American Academy of Pediatrics
Jackie Noyes
Associate Executive Director
Director, Department of Government Liaison
202/347-8600 800/336-5475 FAX: 202/393-6137
INTERNET: jnoyes@aap.org

December 18, 1997

Jennifer -

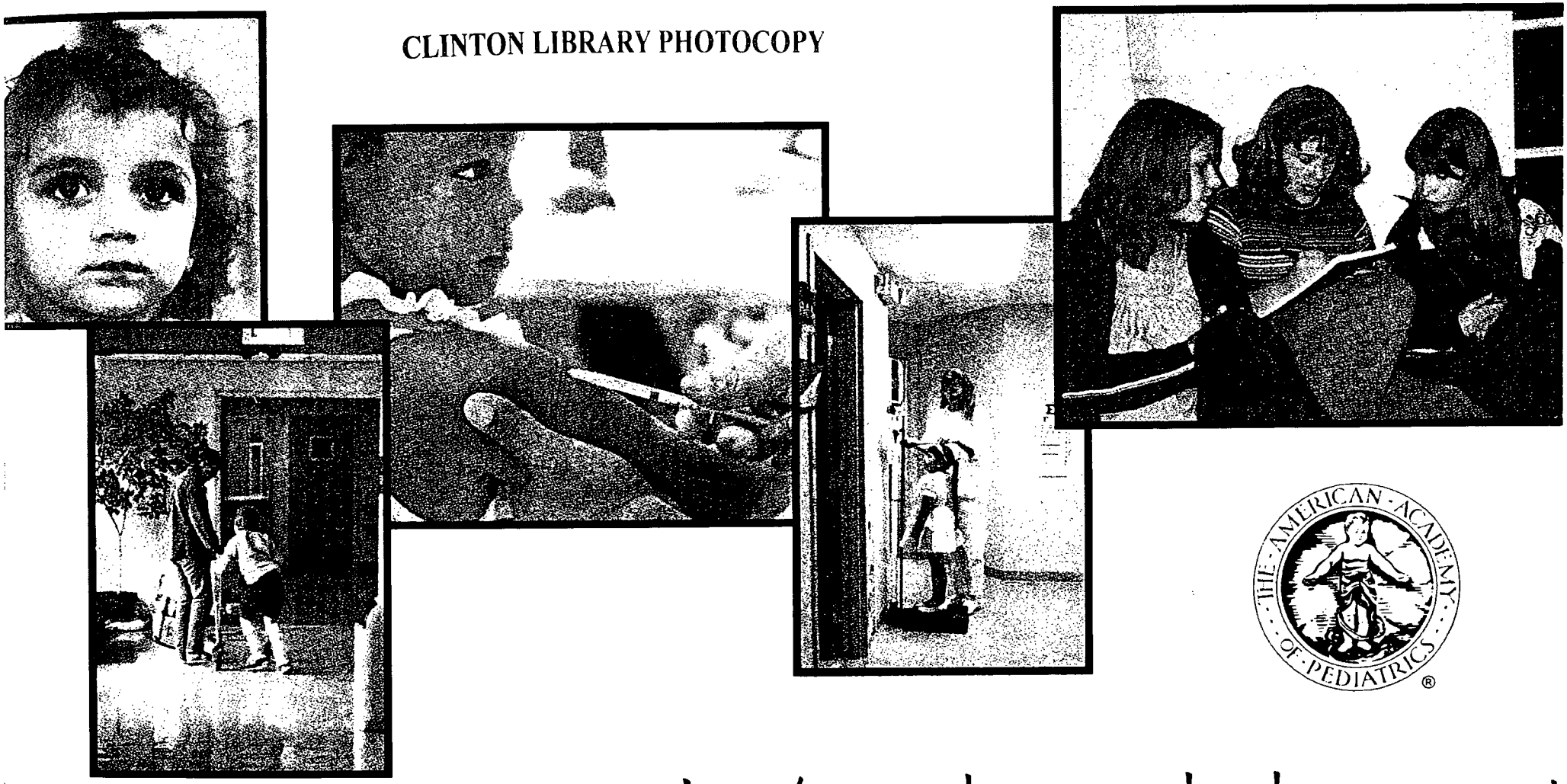
Much has been accomplished and our thanks to you for all your efforts.

We keep moving forward - hence the development of the enclosed folder. Hope this will be of use.

I look forward to working with you in the coming year -

Jackie

We have one session left in the 105th Congress, to do what's right for kids . . .



