

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



Advocacy Report

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It has been a tumultuous time for child health policy in Washington, DC and state capitals, with a Presidential transition, new majorities in Congress, and many new governors. Through it all, the AAP and AAP state chapters continue to get results and are leading efforts to advance policies that optimize the health and well-being of children and adolescents while pushing back against harmful proposals that threaten to undermine these goals.

At the end of last year, Congress passed several AAP-supported reauthorization bills, which were then signed into law by President Biden, including for the program that supports children in emergency medical services settings; research and workforce programs to support children with autism; surveillance and research for congenital heart defects; and Title IV-B, a critical child welfare law focused on prevention.

In December, Congress also passed a short-term spending bill to fund the government through March 14. Despite a bipartisan agreement on a number of key health provisions, including several championed by the AAP, then-President-elect Trump and Elon Musk successfully urged Congressional Republicans to scrap the deal. The result was a final spending package that was pared down significantly from the originally negotiated bill.

Some notable child health provisions advocated for by the AAP did make it into the final bill, including an extension of the Department of Health and Human Services (HHS) National Advisory Committee on Children and Disasters through March 31, and a one-year extension of the Farm Bill, which supports food assistance programs like the Supplemental Nutrition Assistance Program.

In January, President Donald J. Trump was inaugurated as the 47th President of the United States. The start of the year also marked the beginning of the 119th Congress, with Republicans controlling narrow majorities in both the Senate and House.

Since the inauguration, the new administration has taken numerous actions that have created a challenging environment in which to advance the Academy's child health agenda. In just its first few months, the administration has issued a large number of Executive Orders with the potential to impact child health and well-being, ranging from immigration enforcement to global health to the types of care pediatricians can provide. AAP is closely tracking each of the relevant Executive Orders, including litigation that has enjoined some of them; additional details on key issues are later in this report.

Additionally, early on, administration officials halted many federal agencies' external communications, including documents, guidance, notices, and some content on websites, in order to align these communications with the administration's views, including those related to diversity, equity, and inclusion. While it is not unusual for new administrations to ask for a pause on certain communications, this blanket stoppage was new. This impacted many departments including HHS, the Centers for Disease Control and Prevention (CDC), and National Institutes of Health (NIH). The AAP released **a statement** with other medical groups explaining the importance of federal research, data, and guidance at these critical health agencies. In late March, HHS announced that over 10,000 federal employees across HHS, CDC, FDA, NIH, and many other health agencies were being cut. The AAP released **a statement** with other medical groups urging HHS to pause these cuts to the federal workforce.

In January, the Senate deliberated over the nomination of Robert F. Kennedy Jr. for HHS Secretary. In advance of these deliberations, the AAP collected **nearly 200 stories** from pediatrician members across the country about the importance of childhood vaccinations and the risks of vaccine-preventable illnesses. The Academy's federal advocacy staff met with key Senate offices and AAP also mobilized members to email their senators about the importance of **prioritizing vaccine access** in the confirmation process, resulting in over 4,400 messages sent to Senate offices before the Senate ultimately voted to confirm Kennedy as HHS Secretary.

In March, the AAP sent a **detailed letter** to HHS Secretary Kennedy, which covered vaccines and other priorities that fall under HHS jurisdiction and are important to child health and pediatric practice. The AAP also discussed the administration and Department of Government Efficiency's (DOGE) firings of thousands of federal workers, including many at HHS, and emphasized how a robust civil service workforce is essential for child health. The AAP also sent a **letter** to key Congressional committees highlighting the impact of federal staffing cuts on the response to the measles outbreak and calling on them to provide the resources needed to support a robust response and ensure access to vaccines. The AAP will continue advocating for the important work and funding of HHS, CDC, and NIH, and the Academy also continues to monitor and respond to federal workforce cuts at other government agencies that are crucial to child health.

