

PENNSYLVANIA



BLUEPRINT FOR CHILDREN A STATE CHILD HEALTH POLICY AGENDA 2020 AND BEYOND

Priorities and recommendations to foster child health and well-being, achieve health equity, eliminate health disparities, optimize health outcomes, strengthen families, support our communities, and embrace the position of Pennsylvania as a leading state for children

Pennsylvania Chapter

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



A Letter from the PA Chapter, American Academy of Pediatrics

Dear Partners:

The Pennsylvania Chapter of the American Academy of Pediatrics (PA AAP), in collaboration with the American Academy of Pediatrics (AAP), has produced the Pennsylvania Blueprint for Children to put forward a vision for what Governor Tom Wolf's administration and the Pennsylvania legislature can do to improve the lives of children.

The PA AAP is a non-profit professional medical organization with a membership of over 2200 Pennsylvania pediatricians and pediatric providers who care for Pennsylvania's children. PA AAP members are dedicated to promoting the health and well-being of children and the value of pediatric practice.

Pediatricians-in partnership with parents, educators and advocates-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 universities, hospitals or clinics-providers see first-hand the potential that is present in every child. Achieving this potential requires a new commitment to addressing the needs of children, families, and communities.

Because the health of our society depends upon the strength and well-being of children, this document outlines a comprehensive vision for how state government should be aligned to give children a solid foundation. The priorities outlined in our agenda are based on survey results conducted among members of our chapter in early 2020, with the addition of the priorities of the chapter's Advocacy Committee and Board of Directors and the national AAP leadership in 2020. Recommendations set forth are based on the science of optimal child development, especially the increasing evidence of the critical role of early childhood influences on health, education, and economic lifespan outcomes. 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.

A thoughtful approach to optimum child development is the single best investment in the future that our great state can make. To this end, concerted action by all levels of state government is required to promote healthy children, support secure families, build strong communities, and ensure Pennsylvania is a leading state for children.

At any time, PA AAP experts are happy to provide additional consultation and/or share the scientific research and evidence behind the Pennsylvania Blueprint for Children recommendations. We look forward to working with you to build Pennsylvania's healthy future!

Sincerely,

Trude Haeker, MD, FAAP
President

Gabriel Cisneros, MD, FAAP
Co-Chair, Advocacy Committee

William Keough, MD, FAAP
Co-Chair, Advocacy Committee

Building a Healthy Future

Policy Goals

PROMOTE HEALTHY CHILDREN

All children, adolescents, and young adults from birth to the age of 26 years must have access to the highest-quality health care, so they can thrive throughout their lifespan. Policymakers must ensure that all children, regardless of their race, ethnicity, sex, sexual orientation, gender identity, income, family composition or immigration status have:

- equitable, non-discriminatory access to affordable and high-quality health care coverage
- insurance with comprehensive, pediatric-appropriate benefits
- access to needed primary and subspecialty pediatric care, oral health and mental health services
- access to necessary COVID-19 services, supports, and treatments
- comprehensive, family-centered care in a medical home



ENSURE OUR STATE IS A LEADER FOR CHILDREN

Child health and well-being must be elevated and maintained as a priority in our state. Policymakers must develop and implement policies that:

- acknowledge racism as a public health crisis and work towards eradicating racism through interdisciplinary partnerships with community organizations that have developed campaigns against racism
- fund and support public health and health services to help children grow into healthy adults
- address environmental health and climate change issues that affect children
- combat factors that make some children more vulnerable than others, such as race, ethnicity, religion, immigration status, sex, sexual orientation, gender identity, and disability

PROMOTE SECURE FAMILIES

Together we can work to advance efforts to ensure that parents can give their children the best foundation for the future. Policymakers must ensure that all families have:

- work that provides a stable and adequate income and family-friendly benefits, including paid family medical and sick leave
- safe, secure, and non-discriminatory housing
- affordable and safe high-quality child care
- access to adequate, healthy, nutritious foods throughout the year
- resources to support family placement and permanency within the child welfare system

PROMOTE STRONG COMMUNITIES

Strong communities are the building blocks for secure families and healthy children.

