

**Testimony of Moira Szilagyi, MD, PhD, FAAP  
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**Before the House Appropriations Subcommittee on Labor, Health  
and Human Services, Education and Related Agencies**

**Public Witness Testimony  
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Chairwoman DeLauro, Ranking Member Cole, and members of the subcommittee, thank you for the opportunity to testify before you today. My name is Dr. Moira Szilagyi and I am testifying today as the president of the American Academy of Pediatrics (AAP), a non-profit professional membership organization of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health and well-being of children. The AAP urges all Members of Congress to put children first when considering short and long-term federal spending decisions, and supports funding levels for the following programs: \$30 million for Pediatric Subspecialty Loan Repayment (HRSA), \$60 million for Firearm Injury and Mortality Prevention Research (CDC/NIH), \$14 million for Pediatric Mental Health Care Access Grants (HRSA), \$28.134 million for Emergency Medical Services for Children (HRSA), \$205 million for the National Center for Birth Defects and Developmental Disabilities (CDC), \$356 million for Global Immunizations (CDC), \$12 million for implementation of Scarlett's Sunshine Act (CDC/HRSA), \$26.2 million for the administrative component of the National Vaccine Injury Compensation Program (HRSA), and \$15 million for provisions in the Vaccine Awareness Campaign to Champion Immunization Nationally and Enhance Safety (VACCINES) Act (CDC).

In addition to my responsibilities as President of the Academy, I am a primary care pediatrician and Professor of Pediatrics at UCLA where I serve as the Division Chief of Developmental/Behavioral Pediatrics and the Peter Shapiro Term Chair for the Promotion of Child Developmental and Behavioral Health.

As pediatricians, we not only diagnose and treat our patients, we also promote preventive interventions to improve overall health. Likewise, as policymakers, you have an integral role in ensuring the health of future generations through adequate and sustained funding of vital federal programs. As such, we urge you to pass strong policies that invest in children in the earliest days of life. We implore you to take meaningful strides to address chronic poverty, homelessness, food insecurity, adverse childhood experiences and other social determinants of health that have long lasting impacts on the health and well-being of American children and their families.

As the last several years have taught us, we also need to make robust investments in preventive, primary, mental, and behavioral health care, workforce development, violence and injury prevention efforts, improving confidence in vaccines, and enhancing the quality of life across the lifespan for Americans with disabilities and other vulnerable citizens.

To achieve these ends, AAP supports robust funding of the Department of Health and Human Services (HHS) and its individual agencies which all combine to support important programs that ensure the health and safety of children. Federal funding through these agencies supports critical programs that address pressing public health challenges, and, therefore, the AAP urges the Subcommittee to support robust funding for the following programs detailed below.

**Firearm Injury and Mortality Prevention Research (CDC/NIH):** *FY 23 Request: \$60 million total; FY 22 Level: \$25 million total.*

The AAP is tremendously appreciative of and applauds Congress for continuing to provide \$25 million total, split evenly between CDC and NIH, for firearm injury and mortality prevention research in FY 22. Unfortunately, as we just witnessed at Tops Supermarket in Buffalo and the Irvine Taiwanese Presbyterian Church in California, gun violence remains a public health problem in the United States. In the midst of the COVID-19 pandemic, communities across the nation continue to suffer from increased levels of firearm-related injuries and death. In fact, a recent CDC report showed that the U.S. experienced a historic rise in gun deaths in 2020, affecting all age groups, and widening existing racial and ethnic disparities across the nation. Of particular concern, data showed that the gun death rate among young black men and boys, aged 10 to 24, was 21 times higher than the rate of young white men and boys in the same age group. Worse, the dearth of research on how best to prevent firearm-related morbidity and mortality makes it difficult to address it. Federally funded public health research has a proven track record of reducing public health-related deaths, whether from motor vehicle crashes or smoking. This same approach should be applied to increasing gun safety and reducing firearm-related injuries and deaths, including suicides, and continuing and expanding CDC and NIH research will be critical to that effort. As such, for FY23, the Academy urges Congress to allocate \$60 million for firearm injury and mortality prevention research, with \$35 million dedicated to CDC and \$25 million to NIH.

**Pediatric Subspecialty Loan Repayment Program (HRSA):** *FY 23 Request: \$30 million; FY 22 Level: \$5 million.*

The AAP appreciates first-time funding of \$5 million in FY22 for the Pediatric Subspecialty Loan Repayment Program, a Title VII health professions program designed to improve access to care for children with special health care needs by offering loan repayment to pediatric subspecialists and child mental health providers who agree to serve in an underserved area. To expand the number of beneficiaries of this program, the Academy respectfully requests \$30 million in FY23. The United States' current supply of pediatric subspecialists is inadequate to meet children's health needs. Many children must wait more than 3 months for an appointment with a pediatric subspecialist, and approximately 1 in 3 children must travel 40 miles or more to receive care from a pediatrician certified in certain subspecialties such as developmental behavioral pediatrics. Spotlighting the needs of children with autism spectrum disorder (ASD), as an example, there are approximately 1.5 million children with ASD but there are only about 700 practicing board-certified developmental-behavioral pediatricians. The national wait time for a pediatric developmental evaluation is 5.4 months. In terms of equity, ASD prevalence among Hispanic children is about 16% lower than among white and black children, which suggests that more Hispanic children with autism are not being identified. In

addition, black children with ASD are significantly less likely than white children to have a first evaluation by the age of three.