THE AMERICAN ACADEMY OF PEDIATRICS®

Let's make each day count

American Academy of Pediatrics

Department of Government Liaison

202/347-8600 • 800/336-5475 • FAX 202/393-6137
E-mail kids1st@aap.org • http://www.aap.org

The enclosed issue briefs are designed to provide an update on several key child health issues that the American Academy of Pediatrics believes should be addressed in the second session of the 105th Congress. As policy takes shape, the American Academy of Pediatrics is here to help ensure that the special needs of children and adolescents are met in all legislation and regulation. Please call on us.

CHILD HEALTH ISSUES
Table of Contents

AAP Washington Office

Jackie Noyes
Director

Graham Newson
Senior Assistant Director

Karen Hendricks
Assistant Director

Janis Guerney
Assistant Director

Elaine Holland
Assistant Director

Marjorie Tharp
Public Affairs Manager (media)

601 13th Street, NW • Suite 400 North • Washington, DC 20005

American Academy
of Pediatrics

202/347-8600
FAX: 202/393-6137
E-mail: kids1st@aap.org 800/336-5475

AAP Department of Government Liaison
601 Thirteenth Street, NW, Suite 400 North
Washington, DC 20005

Jackie Noyes, Director http://www.aap.org

CHILD CARE / EARLY BRAIN DEVELOPMENT

AT ISSUE:

- Ensuring that federal funds are not used to provide dangerous or inappropriate child care to our nation's children by establishing and enforcing federal health and safety standards for all federally funded child care settings. Providing strong federal incentives for states to adopt and enforce minimum child care standards for all child care providers in their state.

- Supporting federal incentives, resources and guidance to facilitate state licensing, certification or credentialing for all individuals providing child care, and providing federal support for training and education of child care workers.

- Providing financial assistance to families from a combination of public and private subsidies or tax credits for the cost of care that exceeds the reasonable ability of parents to pay for it themselves.

- Supporting on-going federal efforts to improve the availability and quality of child care, such as Head Start and Early Start programs, and the activities of the Maternal and Child Health Bureau and the Child Care Bureau.

NEED FOR ACTION:

- Six out of 10 -- nearly 13 million -- infants, toddlers and preschoolers are enrolled in an out-of-home child care setting for at least part of the day or week, according to the National Center for Education Statistics.

- Recent findings on early brain and child development indicate that the physical and chemical structure of the brain -- and thus, its future capacity for learning and for positive social development -- are influenced significantly by the environment and experiences of a child during the first few years after birth. Studies show about 35 percent of family-based and 40 percent of center-based infant and toddler care is inadequate, or even potentially harmful to children's safety and development.

- Federal funds are being used to pay for substandard, even dangerous child care. Current state regulations, even if enforced, do not set standards for high quality care. A recent analysis of center-based infant and toddler care regulations found that no state has regulations that require good child care practice and only 17 states' regulations can be characterized as minimally acceptable.

- High quality care costs more than many families can afford, leaving no alternative for many working parents but to leave the workforce or put their children in substandard, hazardous and unhealthful situations.

- over -

AAP POSITION:

The American Academy of Pediatrics believes that government policy at all levels should reflect a systematic public commitment to make high-quality early childhood care available to all children who need it. Recent research on early brain development shows that the capacity and abilities of the brain itself are determined in part by the child's environment during the early years after birth. Thus, care in early childhood is really early education.

Congress should establish and enforce adequate health and safety standards for all out-of-home child care programs such as those outlined in the "Caring for Our Children -- National Health and Safety Performance Standards." Ideally, these or equivalent requirements should apply to all federally subsidized child care programs, and the federal government should provide strong incentives for states to adopt and enforce these minimum standards.

High staff turnover adversely affects the health and safety of children. Frequently replaced, untrained, poorly compensated and over-worked staff cannot maintain sanitation routines, be prepared for emergencies, or meet the developmental needs of children. In addition to better compensation, greater societal and professional respect for caregivers would help to attract and retain more competent and committed personnel.

AVAILABLE AAP RESOURCES:

Improving the Quality of Child Care, AAP testimony by James M. Poole, M.D., FAAP, before the Senate Committee on Labor and Human Resources, July 1997.

Universal Access to Good-Quality Education and Care of Children From Birth to 5 Years, AAP policy statement, March 1996.

Healthy Child Care America Campaign, AAP, Maternal and Child Health Bureau, Health Resource and Service Administration, and the Child Care Bureau, 1995.

Application of Health and Safety Guidelines to Out-of-Home Child Care Programs, AAP policy statement, June 1994.