Policymakers must ensure that communities:

- are safe from all forms of violence and environmental hazards
- provide high-quality early education especially in segregated urban, suburban, and rural communities
- support public health systems that protect children from infectious diseases and support maternal and child health
- respond effectively when natural disasters and public health emergencies occur

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MENTAL HEALTH

PA AAP supports legislation that promotes mental wellness in children by addressing sources of toxic stress, reducing stigma, and improving access to mental health services. Mental health disorders continue to be a leading cause of morbidity and mortality amongst children. One in five adolescents will experience a mental health disorder in their life, and suicide continues to be one of the top three leading causes of death amongst 10-24-year-olds. Only 54-78% of children receive treatment for their mental health disorders leaving a significant minority untreated. Effective screening measures should be implemented. However, in order to truly increase the rates of treatment, access to appropriate treatment must be improved.

Growing evidence also underscores the prevalence of mental health issues amongst young children. One in six children between 2-8 years of age will have an emotional, behavioral, or developmental disorder. When untreated, these disorders interfere with child development and place a child at risk for poor long term outcomes. We must improve access to evidence-based interventions such as parent management training models, parent-child psychotherapy, and cognitive behavioral therapy in order to mitigate the detrimental impact on development.

Barriers to accessing mental health care involve the cost of mental health treatment and a statewide shortage of providers. Insurance provides insufficient reimbursement for mental health services, heightening costs. We commend the PA state government for acknowledging this barrier, and seeking to better enforce regulations on insurance companies regarding mental health service reimbursement. However, explicit efforts must also be made to encourage providers to join the workforce and protect those providers who are already working to meet the mental health needs of Pennsylvania residents.

Finally, effectively addressing mental wellness amongst children must involve addressing toxic stress from adverse childhood experiences (ACEs). Since the ACE study in 1998, numerous studies have described the physiologic effects of toxic stress and documented the associated comorbidities, including mental health disorders. Data also suggests that strong parent-child relationships mitigate toxic stress. Thus, the widespread implementation of parent management training models and other parental support systems will address the worsening mental health crisis faced by children in Pennsylvania.

POLICY RECOMMENDATIONS:

- Ensure equitable access to mental health screening, diagnostics, and a full array of evidence-based therapeutic services to address the mental and behavioral health needs of children, from infancy through adolescence
- Improve payment model for mental health services through Medicaid
- Promote job entry into mental health fields and support legislation that protects mental health providers
- Support programs that foster positive parent-child relationships through funding and regulation
- Support research into efficacy of pharmacologic and nonpharmacologic therapy in children with mental health disorders
- Reduce adolescent substance use through expanding evidence-based screening, brief intervention, and substance use treatment services
- Protect young people from tobacco and vape/e-cigarette products through product regulations that keep child-friendly products off the market, effective laws that reduce youth access, and expanded provision of tobacco cessation services for adolescents

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IMMUNIZATIONS

PA AAP strongly supports policies that promote vaccination and opposes any legislation that weakens or eliminates immunization mandates. PA AAP follows the AAP Bright Futures immunization recommendations and believes all children in Pennsylvania should receive immunizations according to the CDC Immunization Schedule for Children and Adolescents.

Vaccines are a safe and effective method of preventing illness and death from vaccine-preventable diseases such as measles, influenza, hepatitis, whooping cough, meningitis and pneumonia. Vaccine-preventable infectious disease outbreaks can be prevented with high immunization rates that achieve herd immunity.

Unfortunately, outbreaks of measles, pertussis (whooping cough), meningitis, and other vaccine preventable diseases are returning, as a small, but growing number of parents are opting out of vaccinating their children. In 2017, 2.3% of kindergartners and 3% of 7th graders had non-medical exemptions from school-required vaccines, increases of 21% and 25% respectively from the previous year. During the 2017-2018 flu season in Pennsylvania, there were 258 flu-associated deaths setting a record with about 100 more than the previous season. Six of those deaths were children. More can be done to prevent unnecessary pain and suffering from vaccine-preventable diseases.