In addition to Secretary Kennedy, several high-level health nominees have been confirmed by the U.S. Senate or are currently going through the nomination process. At the end of March and early April, the Senate confirmed Jay Bhattacharya, MD, PhD, MA, to be the Director of the NIH, Marty Makary, MD, MPH, to be the Commissioner of the Food and Drug Administration (FDA), and Mehmet Oz, MD, MBA, to be Administrator of the Centers for Medicare and Medicaid Services (CMS). Additionally, President Trump has nominated Susan Monarez, PhD, MS, to be Director of the CDC. As additional nominees are considered by the Senate in the weeks ahead, the AAP will continue to engage with Senate offices and activate members to elevate the importance of the work that these health agencies do for children's health.

President Trump also established the Make America Healthy Again (MAHA) Commission, with the stated aim of lowering the prevalence of chronic diseases, including those occurring in childhood. The AAP will continue to monitor the MAHA Commission and seek out opportunities to ensure child health experts are consulted as part of these efforts.



ADVOCACY OPPORTUNITIES

To learn more about the Academy's latest federal advocacy priorities and urge your members of Congress to support the health and well-being of children and families, [visit federaladvocacy.aap.org](https://federaladvocacy.aap.org).

To learn more about state advocacy engagement opportunities, contact your AAP chapter or the AAP State Advocacy Team at stgov@aap.org.

AAP Priorities

Medicaid and CHIP Funding

Federal funding for Medicaid and the Children's Health Insurance Program (CHIP) has been a top AAP priority this Congress. The House and Senate are attempting to use a process known as Budget Reconciliation to pass tax cuts and other priorities outlined by President Trump as part of his second term agenda. In order to offset the cost of these priorities, Congress is considering significant cuts to

Medicaid: the budget resolution requires at least \$880 billion in savings out of the House Energy and Commerce Committee, and it will be difficult for the committee to find significant savings outside of Medicaid and CHIP. The Congressional Budget Office projects \$7.5 trillion in total federal Medicaid spending over the next ten years.

Earlier this year, before Congress formally began the budget reconciliation process, AAP joined four other leading physician groups to issue a **statement** calling on Congress to protect Medicaid and expressing alarm over proposals to implement cuts or other structural changes to the program's financing. AAP also worked with chapters to engage their governors on the importance of federal Medicaid and CHIP funding to their states; more than 20 AAP chapters have sent letters to their governors highlighting the importance of these programs.

When the House took the official first step of the process, setting the stage for \$880 billion in cuts from programs including Medicaid and CHIP, AAP released a **statement** opposing the effort and mobilized its Advocacy Conference participants in March. Nearly 400 pediatricians representing 44 states, DC and Puerto Rico attended the 2025 AAP Advocacy Conference, where they urged their lawmakers to reject cuts to Medicaid and CHIP. In total, attendees participated in 267 meetings on Capitol Hill and their message was further amplified by AAP members across the country who sent over 1,200 emails to their legislators. This advocacy came at a critical time as Congress negotiates the federal budget and funding for these vital programs is at risk. Read more about the conference in **AAP News**.

In addition, AAP and chapters in nearly every state joined more than 300 organizations in a **letter** urging Congress to reject cuts to Medicaid and CHIP funding.

Currently, the House and Senate have completed the first step of budget reconciliation and are moving into specific policy development and negotiations. The AAP advocacy team is actively working with AAP chapters to conduct targeted outreach to members of Congress to influence these policies. As the budget reconciliation process advances, AAP will further engage chapters, coalition partners, and broad AAP membership to speak as one voice in defense of children's health care coverage.

Medicaid Work Requirements

One of several Congressional proposals being discussed to cut the Medicaid program is the implementation of work requirements for adults as a condition of eligibility. While Congress debates this, states have not waited in requesting approvals from Centers for Medicare & Medicaid Services (CMS) of Section 1115 waivers to implement Medicaid work

requirements; thus far, waivers have been proposed in Arizona, Arkansas, and Ohio, and South Carolina has requested that CMS reinstate the work requirement components of the state's previously approved 2019 waiver request. AAP advocacy is working with AAP chapters in states where Medicaid work requirement waivers have been proposed to file comments in opposition, citing the harm these will do to families and coverage.