**Pediatric Mental Health Care Access Grants (HRSA):** *FY 23 Request: \$14 million; FY 22 Level: \$11 million.*

The AAP appreciates the support Congress has shown for Pediatric Mental Health Care Access Grants, with \$11 million in funding for the program in FY22, as well as robust funding in the American Rescue Plan in recognition of the impact of COVID-19 on child and adolescent mental health. The 45 states, tribal organizations, and territories who are receiving grants through this program are providing tele-consultation, training, technical assistance, and care coordination for pediatric primary care providers to diagnose, treat and refer children with behavioral health conditions. Research shows pervasive shortages of child and adolescent mental/behavioral health specialists throughout the United States. Integrating mental health and primary care has been shown to substantially expand access to mental health care, improve health and functional outcomes, increase satisfaction with care, and achieve costs savings. In fact, a recent RAND study found that 12.3% of children in states with programs such as the ones funded under this HRSA program had received behavioral health services while only 9.5% of children in states without such programs received these services. In FY23, the AAP urges Congress to provide \$14 million in funding for Pediatric Mental Health Care Access Grants so that HRSA can maintain and expand this program to every state, tribal organization, and territory while also allowing programs to expand their services to schools and emergency departments.

**Emergency Medical Services for Children (HRSA):** *FY 2023 Request: \$28.134 million; FY 22 Level: \$22.334 million.*

The AAP urges the committee to increase funding for the Emergency Medical Services for Children (EMSC) Program to \$28.134 million in FY 23. EMSC is the only federal program that focuses specifically on improving the pediatric components of the emergency medical services (EMS) system. EMSC aims to ensure state of the art emergency medical care is available for the ill and injured child or adolescent, pediatric services are well integrated into an EMS system backed by optimal resources, and that the entire spectrum of emergency services is provided to all children and adolescents no matter where they live. An additional \$5.8 million in funding in FY23 will allow the program to provide increased funding to states to address gaps in children's access to high quality emergency and trauma care as well to support states building mental health capacity for children in emergency departments.

**National Center for Birth Defects and Developmental Disabilities (CDC):** *FY 23 Request: \$205 million; FY 22 Level: \$177.06 million*

The Academy requests \$205 million for FY23 for the National Center for Birth Defects and Developmental Disabilities (NCBDDD). According to the CDC, birth defects affect 1 in 33 babies and are a leading cause of infant death in the United States. NCBDDD conducts important research on fetal alcohol syndrome, infant health, autism, attention deficit and hyperactivity disorders, congenital heart defects, and other conditions like Tourette Syndrome, Fragile X, Spina Bifida and Hemophilia. NCBDDD supports extramural research in every State and has played a crucial role in the country's response to the Zika virus, as well as COVID-19. Increased FY23 funding would be used to build upon and expand work within the Center's priorities such as uniform data collection for

neonatal abstinence syndrome; supporting the Act Early: Children's Mental Health program, data collection around sickle cell disease, and expansion of the Surveillance for Emerging Threats to Mothers and Babies (SET-NET) program to allow more states to participate and gather needed information to protect pregnant individuals and infants from emerging public health threats.

**Global Immunization – Polio and Measles/Other (CDC):** *FY 23 Request: \$356 million (\$276 million for Polio and \$80 million for Measles/Other); FY 22 Level: \$228 million (\$178 million for Polio and \$50 million for Measles/Other).*

The CDC's global immunization program is one of the most cost-effective and successful public health solutions available and U.S. investments have driven remarkable results. The CDC was a founding member of the Measles and Rubella Initiative, which has vaccinated over 2 billion children and prevented 23.2 million deaths from measles since 2001. Since 1988, the CDC's global polio immunization work has reduced the number of polio cases globally by 99.9 percent, saving more than 10 million children from paralysis and bringing the disease close to eradication. Thanks to sustained funding by the U.S. government through the CDC and USAID and the coordinated efforts of the Global Polio Eradication Initiative (GPEI), the opportunity for a polio-free world is within reach. Unfortunately, the gains from global immunization are in jeopardy. Throughout the ongoing COVID-19 pandemic, many countries diverted resources set aside for polio and routine immunizations to fight the pandemic. While this was vital to many countries' ability to quickly respond to COVID-19, it has come at a terrible cost to polio eradication and routine child vaccination. In the first two months of 2022, measles cases were up 79% compared with the year prior. The World Health Organization and UNICEF warned of a "perfect storm" of conditions for measles outbreaks. Additionally, polio cases have increased, with Malawi experiencing its first wild polio case in three decades. To recover from pandemic-related disruptions, the Academy urges Congress to appropriate at least \$276 million for polio and \$80 million for measles vaccination programs.

