sites for children, such as pharmacies, instead of supporting pediatric practices. AAP is strongly advocating for strengthened investment in the existing vaccine delivery system, particularly as immunization rates among children have fallen during the COVID-19 pandemic although pediatricians' offices remain open. To raise additional attention to this issue, AAP led a **coalition letter** sent on May 12 further urging HHS to implement efforts to reverse the declining rates of childhood immunizations and encourage families to return to their

primary care medical homes for immunizations and well-child care.

Workforce

The CARES Act includes liability protections for physicians who provide volunteer (i.e. unpaid) medical services during the COVID-19 public health emergency. These new protections supplement those provided by the *Volunteer Protection Act of 1997*. In an April 21 letter to Congressional leadership, the AAP advocated for a broader approach to liability protections for physicians and will continue to push for these provisions in future legislation.

State policymakers continue to take steps to ease workforce requirements (e.g., licensure, reentry, policies governing volunteerism) to increase the number of physicians and nonphysician clinicians available to meet the increased demand. In addition, states are acting to extend liability protections for physicians and other health care professionals providing medical services in support of the state's response to the COVID-19 outbreak.

Research

Congress has provided initial emergency funding for the National Institutes of Health (NIH) amounting to approximately \$3 billion for urgent COVID-19 research. This research will investigate vaccines, therapeutics, and diagnostics to increase our understanding of COVID-19. However, the pandemic has had a serious impact on the biomedical research enterprise, which is likely to require additional infusions of money to cover the costs associated with lost productivity due to shuttered research studies and long-term investments in research infrastructure. The broader biomedical research community is calling for immediate supplemental funding of \$26 billion for all federal science funding agencies to cover 3 to 4 months of grant extensions and related costs.

The AAP has urged the federal government to prioritize children in research on antiviral treatments for COVID-19, prevention strategies for high-risk children, and treatments for children who become critically ill from COVID-19. Ultimately, all new drug therapies, vaccines, and treatment strategies for COVID-19 must be studied and labeled for use in children.

AAP is highly concerned by the disproportionate impact that the pandemic is having on minority communities, as well as the social and economic inequities that are now being exacerbated. In early April, AAP joined with the AMA and other health care organizations in sending a **letter** to the Trump Administration calling on them to collect, analyze,

and make available data including race, ethnicity, and patients' preferred spoken and written language related to the testing status, hospitalization, and mortality associated with COVID-19. The AAP also joined with hundreds of other advocacy organizations in letters to **Congress** and the **administration** urging improved data collection, analysis, and reporting on COVID-19 health disparities.

Bolstering Support for Children and Families

Nutrition

The two legislative packages passed by Congress provided increased resources for the Supplemental Nutrition Assistance Program (SNAP), WIC, and the school meal programs. As these programs are rapidly adapting to ensure continued services throughout the public health crisis, the U.S. Department of Agriculture (USDA) has issued numerous waivers to allow for flexibility in the programs. In May, AAP joined with the National WIC Association **to urge USDA** to extend waivers for WIC past the initial May 30 expiration date. USDA has since announced that the waivers will be extended until June 30. For more information about the waivers that USDA has issued, please see **this webpage**.

While Congress has provided increased resources for nutrition programs, it has not increased the value of the benefits available to families. AAP is advocating for Congress to boost the maximum SNAP benefit by 15 percent until the economy has recovered, increase the monthly minimum SNAP benefit from \$16 to \$30, and place a hold on administrative rules that weaken SNAP eligibility and benefits. These provisions are all included in the House-passed HEROES Act.

Paid Sick and Family Leave

The COVID-19 pandemic has underscored the importance of paid sick and family leave for workers to quarantine themselves for the safety of others, seek medical care, or care for children in the absence of school or other childcare options. To address this need, the *Families First Coronavirus Response Act* required employers with fewer than 500 employees to provide paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. More information is available from the **Department of Labor**. Many employees working at large and small businesses were exempted from these important benefits, and the AAP is working to ensure access to paid leave for all families who need it in future COVID-19 response legislation.

