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PPC Capitol Connection

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ACIP MEETING PLATFORMS MISINFORMATION ON VACCINE SAFETY. The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) met on December 4 and 5 where the panel voted to narrow the longstanding recommendation to vaccinate all newborns against hepatitis B. The panel recommended limiting the vaccine at birth only for infants whose mothers test positive for the virus and advising parents of other newborns to consult their physicians about vaccination. In making this new recommendation, the panel offered no evidence to support such a change, including in its recommendation to start the series at no earlier than two months if opting out of the birth dose. ACIP also recommended considering a blood test before subsequent doses. The CDC has approved ACIP's recommendation to downgrade the universal birth dose recommendation but is still reviewing the recommendation for serology testing.

Following the vote, President Trump directed Health and Human Services (HHS) Secretary Robert F. Kennedy Jr. to review the childhood vaccine schedule and potentially revise it to align it with those of other developed countries, most of which recommend fewer shots for children. The president's memo stressed that any revisions to the schedule should still maintain access to vaccines currently available to Americans.

The PPC joined 67 medical groups in a statement objecting to the new ACIP recommendation, citing the strong evidence supporting use of the hepatitis B birth dose in protecting against serious, lifelong disease caused by the virus, and warned that this change could result in greater childhood hepatitis B infections. The AAP will continue to recommend giving newborns a dose of hepatitis B vaccine within 24 hours of birth with additional doses at 1-2 months and 6-18 months.

— Advocacy Opportunity: Tell Your Lawmakers to Support Legislation to Protect Access to Vaccines for Children. As decisions are being made that jeopardizes the nation's vaccine infrastructure, it is critical that lawmakers hear from academic pediatricians about the need to protect access to vaccines for children and families across the country.

There are two bills that lawmakers can support:

- *The Family Vaccine Protection Act* to codify the structure and practices of ACIP, strengthen transparency into how vaccine guidance is developed and adopted, and reinforce science-based decision-making
- *The Protecting Free Vaccines Act* to protect health insurance coverage for vaccines without additional out-of-pocket costs

Tell your lawmakers to support these two bills and protect access to vaccines for children.

Here's how to contact your members of Congress:

- **By Phone:** You can call the U.S. Capitol switchboard at (202) 224-3121 to be connected to your representative's office and ask to speak with the health staff. You also can find your U.S. representative by going to House.gov and using the "Find Your Representative" feature at the top right of the page. To find your U.S. senators, visit Senate.gov and use the "Find Your Senators" feature at the top left of the page. The contact information for their Washington, DC, office is available on their websites.
- **By Email:** You can also send emails to your members of Congress using the contact form on their websites.

CONGRESS FAILS TO EXTEND ACA TAX CREDITS, HIGHLIGHTING REPUBLICAN DIVISIONS. In Congress' last week in session before adjourning for the holidays, the battle over whether to extend the soon-to-expire enhanced Affordable Care Act (ACA) premium tax credits continued but again failed to reach a resolution. With Congress out on recess until the first week of January, the tax credits are expected to expire as scheduled on December 31.

Senate Democrats unanimously backed [a clean three-year extension](#), but the measure fell short in a 51-48 vote on December 11. Four Republicans – Susan Collins (R-Maine), Josh Hawley (R-Mo.), Lisa Murkowski (R-Alaska), and Dan Sullivan (R-Alaska) – joined all Democrats in supporting the extension. Recognizing the toll that premium increases would have on many of their constituents, Senate Republicans offered an alternative proposal. The bill, the [Health Care Freedom for Patients Act](#), sponsored by Senate Health, Education, Labor, and Pensions (HELP) Committee Chair Bill Cassidy (R-La.) and Senate Finance Committee Chair Mike Crapo (R-Idaho), centered on investing in Health Savings Accounts (HSAs) for some ACA marketplace enrollees as an alternate to extending the tax credits. The bill would provide HSA contributions ranging from \$1,000 to \$1,500 to individuals enrolled in “bronze” or “catastrophic” health plans with incomes up to 700 percent of the federal poverty level. HSAs are tax-advantaged savings accounts that can be used for certain medical expenses, such as deductibles, copayments, and coinsurance, but not premiums. However, the average deductible for a bronze plan was [roughly \\$7,000 last year](#), indicating that the proposed HSA deposits would likely be insufficient to offset the higher costs resulting from the expiration of the tax credits. The Republican HSA proposal also [failed to advance](#) in a 51-48 vote, with all Democrats and Sen. Rand Paul (R-Ky.) opposing.

In the House, lawmakers passed a [broad health care package](#) largely consisting of minor health provisions, such as expanding association health plans, increasing transparency requirements for pharmacy benefit managers, and funding for cost-sharing subsidies for some ACA marketplace plans. The bill, which [passed the House](#) on December 18 in a 219-211 vote, did not address the ACA tax credits issue at all. The Congressional Budget Office has [estimated](#) that enactment of the bill would result in an average of 100,000 people losing health insurance coverage over a 10-year period.

However, it is worth noting that not all Republicans were satisfied with the House health care bill's lack of attention to the ACA subsidy issue. A group of moderate House Republicans [pushed House leadership hard for a vote](#) on an amendment to the package that would have extended the ACA tax credits for two years with additional eligibility requirements. After the House Rules Committee rejected these amendments, four Republicans broke with their caucus to [sign on to a Democrat-led discharge petition](#) for a clean, three-year extension of the tax credits. This allowed the petition to receive the necessary

218 votes to force a floor vote on the underlying extension when Congress returns from recess the week of January 5.

However, the discharge petition only guarantees a vote on the extension measure, not the results. The same extension measure failed to pass the Senate, and President Trump has not made his position on extending the tax credits entirely clear. Nonetheless, the impending House vote and growing Republican contempt for inaction on the credits is continuing to build pressure on congressional leadership to take action on some sort of extension measure when lawmakers return to Washington.