Second only to clean water, vaccines are one of the greatest public health interventions of the 20th century. Pennsylvanians of all ages benefit when vaccines are accessible and coverage rates are high. Vaccine legislation is important to ensure herd immunity and limit inappropriate exemptions to school-required immunizations. The science is clear, as are the dangers posed to those vulnerable segments of our population, who are either too young or medically unable to receive vaccines and may be exposed to these potentially deadly diseases.

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Governmental policies that support immunization and protect children and adults alike from the unnecessary consequences of not vaccinating are essential and PA AAP urges actions that strive to eliminate the economic barriers to accessing immunizations and that promote vaccine education. PA AAP considers the medical home to be the ideal location for vaccinating children, while recognizing that other sites such as schools and pharmacies may also deliver immunizations when adhering to safety standards and reporting to the Pennsylvania Statewide Immunization Information System (PA-SIIS).

POLICY RECOMMENDATIONS:

- Eliminate all non-medical immunization exemptions
- Reduce and/or eliminate administrative and financial burdens placed on pediatricians and other health care providers who provide immunizations or promote appropriate reimbursement for purchasing, storing and administering vaccines
- Support education around immunization safety and efficacy
- Reform the Pennsylvania State Immunization Registry that will allow interoperability of patient immunization information
- Address misinformation campaigns that promote falsehoods surrounding the safety and efficacy of immunizations
- Restore confidence in our public health and scientific agencies by reinvigorating their independence from political influence, rebuilding their commitment to evidence-based action, and restoring their role as the first line of defense for public health

SOURCES:

Medical Versus Nonmedical Immunization Exemptions for Child Care and School Attendance. COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE, COMMITTEE ON INFECTIOUS DISEASES, COMMITTEE ON STATE GOVERNMENT AFFAIRS, COUNCIL ON SCHOOL HEALTH and SECTION ON ADMINISTRATION AND PRACTICE MANAGEMENT. *Pediatrics* September 2016, 138 (3) e20162145

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ACCESS TO CARE AND CHILD POVERTY

PA AAP supports legislation that reduces the number of children living in poverty in our Commonwealth, and increases the number of children who have health insurance coverage and therefore improved access to healthcare - both preventative care and care related to illnesses and emergencies. Current data shows that 16.8% of children under 18 in Pennsylvania live in a household whose income puts them below the poverty line. Child poverty affects physical, neurodevelopmental and emotional development in profound ways. These effects, when unmitigated, influence the ability for children to succeed in school even under ideal learning conditions, and can lead to

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lifelong inequities and societal costs. Investing in children and young families from the beginning pays measurable economic benefits to society.

Several categories of policies can benefit children living in poverty. One is direct financial assistance through tax credits, cash assistance and food assistance. Children also benefit directly from programs that raise minimum wages and support low income families in finding high quality childcare and making it affordable. Education initiatives that support Early Head Start and Universal Pre-K help to level the playing field for disadvantaged children and have been shown to have a 14% return on investment with improved educational and occupational outcomes. In addition programs that encourage families to invest in higher education, like the Keystone Scholars program improve the likelihood that families are able to climb out of poverty.

It is well documented that investing in preventative healthcare for children saves health dollars in the short and long run. Children who have high quality health insurance are more likely to have well child visits and immunizations that are up to date, and comprehensive care including dental, mental health and substance abuse treatment, leading to healthier adults. It is easy to see during the COVID-19 crisis how the health of all residents of the Commonwealth is linked, and now more than ever investing in comprehensive coverage for all children is crucial.

POLICY RECOMMENDATIONS:

- Support and expand strategies that promote employment, especially for families living below the poverty line
- Support policies that help increase family income, including higher minimum wages, cash assistance, education and job training programs, bolstering SNAP, and expanding the EITC, child tax credit and child and dependent care tax credit
- Ensure all children have universal access to high-quality early childhood care and education environments through robust funding to support child care access and provision of universal preschool
- Promote optimal child development and ensure parents can provide children with needed care and support by making access to paid family and medical leave universal
- Continue the Keystone Scholars Program, a 529 savings plan in which the Pennsylvania Treasury invests \$100 toward future post-secondary education for every child born to or adopted by a PA family after December 31, 2018
- Support policies that protect and strengthen the Children's Health Insurance Program (CHIP), Medicaid and the Affordable Care Act (ACA) so that affordable, quality health insurance is available to all children, adolescents and young adults living in the Commonwealth, regardless of income, family composition, or immigration status
- Improve families' access to Medicaid coverage and services by simplifying eligibility processes, reducing bureaucratic barriers to care, and streamlining enrollment
- Increase funding for and access to federal nutrition programs including breastfeeding support and nutrition education
- Ensure that TRICARE covers needed services for children who live in military families and that they have access to pediatricians and other medical providers throughout the Military Health System
- Foster lifelong sexual health and wellbeing by expanding comprehensive sexuality education and advocating for adolescent access to the full range of reproductive health services

SOURCES:

Poverty and Child Health in the United States Council on Community Pediatrics, Pediatrics March 2016, peds.2016-0339; DOI: <https://doi.org/10.1542/peds.2016-0339>

Heckman JJ The case for investing in disadvantaged young children. In: Big Ideas for Children: Investing in Our Nation's Future. Washington, DC: First Focus; 2008:49-58

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FIREARM VIOLENCE PREVENTION AND SAFETY

PA AAP supports legislation that protects all children from gun violence. Homicide, accidental injury, and suicide rank the top three causes of death in children ages 15-24 in the United States. In Pennsylvania the gun death rate in 2017 was 12.4 per 100,000, which ranked the state 25th of 50. That rate is steadily increasing as cities like Philadelphia reach record numbers of gunshot victims in 2020, with a staggering 148% increase in the number of children shot since 2015 in just Philadelphia alone. In Pittsburgh, the number of shots fired was more than 1,700 between January and July 2020.

The public health burden of gun violence comes not only from the lives lost, but also from the trauma inflicted on those left behind. A single neighborhood murder can impact as many as 200 people in a community. Furthermore, exposure to violence puts youth at increased risk of substance use, depression, aggression, and adult criminality. The ways in which trauma creates a cycle of violence is well documented. Effective gun violence prevention will require expanding community-based interventions that prevent gun violence, promoting resilience-building mental health services, and implementing evidence-based gun safety laws.

Few models of community-based violence prevention have been well studied. One such model is CeaseFire, which uses known members of the community to redirect conflicts towards peaceful resolution. CeaseFire Philadelphia has reduced nonfatal shootings in Philadelphia by 30% in just two years. PA AAP supports policy that promotes expansion of conflict-resolution programs like CeaseFire, but also implores the legislature to support research assessing the efficacy of other promising programs such as hospital-based interventions and “greening properties.” PA AAP will also support the protection and expansion of evidence based community interventions such as the creation of safe spaces for children, job opportunities, and access to basic needs in preventing violence.

Current PA gun law offers minimal protection from gun owners who pose an imminent threat to themselves or others. PA AAP will support permit to purchase laws, extreme-risk prevention orders (ERPO), domestic violence prevention orders, background checks for private sale of long guns, and lost or stolen firearm reporting which are policies that have shown great efficacy across multiple states. Permit to purchase laws require a 30 day background check prior to purchasing a gun and alone has led to a 40% reduction in firearm homicide and a 15% reduction in firearm suicide in states where it is implemented. ERPO will allow police to temporarily retain the gun of someone who has active suicidal ideation, and has led to one life saved for every 10 to 20 guns retained. Similarly, domestic violence prevention orders allow for the temporary retention of a suspect's firearms by law enforcement while an intimate partner violence case is being processed in court. This prevention order can result in 13-23% reduction in inter-partner homicide. Currently, private sales of long guns are not subject to background checks and are implicated most in mass shootings, and therefore should be subject to background checks. Finally, mandatory reporting of lost or stolen firearms will hold gun owners accountable and reduce the number of trafficked crime guns leading to decreased lives lost.