Pediatrician's Role in Promoting the Health of Patients in Early Childhood Education and/or Child Care Programs, AAP policy statement, September 1993.

Caring for Our Children -- National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, AAP and the American Public Health Association, 1992.

ADDITIONAL RESOURCES:

Stepping Stones to Using 'Caring for Our Children' -- Protecting Children from Harm, Maternal and Child Health Bureau, Health Resources and Service Administration, 1997.

American Academy of Pediatrics 202/347-8600 ● 800/336-5475

American Academy of Pediatrics

Mission, Goals and Resources

Since its founding in 1930, the American Academy of Pediatrics (AAP) has been committed to the attainment of optimal physical, mental and social health for all infants, children, adolescents and young adults. Pediatricians know that success in this mission depends on advocacy for children beyond private practices, hospitals, classrooms and laboratories. Pediatricians must, and do, serve as a voice for children in the government arena. A primary goal of the 53,000 member American Academy of Pediatrics is advocacy for children and youth.

In addition to the AAP Washington, D.C., office and the AAP main office in Chicago, the Academy has chapters in every state whose members advocate both at the state and federal levels. More than 50 councils, committees, and task forces address interests as diverse as infectious diseases, injury and poison prevention, physician workforce, nutrition, bioethics and child health financing, and develop many of the Academy's positions and programs.

The AAP Department of Government Liaison serves as an information source for, and liaison with, congressional offices, federal agencies, other organizations concerned with child and adolescent health and the media. Our 15 full-time professional and administrative staff can provide credible background information, expert testimony, pediatric contacts nationwide, and media outreach on the multitude of health and social issues that confront children, families and policymakers today.

Resources available through the AAP include:

- Policy statements and data on a wide range of child and adolescent health, safety and social issues.
- Experts for briefings, congressional testimony or media interviews.
- Local pediatrician contacts for district/state events.
- Public education materials, including books, brochures and videos.

CHILD HEALTH ISSUES American Academy of Pediatrics
202/347-8600 • 800/336-5475

ADOLESCENT HEALTH

AT ISSUE:

- Improving and expanding health care coverage to appropriately address adolescent needs and issues.

- Emphasizing and expanding prevention and youth development programs with the goal of reducing the incidence of adolescent suicide, HIV/AIDS, sexual activity, pregnancy and sexually transmitted diseases.

- Reauthorizing Title X Family Planning Program, which supports family planning centers, trains personnel and disseminates information.

- Preserving funding and expanding education and prevention programs to decrease the incidence of youth substance abuse.

- Eliminating tobacco and alcohol advertising.

- Preserving youth violence prevention programs and strengthening gun control programs.

NEED FOR ACTION:

- Fifty-six percent of women and 73 percent of men today have had intercourse by age 18, compared to 35 percent and 55 percent respectively in the early 1970s, according to the Alan Guttmacher Institute. This situation is compounded by the fact that a sexually active teenager who does not use contraception has a 90 percent chance of pregnancy within one year.

- It has been estimated that as many as 25 percent of adolescents develop a sexually transmitted disease before graduating from high school.

- Approximately one in four new human immunodeficiency virus (HIV) infections today are estimated to occur in young people between the ages of 13 and 21.

- According to a 1996 federal study, use of illicit drugs among adolescents, age 12 to 17, has more than doubled since 1992. Eleven percent reported using an illicit drug during the month preceding the survey.

- Alcohol is the drug most often abused by the largest number of children and adolescents. Eighteen percent of eight graders, 39 percent of tenth graders, and 53 percent of twelfth graders report having been drunk in the year preceding a national survey.

-over-

- In November 1996, hard liquor makers broke a 48-year, voluntary ban on advertising their products on television and radio.

- Childhood homicide rates tripled and suicide rates quadrupled in the United States since 1950, according to a 1996 federal study.

AAP POSITION:

As Congress continues to explore improvements in the health care system, it is crucial that adolescent needs be addressed and met. Specifically, legislation should include an age-appropriate schedule of medical visits for adolescents. The services provided can play a key role in preventing and detecting diseases and other problems. Pediatricians and their adolescent patients must have the opportunity to discuss risk-taking behaviors, like cigarette smoking and sexual intercourse, as well as developmental issues and the importance of proper nutrition and exercise, among other things.

