PEDIATRIC POLICY COUNCIL
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PPC Capitol Connection
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PRESIDENT SIGNS EO TO REDUCE NUMBER OF CHILDHOOD VACCINES. On August 10, President Trump signed an executive order (EO) that recommends children get vaccines to protect them from 11 diseases, down from the 18 previously recommended by the federal government. The recommendations mirror those a federal judge blocked from taking effect in March, though administration officials said they hope states will implement the changes included in the EO. The PPC groups joined more than 210 medical, health, and patient advocacy groups in opposing these changes to childhood vaccination recommendations.

The order recommends routine childhood vaccination against measles, mumps, rubella, diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type b, pneumococcal disease, HPV, and varicella. It reserves several other immunizations for children considered high risk, including respiratory syncytial virus monoclonal antibodies, hepatitis A, hepatitis B, meningococcal B, meningococcal ACWY, and dengue. Children also could receive hepatitis A, hepatitis B, rotavirus, meningococcal disease, flu, and COVID-19 vaccines based on shared clinical decision-making. By contrast, the American Academy of Pediatrics (AAP) continues to recommend vaccines protecting against all 18 diseases in its 2026 immunization schedule.

The executive order also calls for administering the measles, mumps, and rubella (MMR) vaccine as separate, single-disease shots and for spacing childhood immunizations across separate medical visits "to the maximum extent feasible." Implementing those changes would require manufacturers to develop and seek FDA approval for vaccines that have not been widely used individually in the U.S. for decades, potentially requiring new studies, manufacturing capacity, and regulatory review.

Despite the precedent-breaking nature of the order, the White House cannot legally require drugmakers to develop or seek approval for new vaccines. And while the order calls for more federal research and recommendations, only states have the legal authority to require vaccinations for schoolchildren. The order instead advises states to consider updating their laws to reflect the Trump administration's approach. The PPC will continue to join AAP and other public health groups in advocating for evidence-based immunization recommendations.

CONGRESS PASSES DIFFERING CR'S, WITH SENATE MOVING TO DELAY OMB FEDERAL GRANTMAKING RULE. Before departing for the August congressional recess, Congress passed competing continuing resolutions (CRs) to keep the government funded at current levels through December, effectively postponing negotiations on final Fiscal Year (FY) 2027 appropriations bills until after the November

midterm elections. The House passed its CR on July 21 to extend funding through December 4. The Senate passed its version of the CR on August 9, which would keep the government open through December 11.

The Senate version of the CR notably includes a provision sought by Senate Appropriations Chair Susan Collins (R-Maine) and Vice Chair Patty Murray (D-Wash.) that would pause implementation of the Office of Management and Budget's (OMB) proposed rule to overhaul the federal grantmaking process through the duration of the CR. While not commenting on the OMB rule delay, the White House has signaled support for the Senate CR to avoid a government shutdown in the fall. Reporting indicates that House leadership intends to take up the Senate-passed CR under fast-track procedures when it returns to town ahead of the Labor Day holiday, a move that would all but guarantee government funding will not lapse come October 1. While the temporary delay of the OMB rule may prove to be noncontroversial, some senators, including Sen. John Kennedy (R-La.), have signaled opposition to a final funding bill that includes a permanent ban on implementation of the OMB rule. As a result, the future of the OMB rule is expected to be a key flashpoint during December negotiations over the final FY 2027 spending package that may be difficult to resolve.

AHRQ CANCELS RESEARCH GRANTS, THREATENING THE FUTURE OF HEALTH SERVICES RESEARCH. On July 15, the Agency for Healthcare Research and Quality (AHRQ) announced the cancellation of nearly all previously awarded grants, including research grants, career development awards, institutional training grants, and research infrastructure programs. More than 150 grants have been cancelled, representing nearly $250 million in lost funding.

Several of the cancelled projects notably focused on areas AHRQ had previously identified as priorities, including patient safety, antibiotic resistance, overmedicalization of children, telehealth, digital health, and reducing health disparities. The consequences of these actions have been immediate and widespread, as health services research programs across the country have been forced to pause work or lay off staff, while halting studies that were already producing promising results. As a result, patients, clinicians, health systems, and policymakers may lose access to evidence that could have informed health care delivery nationwide.

