New Jersey Chapter
INCORPORATED IN NEW JERSEY
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Agenda for Children
2020-2021
Mission

The mission of the New Jersey Chapter, American Academy of Pediatrics is the attainment of optimal health, safety and well-being of New Jersey’s infants, children, adolescents, young adults and promotion of pediatricians, primary care pediatricians, pediatric medical sub specialists and pediatric surgical specialists as the best qualified of all health professionals to provide child healthcare.

The New Jersey Chapter, American Academy of Pediatrics (NJAAP), welcomes every opportunity to partner with forward thinking individuals and organizations focused on addressing children’s healthcare issues.

Contact NJAAP to tap our expertise and assistance in supporting your efforts to protect all children in New Jersey.

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Introduction

The New Jersey Chapter, American Academy of Pediatrics (NJAAP), believes every newborn, infant, child, adolescent and young adult, regardless of race, ethnicity, gender identity, socioeconomic status should have equal access to the highest quality of medical care available. This care is most capably provided by a pediatrician led healthcare team, which is highly trained, credentialed and experienced in all aspects of the development and medical diagnosis and care of children at every age.

In addition to expertise in the normal growth and development, and the unique manner in which children of all ages experience disease and injury, pediatricians are armed with information about the adverse effects of toxic stress on brain development, and a deep understanding of its early life origins of many adult diseases. The Adverse Childhood Experiences (ACEs) Study demonstrated the connection between traumatic exposures in childhood (e.g. physical abuse, family member with mental health disease, poverty, racism) and the resulting toxic stress responses that alter the neurologic and immune systems. Community investments, guided by scientific expertise, with a foundation in the family-centered care of the Pediatric Medical Home come together to catalyze needed changes in childhood policy and services.

In order to best meet the comprehensive and multifaceted healthcare needs of today’s children, especially those with complex medical requirements, NJAAP strongly advocates that all insurance plans include of a comprehensive, age-
appropriate benefits package based on Bright Futures and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) as recommended by the American Academy of Pediatrics. NJAAP strongly advocates for Bright Futures and EPSDT, the benchmarks that emphasize well-child and preventive care, and are widely acknowledged as the gold standard in pediatric care accentuating:

- Coordination between state programs and pediatric primary care providers through Electronic Medical Records (EMR) and the NJ Immunization Registry (NJIIS)

- Appropriate payment for care coordination

- Support for the education, social services, and analytics provided by high-quality comprehensive Pediatric Medical Homes

- Support for the growth of Medicaid Health Homes and Accountable Care Organizations (ACO).

We encourage the state to mandate that all health insurance plans be required to include a comprehensive, age-appropriate benefits package as well as payment parity with Medicare and Medicaid.
Access to a Pediatric Medical Home

NJAAP believes that all children deserve equal access to quality, culturally-centered healthcare in a family/patient-centered Pediatric Medical Home.

The Pediatric Medical Home model integrates well childcare with:

- Screening and early identification of children at risk
- Developmental delays
- Gender identity
- Immunizations
- Care of acute illnesses
- Comprehensive care for children at risk and with special health care needs
- Transition to adult care
- Sexual/reproductive health
- Mental health
- Oral health

The patient centered medical home is essential to coordinate care across many practices and practitioners necessary to provide all of the above care services. This level of care provides oversight and safeguards against duplication and gaps in services, which can occur when there is a lack of communication and care coordination between health, family support, and education service providers.
The Pediatric Medical Home is directed by a pediatrician-led healthcare team that:

- Manages or facilitates all aspects of pediatric care
- Fosters a shared partnership with the child and family based on mutual respect and trust
- Supervises these vital services over the course of the child’s life

Such comprehensive care also includes pediatric medical and surgical sub specialists, who help to provide care for children with more complex medical or mental health needs. This comprehensive care will provide children in need with the ability to grow to their fullest potential in physical, oral, vision and mental behavioral/health. The Pediatric Medical Home can help lower financial costs to the individual and the community over the short and long term.
However, there are barriers to those goals, including:

- Financing and payment for care that is at least on par with Medicare payment for the same service
- Payment parity for telemedicine/telehealth services provided in the Pediatric Medical Home
- Infrastructure for care coordination
- Provider network scarcity in subspecialty coverage
- Compensation for all services as defined in Bright Futures and EPSDT benefits
- Support and compensation for care coordination delivered by the Pediatric Medical Home
- Payment for behavioral/mental health services to pediatric providers

Currently, New Jersey faces critical shortages in general pediatrics and pediatric subspecialties such as rheumatology, cardiology, orthopedics, child psychiatry and others. Lack of access to these services significantly impacts the quality of life for patients and requires many families to leave NJ to obtain the needed specialty care for their children.
Payment barriers and provider network scarcity continue to bar families from obtaining necessary and timely specialty care. These barriers can be effectively bridged by offering incentives to specialists that are most needed by our families. Appropriate insurance reform that does not penalize children covered by state-supported insurance is crucial.

