



# 2019 PRIORITY PEDIATRIC POLICY, BUDGET & PRACTICE ISSUES

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

## WORKING TO SUPPORT AND ENHANCE CHILDREN'S HEALTH AND WELL-BEING

### State Budget and Policy Priorities

We can argue about many issues, but it remains a true fact that New York's youngest children are the poorest people in our state. From Niagara Falls to Montauk Point infants and toddlers and very young children are being challenged by the stressors of poverty. Research has demonstrated that toxic stress, often from the negative impacts of poverty including food insecurity, unsafe housing or homelessness, environments with toxic chemicals and unsafe air and water, can and do negatively impact child development. Not addressing the real issues of child and family poverty and deprivation will doom a large number of children to a less than optimal life.

Yes, we have a challenging state budget, but we have an even more challenging responsibility to create and support programs and projects that will address and ameliorate some of the most negative stressors on child development across our state.

New York needs to find the resources to support our youngest children and their families in their struggle to access the needed health, social, community and educational services they need to not just survive, but to thrive.

All New York children from infancy to adolescence deserve a level playing field for health, development and nurturing. Only by identifying and funding the right programs and getting them to the right families at the right times can we begin to address the enormous developmental, social, emotional, educational, economic and health disparities which separate more than one quarter of our children from the full futures that can and should await them. Each year we have an opportunity to right the ship of state and bring all the children on board for a ride to a productive adulthood.

This year, let's make a difference. Let's fund critical children's health, education, environmental and community/social programs to assure every New York child a chance grow up healthy, strong, educated and happy to be a New Yorker.

As the federal government continues to irrationally cut social and health programs and spew hatred and division, let us in New York offer an alternate vision. Let us be a light showing the way to support and care for all children, from infancy through adolescence, documented and undocumented, rich and poor, so that all can succeed together. Let us be the state that understands that unless all children and families can succeed, we cannot have the state and the nation that we want and that we and all of our families deserve.

### Child Care

**Access to high quality, affordable and accessible infant and child care for all families is a high priority.**

We need to find the resources to improve the working conditions and wages for child care workers. We need to find the resources to create subsidies to make high quality child care available to all families who need care. We need to create career ladders in child care to stabilize and grow the work force.



## Child Care

(continued)

We need to ask ourselves what does it mean that in most communities we pay our garbage collectors more than we pay those caring for our youngest children.

NYS must increase both its investment in our youngest children and its commitment to support a stable and economically viable work force for universal quality infant and child care. We propose \$51 million to restore the investment in child care subsidies to 2016 levels accounting for inflation, \$26 million to cap child care co-payments at an affordable level, and reinstating the 75% market rate percentage and assist providers who must comply with increased minimum wage increases. If we want to have quality accessible child care, we need to pay for it.

## Preventive Services

**Cuts to preventive services for children in foster care** and youngsters diverted from the criminal justice system must be reversed.

## Medicaid

**Cuts to Medicaid must be reversed.** We cannot build an equitable, accessible health system without the needed resources to support practice transformation. Inevitably, cuts to any part of the system filter down to the services for children and families since they are the least powerful constituents in the system.

There may be smarter ways to spend the dollars in the system, i.e. redirecting them to the hospitals and clinics and practices that serve the most needy families, but there is no way that a 1 billion dollar federal/state cut to the system will not have a significant negative impact on care for our most vulnerable children and families.

## Action Lead Blood Levels

**Reduction of the Action Lead Blood Levels from 10ug/dL to 5ug/dL is very good news.** But to do the job and keep children safe from lead poisoning, the state and the county health departments need the resources to do testing and remediation. We ask that \$15 million be allocated in this budget to start the process for local County Health Departments, and we ask that the state commit to fully fund testing and abatement procedures going forward. The cost savings over time in health, educational, mental health and correctional services for children who have been developmentally compromised by lead poisoning will be significant. We cannot expect this additional vital work to be done within the confines of the proposed \$9.4 million.

## Afterschool Programs

Again, we call for a restoration of cuts to **Afterschool Programs**.

## Early Intervention

**Early Intervention services have been in crisis for the last several years.** The crisis is purely financial.

We urge the legislature to find the resources to increase the rates for providers across the state this year by at least 5%. We also ask that the state find a way to further increase rates in the next budget so providers can stabilize their work force and be in a position to serve children and families rather than create longer and longer waiting lists. The value of Early Intervention services is that they are expected to be an early intervention for children age 0-3. If, due to overcrowding, agencies can only offer families a place on a long waiting list, the evidence-based concept of early intervention is compromised. The longer infants and toddlers need to wait for intervention, the less effective the potential intervention becomes. The earlier services can be brought to families, the less they cost and the shorter their duration. What we are doing now is penny wise and pound foolish. Early Intervention Delayed is Early Intervention Denied.

## The NYS AAP also Supports:

- Additional resources to assure that all immigrant children and families have the legal services they need to adjust and stabilize their status.
- We support New York State creating and resourcing a public education campaign to help documented and undocumented families understand the current environment around the proposed federal changes in Public Charge. Right now, many families are avoiding needed health, nutritional and child care services out of unfounded fears.



## **The NYS AAP also Supports** *(continued)*

- Resources to assure that current projects moving toward practice transformation remain on schedule and can truly positively impact the availability of integrated primary care in pediatrics
- All efforts to strengthen immunization laws and regulations in New York State. Our current measles crisis is a clarion call for attention to our waning immunity in many communities.
- State commitment to address removing lead in the water of both child care and school settings
- State commitment to reduce toxic chemicals in all children's products
- Tobacco 21 increasing purchase age statewide
- Creation and Implementation of a Fair School Funding Formula, Providing Adequate Resources to Schools in Low Income Communities
- Implementation of Pediatrics 3.0 as proposed by the First 1,000 Days work group
- Ensure Clean Drinking Water for all Child Care Centers, Schools & Communities
- Protect the Health and Well-being of infants, children and adolescents as the state moves to legalize recreational use of marijuana.
- Additional resources and attention to assure that all New Yorkers are counted in the 2020 Census.

We are particularly concerned about children in poor families, children in immigrant families, both documented and undocumented, children in our rural areas, homeless children and children either on the streets or in shelters. New York needs to make an extra effort to get every child counted so we can get the resources we deserve from the federal government.

- Exploration of a statewide (outside of NYC) review panel for all immunization exemptions. (NYC already has a central review process.)
- Exploration of state financial support for Genetic Testing. As the field has grown and the technology has expanded options, it is imperative that New York State step in and take on some responsibility to assure that all families faced with genetic challenges are able to afford the genetic testing that can help them make informed choices for their children and for themselves.

The state budget is a policy document clearly indicating what the State of New York most values. We urge our state leaders to laser focus on the needs of our youngest New Yorkers. In the state's \$175 billion budget, there is room for investing more in the vital needs of children and families either by raising revenues or reevaluating existing decisions. All our children deserve our keen attention to meet their needs this year, but most especially we need to focus on our poorest and our most vulnerable children.

Our state had the capacity to make better, more informed decisions about how it raises revenue and how it expends its resources. New York's children can and should be the key investment target of this budget negotiation.