The cancellations follow more than a year of disruptions to AHRQ's grantmaking capacity and research infrastructure. AHRQ has not issued a new research grant since April 2025, and staff reductions at the start of the second Trump administration eliminated an estimated 80 percent of the agency's workforce, including the entirety of the staff responsible for reviewing grant proposals, issuing awards, and managing extramural grants. Since October 1, 2025, AHRQ has awarded only about $13 million in noncompetitive continuation grants, roughly 5 percent of the $345 million Congress directed the agency to spend in FY26.

AcademyHealth has launched a national tracker documenting the scope and impact of all AHRQ cancellations. If your work has been impacted, please email advocacy@academyhealth.org.

NIH RFI PROPOSES CHANGES TO REPORTING PEER REVIEW SCORES. On August 14, the National Institutes of Health (NIH) released a Request for Information (RFI) on proposed changes to how it reports peer review outcomes. Although NIH would still calculate impact scores for each grant application internally, applications would be grouped into three categories under the new approach: "most competitive" for the top 25 percent of final scores, "competitive" for the 26th through 50th percentile, or "not discussed" for scores above the 50th percentile. In a major shift from current practice, NIH would no longer release final overall impact scores to applicants, program staff, Institute and Center leadership, and advisory councils.

The notice says the proposal would not change how the current peer review process works, as reviewers would still be able to read applications, write critiques, and assign numerical scores as they currently do. By not disclosing the final impact scores, NIH argues this will "empower program officials to utilize their substantial expertise, portfolio analyses, and good judgement" in making award recommendations that better reflect agency-wide priorities. However, the proposal raises concerns that the lack of transparent scores could allow funding decisions to become more vulnerable to political considerations rather than scientific merit.

The proposed change appears consistent with other Trump administration efforts to reduce the role of scientific peer review in federal funding decisions and shift more authority to political appointees, including the OMB grantmaking rule and a 2025 executive order strengthening oversight of federal grants.

The RFI is open for public comment through October 13.

— NIH ANNOUNCES MAJOR CHANGES TO CAREER DEVELOPMENT AWARDS. The NIH recently released a Request for Information on a new proposal to revise its policy for career development awards, commonly known as K awards. This new approach would disallow K award funds to be used to support or offset the costs of conducting a clinical trial. While K awardees could still gain trial experience through a mentor-led study, they could not use K award funds to support a trial they lead themselves. Slated to take effect in July 2027, this change is intended to more clearly align K awards with their primary purpose of career development, mentorship, and protected research time.

In the notice, NIH acknowledges that leading a clinical trial can be an important step toward independence for early-career investigators but explains the agency's aim to separate career development support from the costs of running a trial. As such, the agency is exploring funding approaches that would allow mentored K recipients to serve as trial Principal Investigators (PIs) while the trial itself is funded through a mechanism separate from the K award. Under one approach, a mentored K award recipient would be allowed to lead a clinical trial during the K award period, but the trial would be funded separately. A second approach would separate the clinical trial funding during the later Research Project Grant stage of a K/R transition award.

The RFI is open for public comments through September 30.

— NIH RESTRICTS FUNDING FOR POLICY-FOCUSED RESEARCH. NIH has announced plans to remove policy-focused research from its portfolio, marking a major departure from its longstanding practice of investing in projects examining how public policies affect health to help policymakers make informed decisions. As part of this new approach, political appointees have been flagging and freezing grant applications focused on policy, including some applications already approved by scientific peer reviewers and program staff. Internal documents suggest NIH no longer considers policymakers as a stakeholder group within the scope of the agency's mission.

According to NIH officials, grant applicants have been instructed to remove the word "policy" from their applications. Reporting has suggested that NIH leadership views certain flagged proposals as lobbying, which is prohibited under NIH rules. Together, these actions point to the growing influence of political appointees in grantmaking and could further politicize NIH funding decisions, particularly when policy-related research conflicts with the administration's agenda.

SENATE AGRICULTURE COMMITTEE REJECTS FARM BILL. In early August, the Senate Committee on Agriculture, Nutrition & Forestry rejected in a 10-11 vote the *Agricultural Act of 2026*, or "Farm Bill," which reauthorizes the Supplemental Nutrition Assistance Program (SNAP) and funds agricultural programs.

The primary area of disagreement with the bill was the question of whether to delay implementation of a cost-sharing requirement in last year's H.R. 1 under which states must pay for a portion of SNAP benefits. Democrats had been pushing for a two-year delay of the cost-sharing requirement. In a compromise to try to win over some Democratic support, Committee Chair John Boozman (R-Ark.) put forth a proposal that would have delayed the cost-sharing requirement by one year. All committee Democrats rejected this proposal. The AAP and child nutrition advocates supported a two-year delay to allow states more time to make changes to effectively and efficiently administer SNAP without further participation losses, especially among children.