Child Welfare

The CARES Act allocated limited initial resources to address the needs of families at risk of entering or currently involved

with the child welfare system. This funding supports efforts to keep families together through preventative intervention, foster care maintenance payments, adoption assistance, and day care related to employment or training for employment. While this increased funding is a good start, it is insufficient to meet current need, and AAP will continue its efforts advocating for additional provisions to increase funding in future legislative packages. You can see a list of the key child welfare policy priorities AAP is urging in a sign-on letter to Congress from nearly 600 organizations, which is available [here](#). AAP continues to collaborate with its partners in a leadership role within the child welfare community to garner support for these critical recommendations.

Justice-Involved Youth

On May 6, the AAP released **policy guidance** for justice-involved youth during the COVID-19 pandemic. The recommendations called for youth incarceration as a last resort and urged the release of incarcerated youth who could be safely transitioned into the community. The statement also called for increased use of diversion programs to provide community-based supports for youth as an alternative to incarceration.

Supporting Children Globally

World Health Organization

In mid-April, when the Administration announced it would halt funding for the World Health Organization (WHO), the AAP released a **statement** calling on the Administration to immediately reinstate funding for the WHO, highlighting the agency's work on global child health and the danger funding cuts would present to the world's children. The following week, the AAP joined 1,000 organizations and individuals in a **Global Health Council Letter** to the Administration expressing robust support of the WHO. The AAP's endorsement was highlighted in a **CNN article** covering the letter.

Additionally, the AAP is working with academia and other global health organizations to provide guidance to the World Health Organization on a strategic COVID-19 response. At the end of April, the AAP endorsed a letter to the United Nations calling for the creation of a **Global Health Inequity Task Force** within the WHO to address COVID-19 in vulnerable and marginalized populations.

Policy Guidance for Global Child Health Programs

The AAP is working with coalition partners to ensure that U.S.-funded global child health programs continue to be prioritized, effective, and flexible within the new realities of the pandemic. Together with the Thrive Coalition, a

community of over 50 organizations dedicated to improving U.S. government support for Early Childhood Development, the AAP provided **policy recommendations** to Congress and **programmatic guidance** for the Administration outlining steps they can take to protect and support Early Childhood Development programs in the midst of COVID-19 including additional funding for foreign assistance, continuity of existing child-focused programming, and allowing flexibility for projects to adapt to the new environment. The AAP also helped to develop a policy brief with the Ending Violence Against Children Task Force on **Child Protection During the COVID-19 Response**, which outlines child protection risks to children that are increased as a result of the COVID-19.

Preventing Future Pandemics

COVID-19 has demonstrated the need for a coordinated national and global response to pandemics. Currently the U.S. global health security infrastructure and activities are largely discretionary and highly variable. The AAP has supported the *Global Health Security Act* (H.R. 2166 / S. 3656), which would establish a permanent federal coordinator who is responsible for coordination of the interagency response to pandemics. Additionally, the bill would increase U.S. coordination with other countries, encourage investment in sustainable health care systems, and help build community resilience to infectious disease threats.

Grassroots Advocacy

AAP Advocacy Alerts & Emails

The Academy sends regular advocacy-focused communications to its members. These emails include timely advocacy action alerts, policy updates and breaking child health news from Washington.

These communications help keep AAP members informed on the latest updates from the nation's capital and offer opportunities to speak up for children's health, including ways to directly contact members of Congress.

The Academy also sends an email every Friday that Congress is in session, spotlighting the key child health activities, events and policy developments from the week.

How to Sign Up for Advocacy Emails

Email kids1st@aap.org with your name, AAP ID if known, and your preferred e-mail address. If you have questions about federal advocacy, contact the AAP Washington Office at 202-347-8600.

Engage with AAP on Social Media

Twitter is a powerful tool that allows individuals and organizations to amplify messages, connect with new and diverse networks, and gain access to local-, state- and federal-level decision-makers. As a pediatrician, Twitter also offers you the opportunity to be part of a community that encourages the exchanging of ideas around child health, while not being constrained by time or geography.

To stay up to date on child health news, follow and engage with AAP on social media via @AmerAcadPeds, @AAPPres, @AAPNews, and @healthychildren. You can also subscribe to AAP's official #tweetiatrician list on Twitter by visiting <https://twitter.com/AmerAcadPeds/lists/tweetiatricians>. Request to be added by emailing AAP's Social Media Strategist, Helene Holstein, at hholstein@aap.org.