Medicaid EPSDT Benefit

In January, AAP released an **Advocacy Action Guide** focused on the September 26, 2024 Centers for Medicare and Medicaid Services (CMS) **State Health Official (SHO) letter** providing significant detail into state EPSDT requirements in several domains. In this SHO, CMS highlighted *existing EPSDT requirements of states*, including areas where states may be falling short of expectations under the EPSDT benefit. CMS also outlined *strategies* states have utilized to meet EPSDT obligations, as well as state *best practices* to maximize the benefit for children.

The AAP Advocacy Action Guide summarizes these EPSDT state expectations, strategies, and best practices and offers a non-exhaustive list of opportunities for AAP chapter advocacy across numerous topics. Given its breadth and scope, the CMS EPSDT SHO is likely to be of support to AAP chapter efforts to improve the services children receive via EPSDT.

Medicaid Continuous Coverage

In November, CMS approved 5 more Section 1115 waiver demonstrations to expand Medicaid multi-year continuous coverage to children, bringing the total number of states with such approvals to 9. Hawaii, Minnesota, New York, and Pennsylvania received approval to provide continuous coverage to children 0-6, and Colorado received approval to cover ages 0-3. These states join New Mexico, North Carolina, Oregon, and Washington that have already received approval to provide coverage to children ages 0-6. This year, Ohio has submitted a proposal to CMS to provide continuous coverage to children ages 0-4. The AAP will continue to support AAP chapter efforts to expand continuous coverage in additional states.

Vaccines

A week after Sec. Kennedy's confirmation, the CDC Advisory Committee on Immunization Practices (ACIP) meeting, scheduled for February 26-28, was postponed. The ACIP was expected to discuss and vote on a variety of vaccines, including meningococcal, chikungunya, influenza, respiratory syncytial virus (RSV), human papillomavirus (HPV), and Mpox, among others. The AAP joined **this letter** with organizations and medical experts across the country,

urging that the meeting be rescheduled and the portal for public comment be made available. The ACIP meeting has been rescheduled for April 15-16 and the AAP submitted **written comments**. The AAP will continue to monitor ACIP activities and advocate for vaccines to be a public health priority.

Additionally, the FDA's scheduled meeting of the Vaccine and Related Biological Products Advisory Committee (VRBPAC), scheduled for early March, was abruptly canceled. VRBPAC was expected to meet to select the strain for inclusion in influenza vaccines for the 2025-2026 respiratory season. In an **AAP news article**, AAP President Susan Kressly, MD, FAAP, urged health authorities to immediately reschedule the meeting to ensure vaccine decisions are made without delay to ensure that vaccines are available ahead of the next flu season. The AAP also urged Congressional leaders to raise this issue during the confirmation process for FDA Commissioner, resulting in a **letter** sent from three Senators to Dr. Makary in advance of his nomination hearing. Later in March, FDA announced the flu strain selections, which are in line with the recommendations made by the World Health Organization (WHO). The decision was made after an interagency meeting consisting of FDA, CDC and Department of Defense staff, and unlike VRBPAC meetings, it was not made open to the public.

In response to an announcement from CDC about plans to fund a study regarding previously de-bunked connections between vaccines and autism, Dr. Kressly issued **this statement** urging prioritization of federal funding towards research on a wide range of child health priorities to explore what will help every child thrive and reach their fullest potential. Additionally, the AAP, American Academy of Family Physicians, American College of Obstetricians and Gynecologists and American College of Physicians **issued this statement** expressing concern and strong opposition to the NIH decision to terminate grants to study vaccine hesitancy and uptake.

The AAP has been active in combatting misinformation and other activities related to the ongoing measles outbreak. Dr. Kressly wrote an **op-ed for MSNBC** debunking myths about vitamin A's impact on measles prevention, and promoting MMR vaccine confidence. She also appeared on **cable news** echoing the same sentiments, and wrote two other national op-eds: **one** on concern surrounding low immunization rates and the **other** on the federal government's sidelining of vaccine expertise and elevating of anti-vaccine perspectives. Additionally, the AAP led a **sign on letter** to key Senators and Representatives urging them to consider how any future

director of the CDC will address the current and ongoing challenges related to flu and measles outbreaks.