New Jersey continues to make progress in the financing of healthcare for children with the Children’s Health Insurance Program (CHIP) and NJ Family Care, but substantial gaps remain.

Pediatric health services provided by private, public insurance plans and managed care organizations should cover all services as defined by Bright Futures and the Early and Periodic Screening, Diagnostic and Treatment benefit (EPSDT). To ensure pediatric access to needed services, Medicaid and Medicaid HMOs must implement payment parity with Medicare to pediatric providers and limit bundle payments for preventative services.

A study conducted by the University of Pennsylvania and published in the New England Journal of Medicine, reported that New Jersey achieved one of the country’s largest increases in patient access to Medicaid services when payments were increased to parity with Medicare. Conversely, an NJAAP survey revealed that the failure to renew these Medicaid parity payments resulted in a reduction, and in some cases, the elimination of these increased services throughout New Jersey.

**A Medicaid Card Alone Does Not Ensure Access To A Pediatric Medical Home**
Pediatricians routinely encounter patients with mental health issues, such as behavioral, emotional or developmental concerns.

- It is estimated that 17% of 6 – 17 year-olds have a mental health disorder*.
- It is additionally recognized that 50% of children and adolescents in need of treatment do not receive therapy*.
- Suicide is the second leading cause of death in children, teens and young adults in the United States aged 10 to 24 years old*.

Early detection and intervention has been shown to lower the cost of care and improve health outcomes.

- A patient-centered care model at the Robert Young Center for Community Health reduced emergency department visits by 46%, psychiatric admissions by 50 %, and medical admissions for patients with behavioral health diagnoses by 17 %, according to data reported out by the American Hospital Association.

The COVID-19 pandemic is an Adverse Childhood Event (ACE) that is affecting every child in New Jersey with its associated social isolation, school closures, changes in routine and structure and increased stress/ anxiety from an uncertain future. The long term impact of COVID 19 is significant, as adults who experienced one or more ACE’s as children are at higher risk of depression and many other negative health care outcomes. **
While important strides have been made to improve access and delivery of care for children with mental health disorders, considerable work remains. Behavioral health care needs to address the culturally diverse youth of our state and be available for all those who need it and not just those who can afford it.

It is the position of the New Jersey Chapter, American Academy of Pediatrics that:

- New Jersey should continue to support and sustain the New Jersey Child Collaborative Mental Health Program. The PPC, an integrated child and adolescent mental/behavioral health consultative model, combines appropriate screening by pediatricians and consult/referral and care coordination support for patients with identified needs through 9 state-wide hospital-based regional Hubs staffed by psychiatrists and behavioral health professionals.

- The New Jersey Departments of Banking and Insurance, Human Services, and Children and Families should mandate managed care organizations to pay for EPSDT, mental health screening and case management/care coordination services

- The State commit adequate resources to ensure that pediatricians remain actively engaged in the prevention, early detection and management of children with mental and behavioral health concerns. Pediatricians must have the barriers to payment for mental health care eliminated.

- New Jersey should provide financial support for school-based counselors to deliver on-site cognitive-behavioral therapy which has been shown to be effective in reducing social anxiety in adolescents***

The New Jersey Chapter, American Academy of Pediatrics, supports legislative action that empowers pediatricians to protect and advance the health and wellness of all infants, children and adolescents. As a Chapter representing over 1,800 pediatricians from across the state, we remain steadfast in our position that only a medical exemption be allowed for excusing students from state-required immunization mandates.

Inadequately immunized children and adults in New Jersey, along with the exponential growth and dissemination of disinformation regarding vaccine efficacy and safety, are of critical concern to pediatricians and state residents alike. While pediatricians continue devoting the time and resources needed to educate families about the life-saving value of immunizations, increased costs of vaccines, insufficient payment, and the financial burden of administering and storing vaccines continue to threaten the viability of delivering this single most effective public health initiative to children. Additionally, according to

We advocate for the elimination of all economic barriers that hinder access to immunizations and strongly encourage steps be taken to ensure that every child has access to vaccines at any provider on any visit irrespective of insurance plan provider.
the Centers for Disease Control and Prevention, the COVID-19 pandemic has contributed to falling immunization rates among children, dropping them to nearly 70% in the general population and even lower among children covered by Medicaid. As a result, outbreaks of vaccine preventable diseases are anticipated, affecting growing numbers of children and adults including the most vulnerable who are either too young, too old or medically unable to receive vaccines.