The proliferation of violence in our society is a public health problem with young people often caught in the crossfire. A focus on prevention is the most reasonable and cost-effective way to reduce violence and protect children from injury and disability. Therefore, the Academy supports efforts to prevent youth crime and violence, such as recreational, mentoring and substance abuse treatment programs, along with bans on assault weapons, handguns and deadly air guns to reduce children's access to firearms.

AVAILABLE AAP RESOURCES:

The Adolescent's Right to Confidential Care When Considering Abortion, AAP policy statement, May 1996.

Condom Availability for Youth, AAP policy statement, February 1995.

Caring for your Adolescent: ages 12 to 21, AAP publication.

Sexually Transmitted Diseases, AAP policy statement, October 1994.

Confidentiality in Adolescent Health Care, AAP policy statement, January 1993.

Adolescent Pregnancy, AAP policy statement, April 1992.

Firearms and Adolescents, AAP policy statement, April 1992.

Firearm Injuries Affecting the Pediatric Population, AAP policy statement, April 1992.

Suicide and Suicide Attempts in Adolescents and Young Adults, AAP policy statement, April 1992.

11/97

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

CHILDREN'S HEALTH CARE COVERAGE

AT ISSUE:

- Establishing a system where all children, regardless of their family income, employment status or state of residence, have quality health care coverage. Even the passage of the Balanced Budget Act of 1997, which included funding for children's health coverage, it's not enough to cover all children. Millions will remain uninsured (as many as five to six million).

- Ensuring that each state takes the opportunity presented by the Balanced Budget Act of 1997 to expand health care coverage to all children in their state.

- Implementing principles of managed care for children that address access to primary and specialty pediatric services, treatment authorization, quality of care, and appropriate financing and reimbursement.

NEED FOR ACTION:

- There are approximately 11.3 million Americans younger than age 19 who do not have health insurance coverage, an increase of 800,000 since last year. Millions more have insurance that is inadequate.

- Private insurance coverage increased by nearly 400,000 last year, but Medicaid coverage declined by one million. Over four million uninsured children are Medicaid eligible, but not enrolled.

- Children often are the first to experience the loss of private health coverage, because dependent coverage is often the first to be dropped by employers and employees pressed by the rising costs of health insurance. In 1987, 72 percent of children were covered by private insurance. By 1995, the percentage had dropped to 63 percent.

- Even though children comprise 54 percent of Medicaid recipients, they only account for 23 percent of total Medicaid expenditures.

- Uninsured children are at risk of preventable illness. Studies have shown that uninsured children are less likely than insured children to get needed preventive and other health care. The General Accounting Office (GAO) reports that children without health insurance or with gaps in coverage are less likely to have routine doctor visits or to have a regular source of medical care.

- Providing children and adolescents access to quality health care, with an emphasis on prevention, is an investment in our future.

-over-

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA)

AT ISSUE:

- Providing relief to physician office laboratories from the regulations known as the Clinical Laboratory Improvement Amendments of 1988 (CLIA), which currently prevent many pediatricians from performing necessary, basic and simple laboratory tests in their offices.

NEED FOR ACTION:

- Pediatric office labs are maintained to enhance the quality of medical care by expediting the diagnosis and initiation of treatment and reducing the fragmentation of care.

- The need for on-site testing is unique to pediatrics because of (1) the rapid onset of illness in infants and young children and the subtleness of their symptoms, (2) their inability to communicate their distress, makes diagnosis without immediate lab results difficult and (3) the urgency of laboratory data does not respect the conventional hours -- 8:00 am to 5:30 p.m. -- that many reference laboratories are open.

- An October 1995 study found that of all primary care physicians, pediatricians are most likely to have eliminated tests, such as basic blood tests and throat cultures, with 72 percent indicating that they dropped some or all tests because of CLIA-88. The study also found that the elimination of in-office testing indicated that 57 percent of pediatricians were more likely to send all patients to outside laboratories for collecting and testing specimens which presents a special hardship to parents with sick children.

- Physician office laboratories fill an important unmet need in medically under-served communities.

- For many pediatricians' offices the current cost of complying with CLIA -- registration and inspection fees, testing, control, personnel, direct and indirect costs --significantly increases the overall cost of health care.

-over-

AAP POSITION:

The diagnosis and treatment of basic child health problems, such as strep throat, are frequently delayed due to CLIA. A delay in access to timely care means additional hardships for parents with sick children.

The American Academy of Pediatrics continues to support and advocate for strong CLIA relief, including bills S.1068 and H.R. 2250 introduced by Sen. Kay Bailey Hutchison (R-Texas) and Rep. Bill Archer (R-Texas). The Academy believes that the immediate exemption of physician laboratories (with the exception of Pap smears) from CLIA would provide timely on-site laboratory services for everyone.