At the state level, the governor of West Virginia issued an executive order on his first day in office to permit nonmedical exemptions to school entry immunization requirements, a significant change to the state's existing strong vaccine policies. Subsequent action by the state legislature is necessary to implement the executive order and are still pending. In February, the Surgeon General of Louisiana announced that their state health department is directed to suspend all public promotion of immunizations. Legislation introduced in Alabama would similarly limit their state's health department public outreach activities. Idaho passed legislation barring "medical mandates," that would've changed school vaccine requirements; the governor vetoed this bill.

In the face of potential resource scarcity for state immunization programs and a growing measles outbreak now reaching 14 states, these collective actions are especially worrisome, jeopardizing vaccine confidence and overall preparedness against vaccine-preventable diseases.

Appropriations

In March, the U.S. House of Representatives and Senate voted to pass a six-month Continuing Resolution (CR), a short-term funding agreement. The House split on a party line vote of 217-213 while the Senate vote was 62-38, in which some Democrats joined nearly all Republicans to pass the bill. The CR funds the federal government through the end of the fiscal year on September 30 and averts a government shutdown that would have been triggered without the bill's passage. Overall, the CR increases funding for defense programs by \$6 billion and cuts spending for non-defense programs by \$13 billion.

As Congress turns to the fiscal year 2026 process, they are awaiting the President's budget, which is presented to Congress as an outline of the administration's priorities. This year's budget is expected to be released in April, which will then likely guide negotiations throughout the spring.

The AAP has been engaging with appropriators and will continue to weigh in on the FY2026 process to urge lawmakers to make federal spending decisions that support child health.

Political Interference in Medicine

AAP and state chapters continue to engage policymakers on the importance of preserving the pediatrician-patient-family relationship in the face of federal and state level limitations on reproductive health care services, gender-affirming care,

adolescent consent and confidentiality, firearm safety, administration of childhood immunizations, and other impediments to the provision of pediatric care.

The AAP recently filed an **amicus brief** in the U.S. Supreme Court with the American College of Obstetricians and Gynecologists (ACOG) in a case with significant implications for access to comprehensive, timely medical care free of political interference for children and families enrolled in Medicaid. The case, *Medina v. Planned Parenthood South Atlantic*, will consider whether states can terminate qualified providers from the Medicaid program for reasons unrelated to their ability to provide care for Medicaid beneficiaries and whether individual Medicaid beneficiaries can challenge these terminations in court.

The case dates back to South Carolina's 2018 decision to terminate Planned Parenthood South Atlantic from the state's Medicaid program based on the ground that it provides abortion care outside of the Medicaid program. In a lawsuit brought by Planned Parenthood and a patient, the courts found that states are prohibited from excluding qualified providers without cause and that the action is privately enforceable by beneficiaries.

The amicus brief highlights the negative impact on patient care and public health of arbitrary provider exclusions from the Medicaid program and urges the Court to affirm the lower courts' decisions. A decision in this case is expected this summer.

Gender-Affirming Care

In December, the AAP, along with 12 other leading medical organizations, sent a **letter** to Congress opposing a provision in the FY25 National Defense Authorization Act (NDAA) banning TRICARE coverage of gender-affirming care. The bill passed both chambers and was signed into law at the end of December. The AAP is monitoring the implementation of the provision and will continue to advocate for access to medically necessary care.

On January 28th, President Trump issued Executive Order that called for federal funding to be revoked for entities that provide gender affirming care for patients 19 years old and younger. As a result, many hospitals and other institutions halted care for patients. Lawsuits were subsequently filed challenging the legality of the orders and AAP along with other medical organizations submitted amicus briefs in two cases. In ***Washington State et al. v. Trump***, and ***Maryland et al. v. Trump***, the Executive Orders were enjoined by federal judges, halting the enforcement of the care bans while the cases proceed.

