

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



April 15, 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 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 in the child welfare system, and children in immigrant families.

Federal Response

Congress has taken unprecedented action to address the COVID-19 pandemic and has passed three pieces of legislation to date. In early March, President Trump signed the *Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020* (H.R. 6074), an \$8.3 billion supplemental funding bill aimed at addressing immediate federal resource needs to support key domestic programs, vaccine and medical countermeasure development, global preparedness programs and response mechanisms, and international partnerships in order to mitigate the impact of the virus.

Congress subsequently passed the *Families First Coronavirus Response Act* (H.R. 6201) on March 18. This \$100 billion legislative package focused on aiding families dealing with the immediate ramifications of the COVID-19 pandemic by bolstering federal and state supports, including nutrition assistance, unemployment insurance, and paid family leave. For more information about this package, please see [AAP's summary](#).

Most recently, Congress passed a sweeping \$2 trillion relief bill. The *Coronavirus Aid, Relief, and Economic Security (CARES) Act* (H.R. 748) is the largest legislation of its kind in American history, providing direct relief to the health care system, families, and businesses. For more information about this package, please see [AAP's detailed summary](#).

It is widely expected that Congress will pass one or more additional bills to address the implications of COVID-19 on human health and the economy. It appears increasingly likely that the next legislative response will include additional funding for small business relief including through the Paycheck Protection Program. However, at present, there is not agreement among congressional leaders about what else should be included in future packages.

State Response

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

Governors have used their public health and emergency authority to issue stay-at-home orders and are marshalling resources and streamlining agency processes to support frontline responders, affected residents, and to shore up suffering state and local economies.

Many state legislatures have postponed or adjourned their regular sessions to comply with safe social distancing practices. As a result, policymakers are seeking new ways to conduct business, with some planning for extensions of session days, one-day special sessions, and other workarounds to provide continuity of legislative business. Key to their work are a wide variety of COVID-19 response measures ranging from disaster funding to education and childcare.

Many AAP chapters have made meaningful progress with their state governments on stay-at-home orders, telehealth, Medicaid payment, and many other issues.

For more information about the AAP's advocacy during the coronavirus pandemic including AAP's letters to Congress, please visit [this website](#).

AAP Priorities

Supporting Frontline Pediatricians

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.

The CARES Act, signed into law in late March, included \$100 billion for Public Health and Social Services Emergency funding for hospitals and practices to acquire PPE, testing supplies, increased workforce training, emergency operation centers, and more. The Assistant Secretary for Preparedness and Response (ASPR) will soon be releasing guidance as to how those funds will be allocated.



ADVOCACY OPPORTUNITY

Please consider adding your voice to the Academy's efforts by taking action on PPE [here](#) (Under Key Issues).

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 also 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 federal resources to support pediatricians.

The CARES Act 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. 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](#).

Additionally, the AAP is advocating that HHS prioritize pediatricians in the allocation of the \$100 billion in Public Health and Social Services Emergency funding under the CARES Act. The AAP and the Children's Hospital Association recently 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. Days after the AAP's letter, CMS Administrator Seema Verma announced that pediatricians would be among the recipients of the second wave of allocations under this funding.

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. The AAP will continue to monitor proposals that provide needed additional resources to pediatricians and other frontline health care workers.

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.

Medicaid financing is the backbone of much of the country's health care system and is essential to providing care for children and families. 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.

In future COVID-19 response packages, the AAP is 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 will advocate 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.

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 new telehealth care payment policies to ensure services continue during social distancing. AAP chapters are actively engaged on numerous related Medicaid advocacy efforts.

Improving Health Care Coverage

Children and families need access to high-quality, affordable health care, and the AAP is advocating to ensure that Medicaid, the Children's Health Insurance Program, and private health plans include needed coverage for prevention, diagnosis, and treatment of COVID-19.

Telehealth

Pediatricians are rapidly changing the way they practice to meet the needs of children and families in the time of this unprecedented crisis. Telehealth care is playing a crucial role in protecting the health of children during this time of social distancing.

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. Nationally, emergency policy changes to telehealth benefits and payment in the Medicare program can serve as a model: expanded coverage of telehealth services beyond patients in rural areas, coverage of services in patients' homes, waiving cost-sharing, and allowing telehealth via a wide range of communication channels including FaceTime, Skype, Facebook Messenger, Google Hangouts Video, and others.

Though several changes have been made to the Medicare program to facilitate telehealth services during the pandemic, the landscape facing children and the clinicians who provide care for them is far more complex.

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. Additionally, AAP chapters are working with public and private payers on delivery and payment for well-

childcare via telehealth modalities to ensure children continue to receive the care they need, when they need it.