Pediatricians remain supportive of the intent of CLIA. However, it is important that the regulations are implemented in a fashion that ultimately improves the availability and quality of medical care.

Pediatricians are very concerned that simple, safe and basic tests which are not included in the current waiver category, may no longer be performed in pediatricians' offices thus having an adverse impact on the delivery of health care to children and adolescents.

AVAILABLE AAP RESOURCES:

AAP testimony by Peter Rappo, M.D., FAAP, before the Practicing Physicians Advisory Council, July 1996.

Survey of Primary Care Physicians' Office Laboratories, conducted by Mathematica Policy Research, October 1995.

11/97

ENVIRONMENTAL HEALTH

AT ISSUE:

- Ensuring that environmental laws and regulations take into account children's health concerns.

- Preserving the Environmental Protection Agency's new standards for particulate matter and ground-level ozone.

- Preserving existing environmental protections for children.

NEED FOR ACTION:

- Children are more vulnerable than adults to many pollutants. The cellular immaturity of children and the ongoing growth processes account for this elevated risk.

- Children breathe more rapidly and inhale more pollutant per pound of body weight than do adults. Their airways are much more narrow than those of an adult. Thus, minor irritation caused by air pollution, which would produce only a slight response in an adult, can result in a dangerous level of swelling in the lining of the narrow airways of a child.

- If during early childhood a person is highly exposed to air pollutants, the risk of long-term damage to the lungs increases.

- Ozone and particulate matter in the air can cause disease in children and aggravate preexisting respiratory conditions.

- Incidence of asthma in children has nearly doubled from 1980 to 1993.

AAP POSITION:

The American Academy of Pediatrics supports the Environmental Protection Agency's (EPA) new standards for particulate matter and ground-level ozone. Though levels of many pollutants have decreased since the passage of the Clean Air Act in 1970, the levels of ozone are still high enough to present health hazards, especially to our children. There are few elements more basic to the health of our children than ensuring that the air they breathe is clean.

-over-

AVAILABLE AAP RESOURCES:

New Proposed Standards for Ozone and Particulate Matter, AAP testimony by Ruth Etzel, M.D., Ph.D., FAAP, January 1997.

Environmental Tobacco Smoke and Other Indoor Air Pollution Problems Affecting Children, Speaker's Kit, AAP and the Environmental Protection Agency, 1997.

Ambient Air Pollution: Respiratory Hazards to Children, AAP policy statement, May 1996.

11/97

American Academy of Pediatrics

202/347-8600 ● 800/336-5475

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

TOBACCO CONTROL

AT ISSUE:

- Enacting comprehensive, sustainable, effective, well-funded tobacco control legislation.

- Implementing the Food and Drug Administration (FDA) regulations to decrease the appeal of and access to tobacco products by children and adolescents.

- Preserving funding and expanding education and prevention programs to decrease the incidence of youth substance abuse.

NEED FOR ACTION:

- Tobacco use is the leading cause of preventable death in the United States. Each day more than 3,000 children in the United States begin to use tobacco, according to the National Cancer Institute. The average age at which they begin is approximately 12-1/2 years of age.

- Although most segments of the American adult population have decreased their use of cigarettes, smoking among youths has failed to decline for more than a decade. Recently, youth smoking rates have begun rising.

- Youths age 12-17 who smoked were about 8 times as likely to use illicit drugs and 11 times as likely to drink heavily as nonsmoking youths.

- Tobacco product brand names, logos, and advertising messages are pervasive, appearing on billboards, on buses and trains, in magazines and newspapers, and on clothing and other goods. Studies show that most young people buy the most heavily advertised cigarette brands, whereas many adults buy generic brands, which have little or no image advertising.

- According to the 1994 Surgeon General's Report, various studies of minors' access to tobacco products showed that 32 to 87 percent of underage youths were able to purchase cigarettes over the counter. When the minors tried to purchase cigarettes through vending machines, they were almost always successful.

- The Environmental Protection Agency estimates that exposure to environmental tobacco smoke from parental smoking alone causes as many as 300,000 lower respiratory infections per year in infants under the age of 18 months.

-over-

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

YOUTH VIOLENCE

AT ISSUE:

- Reducing the number of intentional and unintentional firearms injuries, disabilities and deaths among children, adolescents and their families.

- Supporting the increased availability of firearm safety devices such as trigger locks and ammunition load indicators.