In March, CMS released a **proposed rule** that included a provision restricting coverage of gender-affirming care as an essential health benefit (EHB) under the Affordable Care Act (ACA) Marketplace. AAP and its partners submitted **public comments** strongly opposing this proposal stressing that it would create a dangerous precedent for excluding coverage of medically necessary health care for a specific subset of the population with no justification.

Immigration

On January 20th, the President issued Executive Orders which directed agencies to engage in large scale immigration detention and immigration enforcement at locations including health clinics, schools and churches among other policies. AAP issued a **press statement** immediately following these orders pointing out the particular harm that such enforcement actions can have on children. Additionally, the Administration recently resumed family detention policies that were halted under President Biden and families are currently being detained. AAP led a group of 10 major medical organizations in **calling** for the end of family detention and clearly stating its detrimental impacts on child health and well-being. AAP will continue to speak out against the detention of immigrant children and families and urge for policies that support immigrant child health.

The Academy is also mobilizing members to urge their lawmakers to co-sponsor the *Protecting Sensitive Locations Act* (H.R. 1061/S. 455). The bill would codify protections limiting immigration enforcement occurring at or near locations where children get medical care, play, or go to school.

Federal Research Funding and Policy

Federal scientific and research agencies have seen major disruptions to normal operations during the presidential transition, including cancellations of study sections at NIH that are a required part of the review process for research grants and a communications freeze that has made it difficult for agency staff to communicate with funded scientists and the public.

In early February, the Trump administration proposed significant cuts to federal funding for biomedical research by establishing a standard 15% indirect rate for all academic institutions receiving grant funding from the NIH, amounting to a cut of more than \$4 billion in federal support for NIH-funded research institutions. Indirect costs include expenses for facilities and administrative support and are crucial to the ability of institutions to conduct research. The proposed change has been blocked by a federal district court while litigation continues but is expected to cause significant disruptions to research if allowed to take effect.

The AAP joined with several pediatric organizations in a **letter** to congressional committee leaders urging them to reverse the change to indirect rates, highlighting the difficulties the cap on this spending has imposed on key research, including hiring freezes and delays.

Reductions in force (RIFs) have begun to impact federal staff and research funders, including at HHS. In late March, top leadership at the NIH were **pushed out**, including the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development Director, while nearly 1,200 staff were **fired**. A proposed HHS **reorganization plan** has also called for the Agency for Healthcare Research and Quality to be combined with the Assistant Secretary for Planning and Evaluation, though it remains unclear how much of AHRQ's work will remain after the merger is complete. The AAP will continue to track and weigh in on the impact of these cuts and what they mean for child health, including through continued engagement with Congress.

The Trump administration has also been **terminating research** related to a number of topics, including diversity, equity, and inclusion, transgender health, and vaccine hesitancy. Reporting has also indicated that federal officials are cautioning researchers from using disfavored words in federal grant proposals, while programs to support physician scientists who are underrepresented in research have been **eliminated**. The growing trend toward political interference in scientific agencies is a concerning development that may undermine the ability of researchers to advance cutting edge research.

The AAP continues to monitor the impact of these changes on pediatric researchers and will continue to advocate to ensure a robust federal commitment to biomedical research that is essential to developing the next generation of cures for children.

Online Protections for Children and Adolescents

Congress failed to pass the Kids Online Safety Act (KOSA) and Children and Teens' Online Privacy Protection Act (COPPA 2.0) in 2024 as part of a year-end package, a disappointing setback that came despite broad-based support among members of Congress and active advocacy by AAP and partners.

Nevertheless, children's online privacy and safety remain areas of significant bipartisan interest, with key House committee leadership **indicating** recently that Congress would address kids online safety "sooner rather than later." Already, Senators Ed Markey (D-Mass.) and Bill Cassidy (R-La.) have **reintroduced** COPPA 2.0, a development that AAP President Susan Kressly, MD, FAAP, lauded while calling for

lawmakers to pass the much-needed legislation. A **congressional hearing** on kids online safety in late March suggests that the issue remains top of mind for lawmakers. AAP remains actively involved in these discussions and will look to advance this key priority in the 119th Congress.

