



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

November 15, 2019

What Matters Now in Washington:

- The PPC advocacy webinar is available online for viewing now. [More...](#)
- Loan repayment for pediatric subspecialists is one step closer to reality after the House passed a bill reauthorizing the program. [More...](#)
- The Department of Homeland Security (DHS)'s rule dramatically expanding the public charge test has been put on hold by multiple federal courts. [More...](#)
- While key details are still being negotiated, there is bipartisan consensus on both sides of the Capitol to complete the Fiscal Year (FY) 2020 appropriations process by the end of the year. [More...](#)
- A federal court has thrown out the Department of Health and Human Services (HHS)'s conscience protections rule. [More...](#)
- The way the Food and Drug Administration (FDA) regulates over-the-counter (OTC) drugs would change dramatically under a bill advanced by a Senate committee. [More...](#)
- The annual pediatric research report from the National Institutes of Health (NIH) has been released. [More...](#)

NEW RESOURCE: PPC RELEASES ADVOCACY WEBINAR. The PPC is excited to announce the release of an online advocacy resource for academic pediatricians. The 23-minute presentation, titled "Making Your Voice Heard: Advocacy for the Academic Pediatrician," covers

the basics of advocacy to help you successfully advocate today. You can view the presentation [here](#).

HOUSE UNANIMOUSLY PASSES REAUTHORIZATION OF PEDIATRIC SUBSPECIALTY LOAN REPAYMENT. In late October, the [House of Representatives passed the EMPOWER for Health Act](#) (H.R. 2781) by voice vote. If enacted, the health care workforce legislation would reauthorize the Pediatric Subspecialty Loan Repayment Program (PSLRP) at \$50 million annually for five years. The legislation also extends several other programs administered by the Health Resources and Services Administration (HRSA).

On the other side of the Capitol, the Senate's health committee is developing its own health care workforce package which would reauthorize a number of physician training programs. While the committee has yet to release its proposal, the PPC has been advocating for the Investment in Tomorrow's Pediatric Health Care Workforce Act (S. 2443) to be included in the package. The reauthorization of PSLRP that the House passed is identical to the policy in S. 2443. It is currently unclear when the Senate will move a health care workforce package forward. Once funded, PSLRP would provide subspecialists up to \$35,000 in loan repayment per year for a maximum of three years in exchange for practicing in an underserved area.

FEDERAL COURTS HALT PUBLIC CHARGE RULE. In a string of mid-October rulings, [federal judges across the country blocked DHS's public charge regulation](#). The rule, which was scheduled to go into effect on October 15, would dramatically expand the scope of the "public charge" test applied by immigration officials when determining whether to grant entry into the United States or permanent residency for legally residing immigrants. By adding use of public benefits such as Medicaid as a factor in public charge determinations, the rule would have jeopardized access to critical programs for immigrant children and families. Historically, the public charge determination has only been applied to immigrants who may become reliant on direct cash assistance from the government. [The rulings](#) found that the Trump administration acted illegally in promulgating the new rule, with one judge writing that the rule is "simply a new agency policy of exclusion in search of a justification." While the rule is on hold for the time being, it has already had a dangerous [chilling effect](#), leading immigrant families to avoid accessing vital services. The Trump administration is expected to appeal the rulings.

BIPARTISAN INTEREST IN REACHING AGREEMENT ON FY20 FUNDING EMERGES, BUT ROADBLOCKS REMAIN. With less than two weeks remaining before federal government spending authority expires, [congressional leaders are still negotiating](#) a path forward for government funding in FY 2020. After they were unable to come to a consensus on full-year government spending bills for the current fiscal year, the House and Senate gave themselves a temporary reprieve by passing a stopgap measure keeping the government open through November 21. The primary issue that bedeviled appropriators earlier this fall—how to provide funding for President Trump's border wall—has yet to be resolved, and Democrats remain opposed to a Senate Republican plan to take billions from domestic programs to fund the wall. Less than a year out from the longest government shutdown in U.S. history, though, there seems to be [little appetite to let federal funding lapse again](#). Earlier this month, Speaker of the House Nancy Pelosi (D-Calif.) and Senate Majority Leader Mitch McConnell (R-Ky.) both agreed to try and pass all the FY 2020 appropriations bills before the end of the year, and appropriations leaders seem to be on board with the plan. Despite the high-level support, the lack of progress on [fraught political issues](#) and a [contentious impeachment inquiry](#) could yet derail that plan. In the interim, another short-term spending patch is likely to extend government funding for a month.

CONSCIENCE RULE THROWN OUT BY FEDERAL COURT. HHS's [conscience rule was struck down](#) by a federal district court in New York ahead of its scheduled effective date later this month. The sweeping rule would have allowed virtually anyone involved in the provision of health care, from physicians to pharmacists, and corporate entities like health plans and hospitals to opt out of providing services on the basis of religious or conscience objections. Under the rule, HHS's Office for Civil Rights would have broad authority to enforce conscience protections in health care and would have required health care entities to certify their compliance with such protections. Critics fear that the rule would limit access to care for marginalized populations, including LGBT individuals. The [federal judge found](#) that HHS lacked the legal authority to issue the regulation—which HHS developed by attempting to combine various conscience protections enshrined in federal law—and offered no valid reason for why the rule was necessary. A federal judge in Washington state also struck down the rule earlier this month, and a [federal judge in California expressed skepticism](#) about the rule's validity but has yet to issue a ruling. HHS is likely to seek an appeal.

SENATE HEALTH COMMITTEE ADVANCES UPDATE TO OVER-THE-COUNTER DRUG REGULATION. In late October, a [bill to revamp the FDA's regulation of over-the-counter drugs advanced](#) through a key Senate committee. The bill would streamline and modernize the decades-old OTC monograph, the current cumbersome process that slows the introduction of new OTC drugs and prevents manufacturers from updating labeling to reflect the latest pediatric data. Under the bill, OTC manufacturers would be subject to a user fee system to facilitate expanded oversight by FDA, and they would be given 18 months of market exclusivity as an incentive to bring new products to market. The House has advanced a similar bill, but it is unclear when the full Senate will vote on the legislation.

NIH RELEASES ANNUAL PEDIATRIC RESEARCH REPORT. The NIH has released its annual pediatric research report. The report summarizes the scientific advances and ongoing pediatric research initiatives at the NIH through FY 2018. [Read the report online.](#)