**Activities Authorized under Scarlett's Sunshine Act (CDC/HRSA):** *FY 23 Request: \$12 million (\$8.5 million at CDC for the Safe Motherhood and Infant Health account and \$3.5 million at MCHB within the Special Projects of Regional and National Significance account); FY 22: Level: \$1 million at HRSA and \$2 million at CDC*

In passing the Scarlett's Sunshine Act in late 2020, Congress recognized the need for federal investments in research and prevention of sudden unexpected infant death (SUID) and sudden unexplained death in childhood (SUDC). The law authorized \$12 million for HHS to award grants and improve data and monitoring. Full funding for this initiative will strengthen efforts to better understand SUID and SUDC, facilitate data collection and analysis to improve prevention efforts, and support children and families. Requested CDC funding would improve communities' responses to infant and child death cases, inform prevention and clinical care, and help standardize data collection and reporting, as well as procedures and protocols for death scene investigations and autopsies. The grants can also fund safe sleep outreach efforts, which can reduce the risk of SUID. The funds at MCHB would support the expansion and use of the Case Reporting System to provide data summaries and dashboards on all SUIDs and making datasets available to researchers. These MCHB funds can also support bereavement services for affected families, which MCHB cannot currently provide.

**National Vaccine Injury Compensation Program Administration (HRSA):** *FY 23 Request: \$26.2 million; FY22 Level: \$13.2 million*

The Academy supports increased funding for the administrative component of the National Vaccine Injury Compensation Program (NVICP), which was established in 1988 to ensure an adequate supply of vaccines, stabilize vaccine costs, and establish and maintain an accessible and efficient forum for individuals found to be injured by certain vaccines. NVICP is an alternative to the traditional tort system for resolving vaccine injury claims and provides compensation to individuals found to be injured by certain vaccines. NVICP claims have increased more than fivefold from 402 claims filed in FY 2012 to 2,057 claims filed in FY 2021 while the administrative funding barely doubled from \$6.5 million to \$11.2 million during the same period. The steep increase in claims filed is due in large part to the flu vaccine being administered to adults. In fact, most of all petitions filed are now adult claims for alleged injuries from the flu vaccine. Though the number of petitions has risen, the number of staff to administer the claims has not risen at the same level. By hiring more staff and thereby expediting the processing of claims filed in the NVICP, the children and families who have been injured by a vaccine will be able to receive their due compensation in a timely manner. It will also help prepare HRSA to administer the NVICP program if the COVID-19 vaccine is eventually transferred from the Countermeasures Injury Compensation Program and included in NVICP program.

**Activities Authorized under the VACCINES Act (CDC):** *FY 23 Request: \$15 million; FY 22 Level: N/A*

The AAP is very appreciative that Congress specifically included the Vaccine Awareness Campaign to Champion Immunization Nationally and Enhance Safety (VACCINES) Act as part of Section 2302 of the American Rescue Plan that provided \$1 billion to improve vaccine confidence for both COVID-19 and routine immunizations. Much of this funding was distributed to state and local public health departments to help promote the uptake of COVID-19 vaccines and to provide Americans with accurate information about these vaccines. As we pass two years of living through the pandemic, it is more important than ever to bolster American's confidence in vaccines and debunk misinformation and disinformation about vaccines. The VACCINES Act authorizes the development of a national vaccination rate surveillance system at CDC and allows data collected to be used to identify communities with low vaccination utilization or where vaccine misinformation may be targeted. It also authorizes research grants to better understand vaccine hesitancy, attitudes towards vaccines, and develop strategies to address nonadherence to the recommended use of vaccines. Additionally, the VACCINES Act authorizes an evidence-based public awareness campaign on the importance of vaccinations to increase vaccination rates, including targeting communities that have particularly low vaccination levels. The AAP urges Congress to allocate the authorized \$15 million for CDC to ensure these activities take place to boost vaccine confidence in routine and COVID-19 immunizations and boost vaccination rates across the lifespan.

There are many ways Congress can help meet children's needs and protect their health and well-being. Adequate funding for children's health programs is one of them. The American Academy of Pediatrics looks forward to working with Members of Congress to prioritize the health of our nation's children in FY 2023 and beyond. Thank you for the opportunity to testify before the subcommittee today and I look forward to answering any question you may have.