It is widely understood that only a small, but vocal, minority of in-state residents stand in opposition to vaccine mandates. They reject established law and science, and their voices are amplified through the support of out-of-state anti-vax funding, misinformed celebrity and fear-mongering antagonists. As recent events have demonstrated, these efforts continue to undermine repeated legislative attempts to strengthen existing vaccination mandates and therefore shackle efforts to advance New Jersey out of the fraternity of states with eroding immunization rates.

As a statement of fact, a majority of families in New Jersey with school-age children consent to school-required immunizations. It is another statement of fact that when medically appropriate, pediatricians provide medical exemptions from immunizations as specifically directed by the CDC and supported by the New Jersey Department of Health.
In addition to supporting mandates calling for insurance coverage of preventative services without co-pay, including immunizations, we encourage the state to support:

- Reforming the vaccine delivery and payment system to ensure that all children have equal access to vaccines

- Reduction/elimination of the administrative and financial burdens place on pediatricians

- Reframing the current approach to monitoring and enforcing of the Vaccines for Children program. New approaches are needed for increasing pediatric participation and can be achieved by shifting away from measures that inhibit time-appropriate delivery of immunizations to children to a collaborative culture that emphasizes support and guidance over current inadequate and outdated policies.
Poverty and Inequality

In New Jersey, over 630,000 (32%) children live in poverty, with 15% below the poverty line and another 17% in asset limited homes where a family of four relies on income less than $48,678\(^1\).

NJAAP recognizes that children in financially insecure families have a higher risk of mortality in the first year of life; complications of chronic disease; more frequent hospitalization; poorer nutrition and growth; and have less access to quality health care. Children living in poverty also have higher rates of ACEs, and are more likely than their peers to experience frequent and intense adversities. At least 29% of children living in poverty have experienced multiple ACEs, compared to only 8% of children living at or above 400% of the federal poverty level\(^2\). To address these inequities the state must amplify its commitment to sustained resources and funding to reduce the effects of poverty on children.
The far reaching impacts of poverty and related social determinants of health (SDOH) include:

**Food Insecurity:** Over 219,000 NJ children (11%) are considered food insecure\(^3\). Every child deserves a healthy breakfast, lunch and dinner 365 days a year. NJAAP advocates for increased support to give children ongoing access to healthful meals, in schools and communities.

**Access to Transportation:** Although NJ public transit is state-funded, no government spending on transportation is allocated specifically for asset limited households. With $76 million in assistance provided by nonprofits, there is still a 51% gap in resources for these families to meet basic transit needs\(^4\). NJAAP supports investments in public transit, ridesharing partnerships such as UberHealth, and cultivating walkable and bike-able communities so housing, jobs, and essential goods and services are accessible to all.

**Access to Quality Education:** Only 59% of 3 and 4-year olds living in poverty attend preschool\(^5\), a measure associated with lifelong success. For every dollar spent on early childhood education, $4 to $11 of economic benefits are seen over a child’s lifetime\(^6\). Additionally, 78% of 4th graders eligible for free/reduced school lunch scored below proficient reading level\(^5\). The COVID-19 pandemic has also highlighted glaring disparities in educational resources as schools operate virtually, including gaps in technology, lack of opportunities for live instruction, little to no access to free/reduced breakfast and lunch. NJAAP endorses expanded funding for Head Start and increasing pre-kindergarten enrollment, as well as the
development of a state sponsored contingency plan that provides access to school meals and necessary technology for all during the current and any future pandemic.

**Housing Instability:** Growing evidence shows direct ties between stable housing and improved physical and mental/behavioral health among children. Given the high cost of living in NJ, more than 78% of all low-income families pay more than 30% of their income on housing\(^5\). The state must take a leadership role to develop an equitable statewide plan to assess housing needs and invest in support for income-constrained working families and homeless households.

NJAAP remains steadfast in efforts to focus attention and resources on evidence-based approaches to mitigate the effects of poverty, including:

- Establishing a State Child Poverty Commission, Council, or Task Force
- Supporting New Jersey pediatricians and other child health care providers’ efforts to screen for and address SDOH, and advocating for payment for such screenings.
- Developing regional resource lists for pediatric offices and schools to provide to caregivers in financially insecure families.