AAP has released several documents to help guide pediatricians as they begin to provide telehealth care, including:

- **COVID Coding Guidance FAQs**
- **AAP Guidance: Telehealth Payer Policy in Response to COVID-19**
- **List of State Notices on Telehealth Policy in Response to COVID-19**

Additionally, the AAP established an email box to field members' questions—COVID-19@aap.org—and help provide guidance. An internal telehealth working group is responding to related questions, in addition to monitoring telehealth-related discussions happening on the newly established COVID-19 **discussion board**.

Federal advocacy staff is continuing to advocate for expanded access and adequate payment of telehealth services to Congress and the Administration.

Coverage for Testing

The *Families First Coronavirus Response Act* requires private health plans, Medicaid, CHIP, and TRICARE to provide coverage for COVID-19 diagnostic testing. For Medicaid and CHIP participants, coverage must be provided at no cost to the beneficiary. The bill also provides states with the option to extend Medicaid eligibility to uninsured populations for the purposes of COVID-19 diagnostic testing. This option, however, does not allow for testing through Medicaid of certain immigrant populations such as DACA participants, lawful permanent residents who have been in the U.S. for less than five years, and undocumented immigrants.

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.

As Congress considers additional legislation, AAP will be advocating for every person in the U.S. to have access to cost-free testing, regardless of their immigration status.

Coverage for Treatment

Despite calls to reopen enrollment in the Obamacare exchanges to accommodate uninsured people who may need treatment during the coronavirus pandemic, the Trump Administration has announced that they would not

be reopening the exchanges. The Administration has, however, stated that they will be reimbursing hospitals to cover treatment costs for the uninsured and that these patients will not receive bills for the costs of their care. The funding that the Administration has earmarked for these reimbursements is limited and appears likely to come out of funding provided to reimburse hospitals and practices for PPE and other COVID-19 expenses.

Some states have also acted to waive prior authorization, cost sharing, and/or to require plan coverage of COVID-19 treatment.

Coverage for Prevention and Immunization

It is widely understood that the development of a vaccine protective against COVID-19 will be an essential element of ending the current pandemic. Though a vaccine is not yet available, Congress mandated rapid coverage of vaccines or other COVID preventive services without cost sharing in the CARES Act. The provision requires that group health plans and health insurance issuers provide no-cost coverage of these services within 15 days of a recommendation from the United States Preventive Services Task Force or the CDC's Advisory Committee on Immunization Practices. While no-cost coverage of preventive services has been required since the Affordable Care Act's implementation, the provision would speed patients' access to COVID-19 prevention and immunization and underscores the important role of comprehensive coverage in addressing this public health emergency.

Strengthening Systems and Programs to Respond to COVID-19

Public Health Infrastructure

Core public health functions of government at the federal, state, and local levels are key to responding to the COVID-19 public health emergency by mitigating the spread of the disease, and Congress has included additional funding to bolster these resources as the disease continues to spread. At the federal level, the Strategic National Stockpile (SNS) is intended to help assure the continued availability of supplies, medicines, and devices for life-saving care, such as ventilators, during a public health emergency. However, reporting continues to indicate that the stock of supplies in the SNS is inadequate and that distribution of supplies to states has been uncoordinated. Congress provided additional funding in the CARES Act to replenish the SNS and specifically required that PPE and medical supplies for the administration of vaccines be kept in the stockpile.

State and local governments continue to play a leading role in protecting Americans from COVID-19, but the sudden economic downturn has significantly reduced needed tax revenue to respond to the crisis. As such, Congress created a \$150 billion Coronavirus Relief Fund to provide money directly to state and local governments to cover the costs of expenses incurred in the response to COVID-19. It is likely that state and local governments will need additional relief in the months ahead.

The AAP is committed to ensuring a strong public health response to the COVID-19 pandemic and continues to advocate to strengthen health care system infrastructure during the crisis. On April 3, AAP joined numerous organizations in sending a **letter** to congressional leadership urging them to include a significant, long-term investment in public health infrastructure in the next COVID-19 response legislative package.

In future legislation, the AAP is focused on addressing vaccine hesitancy that may hinder widespread uptake of a COVID-19 vaccine when available for use in the general public. On April 7, the AAP sent a **letter** to Capitol Hill signed by more than 190 organizations urging Congress to include the *Vaccine Awareness Campaign to Champion Immunization Nationally and Enhance Safety (VACCINES) Act of 2019* (H.R. 2862) in the next COVID-19 legislative vehicle. This legislation, led by Rep. Kim Schrier (D-Wash.), would help track vaccination rates, combat vaccine hesitancy and misinformation, and authorize a public campaign to highlight the importance of vaccines.