Safe storage of firearms is known to protect children from unintentional injury and harm. A 2018 study found that 7% of children live in homes with at least one loaded, unlocked firearm - that is 4.6 million minors in the U.S. Most injuries that are self-inflicted in youth result from guns in their own home, whereas almost half of unintentional injuries and deaths result from guns from the home of a friend or relative. Safe gun storage practices have been shown to reduce odds of suicide attempts and unintentional injuries in youth. PA AAP will support legislation advocating for safe storage and restrict child access to firearms.

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Finally, effective gun violence prevention strategies should also acknowledge the importance of addressing the trauma experienced by direct and indirect victims of violence. AAP has strongly recommended developmentally appropriate resilience-building interventions as a method of mitigating toxic stress associated with violence exposure. PA AAP will support legislation that allows for the expansion of these interventions.

POLICY RECOMMENDATIONS:

- Support evidence based community programs that reduce street violence and support families affected by trauma and gun violence (e.g. after school engagement, gang prevention programs, and conflict resolution programs)
- Ensure effective gun safety policy is passed and implemented (e.g. permit-to-purchase legislation, licensing laws, extreme risk protection orders, domestic violence restraining orders, background checks for private sale of long guns, lost and stolen firearm reporting, and firearm restrictions)
- Provide more accessible means for people to get rid of guns they do not want
- Encourage safe storage of firearms and protect children from unintentional injury with child access protection (CAP) legislation
- Reinstate the federal ban on the sale of assault weapons and high-capacity ammunition magazines to the general public
- Federal ban on the sale of firearms on the internet
- Support universal background checks and close gun show loopholes that allow individuals to bypass background checks and waiting periods
- Support funding to conduct firearm-related research

BILLS IN SUPPORT:

- Legislation requiring a person involuntarily committed to a mental institution for inpatient care and treatment to relinquish any firearms under that person's control
- Legislation requiring a person who is the subject of an extreme risk protection order to relinquish any firearms under that person's control
- Legislation requiring gun owners to safely store firearms if a person who cannot legally possess a firearm lives in the owner's residence
- Legislation requiring gun owners to safely store firearms when not under direct control of the owner

SOURCES:

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PRACTICE-RELATED ISSUES

PA AAP supports policies that reduce administrative burdens on pediatricians, allowing practices to provide quality health care in an efficient manner and preventing physician burnout. For instance, an update to the process of prior authorization of medical treatment, testing and procedures is long overdue, as the process has negatively impacted patients' ability to obtain needed care while at the same time causing bureaucratic strain of physician practices.

Midlevel providers such as physician assistants (PAs) and certified registered nurse practitioners (CRNPs) are key members of pediatric practices, collaborating with pediatricians to deliver health care to children and their families throughout Pennsylvania. PA AAP supports legislation that encourages this collaboration while creating safeguards that prevent midlevel providers from working beyond their scope of practice and ensuring patient safety.

Rules regarding the venue for medical malpractice lawsuits are being contested. Currently medical malpractice lawsuits are brought to court within the county in which the alleged malpractice occurred, however attempts have been made by the Civil Procedural Rules Committee of the Supreme Court of Pennsylvania to allow plaintiffs to change the venue to anywhere within the Commonwealth where plaintiffs may find a more favorable ruling. Such a change would result in a rise in malpractice insurance premiums and thereby negatively impact physicians' choice of practicing in Pennsylvania and patient access to health care. Therefore PA AAP opposes change of the venue rule.

POLICY RECOMMENDATIONS

- Reform prior authorization to reduce administrative burdens on pediatric practices and allow patients to obtain medical treatment, testing and procedures without undue interference from third parties
- Recognize that healthy children need a healthy pediatric delivery system that doesn't simply rely on the goodwill and personal sacrifice of pediatricians: bring Medicaid payment rates, at a minimum, up to parity with Medicare, correct vaccine payment inadequacies, and extend COVID-19 fiscal relief to all pediatricians
- Study the impact of CRNPs practicing more independently in Health Professional Shortage Areas (HPSAs) of the Commonwealth with a CRNP Pilot Project
- Oppose change of venue rule for medical malpractice lawsuits
- Meet the growing needs of children with special health care needs by ensuring it is financially viable for pediatricians to pursue subspecialty training

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BILLS IN SUPPORT:

- Legislation updating prior authorization standards and appeals
- Legislation creating a six-year pilot program expanding the scope of practice of primary care CRNPs in federally designated HPSAs

SOURCES:

Review of Proposed Amendment of Pennsylvania Rules of Civil Procedure Nos. 1006, 2130, 2156, and 2179: Governing Venue in Medical Professional Liability Actions in Pennsylvania. Milliman Research Report, Feb 20, 2019.



