The Latest on Pediatric Advocacy in Virginia

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Speak up for Kids!
Gun-related injury is second leading cause of death in children

### Leading causes of child and adolescent death

In 2016, there were 20,360 deaths of people under the age of 19 in the U.S. Firearms were the second most common cause of death.

<table>
<thead>
<tr>
<th>Cause</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor vehicle crash</td>
<td>4,074</td>
</tr>
<tr>
<td>Firearm-related injury</td>
<td>3,143</td>
</tr>
<tr>
<td>Malignant neoplasm</td>
<td>1,853</td>
</tr>
<tr>
<td>Suffocation</td>
<td>1,430</td>
</tr>
<tr>
<td>Drowning</td>
<td>995</td>
</tr>
<tr>
<td>Drug overdose or poisoning</td>
<td>982</td>
</tr>
<tr>
<td>Congenital anomalies</td>
<td>979</td>
</tr>
<tr>
<td>Heart disease</td>
<td>599</td>
</tr>
<tr>
<td>Fire or burns</td>
<td>340</td>
</tr>
<tr>
<td>Chronic lower respiratory disease</td>
<td>274</td>
</tr>
</tbody>
</table>

Chart: The Conversation, CC-BY-ND • Source: New England Journal of Medicine (2018) • Get the data
Mortality rates for 10 leading causes of death in children and adolescents in the U.S.

• Up to 32 percent: The share of youth firearm deaths that could be prevented by safe storage interventions. (JAMA Pediatrics)

• 8,436 per hour: The rate of gun background checks processed on Black Friday 2019.
3,443 children died from firearms in 2017
Avg School Bus = 72 children

Approx 48 buses of children
Or if you consider the 737 Max Airplane which carries approx. 200 passengers. 3,443 children = over 17 airplanes
Chapter Efforts to prevent gun violence

Every day, eight American children are killed by guns.

- Spoke at multiple Town Halls with Congressional representatives
- Testified before State Legislature during special session in July
- Gun Violence Prevention Training presentations at VCU/BonSecours
- Informed policy of Children’s Cabinet through Trauma Informed Workgroup
- AAP ASK day – June 21
Chapter Efforts to Prevent Gun Violence and Injury

• Sponsored Gun Safety Resolutions adopted by Medical Society of Virginia

• Written testimony to Crimes Commission jointly with Child & Adolescent Psychiatrists

• Op-Ed published in Richmond Times Dispatch

• Participated in March for Our Lives in March 2019

• Participated in Everytown/Moms Demand Action Wear Orange for Gun Violence Prevention day – June 1 and June 7-9
Advocacy Win!

Gun Legislation Passes

• Background checks required on all firearm transactions
• Requiring lost or stolen guns to be reported to authorities in one day
• Child access prevention – Class 1 misdemeanor for recklessly leaving a loaded, unsecured firearm in presence of a child under the age of 14
• Funding for violence prevention
• Extreme-risk protective orders – prohibiting subjects of ERPO’s from possessing firearms
• Tax credits for purchase of gun safes
Fellow Doctors for Camp Closure co-founder Danielle Deines, a pediatrician from Roanoke, Virginia, told Newsweek that she hopes Saturday's march will remind the government that the U.S. has not forgotten about the plight of asylum seekers, even as the national focus on the U.S.-Mexico border has appeared to waver in recent weeks.

"We keep coming back to the fact that there are kids in cages right now and that just feels like something we should be paying more attention to," she said.