Chairman Boozman stated he plans to bring the Farm Bill back for a vote when the Senate returns from its recess in September. The House had already passed its own version of the Farm Bill on April 30 by a 224–200 vote which included no provisions delaying or reversing the cuts made to SNAP in H.R. 1.

SENATE COMMITTEE ADVANCES TITLE VII REAUTHORIZATION BILL, WHICH INCLUDES CHANGES TO THE PSLRP. The EMPOWER for Health Act (S. 4110) passed out of the Senate Health, Education, Labor, and Pensions (HELP) Committee in a July 22 markup. This bill reauthorizes the Pediatric Specialty Loan Repayment Program (PSLRP) for fiscal years (FYs) 2027 through 2031 alongside other Title VII Health Professions programs administered by the Health Resources and Services Administration (HRSA). Crucially, the bill makes several technical changes to the program to improve implementation and

ensure more pediatric subspecialists can benefit from this important program. This includes requiring HRSA to establish reasonable clinical service hours requirements in consultation with organizations representing subspecialists, clarifying in statute that providing care to Medicaid patients satisfies the requirement to provide care to medically underserved populations, and other technical fixes to the program.

Thanks to PPC advocacy, 67 of the 84 PSLRP awardees in FY25 were pediatric subspecialists, representing nearly 80% of overall awardees. This marks a significant improvement in awards issued to pediatric subspecialists from previous years when subspecialists comprised less than 30% of awardees.

ADMINISTRATION OFFICIALS ANNOUNCED FOR KEY HEALTH AGENCIES

- **SENATE CONFIRMS NEW CDC DIRECTOR.** In early August, the Senate voted 51-44 to confirm Dr. Erica Schwartz as director of the Centers for Disease Control and Prevention (CDC). Dr. Schwartz is the second Senate-confirmed CDC Director after the last Senate-confirmed director, Susan Monarez, was ousted following a public disagreement with Health and Human Services (HHS) Secretary Robert F. Kennedy Jr. over vaccines. Dr. Schwartz assumes leadership of the public health agency at a pivotal time, following thousands of staff losses, layoffs, resignations, and leadership changes during the second Trump administration.

- **JOHN GAITANIS SELECTED AS NEW NICHD DIRECTOR.** The NIH has announced the selection of John Gaitanis, MD, as director of the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), effective August 23. The NICHD director position had been vacant since April 2025 after the last director, Diana Bianchi, MD, was placed on administrative leave as part of the Trump administration's broader HHS restructuring efforts. The institute has been led by Acting Directors in the interim. Dr. Gaitanis, a pediatric neurologist, previously served on the board of the Epilepsy Foundation of New England and currently serves on the board of the Medical Academy of Pediatrics and Special Needs (MAPS). He takes the helm of NICHD's $1.7 billion budget at a critical moment for the institute, which has experienced suspended awards and grant-processing disruptions that could jeopardize its ability to fully obligate full FY26 budget before the end of the fiscal year.

- **TRUMP NOMINATES HEIDI OVERTON FOR FDA COMMISSIONER.** The Trump administration announced it has selected Heidi Overton, MD, as its nominee for commissioner of the U.S. Food and Drug Administration (FDA). The role has been vacant since May, when former commissioner Dr. Marty Makary resigned after clashing with the White House over issues including access to abortion pills and e-cigarette regulation. Dr. Overton most recently served as deputy director of the White House' Domestic Policy Council, where she's played a central role in developing and executing the president's health agenda, having informed the administration's recent executive order on childhood vaccines. The Senate must now evaluate Dr. Overton's nomination and ultimately vote to confirm her by a simple majority before she can move into the role.

PPC POLICY COMMENTARIES. Members of the PPC have authored commentaries detailing the policy implications of research published in *Pediatric Research*. You can read these PPC-authored commentaries online:

- Machines are learning: Are we? by Dr. David Keller, August 13, 2026
- Paid family leave to promote breastfeeding: catching policy up to the science by Drs. Diana Montoya-Williams and Scott Lorch, July 24, 2026
- Genomic sequencing and the urgency of early diagnosis in inborn errors of metabolism by Drs. K. Taylor Wild and Nancy Spinner, May 27, 2026
- Climate change and Medicaid: leveraging health policy to support environmental protections for children by Drs. Abby Nerlinger, Maya Ragavan, and Mona Patel, May 11, 2026