Many states have introduced legislation addressing children's online safety through requiring that technology companies consider the unique needs of children when designing platforms that appeal to children or by restricting or requiring parental consent. To date, 8 states (CA, CT, FL, GA, LA, NY, TN, and UT) have passed legislation focused on regulating the collection, use, and disclosure of children's data in connection with social media use. In addition, 4 states (CA, CT, MD, and NY) enacted laws requiring age-appropriate design codes to improve online privacy protections for children.

A bipartisan effort to restrict the use of cellphones in schools has swept through states across the country. As of mid-March, 14 states had enacted laws or policies on K-12 classroom or school cellphone usage. Eight states—AR, CA, OH, FL, IN, LA, SC, and VA—ban or limit cellphones in classrooms. In addition, 6 other state departments of education (AL, CT, KS, MN, OR, and WA) have adopted policies encouraging states to limit cellphone usage in schools.

Child Welfare Policy

In December, the bipartisan, **AAP-endorsed** *Protecting America's Children by Strengthening Families Act* (H.R. 9076) passed Congress and moved on to President Biden for signature into law. This bill reauthorizes a critical child welfare law, Title IV-B of the Social Security Act, for five years and makes reforms to modernize the program. The AAP advocated extensively for this bill and will continue to work to ensure its successful implementation, including by supporting other essential and complementary child welfare programs like Medicaid, Social Services Block Grant (SSBG), Temporary Assistance for Needy Families (TANF), and Supplemental Nutrition Assistance Program (SNAP). The AAP recently joined a **Letter** to educate policymakers about the role of these key programs in serving children and families in or at risk of entering the child welfare system.

Artificial Intelligence

In January, President Trump rescinded former President Biden's Executive Order on Safe, Secure, and Trustworthy Development and Use of Artificial Intelligence (AI), replacing it with an Executive Order titled Removing Barriers to American Leadership in Artificial Intelligence. This Executive Order requires the development of an AI Action Plan by mid-

July, and the AAP weighed in with a **Letter** in response to a request for information to inform its development.

In the absence of comprehensive federal AI legislation, states are enacting their own AI laws, with some states like Colorado and California leading the way with comprehensive AI legislation, while others focus on specific areas like transparency, privacy, and deepfakes.

Mental Health

In February, members of Congress introduced the bipartisan, bicameral Early Action and Responsiveness Lifts All Youth (EARLY) Minds Act (H.R. 1735/S. 779). AAP worked closely with stakeholders and the bill sponsors on the provisions in this legislation and has endorsed it. This bill would permit states to use a portion of funds from the Community Mental Health Services Block Grant for prevention and early intervention services. Prevention and early intervention are critical to promoting healthy mental development and this bill would provide states with more options for funding key services that help young people get the care they need before a mental health condition is diagnosed or gets worse.

Gun Violence Prevention

The AAP continues its work leading the medical, public health, and research community's advocacy for federally funded research to prevent firearm violence through the **Gun Violence Prevention Research Roundtable** coalition. The AAP has been leading over 430 medical, public health, and research organizations in **calling on Congress to maintain and increase gun violence prevention research funding**. The continuing resolution for FY 2025 allows for the continued level funding of \$25 million for firearm violence prevention research, split evenly between the CDC and the NIH. The AAP will continue its efforts to make clear the importance of at least maintaining current funding for FY 2026.

In March, the Supreme Court upheld a Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) regulation on untraceable ghost guns in a 7–2 decision in *Garland v. VanDerStok*, with Justice Neil Gorsuch writing the majority opinion. In 2022, ATF used the *Gun Control Act of 1968*, which allows ATF to regulate “firearms”, to issue a regulation on ghost guns, which are unserialized and untraceable firearms that are put together by components purchased either as a kit or as separate pieces. Gunmakers challenged the regulation in the District Court of Northern Texas arguing that “ghost guns” cannot be considered as “firearms” under the *Gun Control Act of 1968*. The District Court of Northern Texas and the Fifth Circuit Court of Appeals both held for the gunmakers, and ATF appealed to the Supreme Court. The

AAP submitted an **amicus brief** in July 2024 supporting ATF's argument that ghost guns should be considered "firearms," and the Supreme Court heard oral arguments in this case in October 2024.