CLIMATE CHANGE AND ENVIRONMENTAL HEALTH

PA AAP supports legislation that promotes a safe and sustainable environment for children to grow into healthy adults. We are committed to understanding and addressing the danger to child health posed by climate change.

Climate change is defined as the long-term change in average weather patterns across the planet, most notably the increase in average global temperature of 1 degree Celsius since the pre-industrial period, and is considered by most climatologists to be the result of high levels of heat-trapping greenhouse gases such as carbon dioxide, methane and nitrous oxide being emitted into the atmosphere.

Climate change poses significant threats to the health, safety and security of children. These include an increase in 1) vector-borne diseases such as lyme disease, 2) respiratory and diarrheal illness, 3) food insecurity and poverty 4) heat-related illness 5) displacement from extreme weather events, fires, flooding and landslides 6) exposure to toxic chemicals 7) risk of prematurity and low birth weight. Furthermore, children are uniquely vulnerable to these effects. The World Health Organization estimates that greater than 88% of the existing burden of disease from climate change occurs in children less than five years of age.

There are many steps we must take to protect children from the effects of climate change. We can reduce greenhouse gas emissions from energy production by transitioning from coal, oil and gas to renewable energy. In 2016, Pennsylvania emitted 217 million metric tons of carbon dioxide from energy production alone, the fourth highest level in the nation. Buildings are a leading source of greenhouse gas emissions through their use of heating and electricity; making buildings more energy efficient will further reduce emissions. Incentivizing electric vehicle use over internal combustion engines will cut emissions from transportation. Supporting public transportation and redesigning public spaces to encourage walking and bicycling will decrease automobile dependency and usage. Children are also vulnerable to pollution of the air, water and soil. Asthma is a significant public health problem affecting an estimated 14% of children under age 18 in Pennsylvania.

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Asthma is known to be associated with air pollution, and efforts to improve air quality will help reduce the prevalence of asthma. Transition to zero-emission transportation technologies could save billions of dollars in healthcare costs and protect thousands of people from pollution-related illness and premature death.

Lead toxicity is another important public health issue. Lead has no physiologic role in the human body, and exposure may result in intellectual, behavioral and academic deficits. The Center for Disease Control and Prevention (CDC) defines an elevated blood level as above 5 micrograms per deciliter, and lead screening is recommended at 12 and 24 months. In 2018 there were 6,585 children under the age of six with a confirmed elevated blood level in Pennsylvania. Lead screening is not mandated in Pennsylvania, and only 30% of children in the Commonwealth were tested in 2018. Most lead exposure occurs within the home, and if children have been found to have elevated blood lead levels, home inspections can help identify and remove lead sources.

POLICY RECOMMENDATIONS:

- Enact policies that promote healthy environments for children and families, including reducing outdoor and indoor air pollution, and protecting children from exposure to harmful chemicals such as lead, a potent neurotoxin
- Implement a comprehensive response to climate change by aggressively reducing greenhouse gas emissions, transitioning to a clean energy economy, and promoting environmental justice
- Address aging and outdated infrastructure and promote access to quality and healthy housing
- Ensure children have access to clean and safe outdoor recreation areas so that children can play together, participate in physical activity, advance their social and emotional well being and reduce the rates of childhood obesity
- Prioritize international efforts to address global challenges such as climate change and COVID-19, by rejoining the Paris Climate Accord and the World Health Organization
- Increase foreign aid and work to strengthen programs that improve children's health and wellbeing, end preventable maternal and child deaths, and support all children in reaching their full potential
- Encourage improvement in water sanitation efforts, including screening for common contaminants that affect children's health
- Reduce food insecurity through support of local food banks and food assistance programs

BILLS IN SUPPORT:

- Legislation requiring lead screening of all children in the Commonwealth by one and two years of age
- Legislation closing Clean Indoor Air Act loopholes

SOURCES:

Global Climate Change and Children's Health. *Pediatrics*, 2015. Nov; 136(5): 992-997.

