



BLUEPRINT FOR CHILDREN



2020 ARIZONA

Priorities and recommendations to optimize lifespan outcomes, foster child health and well-being, strengthen families, support our communities, and enhance the position of Arizona as a leading state for children.

Building a healthy future

Policy Goals

PROMOTE HEALTHY CHILDREN

All children must have access to the highest-quality health care, so they can thrive throughout their lifespan. Policymakers must ensure that all children, regardless of their immigration status:

- have affordable and high-quality health care coverage,
- have insurance with comprehensive, pediatric-appropriate benefits,
- have access to needed primary and subspecialty pediatric care and mental health services, and
- receive comprehensive, family-centered care in a medical home.

SUPPORT SECURE FAMILIES

Together we can work to advance efforts to ensure that parents can give their children the best foundation for the future. Policymakers must ensure that all families have:

- work that provides a stable and adequate income and family-friendly benefits,
- safe and secure housing,
- affordable and safe child care,
- access to adequate, healthy, nutritious foods throughout the year, and
- resources that support positive parenting skills training.

BUILD STRONG COMMUNITIES

Strong communities are the building blocks for secure families and healthy children. Policymakers must ensure that communities:

- are safe from violence and environmental hazards,
- provide high-quality early education programs,
- support public health systems that protect children from infectious diseases and support maternal and child health, and
- respond effectively when disasters and public health emergencies occur.

ENSURE OUR STATE IS A LEADER FOR CHILDREN

Child health and well-being must be elevated and maintained as a priority in our state. Policymakers must develop and implement policy that:

- funds and supports public health and health services to help children grow into healthy adults,
- addresses environmental health and climate change issues that affect children, and
- addresses factors that make some children more vulnerable than others, such as race, ethnicity, religion, immigration status, sexual orientation or gender identity, and disability.

2020 Advocacy Agenda

Arizona Chapter | American Academy of Pediatrics

Mental Health and Suicide Prevention

In the U.S., nearly 1 in 5 children have a mental, emotional, or behavioral disorder. Based on the latest data from the Arizona Child Fatality Report (CFR), our state experienced 64 child deaths by suicide which is a 28% increase from the prior year. Suicide warning signs, especially behavioral health issues (eg. substance use, depression), were identified in over half of these deaths. These deaths could have potentially been prevented by early diagnosis and treatment of these behavioral health issues. Unfortunately, challenges such as lack of access to appropriate mental health providers, cost, insurance coverage, and the time and effort involved in coordinating care, make it difficult for families to get mental health care for their children. Arizona pediatricians are committed to partnering with decision-makers to develop and implement policy that:

- promotes mental health and suicide prevention as a core component of health care services,
- supports training programs for schools, community, clinical and behavioral health service providers on suicide prevention and other mental health disorders,
- appropriates funding to increase the number of school-based psychologists, social workers and counselors to ensure children and their families have access to appropriate and coordinated mental health prevention services,
- develops emergency protocols for clinicians, first responders, crisis staff and others on how to communicate and collaboratively manage children and teens who pose a threat to themselves or others, and
- encourages the implementation of safety strategies to reduce access to guns and other lethal means for those at risk.

Childhood Immunizations

The American Academy of Pediatrics (AAP) recommends that state laws permitting nonmedical exemptions to school entry immunization requirements should be eliminated. In Arizona, parents currently can refuse to vaccinate their children for non-medical reasons. Unfortunately, when parents refuse to vaccinate their own children, this decision can negatively impact all children. The percentage of Arizona children entering kindergarten who are up to date on the immunizations that protect against whooping cough, tetanus, diphtheria, polio and measles is now less than 95%. The Arizona Department of Health Services (ADHS) advises that at least a 95% vaccination rate among children in school is necessary to maintain public health and safety. Thus, our current vaccination rate makes it possible for these vaccine-preventable diseases to spread quickly through schools and the wider community, endangering the health of children and other members of the community. Arizona pediatricians are committed to partnering with decision-makers to develop and implement policy that:

- supports the importance of routine child immunization and actively counters misinformation about vaccine safety and efficacy,
- supports ADHS in developing policies and safeguards related to school-required immunizations,

- develops systems to adequately inform Arizona parents about the risks prior to receiving a nonmedical exemption from school entry immunization requirements such as implementing web-based educational programs required to be completed by parents considering a nonmedical exemption for their child, and
- supports appropriate payment delivery systems for immunization services and vaccine acquisition as critical components to ensure children are fully vaccinated and protected against vaccine preventable diseases across the population.

Medicaid Payment

A recent study revealed that increasing ACA Medicaid payments improved access to care for poor children in Arizona and other states (*Pediatrics, January 2018*). However, Congress did not renew this ACA Medicaid payment increase, and it expired in December 31, 2014. While some states have continued to these increased payments using state funds, Arizona is currently not using state dollars to extend the increase. Low Medicaid payment negatively impacts the ability of pediatricians to participate in the program and impedes access to care for enrollees. Arizona pediatricians are committed to partnering with decision-makers to develop and implement policy that:

- supports efforts at the state and federal levels to raise Medicaid payment rates for all physician services to those that are at least equivalent with Medicare rates, and
- opposes any efforts to destabilize appropriate Medicaid payment delivery systems and methodologies which allow pediatric medical providers to actively participate in the program and increase access to care.