CONGRESS PUNTS ON THE REMAINDER OF FY26 APPROPRIATIONS UNTIL NEW YEAR. Congress continues working to finalize the nine remaining appropriations bills for Fiscal Year (FY) 2026, but a final deal is not expected until early 2026. House Appropriations Chair Tom Cole (R-Okla.) and Senate Appropriations Chair Susan Collins (R-Maine) have [reportedly reached a tentative agreement on topline funding levels](#) for these bills. However, neither House Appropriations Ranking Member Rosa DeLauro (D-Conn.) nor Senate Appropriations Vice Chair Patty Murray (D-Wash.) have been briefed on the proposed figures, and Democrats have not agreed to any topline levels—an indication that the two sides remain far apart.

The PPC is closely monitoring pediatric research priorities as the appropriations process moves forward. The National Institutes of Health (NIH) is well positioned in both chambers' spending bills to maintain current funding levels, with the final figure likely to amount to a modest increase. The House and Senate FY26 health appropriations bills each provide full funding for NIH, largely maintaining current levels near \$48 billion. The Senate bill proposes \$47.2 billion for NIH, representing a \$400 million increase, while the House bill includes \$46.9 billion, a \$99 million increase. Notably, the Senate bill maintains funding of \$25 million for gun violence prevention research at both the NIH and CDC, while the House bill eliminates this funding entirely. Crucially, both chambers maintain level funding of \$10 million for the Pediatric Specialty Loan Repayment Program (PSLRP).

Major funding measures, including the Labor-HHS appropriations package, still lack agreed-upon topline funding levels. Without these figures, appropriators cannot reconcile differences between the House and Senate proposals to advance a final appropriations bill. The path forward is further complicated by growing Democratic opposition to Republican plans to advance significant health care cuts on a party-line basis in the new year, lingering tensions following the recent government shutdown, and a crowded legislative calendar in the weeks ahead that includes the still-unresolved expiring ACA tax credits.

NEW NIH POLICIES GIVE GREATER POWER TO TERMINATE AND AWARD GRANTS. On November 18, NIH unveiled a [new policy](#) that will allow research grants to be terminated if the agency determines the award "no longer effectuates the program goals or agency priorities." This would give NIH more flexibility to redirect funding when priorities shift. In practice, this would give political appointees or senior leadership who set agency priorities greater authority to end grants if they decide a funded project no longer aligns with those priorities. Experts and researchers have [warned](#) this could undermine the stability of evidence-based research, inject uncertainty into long-term studies, and raise ethical concerns for clinical trials where participants could be left in limbo if funding is abruptly terminated.

This move coincides with a new [unified funding strategy](#) at NIH that focuses on moving away from traditional "paylines," the longstanding system where peer review scores and study sections guided funding decisions. Instead, awards will now be assessed with respect to their alignment with agency-

wide priorities. [Researchers fear](#) this shift erodes merit-based evaluation and opens the door to political considerations driving grant outcomes.

Together, these changes mark a centralization of authority at NIH that could weaken safeguards designed to protect scientific independence and integrity.

“MADE POSSIBLE” CAMPAIGN UNVEILS MEDICAL RESEARCH INITIATIVE. Children’s Hospital Association (CHA) launched a new initiative meant to highlight the role children’s hospitals play in advancing pediatric medical research. For a closer look, CHA’s brand awareness campaign, [“Made Possible by Your Children’s Hospital,”](#) released a [new video](#) showcasing the invaluable role children’s hospitals play in advancing critical pediatric research and innovation. Through these efforts, more pediatric patients are receiving life-saving care for the most complex conditions.

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:

- [Fortifying our commitment to pediatric academic medicine during turbulent times](#) by Drs. Mona Patel, Arvin Garg, and Maya Ragavan, November 26, 2025
- [The Science of Health: Pediatric Research that should have been in the MAHA report](#) by Dr. David Keller, October 10, 2025
- [Interpersonal violence: a global issue demands consistent data collection and comprehensive solutions](#) by Drs. Joel Fein, Stephen Leff, and James Mercy, September 9, 2025
- [Policy-level solutions to support families experiencing adverse childhood experiences](#) by Drs. Sarah Scott, Mona Patel, Maya Ragavan, August 11, 2025

SIGN-ON LETTERS AND OTHER DOCUMENTS. In recent months, the PPC organizations have signed letters regarding federal legislation, appropriations, and regulatory issues. Topics covered in these letters include:

- [FY 2026 appropriations request for the Advanced Research Projects Agency for Health \(ARPA-H\), December 11, 2025](#)
- [Letter urging House and Senate Appropriations committee leadership to finish FY 2026 appropriations to provide robust funding for HRSA Title VII and Title VIII programs \(HPNEC\), November 5, 2025](#)
- [FY 2026 appropriations request for the Census Bureau, October 30, 2025](#)
- [FY 2026 letter to Congress urging robust funding for NIH in final spending bill \(Ad Hoc Group for Medical Research\), October 27, 2025](#)
- [Letter to Congress expressing concern with the Trump administration’s executive order to impose greater oversight on federal grantmaking activities, September 24, 2025](#)
- [Letter to House and Senate Appropriations committee leadership expressing support for development of the Financial Accountability in Research \(FAIR\) Model, September 22, 2025](#)
- [Letter to Congress documenting harms to children of current immigration policies at detention facilities, September 16, 2025](#)
- [Sign-On Letter to Congress urging for swift consideration and advancement of legislative proposals to reauthorize the HRSA Title VII health professions and Title VIII nursing workforce development programs, August 19, 2025](#)