Sheffield, Perry and Landrigan, Philip. Global Climate Change and Children's Health: Threats and Strategies for Prevention. *Environmental Health Perspectives*. 2011 March; 119(3): 291-298.

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COVID-19 PANDEMIC RESPONSE

SARS-CoV-2 is a viral respiratory pathogen that causes COVID-19 and has led to a global pandemic with nearly 50 million cases and over one million deaths worldwide. In the U.S. there have been over 423,000 deaths from COVID-19, and over 20,000 deaths in Pennsylvania alone. Children represent roughly 12% of all cases in the U.S., and although the illness is generally less harmful in children compared to adults, it has been associated with a rare and severe condition known as Multi-system Inflammatory Syndrome in Children (MIS-C). From February 12, 2020 to January 21, 2021, nearly 2.68 million cases of COVID-19 were reported to CDC in persons less than 21 years old. For a more detailed and up-to-date report on pediatric COVID-19 cases, [visit here](#).

In addition to illness and death, the pandemic has also led to high unemployment, school and work closures and economic hardship for many families. The COVID-19 pandemic has disproportionately affected low-income communities and people of color. Vaccination rates have also declined during the pandemic, posing a threat of emergence of other infectious vaccine-preventable diseases.

PA AAP strongly supports policies that prevent the spread of coronavirus, allow schools to safely open for in-person learning, and provide financial relief to those most greatly impacted by the economic downturn. The CARES Act passed by U.S. Congress in March 2020 lifted 18 million individuals out of monthly poverty in April, but when the unemployment benefits expired those gains were lost.

POLICY RECOMMENDATIONS:

- Develop and fund a national strategy to implement the public health measures we know can stop the spread of COVID-19 in schools and communities, including accessible testing, contact tracing, use of cloth face coverings, and physical distancing
- Encourage the use of masks in public and support access to personal protective equipment (PPE) for healthcare workers and first responders to limit the spread of coronavirus
- Establish statewide coverage and payment parity for telemedicine for physical and behavioral health and teledentistry, and address disparities in access to telehealth such as appropriate communication infrastructure, especially high-speed internet
- Include undocumented immigrants as beneficiaries in statewide grant relief legislation
- Provide no-cost COVID-19 testing and treatment for all and ensure that emergency Medicaid covers testing and treatment for immigrant populations
- Include children and adolescents in COVID-19 vaccine trials as soon as appropriate, so that they can benefit from a safe and effective vaccine
- Fund services for children most vulnerable to COVID-19, including youth of color, children with disabilities, justice-involved youth, those in the child welfare system, low-income youth, and children in immigrant families
- In light of school closures and physical distancing, develop and fund alternative sites and strategies to distribute meals to food-insecure families and maintain access to WIC

BILLS IN SUPPORT:

- Legislation providing broad civil and criminal immunity for health care providers, health care facilities and child care providers for their efforts during the COVID-19 emergency in the Commonwealth

SOURCES:

Children and COVID-19: State Data Report Version 9/24/20. A joint report from the American Academy of Pediatrics and the Children's Hospital Association.

COVID-19 Dashboard by the CSSE at JHU. <https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

COVID-19 Projections. IHME. <https://covid19.healthdata.org/united-states-of-america/pennsylvania?view=total-deaths&tab=trend>

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ANTI-RACISM AND IMMIGRANT HEALTH

PA AAP is committed to supporting policies that work toward dismantling institutional racism, which significantly impacts the health and wellbeing of children and their families.

Race and racism are social constructs without biological basis that originate as far back as the time of European colonization of North America, as they were used to justify the brutal subjugation, displacement and genocide of American Indians, enslavement of Africans, discrimination against Asian and Latin Americans, and ultimately boost the wealth of and assign dominance to a specific social class. While progress has been made in the years since toward a more just society, racist ideas of white supremacy and unconscious bias continue to this day, and significant health inequities exist that are reinforced by these views and perpetuated further by an unwillingness and failure to right these wrongs.