\(^5\) New Jersey Kids Count, 2019 \(^6\) Reynolds, 2011
All children deserve to feel safe and secure in their home, at school, in the community and while at play. As staunch advocates for children’s safety, pediatricians provide preventive education, screen for risk, connect families to resources, and advocate for public policies that promote safe environments for all children regardless of race, economic status or zip code.

**Abuse, Neglect, and Exploitation**

Incidents of cyberbullying, sexting and other online exploitation are on the rise. All forms of abuse are considered ACEs leading to toxic stress and negative effects that last into adulthood. One in 4 girls and 1 in 13 boys will fall victim to child sexual abuse before the age of 18. Pediatricians serve on the front lines of reducing, preventing and appropriately responding to all forms of abuse, neglect and exploitation. The Pediatric Medical Home is the ideal setting in which to provide anticipatory guidance about the importance of Personal Space and Safety during routine annual well health visits. Time constraints, inadequate payment structures, scarcity of sub-specialists, and silos of care impede efforts to thoroughly screen, refer and integrate resources to provide coordinated and comprehensive health care.

**Human Trafficking**

Human trafficking is a public health issue and a violation of human rights. Experts say that the typical age first-time victims are first trafficked is thought to coincide with the onset of puberty, with many children being groomed for trafficking online. Regardless of age, victims experience extraordinary levels of trauma, leading
to long-lasting impacts on physical and mental health. Research has found that up to 88% of trafficking victims access health care at some point while being trafficked. NJAAP partners with the New Jersey Coalition Against Human Trafficking to educate health care clinicians on identifying and responding to incidences of suspected human trafficking. While these efforts continue, additional support from the state is essential to ensure the safety of child trafficking victims. The Chapter also encourages support in the development of curriculum to educate pediatric residents in NJ’s nine pediatric residency programs.

**Water Safety**

Water safety has been a priority since the inception of the Child Fatality and Near Fatality Review Board; however, children are still dying by drowning in their own pools each year. The current law mandates that all pools must be encompassed by four enclosures. With the utilization of the home as one side of the enclosure, children wander out through the back door into the pool and drown. NJAAP advocates for immediate legislative change that calls for the elimination of the home as one of the safety enclosures.

**State Medical Examiner**

Since the inception of the Review Board, NJAAP has been concerned about the adequacy of the death evaluation of children under our current system. NJAAP advocates for a more robust system with specific expertise in pediatric evaluation under the guidance of the NJ State Medical Examiner. NJAAP suggests a more expansive system that replicates the attorney general and prosecutor’s method in which the state medical examiner has authority to recommend and evaluate pediatric death scene investigation. By illuminating good data, we would be able to improve situations in which children are at risk.
**Gun Violence**

Studies have shown that access to firearms in the home is closely associated with an elevated risk of suicide, particularly among adolescents, for whom suicide is the third-leading cause of death. Additionally, firearms are implicated in a significant proportion of intentional and unintentional deaths among persons younger than age 19. To reduce unintentional firearm injuries and deaths in children playing with a loaded gun they find in the home, NJAAP remains committed to advocating for policies and programs that promote safe storage of guns and ammunition. In addition, we support smart-gun lock and storage technology, stronger firearm storage laws, the elimination of purchasing loopholes at gun shows, tighter background checks, and the banning of assault weapons and high-capacity magazines.

**Environmental Health**

Children are uniquely vulnerable to environmental threats from air pollution, contaminants in water and soil and the increasing weather extremes of climate change. Their small size, normal exploratory behavior and the fact that they are actively growing all contribute to their vulnerability. Lead poisoning and exposure to pesticides, for example, can have a profound effect on developing brains, and air pollution exacerbates asthma and can affect children even before they are born. Prevention measures through legislation, regulation and public policy that minimize environmental contamination, and the human contribution to climate change are critical. The NJAAP continues to provide education to pediatricians, community partners and families about the importance of a healthy environment on the health of children. As children’s exposure to the outdoors is important to their well-being, it is even more critical that the land, water, and air is clean and safe.
NJAAP believes that all children, adolescents, and young adults deserve to be cared for in a comfortable and developmentally appropriate manner by their healthcare team. Adolescence is a time of physical and emotional change for teens, and well-being is impacted by acceptance and support from family, peers, healthcare providers, schools, and community.