- Ensuring federal funds for firearms research being conducted by the National Center for Injury Prevention and Control within the CDC.

- Preserving youth violence prevention programs to reduce youth crime and violence.

- Supporting a television ratings system that provides specific, reliable information on the type of violence, sexual material and profanity contained in every rated program.

- Strengthening educational and informational television programming for children according to the Children's Television Act of 1990.

NEED FOR ACTION:

- The United States has the highest rate of childhood homicide, suicide and firearms-related deaths of any of the world's 26 richest nations, according to a 1996 study by the Centers for Disease Control and Prevention.

- In 1994, firearm injuries were the second leading cause of death for young people, 10 to 24 years of age.

- Homicide is the second leading cause of death for persons 15-24 years of age and is the leading cause of death for African-American and Hispanic youth in this age-group.

- Firearm ownership in the home, especially a firearm kept loaded and unlocked, is associated with an increased risk of unintentional firearm fatalities among children.

- Nearly 20 percent of all violent crime arrests in 1994 involved a juvenile under 18 years of age. Two-thirds of violent crimes against teens are committed by other teens.

- In 1995, 1 in 12 students in a national survey reported carrying a firearm for fighting or self-defense at least once in the previous 30 days. In 1990, this was true for 1 in 24 youth.

- over -

AAP LEADERSHIP BIOGRAPHIES

Joseph R. Zanga, M.D., FAAP, 1997-98 President

Dr. Zanga currently serves as vice chair of the Department of Pediatrics at Louisiana State University (LSU) School of Medicine. He is also a professor of pediatrics at LSU and Tulane, and is the director of their Pediatric Emergency Services. Prior to his work in Louisiana, Dr. Zanga was a professor and chair of the Division of General Pediatrics and Emergency Care at the Medical College of Virginia campus of Virginia Commonwealth University in Richmond. He developed the first pediatric emergency service in Virginia and wrote the AAP Virginia chapter's state child health plan.

Dr. Zanga has been active in the American Academy of Pediatrics since 1973 and has served in a variety of positions. While chair of the AAP Committee on School Health from 1983 to 1987, he was responsible for the first AAP policy statements on corporal punishment and school-based clinics. He was also founding chair of the section on school health.

A graduate of Fordham University in New York City, Dr. Zanga received his medical degree from Loyola University's Strich School of Medicine. He completed his residency training at Medical College of Virginia and his primary care fellowship at Strong Memorial Hospital of the University of Rochester in New York.

Joel J. Alpert, M.D., FAAP, 1997-98 Vice President

Dr. Alpert is currently Professor of Pediatrics and Public Health at Boston University School of Medicine. He was Chairman at Boston University and Chief of Pediatrics at Boston City Hospital from 1972-1993. A long-time child advocate, Dr. Alpert pioneered a pediatric residency at Boston City Hospital linking community pediatricians and health centers with hospitals. He also developed legislation that created the Massachusetts Poison Information System and has worked with numerous government panels, editorial boards, associations and foundations. He is a member of the Institute of Medicine (1978).

Dr. Alpert has been active in many AAP committees and programs since 1966. In 1991, he received the AAP Job Lewis Smith award for his contributions to community pediatrics.

A graduate of Yale University, New Haven, Conn., he received his medical degree from Harvard Medical School, Boston.

-over-

Joe M. Sanders, Jr., M.D., FAAP, Executive Director

Dr. Sanders is the executive director of the American Academy of Pediatrics (AAP). Based in Elk Grove Village, Illinois, with a government liaison office in Washington, D.C., the AAP is the professional association representing 53,000 pediatrician members in the United States and Canada.

Dr. Sanders joined the Academy staff as the associate executive director in 1988. He had a long history of voluntary service with the Academy and had served as chair of the Committee on Adolescence, chair of the Section on Military Pediatrics and president of the Uniformed Services Chapter West. He came to the Academy from the Medical College of Georgia where he was the director of adolescent medicine service in the Department of Pediatrics. Prior to that, he was chief of the adolescent medicine services at Fitzsimons Army Medical Center and clinical professor of pediatrics at the University of Colorado Health Science Center in Denver.

A graduate of the Citadel, he received his medical degree from the Medical College of South Carolina in 1967. Dr. Sanders completed his internship and residency in pediatrics at Letterman Army Medical Center in San Francisco, and a fellowship in adolescent medicine at San Francisco Children's Hospital.

11/97

American Academy
of Pediatrics

202/347-8600 ● 800/336-5475 ● FAX 202/393-6137