Child health inequities begin very early in life and continue into adulthood. The percentage of infants born low birth weight in 2018 among non-Hispanic Blacks (14%) was twice as high as non-Hispanic whites (6.9%). Infant mortality in 2016 was also twice as high among non-Hispanic Blacks (11.4%) compared to non-Hispanic whites (4.9%). In Pennsylvania, the percentage of children living in poverty in 2018 was three times as high among Blacks (32%) compared to non-Hispanic whites (11%).

Children living in poverty are more likely to suffer prolonged exposure to stress hormones, a condition known as toxic stress, which thereby increases the risk for cardiovascular disease, diabetes, depression and autoimmune disease and also disrupts brain development and cognitive ability.

African American, Hispanic and American Indian youth and adults have disproportionately high incarceration rates compared to their white peers. People of color comprise more than 60% of the prison population, while only comprising 13.5% of the total US population. Black and Brown youth are three times more likely than white peers to be stopped and frisked by police though less than 3% of frisks reveal weapons or contraband. Youth of color are more likely to be arrested for noncriminal infractions such as truancy, curfew violations, or talking back to teachers. Studies have shown that police view Black boys as older and more aggressive than white peers. Furthermore, Black and Brown youth are 21 times more likely of being killed by police use of force compared to their white peers. This ultimately leads to lifelong physical and psychological harm, and reinforces the school-to-prison pipeline for youth of color.

Finally, life expectancy, the most frequently used life table statistic, was higher in 2017 among non-Hispanic whites (78.5) compared to non-Hispanic Blacks (74.9) by three and by three and a half years. Taken together as a whole, these statistics demonstrate a lifetime of significant health inequities from infancy and childhood into adulthood that require dedicated efforts at the policy level in order to achieve a more equitable society.

Pennsylvania, an estimated 24,000 children do not qualify for Medicaid or CHIP because of their immigration status, and consequently many of these children do not get healthcare including life saving diagnostic testing and treatments. Expanding healthcare coverage to all undocumented immigrants is essential to reduce health disparities and promote healthy equity. Furthermore, in March 2017, the American Academy of Pediatrics released a policy statement categorically opposing the detention of children, as even short periods of detention can cause severe psychological trauma and long-term mental health risks. In fact, children in detention centers face higher rates of death threats, physical harm, and sexual abuse, associated with higher risk of suicide. As physicians, we advocate not only for the health of children and their families, but also for their dignity and respect. Therefore, the PA AAP supports the release of all detained immigrant families and children, and the cessation of all family detention.

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POLICY RECOMMENDATIONS:

- Implement policies through the lens of racial equity, with the goal of instituting universally just and equitable policies that will eliminate disparities in health care
- Protect civil rights protections in health care for all children to ensure that discrimination and personal beliefs do not hinder access to care or perpetuate health inequities
- Expand state rental assistance and improve and enforce public housing standards to combat housing inequities and environmental racism that harm communities of color
- Reform child welfare policies to eliminate inappropriate institutional placements of children and youth and promote family placement and permanency
- Acknowledge that health equity is unachievable unless racism is addressed through interdisciplinary partnerships with other organizations that have developed campaigns against racism
- Advocate for improvements in the quality of education in segregated urban, suburban, and rural communities designed to better optimize vocational attainment and education milestones for all students
- Release all detained immigrant families and end the practice of family detention
- Reunite all separated immigrant families, end the continued, illegal practice of family separation, and provide adequate mental health support for children and families who have been separated
- Combat the harmful, xenophobic rhetoric that has further marginalized communities of color and led to poorer health outcomes
- Enact comprehensive immigration reform that prioritizes the health, well-being, and safety of children

BILLS IN SUPPORT:

- Legislation amending Title 18 Section 508 of Pennsylvania Consolidated Statutes to limit the use of deadly force by police officers

SOURCES:

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User Guide to the 2016 Period Linked Birth/Infant Death Public Use File. p. 80.