



2023 NYS PEDIATRIC POLICY, BUDGET & PRACTICE PRIORITIES

New York State American Academy of Pediatrics (NYS AAP)
A Coalition of AAP NY Chapters 1, 2 & 3

ACTIONS & INVESTMENTS TO BUILD A BETTER NEW YORK FOR ALL CHILDREN

Before we outline what we, the 6,000 pediatricians across New York State believe our state leaders need to do to improve the lives of children and families across New York, with a special focus on the most vulnerable children and families, let us understand who we are talking about.

There are 4.1 million children under the age of 18 in New York State. That translates to just under one quarter (21%) of our total state population. 1.1 million of New York's children are under the age of five. But perhaps even more important to recognize is that our youngest children are our poorest New Yorkers. New York's public and budget policies over the last several decades have perpetuated a level of child

poverty that has kept between 20-25 percent of our children entrapped in poverty. We have missed every opportunity to address the high poverty rate of our youngest children. We have also failed to recognize and address the fact that our poorest children and families are black and brown. Poverty and race are inextricably related. Families of color in New York are twice as likely to be living at or near poverty. Twenty eight percent of New York's Black/African American families are living in poverty. Twenty six percent of Hispanic/Latinx families across our state are also struggling to live at the poverty level. Thirteen percent of New York's white families are living in poverty.

A sample of the federal poverty levels for 2023 include \$19,720 for a family of two, and \$24,860 for a family of three. Think about raising a family on that level of support in today's New York.

Budget and public policies have ignored the needs of our most vulnerable children year after year. Yes, we have attached a Band-Aid here and there, but we have not committed to assuring that every

child in New York has a stable home, enough food to grow up healthy, access to quality accessible health care, a targeted and appropriate education, and an environment free of toxins and pollutants.

What we have today is a state where our youngest children, especially our children of color, are the poorest New Yorkers. We have a state where many families, especially those with the youngest children, struggle to put food on the table and a roof over their heads. We have families who are not even able to live paycheck to paycheck because inflation is constantly eating away at their meager income. We have families who cannot afford the child care they need to work, and incomes that cannot cover even basic needs. We can and must do better.



To Address Child Poverty and Increase the Financial Security of New York's Most Vulnerable Families We Must:

1. Raise the Base of the Minimum Wage and Link Increases to the Rate of Inflation. Working families need to be able to keep pace with the financial pressures of inflation.

Working full time and still living in poverty is simply not fair. Working full time and still being homeless or hungry because the cost of housing and the cost of food is outpacing minimum wage income is not an acceptable public policy. We need to create a more equitable state by raising low-income workers' pay to meet the requirements of a decent life.

2. Provide Universal Free School Meals so that all children have access to healthy meals at school with no regard to family income and no stigma.

3. Expand the Empire State Child Credit to Include Children Under Age Four and Make it Fully Refundable.

Restructure the credit so the highest credit goes to the lowest income families, by ending regressive minimum income requirement and phase-in. The elimination of the federal child tax credit expansion has created a significant financial challenge to many New York families, in response we suggest that the Empire State Child Credit should be \$1,000 per child, and that it is paid out monthly. In addition, all immigrant families, regardless of status, should be eligible for the

credit immediately. Strengthening the Empire State Child Credit to include younger children and all eligible families and making it fully refundable will immediately lift tens of thousands of children and families across our state out of poverty.

4. Create and Fund a Statewide Diaper Bank to provide support for diaper banks that are currently funded by private dollars. Diapers are not a luxury. They are a necessity to keep infants and toddlers healthy. And yet diapers are very expensive, often costing more than struggling families can afford. Providing \$1.25 million to the Diaper Banks across the state from Buffalo to Brooklyn will go a long way to helping families keep their infants and toddlers healthy and dry!

5. Expand Infant and Child Care Access and Quality so that New York families can work and children can experience supportive and educationally appropriate child care to facilitate school readiness.

- a. Build an equitable and diverse child care system that actually meets the needs of families.
- b. Provide adequate child care subsidies and supports to make the system affordable for all families who need child care.
- c. Build and finance a child care workforce that can not only offer high quality educational and developmentally appropriate services, but also provides a decent living for those providing child care services.

To Address and Improve Child Health Along the Age Spectrum, Birth to 21

1. Provide Continuous Medicaid Coverage for Children From Birth Through Age 6. The current requirement that families reenroll each year creates churn, which drops thousands of children from their health insurance each year. A better option is to keep children covered for the first six years of their lives. The chances that their families will suddenly become too well off to continue to receive Medicaid are very slim. And the administrative cost savings from constant reenrollment applications will reduce whatever increases might be incurred.