Newborn Screening Expansion

All newborn babies are required by the state to get tested for some rare disorders often before they leave the hospital. In Arizona, about 100 babies each year test positive for a serious condition through Newborn Screening (NBS) which provides an opportunity for early identification of conditions. A newborn may appear healthy, but still have a serious condition that would otherwise go undetected. Early detection helps families and providers to access early intervention and treatment, often leading to improvements in long-term health outcomes and reduces health costs associated with preventable morbidity and mortality. Over the years, technological advancements have facilitated the rapid expansion of NBS programs creating the opportunity for states to implement screening for conditions that were previously considered untreatable. This growth in the scope of NBS programs is likely to continue in future years. Arizona pediatricians are committed to partnering with decision-makers to develop and implement policy that:

- allocate more resources and expand capacity to the NBS program to implement screening for new conditions that are recommended by the ADHS process, and
- support state laboratory capacity to store and analyze NBS data for understanding the disease burden in our state and its trajectory across the lifespan.

Decreasing Nicotine Use By Children and Teens

Tobacco is the No. 1 cause of preventable death in the United States, and about 95% of all adult smokers start before the age of 21. More than 480,000 Americans die each year from tobacco use, including 8,300 in Arizona alone. In addition, since June of 2019, our state along with the rest of the country has been experiencing an outbreak in lung injury associated with the use of e-cigarettes or vaping products resulting in

55 deaths. Arizona pediatricians are committed to partnering with decision-makers to develop and implement policy that:

- supports important strategies for preventing youth smoking exposure and initiation,
- amends the Smoke Free Arizona Act to include e-cigarettes in order to get e-cigarettes out of public places (e.g. restaurants, work places),
- supports the enforcement of the Tobacco 21 law that prohibits the sale of tobacco products to anyone less than 21 years of age,
- enforces laws and regulations prohibiting the sale of tobacco, e-cigarettes and similar devices to minors,
- appropriates funding for enforcement activities, and
- prohibits youth point-of-sale advertising for tobacco, e-cigarettes and similar devices.

Child Passenger Safety

There is strong evidence that child safety seat laws are effective in increasing child safety seat use. Motor vehicle crashes are the leading cause of accidental child and adolescent death in Arizona. In 2018, motor vehicle crashes in our state were responsible for 72 child deaths, an increase from 65 in the previous year. According to research, child safety seats reduce the risk of death in passenger cars by 71% for infants, and by 54% for toddlers ages 1 to 4 years. Missing from Arizona's child passenger laws are requirements for safety seats to be rear-facing until at least 2 years of age and rear seat requirements for older children. Arizona pediatricians are committed to partnering with decision-makers to develop and implement policy that:

- requires infants remain rear-facing until the age of two or more while permitting forward-facing if the child weighs at least 40 pounds and the child is secured in a manner that complies with the height and weight limits specified by the manufacturer of the car seat,
- ensures young children ride in car safety seats with a harness until at least age 4 years, with guidance educating parents and caregivers about the benefits of riding in a seat with a 5-point harness up to the highest weight or height allowed by the manufacturer,
- recommends school-aged children ride in belt positioning booster seats until at least age 8 years or until the seat belt fits correctly, as described by the AAP and National Highway Traffic Safety Administration (NHTSA),
- advocates for children to ride in a rear seat until age 13 years, and
- imposes seat belt laws applying to all vehicle occupants and subject to primary enforcement.

Health and Safety of Immigrant Children

More than 1 in 8 Arizona residents is an immigrant, while nearly 1 in 5 is a native-born US citizen with at least one immigrant parent. Immigrant children are more likely to live in poverty and struggle in school as well as face other disparities. These disparities, coupled with the stress and threat of possibly losing their parents to deportation or detention, can take a toll on these children. Arizona pediatricians are committed to partnering with decision-makers to develop and implement policy that:

- supports, protects and promotes the health of immigrant children,
- opposes the practice of separating the migrating children from parents or caregivers at the border,
- ensures that no children will be forced into detention since even short periods of detention can cause psychological trauma and long-term mental health risks,

- monitors, investigates and improves the quality of care and treatment families receive while in the federal government's custody,
- prevents public charge proposals that could deter families' willingness to access nutrition support, housing assistance, and health care, and
- improves opportunities for immigrant children to enroll in early childhood education programs to help narrow developmental achievement gaps.

School Safety and Gun Violence Prevention

The absence of guns in homes and communities is the most reliable and effective measure to prevent firearm-related injuries in children and adolescents. Over the last 6 years, the Arizona child firearm mortality rate has steadily increased. Five percent of all child deaths in 2018 were due to firearms. Of these 43 deaths, 24 were suicide deaths and 13 were homicides. The child's parent was the gun owner in 49% of the firearm deaths and 53% of firearm deaths occurred in the child's home. AzAAP is committed to protecting children from firearm-related injury and violence through the strongest-possible legislative and regulatory approaches to reduce children's accessibility to guns. Gun violence is a public health threat, and Arizona pediatricians are committed to partnering with decision-makers to develop and implement policy that:

- enacts Child Access Prevention (CAP) laws that enforce safe storage practices including the use of trigger locks, lock boxes, and gun safes,
- places a ban on the sale of assault weapons and high capacity magazines to the general public,
- increases the minimum purchase age for firearm and ammunition purchases to 21,
- enforces a system of comprehensive and enforceable background-check laws for firearm purchases which take place through a licensed dealer and closes the unregulated private seller loophole,
- enacts Extreme Risk Protection Orders or gun violence restraining orders which allow families or law enforcement to petition a judge to remove a firearm from the possession of a person deemed at risk of harming themselves or others,
- ensures children and their families have access to appropriate mental health prevention and services, particularly to address the effects of exposure to violence, and
- supports further gun violence prevention research, public surveillance and training.