"It shouldn't take a bunch of physicians coming to Washington, D.C. to tell people that we shouldn't keep babies in cages," Deines said.
Virginia AAP Working with ORR Facility in Bristow, VA

• YFT cares for an average of 800 children/year

• Average length of stay 45-50 days at facility

• ORR covers medical related costs for physical, mental health evaluations, vaccines and screening for communicable disease

• Upon discharge about 13% stay in Virginia

• Chapter working on medical provider resources list for caregivers on discharge
Chapter Efforts for Immigrant Health

- Primary need identified – continuity of care for discharged children from (Office of Refugee Resettlement) ORR sites
- Working on comprehensive list of resources available to YFT discharge planners regarding continuity of medical care for undocumented children
- Multiple collaborations with DC AAP – resource available from them. aapdc.org/toolkit/immigranthealth
- Participated in Doctors 4 Camp Closure events – d4cc.squarespace.com
- Halt Any Plans to Separate Families at the Border letter to Dept of Homeland Security
- Op Ed by members published in Richmond Times Dispatch
DHS Public Charge Rule

**Programs Previously Considered for a Public Charge Designation**

- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Institutionalized Long-Term Care

**Additional Benefits Considered under the Revised Rule**

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Medicare Part D Prescription Drug Support
- Housing Assistance Including Section 8 Vouchers
Chapter filed Amicus Brief to 4th Circuit Courts of Appeals explaining why public charge will harm children and their families

Public charge final rule was published in August 2019

Lawsuits have been filed across the country and nationwide preliminary injunctions preventing the rule from taking effect are currently in place. The Trump Administration has appealed the preliminary injunctions in the 2nd, 4th, 7th, 9th circuits.

Update (01/31/20): the U.S. Supreme Court allowed the DHS public charge rule to take effect nationwide while lawsuits continue (except for Illinois, where the rule remains blocked by a statewide injunction). Per USCIS, the final rule will only apply to applications submitted on or after February 24, 2020.
Environmental Health: Impact on Children’s Health

1. Chapter Environmental Health Committee
2. Virginia Clinicians for Climate Action
3. Advocacy Day
4. VDH Climate Change Committee
5. Grand Rounds, Conferences and Testimony in Richmond and Washington, DC
Advocacy Win!

- Virginia will join the Regional Greenhouse Gas Initiative (RGGI) – a regional carbon cap and trade program to reduce carbon emissions from electricity generation

- Virginia Clean Economy Act – lays out a clear and achievable path for Virginia to transition to a 100% clean electric grid by 2050
Child Food Insecurity Rate

The child food insecurity rate shows the percentage of children living in homes that had limited or uncertain access to food at some point during the year. Children who are food insecure often have health problems, and are at greater risk for behavioral problems and academic difficulties. Child food insecurity rates range from 9.4% in North Dakota to 25.6% in New Mexico.
Childhood Hunger Data

• Approximately, **900,000** Virginians are food insecure
• Of those, **250,000** are children (1 in 8)
• **10%** of Virginia households unable to provide adequate food for one or more household members due to lack of resources
**Hunger Vital Signs**

- Identifying ways to integrate the AAP “Hunger Vital Sign” screening within healthcare and state systems
  - CHKD, UVA Health Systems, VA Dept of Health, VA Dept of Social Services, and the Federation of Virginia Food Banks are partnering on various pilots
- Creating tools (ex. Food Rx) for physicians and practitioners to provide resource and referral information to food insecure patients and clientsIf the either are both of the following questions is thought of by children and families as "often true" or "sometimes true", the child and family are considered at risk for food insecurity.

  - "Within the past 12 months we worried whether our food would run out before we got money to buy more."

  - "Within the past 12 months the food we bought just didn't last and we didn't have money to get more."

Child Nutrition Programs

Summer Feeding Program meals served increased by over 220,000 meals in 2018 vs 2017 BUT only 15% of free/reduced price students who eat lunch receive a summer meal.

School Breakfast program participation increased by 6.8% during the 2017-2018 school year vs 2016-2017 HOWEVER, only 50% of free/reduced price students who eat lunch also eat breakfast.

For more information, go to RXFORFOOD.COM

A health care provider solution to address "food insecurity" experienced by their patient and their families.
Advocacy Win!

