



Pediatric Policy Council Update

The APS and SPR are members of the Pediatric Policy Council (PPC) which actively advocates for children and academic pediatrics at the federal level. APS representatives to the PPC are Drs. DeWayne Pursley and Jonathan M. Davis; Drs. Joyce Javier and Shetal Shah represent the SPR.

The PPC also includes representatives from the Academic Pediatric Association (APA) and the Association of Medical School Pediatric Department Chairs (AMSPDC). The PPC is based in the Washington DC office of the American Academy of Pediatrics (AAP), who supplies staff and other support.

The latest advocacy developments are summarized by the PPC below

PPC CAPITOL CONNECTION

August 14, 2019

What Matters Now in Washington:

- Gun violence prevention proposals have gained momentum following two major mass shootings. [More...](#)
- The federal government will soon consider use of public benefits when deciding whether an immigrant can enter the country or stay permanently. [More...](#)
- A bipartisan budget deal was enacted, allowing NIH funding increases to continue. [More...](#)
- A detailed guidance document for NIH grant applicants was released as HHS moves ahead with fetal tissue research restrictions. [More...](#)
- NICHD will soon release an updated strategic plan. [More...](#)

TRAGEDIES IN EL PASO, DAYTON HIGHLIGHT TOLL OF GUN VIOLENCE, RENEW CALLS FOR CONGRESSIONAL ACTION. Following deadly massacres in Texas and Ohio, [early signs out of Washington pointed to room for modest bipartisan compromise](#) on gun violence prevention measures. On both sides of the aisle, members of Congress expressed shock after [gunmen opened fire](#) in crowded public spaces in El Paso and Dayton, leaving more than 30 dead and injuring another 50 in the span of 24 hours. While the two parties [diverged](#) on some major policy prescriptions—with Republicans focusing on access to mental health

services and school safety and Democrats repeating calls for a ban on assault weapons and high-capacity magazines—other policies have garnered more bipartisan attention.

Shortly after the early August shootings, [President Trump indicated an openness to strengthening federal background checks](#) for firearm purchases, and Senate Majority Leader Mitch McConnell (R-Ky.) followed suit, saying background checks would be "[front and center](#)" when the Senate returns in September. For their part, [House Democrats sent a bipartisan bill expanding background checks to the Senate earlier this year](#), and [Democratic leaders have called on the Senate to take up their legislation immediately](#). There is also interest among lawmakers in legislation to increase the use of extreme risk protection orders (ERPO). Also known as red-flag laws, [ERPOs](#) allow family members and those close to an individual to have a judge temporarily remove their firearms if they may be at risk of injuring themselves or others. Senator Lindsey Graham (R-S.C.), who chairs the Judiciary Committee, is [pushing for legislation to encourage states to adopt ERPO laws](#). Finally, [Democrats continue to push for funding for gun violence prevention research](#) in a final government funding bill after including \$50 million in their Fiscal Year (FY) 2020 appropriations bill. Public health research to stem gun violence has attracted bipartisan interest this year but [still faces an uphill battle](#) as congressional leaders compile a final spending bill.

Despite this, the path to legislative victory for proponents of tightening curbs on firearms remains narrow. Congressional Republicans and Democrats have historically been divided on how, and whether, to act in the aftermath of major shootings. Indeed, other mass casualty events, such as the tragedies in Sandy Hook, Parkland, and Las Vegas that left scores dead, led to initial calls for action but [ultimately yielded no major policy changes](#).

AFTER LENGTHY RULEMAKING, TRUMP ADMINISTRATION FINALIZES PUBLIC CHARGE RULE. On Monday, U.S. Citizenship and Immigration Services (USCIS) acting director Ken Cuccinelli unveiled the administration's [most far-reaching effort yet to remake the country's legal immigration system](#). The long-anticipated regulation creates a restrictive definition outlining which immigrants qualify as a "public charge," raising fears that an obscure, decades-old facet of immigration law will drive low-income, legally residing [immigrant families away from using much-needed benefits](#) for which they qualify. [Under the rule, immigration officers will be able to consider an immigrants' income and prior or potential future use of public benefits](#) including Medicaid and the Supplemental Nutrition Assistance Program (SNAP) when deciding whether to issue green cards or visas for entry. While the public charge test has always been a consideration in these decisions, it has historically been applied only to use of direct cash assistance and has been rarely used as grounds for denying entry or permanent residency. News that the rule was in the works has already created [fear in immigrant communities](#) and made families reluctant to access the care they need. Major medical and health care organizations have [opposed](#) the rule, and an earlier version of the rule received hundreds of thousands of comments when the federal government made it available for public review, the vast majority of which were in opposition. Litigation challenging the rule is expected to be filed before the rule goes into effect.

BIPARTISAN BUDGET DEAL SIGNED INTO LAW, PAVING THE WAY FOR ADDITIONAL PEDIATRIC RESEARCH FUNDING INCREASES. Congressional leaders and President Trump reached a [compromise](#) to stave off draconian cuts to federal discretionary spending before heading home for August recess. The two-year budget deal raises the budget caps set by the Budget Control Act of 2011 that Congress was set to exceed in the coming fiscal year, which would have triggered automatic spending cuts to discretionary programs. The bipartisan accord, [signed into law by President Trump on August 2](#), also increases the country's debt ceiling, enabling the Treasury to continue borrowing to meet federal spending needs. In total, the deal

unlocks an additional \$320 billion in spending over the next two years across the federal government. Attention now turns to the appropriations process, where Congress faces a September 30 deadline for funding the government. While the House has passed their appropriations bills for the coming fiscal year, the Senate, which had been waiting for a budget deal before moving forward, is still completing work on its own proposals. The National Institutes of Health (NIH) is likely to see another multi-billion-dollar spending increase next year thanks to a bipartisan commitment to increasing biomedical research funding. However, [Senate Republicans have already indicated they plan to take \\$5 billion from their Labor-Health and Human Services-Education funding bill to pay for a border wall](#), creating challenges to finding bipartisan compromise for other critical child health programs.

NIH RELEASES GUIDANCE FOR GRANT APPLICANTS ON FETAL TISSUE RESEARCH RESTRICTIONS. On July 26, the [NIH released a guidance document for current and potential grant applicants](#) who may be considering the use of fetal tissue in their research. Starting September 25, [NIH will require](#) all grant applicants who intend to use fetal tissue in their research to provide a detailed justification for why no alternative methods could accomplish the same research goals. The protocol will also require grant applicants to prove that women had given consent for their aborted fetuses to be donated to research. The changes are part of recently announced restrictions on funding for fetal tissue research across the Department of Health and Human Services, which includes the creation of a new ethics advisory board to review all fetal tissue research proposals that have made it through the NIH competitive grant process.

NICHD DIRECTOR DIANA BIANCHI, MD, ANNOUNCES STRATEGIC PLAN NEARING COMPLETION. After an extensive period of public input, National Institute of Child Health and Human Development (NICHD) Director Diana Bianchi announced that the updated strategic plan is nearing completion. The final document is expected in September. [Read more here.](#)