2. Leveling the Payment Playing Field Between Medicaid and Medicare. Recognizing that more than 50% of New York's children are covered by Medicaid, it is imperative that the state implement a payment system that would support the development of an adequate pediatric work force. Having coverage without access is not coverage at all. How does it make sense that physicians are paid more for caring for a 70-year-old than a 7-month-old? It doesn't. Payment for services in Medicaid and Medicare should be harmonized. Let's start this year with bringing New York State's Medicaid rates for immunizations and well visits into 100% parity with Medicare visits for the same services. Surely it is much easier and takes less time to give a flu shot to a 70-year-old than it does to immunize a wiggly 7-month-old.



To Address and Improve Child Health Along the Age Spectrum, Birth to 21 *(continued)*

3. Building Pediatric Capacity at All Levels of Care. Across New York State, hospitals have closed pediatric beds at all levels of care, from newborn intensive care units (NICU's) to pediatric intensive care units (PICU's) to general pediatric beds. These actions have reduced access to care for thousands of children, as more and more pediatric beds, most especially in community hospitals, have disappeared. Many families need to travel great distances to get their children the level of hospital care they need. And the hospitals that do have adequate pediatric services are most often at or over capacity. The state needs to focus on the needed levels of pediatric care from community hospitals to those able to provide the most specialized care as it starts its refocusing on hospital care and health care delivery statewide. The new Health Care Task Force must include a focus on strengthening pediatric care capacity.

4. Building Enhanced Pediatric Preventive and Primary Care Into New York's 1115 Waiver. The current waiver application reads as if there are no children in New York. Unlike Oregon or Massachusetts, New York is only focusing on addressing downstream negative health impacts and not at all on upstream prevention. We urge the Executive and the Legislature to revise its application and include enhanced pediatric primary care as one of its core initiatives in the 1115 Waiver.

5. Requiring Flu Vaccine for Child Care Attendance. New York City already requires proof of flu immunization to attend infant and child care. The rest of New York State should offer the same protections to the children in child care across the state. The New York City initiative has demonstrated a significant reduction in flu transmission in child care settings in the last several years as a direct result of the immunization requirement.

6. Once COVID Vaccine Achieves FDA Final Approval, New York State Should Require COVID Immunization for School and Child Care Attendance. It is probable that COVID will become endemic, like flu, therefore annual protection will be the primary method of infection control.

7. Building Children's Mental Health Service Provider Capacity Statewide. The fact that there is a current epidemic of children's mental health issues is widely known and accepted by both the medical community, the education community and politicians. However, very little has been offered to address this epidemic.

As a first step, we encourage the State Health Department and State Office of Mental Health to work together to make integration of children's mental health services into enhanced pediatric primary care a reality. We can and must create opportunities for pediatricians to be first line mental health providers and to be paid for the work entailed in the new responsibilities. In addition, we must design and financially support having mental health and mental health wrap around services

available in multiple levels of pediatric health care.

The state must also rebuild and support vital community-based children's mental health services, from the most intensive community based residential care, to outpatient mental health treatment, to community-based and school-based mental health services. We are also demanding that a percentage of hospital psychiatric beds be set aside for children. The current absence of children's psych beds has created a huge problem in getting children the care they need when they need it and then moving them on to the next lower level of care as they engage positively in treatment.

Right now, we have a backup of children in hospitals who cannot move to community-based care because there is no community-based care. We also have very sick children waiting for a psych bed in the hospital who are being held in hallways and other inappropriate spaces. Or even worse, they are simply told to wait until a bed becomes available. These are the children who come again and again to emergency rooms and don't get the help they need. It is past time to rebuild New York State's Children's Mental Health System.



To Keep Children Safe & Healthy

1. The Statewide Implementation of Recreational Marijuana Presents Several Important Challenges to Keeping Children Safe and Healthy.

We can learn from other states who have already seen the unwelcome outcome of more children being poisoned by access to edibles in the home. We recommend a proactive approach to protecting children as New York moves forward with building the statewide recreational marijuana businesses.

We recommend that the state require:

- a. Child proof packaging for all marijuana products sold
- b. Disallow any products that look like or are marketed as candy or cookies.
- c. All packaging must contain a clear warning that no amount of marijuana is safe for children.
- d. Keep dosing per package small enough to avoid accidental poisoning.
- e. Create a statewide public education campaign clearly stating that marijuana is not safe for children and must be kept away from children in the same way as prescription pharmaceuticals
- f. Create and distribute a colorful and easily understood brochure (in multiple languages, as appropriate) with clear information about marijuana being unsafe for children and the poison control number.

2. Focus on Budget Investments and Legislation that Can and Will Improve the Environment for Children and Families.

- Invest in clean air and clean water through the Bond Act
- Pass Birds & Bees Act
- Address Lead Sources to reduce childhood lead poisoning from both housing and indoor water sources
- Eliminate PFAS and other forever chemicals
- Implement Child Safe Products Act

Special Focus Legislation: Omnibus Adolescent Consent

This year we will be working with a large group of organizations to move an Omnibus Adolescent Consent bill through the legislative process. The bill covers most aspects of adolescent consent to health and mental health care. It will harmonize and reformulate multiple aspects of existing health and consent laws. It will also address the concept of “mature minor” and the issue of informed consent.