The AAP is also continuing to engage in a strategy to elevate pediatrician stories about gun violence to drive policy change, including a **partnership with StoryCorps**. The AAP's Firearm Injury Prevention Special Interest Group (SIG) also continues to hold events throughout the year to engage our members on firearm violence prevention efforts.

State legislatures continue to build on the progress made in 2024 to enact evidence-based gun violence prevention laws. Proposals gaining momentum in 2025 include efforts to improve Child Access Prevention laws, Extreme Risk Protection Orders or "Red Flag Laws", efforts to create tax credits or incentives for the purchase of firearm safety devices.

Child Nutrition

In December, the 2025-2030 Dietary Guidelines Advisory Committee issued its scientific report with recommendations to inform the development of the 2025-2030 Dietary Guidelines for Americans. AAP submitted a **comment** on the report.

The Administration has announced its intent to conduct a nutrient review of infant formula, increase testing for heavy metals and other contaminants, and prioritize research into health outcomes associated with formula feeding, among other actions regarding infant formula. AAP is monitoring the initiative and engaging in advocacy as appropriate.

AAP is advocating in Congress to protect federal nutrition programs, including school meals and the Supplemental Nutrition Assistance Program (SNAP) from proposed funding cuts.

Despite expected cuts to federal school nutrition programs, states are still looking at ways that they can create universal meals programs. To date, 9 states fully fund school meals for all students regardless of income and several additional states are considering bills to create new universal school meal programs. In addition, many states are looking at tightening school nutrition programs and limiting ultra processed foods in schools. Additional efforts to limit the foods that SNAP funds could be used to purchase are making in rounds in some states.

Tobacco Control

AAP has continued its advocacy to advance youth nicotine and tobacco prevention and treatment. The most significant

change arising from the presidential transition relates to the regulation of flavored products. In January, the proposed rules to remove menthol cigarettes and flavored cigars from the market were quickly withdrawn by the FDA, a significant setback for efforts to protect young people from the harms of tobacco products. The AAP advocated vigorously for these rules in recent years and will continue to advocate for flavored tobacco products to come off the market.

In a significant victory, the U.S. Court of Appeals for the Fifth Circuit held in November that the cigarette graphic warning labels required by an FDA rule do not violate the First Amendment. The ruling came in a case filed by RJ Reynolds Tobacco Company claiming that the FDA's rule, which requires pictorial representations illustrating the harms of smoking to accompany textual health warnings, violated their First Amendment rights and ran afoul of federal procedural requirements for the development of rules. The U.S. Supreme Court subsequently declined to review RJ Reynolds' appeal of this decision. AAP and its tobacco control partners filed amicus briefs at every stage of this litigation and will continue to defend the graphic warnings rule in 2025 as RJ Reynolds' remaining claims are reviewed by the district court.

In April, the U.S. Supreme Court issued a unanimous decision in *Wages and White Lion Invs. d/b/a Triton Distribution v. FDA*, confirming that the FDA properly rejected applications to market fruit- and dessert-flavored e-cigarettes that are popular with teens. FDA required e-cigarette manufacturers to submit robust evidence that their products can help adult smokers stop smoking after it found that flavors pose such a strong risk of youth initiation that only the strongest evidence of a countervailing benefit could justify authorizing a flavored product. While this case did not challenge the FDA's statutory authority over e-cigarettes, a ruling against FDA would've undermined its scientific decision-making process with implications for the thousands of marketing denial orders previously issued by the FDA. AAP and partners filed an amicus brief in support of the agency, noting the significant evidence around youth use of flavored e-cigarettes and the harms associated with them. Relatedly, AAP and partners joined a Supreme Court amicus brief in support of the FDA in its challenge to the e-cigarette industry's attempts to file lawsuits attacking FDA decisions in friendly federal courts. (*FDA v. RJ Reynolds*)

In late March, the AAP joined with public health partners in a **letter** to Secretary Kennedy requesting a meeting to discuss the importance of protecting young people from the harms of tobacco products as key to reducing chronic disease. AAP

and partners will continue to assess ways to engage HHS leadership on continuing the decades of progress in ending the youth tobacco epidemic. AAP will continue to support chapters as they engage in tobacco control advocacy at the state and local levels.

