

## PPC CAPITOL CONNECTION

October 16, 2018

### What Matters Now in Washington:

- For the first time since 1996, funding for the Department of Health and Human Services has been enacted prior to the start of the new fiscal year. [More...](#)
- The Trump administration has released a proposed rule that will make it harder for some immigrants using public programs to enter the country and become permanent residents. [More...](#)
- In a bipartisan victory, Congress has passed legislation to address the opioid epidemic. [More...](#)
- The Department of Health and Human Services has initiated a review of all research involving fetal tissue. [More...](#)
- The public is invited to attend an NICHD webinar on October 31 to provide input on the institute's Strategic Planning process. [Advance registration is required. More...](#)
- NICHD is hiring a new Deputy Director. [More...](#)
- PPC authored policy commentaries in *Pediatric Research* exploring the intersections of child health policy, advocacy, and pediatric research. [More...](#)

**LABOR-HHS SPENDING BILL ENACTED BEFORE START OF FISCAL YEAR, MARKING A MOMENTARY RETURN TO REGULAR ORDER IN A PERIOD OF POLITICAL BRINKSMANSHIP.** On September 28, [President Trump signed](#) the Labor, Health and Human Services, Education, and Defense spending measures for Fiscal Year (FY) 2019, which began on October 1, making this the first year since 1996 in which the Labor-Health and Human Services-Education spending bill has been enacted on time. In total, the Department of Health and Human Services (HHS) will see \$2.3 billion in funding increases over FY 2018.

—**Major Funding Increases for NIH, Other Agencies.** In line with trends in recent years, the National Institutes of Health (NIH) will be the largest beneficiary of Congress's largesse within HHS, enjoying a [\\$2 billion funding increase](#) in FY 2019; the NIH has seen its overall funding level boosted by \$9 billion over the last four fiscal years. This includes \$1.51 billion for the National Institute of Child Health and Human Development (NICHD), an increase of \$54.4 million over FY 2018. Additionally, the Agency for Healthcare Research and Quality (AHRQ) received an additional \$4 million in funding, particularly notable given the recent interest in drastically cutting the agency or folding it into NIH. The Children's Hospital Graduate Medical Education (CHGME) program, a critical source of funding for pediatric training, saw a funding increase of \$10 million. Importantly, the package contained no problematic policy riders, which restrict the way the federal government is able to spend congressionally appropriated dollars; earlier versions of the bill that appeared in the House attempted to override the Flores Settlement Agreement, which would have allowed the federal government to detain children with their parents for more than 20 days and potentially indefinitely, but this provision was removed.

—**Congress Leaves Remaining Funding Bills for After Midterm Elections.** In addition to funding the four agencies mentioned above, the spending bill included a Continuing Resolution through December 7 to fund those agencies for which Congress has not yet completed spending bills. This includes, among others, the Food and Drug Administration (FDA), which is funded with the Department of Agriculture. While Congress can act at any time between now and December on the outstanding spending bills, the

House of Representatives is on recess until the elections, leaving the issue for the lame duck period between the elections and the swearing in of the new Congress.

**FEDERAL GOVERNMENT RELEASES PROPOSED RULE TO LIMIT IMMIGRANT UPTAKE OF PUBLIC PROGRAMS.** The Department of Homeland Security [released a long-anticipated rule](#) in late September that will make it harder for immigrants to enter the United States and advance through the immigration process. The rule would [alter the way in which federal immigration officials make so-called “public charge” determinations](#), making the determination far more expansive. The burden of this policy will fall predominantly on low-income immigrant families and children. Public charge is a decades-old concept in immigration law that allows the government to consider whether an individual entering the country or seeking a green card is likely to become dependent on the government for subsistence. In the past, public charge has always been understood narrowly to include direct cash assistance, such as money received through the Temporary Assistance for Needy Families (TANF) program. The Trump administration proposal would dramatically expand this definition to include an immigrant’s use of programs like Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and housing assistance. It would also consider income as a factor in determining whether an immigrant is a public charge, putting lower income immigrants at a disadvantage as compared to higher income immigrants. The proposed rule is expected to open for public comment in the coming days.

**CONGRESS PASSES SWEEPING OPIOIDS LEGISLATION IN LATEST EFFORT TO STEM CRISIS.** Last week, the [Senate passed a bipartisan package of bills to address the opioid epidemic](#) by a vote of 98 to 1, its latest effort to pass legislation to address the crisis. The bill, known as the Substance-Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (H.R. 6), includes policies developed during a [months-long bicameral process](#) leading to dozens of bills to address the multifaceted impacts of opioids on families and communities. This bill includes a number of important provisions aimed at the child health aspects of the epidemic, including a requirement for the Department of Health and Human Services (HHS) to implement the Protecting Our Infants Act (POIA) Final Strategy, the first federal legislation to recognize the importance of addressing neonatal abstinence syndrome (NAS) and develop a strategy to address it. The legislation also increases access to medication-assisted treatment for adolescents, ensures former foster youth who have aged out of the foster care system have access to Medicaid coverage up to age 26 regardless of their state of residence, and extends coverage for substance use disorder screening to those enrolled in the Children’s Health Insurance Program. The bill was passed by the House last week and now awaits the president’s signature.

**HHS CANCELS CONTRACT WITH FETAL TISSUE SUPPLIER, LAUNCHES REVIEW OF SCIENTIFIC RESEARCH INVOLVING FETAL TISSUE.** In September, the Department of Health and Human Services (HHS) [canceled a Food and Drug Administration \(FDA\) contract with a fetal tissue supplier](#), citing concern that the company did not meet relevant procurement and research requirements. HHS announced at the same time that it is [conducting an audit of all acquisitions involving human fetal tissue](#) to [“ensure conformity with procurement and human fetal tissue research laws and regulations.”](#) The contract termination and internal review come as anti-abortion groups have increased pressure on the administration to end funding for fetal tissue research, including more than \$100 million in National Institutes of Health (NIH) funding earmarked for projects linked to fetal tissue. It is as yet unclear how this internal audit will be conducted or what the outcome will be.

**THE EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD) HAS LAUNCHED A COLLABORATIVE PROCESS TO REVISE AND UPDATE ITS STRATEGIC PLAN.**

The goal of this [webinar](#) is to allow external stakeholders to review NICHD's research portfolio and help focus its science to improve the health and wellbeing of the populations we serve. NICHD Director Dr. Diana W. Bianchi will provide an overview of the strategic planning discussions to date and respond to questions and comments submitted by webinar participants. The webinar is free and open to the public. [Advance registration is required.](#)

**NICHD SEEKS NEW DEPUTY DIRECTOR.** NICHD has publicly posted a vacancy announcement for the Deputy Director of NICHD. You can [learn more about the position online](#) and share it with interested individuals.

**PPC POLICY COMMENTARY.** 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:

- [Commentary from the Pediatric Policy Council, 2018: The Year of Living Dizzily](#) by Scott Rivkees, MD, Valerie Oipari, MD, and Scott Denne, MD, on behalf of the Pediatric Policy Council
- [Rethinking informed consent in pediatric research: a time for regulatory policy change?](#) by Jean Raphael, MD, MPH, and Shale Wong, MD, MSPH
- [Policy threats to maternal and child nutrition: putting the unborn child at a lifelong disadvantage](#) by Joyce Javier, MD, MPH, MS, and Vivek Balasubramaniam, MD