- Funding to provide increased access to school meals
- Eliminate the reduced-price meal category and allow those students to eat for free in schools
- Virginia Food Access Investment Fund ($1.25 million) – helps to ensure access to healthy food through grocery stores for underserved populations
Key objectives of the Virginia Mental Health Access Program:

1. **Education for PCPs** on screening, diagnosis, management and treatment

2. **PCP telephonic/video consults with regional VMAP teams** comprised of child and adolescent psychiatrist, psychologist and/or social worker

3. **Telehealth visits** with psychiatrists or psychologists

4. **Care navigation** to help identify regional mental health resources
How Does VMAP Work?

**Virginia Regions**
Northern (CNMC/Inova), Central (VCU/VTCC), Eastern (CHKD), Western (UVA/Centra), Southwestern (Carilion)
Five Regional Hubs of VMAP

- Northern – CNHS & Inova
- Central - VCU
- Eastern - CHKD
- Western – UVA & Centra
- Southwestern - Carilion
Advocacy Win! We have full VMAP Funding!

HRSA Grant - $445,000 per year for 5 years (awarded 9/18)

In Kind Support - $189,818

Governor’s Budget $1.23 million for 2019-2020

CIGNA Grant $100,000 for 2019

Governor’s Budget additional $4.22 million for 2020 and 2021
Vaccine Awareness Campaign to Champion Immunization Nationally and Enhance Safety (VACCINES) Act of 2019 Letter of Support to Congress

Collaborating on Statewide Immunization Coalition

HPV Vaccination QI Project completed (round 3)
Advocacy Win!

- Department of Health now able to add future vaccinations to school required vaccines. Prior to this legislation had to be passed for every new vaccine or for changes in vaccination schedules.
- Starting July 1, 2020, Rotavirus, Meningitis, Hepatitis A, and HPV for boys will be added to the list. HPV still has opt out option (this was legislated before).
Other Chapter Initiatives

- Infant sleep recliners recall letter to Congress
- Ban dangerous child products letter to Congress
- Oral Health Committee
- Early Childhood Children’s Cabinet workgroup and Virginia Early Childhood Foundation Board
- Early Hearing Detection and Intervention – Promulgating Regulations for Congenital CMV Screening in Virginia’s Infants
- Essential Health Benefits for short term insurance and association health plans advocacy
- Screenagers: The Next Chapter – resilience in a digital age
- Interoperability between EMRs – Carequality Advisory Council
Advocacy Win!!

- Successfully defeated having pharmacists treating children under 18 years of age for Strep, flu, UTIs. Also prevented them from giving routine vaccinations (other than flu), epipens, and contraceptives to children
- Children under 18 years not allowed to use indoor tanning salons
- Illegal to smoke in cars when a child under 15 years is in the vehicle
- Essential health benefits must be included in association health plans and catastrophic health insurances
- Agreement reach on surprise billing if services provided by out of network provider. Provider to be paid a commercially reasonable amount. If arbitration needed, a data set with commercial health insurance plans (excluding Medicare and Medicaid) will be created. A “baseball style” independent dispute resolution process to be created
Advocate for Child Health Issues!

WED, JANUARY 22, 2020
PEDIATRIC GENERAL ASSEMBLY DAY

VIRGINIAPEDIATRICS.ORG
FOR MORE INFORMATION
Donate to the PAC!

Virginia PAC Amounts Raised By Specialty in 2019

- Orthopedics
- Radiologists
- Nurse Practitioners
- ER Physicians
- Psychiatrists
- Family Practice
- Pediatrics

$ - $5,000.00 - $10,000.00 - $15,000.00 - $20,000.00 - $25,000.00 - $30,000.00 - $35,000.00

WWW.VIRGINIAEPEDIATRICS.ORG
Thank you to all of our amazing volunteer members! We can use your help!
IF YOUR LIFE INSPIRES JUST ONE CHILD, YOUR LIFE HAS BEEN A SUCCESS

-Mark Desvaux

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