Substance Use and Prevention

In February, the House Energy and Commerce Subcommittee on Health held a **hearing** discussing the impact of current and emerging illicit drug threats, at which Deepa Camenga, MD, MHS, FAAP, who chairs the Committee on Substance Use and Prevention, **testified on behalf of AAP**. Dr. Camenga shared several AAP policy recommendations to combat substance use in young people, including strengthening health coverage through private insurance and Medicaid, increasing funding for publicly supported substance use services, and expanding broad-based prevention programs. The AAP will actively monitor all ongoing legislative and regulatory efforts combating the illicit drug supply to ensure that young people are protected from the harms of substance use.

Global Child Health

Over the last three months, a series of executive actions have had a devastating effect on global child health. On January 20th, the Trump Administration issued an Executive Order that aimed to withdraw the U.S. from the World Health Organization. The AAP released a **statement** with five other physician groups expressing concern over the public health impact of the decision and urged Congress to reject the administration's proposal. Simultaneously, the administration took measures to freeze foreign assistance funding and issued a stop work order at the United States Agency for International Development (USAID), putting lifesaving foreign assistance programs in limbo.

On March 10, Secretary of State Marco Rubio announced the termination of 83% of USAID's programs and stated the administration's intention to fold what remains of USAID into the State Department. In response to these cuts, the AAP Section on Global Health (SOGH) Executive Committee went to Capitol Hill in early April to meet with key Congressional offices and committees about the need to prioritize children and continue funding foreign assistance programs.

Environmental Health

In the face of concerning **statements** from Environmental Protection Agency (EPA) head Lee Zeldin, the AAP continues to support strong EPA standards that improve air quality and help address climate change as well as work to ensure robust funding and resources for climate programs. In

February, the AAP joined a **fact sheet** with other public health organizations in support of existing investments that help promote clean air and reduce greenhouse gas emissions.

In early April, HHS Secretary Kennedy, joined by EPA Administrator Zeldin, announced plans to direct the CDC to end its longstanding recommendation of adding fluoride to public drinking water - an announcement made in Utah, where both officials praised the state's new, first-in-the-nation water fluoridation ban. The AAP **maintains its support** for water fluoridation as an equitable and inexpensive way to prevent tooth decay, which is the most chronic condition experienced by children. The AAP will continue to monitor the federal government's actions on fluoridation and weigh in when effective.

Injury Prevention

In March, the U.S. Court of Appeals for the Tenth Circuit upheld federal safety standards regulating high-power magnets and affirming the Consumer Product Safety Commission's (CPSC) authority to regulate small, powerful magnet sets that are dangerous health risks to children if ingested. The AAP's brief was cited in the **court's opinion** in a footnote, where the court stated, "Indeed, medical experts note that such ingestions 'cause life-threatening injuries to children,' and describe magnet ingestion as 'a pediatric healthcare crisis.'" In August of 2023, the AAP joined other medical organizations in submitting an **amicus brief** to defend these safety standards for magnets and urged the court to uphold CPSC's necessary and evidence-based rule on high-powered magnets in order to prevent serious injuries and save lives.



AAP ADVOCACY GUIDE

Check out AAP's digital Advocacy Guide, available to AAP members at aap.org/advocacyguide. The guide is a **one-stop-shop** for pediatrician advocates at all levels of experience. With a focus on advocacy skills-building, the guide provides AAP members with the **information, interactive tools and resources** they need to be **effective child health advocates**.