Workforce

Congress has taken targeted action in recent legislation to address COVID-19-related health care workforce needs. The CARES Act reauthorized the Pediatric Subspecialty Loan Repayment Program (PSLRP), a top AAP policy priority, to address critical shortages of pediatric subspecialists. The provision renews the program for 5 years with no policy changes and includes an open-ended funding authorization rather than indicating a specific amount for appropriators to spend. The AAP is urging Congress to appropriate initial funding for PSLRP in the upcoming fiscal year, and the newly secured authorization for PSLRP will bolster these ongoing efforts. Congress also granted flexibility to allow National Health Service Corps members to practice outside of their approved sites to meet regional needs for health care providers.

State policymakers are taking 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.

In addition to state actions, 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 future legislation, the AAP will be advocating for a broader approach to liability protections for physicians.

Research

While the health care system and government take urgent action to address the global pandemic, much remains unknown about SARS-CoV-2 and COVID-19, including foundational knowledge about the epidemiological characteristics and virology of the novel coronavirus, as well as clinical knowledge about prevention and treatment of COVID-19. The CARES Act included nearly \$1 billion in supplemental funding for the National Institutes of Health to conduct research into COVID-19, on top of \$800 million in funding provided to the NIH in the *Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020*. This research will investigate vaccines, therapeutics, and diagnostics to increase our understanding of COVID-19.

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, and the AAP is working to ensure that children are not left out of this critical component of pandemic response.

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.

Bolstering Support for Families

Families are facing a host of challenges as COVID-19 upends childcare arrangements, threatens access to needed

nutrition and social supports, leaves children and families more vulnerable to mental health disorders, and results in millions of Americans with less financial security. The AAP continues to advocate for the optimal health of all children by increasing access to services that can prevent medical and mental health disorders and strengthen 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. The *Families First Coronavirus Response Act* invests new authority in USDA to relax the physical presence requirement for WIC certifications and waive additional regulatory barriers to service delivery. USDA has also issued nationwide waivers so that children are able to receive free meals when schools are not open. These waivers have provided needed flexibility for meal service times, meal pattern requirements, activity requirements, and existing requirements that meals be served in group settings. For more information about the waivers that USDA has issued, please see **this webpage**.

In the wake of nationwide school closures, school districts are finding innovative ways to deliver meals to students, such as onsite outdoor pick up of a week's worth of meals at one time and using school buses to deliver meals. A handful of states currently allow SNAP participants to order groceries online, allowing vulnerable populations or those with no other care for their children to stay home, with more states expecting to add the program soon.

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.

Paid Sick and Family Leave

The *Families First Coronavirus Response Act* requires certain employers to provide employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. This provision includes most employers with fewer than 500 employees, however, small businesses with fewer than 50 employees may qualify for an exemption from the requirement to provide leave due to school closings

or child care unavailability if the leave requirements would jeopardize the viability of the business.

Employees can request two weeks of paid leave if they're unable to work because they're sick and an additional 10 weeks at a reduced pay rate to care for their child if they're forced to quarantine. Employers will be eligible for a tax credit to reimburse wages paid for this paid sick leave and paid family leave, up to a capped amount. More information is available from the **Department of Labor**.

Despite the legal requirement for emergency paid sick leave, the Department of Labor's implementation of the hardship exemption for small businesses with fewer than 50 employees has left many employees without access to necessary paid time off. The AAP will be working to address these shortcomings to ensure access to paid leave for all families who need it.

State policymakers have taken steps to expand or create paid sick and paid family and medical leave programs for individuals affected by COVID-19.

Unemployment Insurance

Congress has invested significantly in unemployment insurance to support the millions of Americans who have lost their jobs due to the pandemic. In the *Families First Coronavirus Response Act*, Congress provided \$1 billion of emergency funding to cover additional administrative costs states are facing in their unemployment insurance programs and required states to make it easier for more people to access needed income supports. The *CARES Act* followed up on this initial investment with billions of dollars more to increase the amount of unemployment insurance beneficiaries receive each week by \$600, increase the length of time for which individuals can receive benefits, and ensure self-employed and gig economy workers qualify for benefits. It is anticipated that Congress will provide additional funding for unemployment insurance as the crisis deepens.

Several states have taken steps to waive unemployment qualification processes to ensure immediate access to benefits for those affected by job loss due COVID-19.

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 to pursue 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](#).

The bill also included funding for programs providing critical services and housing for runaway youth or youth experiencing homelessness. These funds support street outreach, emergency shelters, longer-term transitional living arrangements, and maternity group home programs. AAP supports this funding but acknowledges that significant additional funding is necessary to support the needs of older youth during this pandemic.

Lawmakers in some states have acted to suspend in-person visitation between children-in-care and families in favor of virtual visits. Other state actions include requiring telehealth for medical visits for children-in-care and relaxing requirements for initial health examinations for children entering care.

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 holstein@aap.org.