**Sexually Transmitted Infections**

New Jersey has experienced an increase of rates of sexually transmitted diseases, particularly among young people ages 15-24. This mirrors increases experienced nationally over the last 10 years. NJAAP has played a leading role in helping educate pediatricians and affiliated clinicians caring for children on best practices for screening and sexual health assessment especially during well child visits as part of the Pediatric Medical Home.
Mental Health Impact of COVID-19 and Quarantine

The recent pandemic and subsequent quarantine has had far reaching effects on children of all ages. Adolescents have clearly been impacted as their schools have been closed, sports and other extracurricular activities have been suspended, and interactions with friends and families have been significantly curtailed. Although some teens have noted some positive changes, such as spending more time at home with family, many have felt isolated and anxious regarding parents and family becoming sick. Through educational programs offered by the New Jersey Child Collaborative Mental Health Program, NJAAP has provided support for teens with a variety of mental health concerns and will continue to be an important resource for teens, parents and their clinicians who care for them. NJAAP recommends screening for depression and substance use which has increased according to anecdotal reports during this time.

LGBTQ Youth

Healthcare providers should be able to provide care that is comprehensive, welcoming, and confidential to all adolescents including Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth. Several studies have shown that LGBTQ individuals may be hesitant to access healthcare or may delay care due to perceived lack of competence or acceptance of LGBTQ concerns from the healthcare provider. LGBTQ youth experience disproportionately higher rates of depression, suicide risk, homelessness, substance use, and sexually transmitted infections (including HIV) compared to other adolescents. It is estimated that 0.7% of the U.S.
population is gender diverse, or transgender, which means there are approximately 14,000 transgender youth in New Jersey. It is important that all adolescents, including LGBTQ and transgender youth, are cared for in a welcoming and supportive environment by healthcare providers that are comfortable addressing their specific needs.

**Tobacco, e-cigarette, marijuana, and other substance use**

Most adults with tobacco, alcohol, or other drug addiction began their substance use during their adolescent years. As healthcare professionals, pediatricians are concerned about the health effects and mortality risk of substance use in adolescence. Recent years have seen a rapid rise in the use of vaping, which has resulted in numerous cases of EVALI (E-cigarette, or Vaping Product Use-associated Lung Injury) in New Jersey. The legal age to buy tobacco or e-cigarette products is 21 in New Jersey. The NJAAP also supports the ban of flavored vaping products to deter youth from beginning to use these products.

The brain continues to mature until one is in their mid-20’s, and introduction of psychoactive substances may impact the developing brain. As the state of New Jersey examines legislation regarding marijuana, the NJAAP continues to emphasize that adolescents abstain from marijuana use (except in very rare circumstances specifically recommended for medicinal purposes by their physician).
The first five years of a child’s life are a unique window of vulnerability and opportunity. The Pediatric Medical Home is an ideal setting from which to promote optimal developmental health given pediatricians’ near universal and frequent contact with young children and their trusted status among families. The New Jersey Chapter, American Academy of Pediatrics has a long history of supporting pediatricians and their vital role of promoting optimal physical and developmental health for every child.

One in six children has a developmental disability or developmental delay. New Jersey consistently ranks among states with the highest prevalence of autism spectrum disorder in the United States. Early identification and timely referral for treatment and services is essential. Pediatricians are well prepared to accomplish this essential role through developmental surveillance and screening.
In addition to children with developmental disorders and delays, there are a large number of children at risk of significant behavior, emotional and developmental consequences secondary to adverse childhood experiences (ACEs). ACEs affect them and their parents’ ability to effectively fulfill their role as nurturing caregivers. The impact of poverty, racial injustice, inadequate access to quality services, limited extended family support, and parental medical and mental health challenges greatly impact the developmental trajectory of every child. Children who are experiencing additional biologic or medical conditions are at an increased risk. At-risk children and their families will benefit from wraparound support and services provided early when they will be most effective and provided with sensitivity to each families’ goals and preferences.

The New Jersey Chapter, American Academy of Pediatrics supports the central role of the family in supporting the wellbeing of their children. The Chapter strongly endorses the
pediatrician and medical team in recognizing and nurturing the strengths within each family and assisting in advancing positive parenting skills. Within the Pediatric Medical Home, pediatricians leverage evidence-based programs like Reach Out and Read to encourage strong parent child relationships. Pediatricians also play a critical role in connecting children and families with community resources that provide them with guidance and support. Partnerships with other agencies such as Early Intervention, Head Start, high quality special and traditional preschool education, and family support programs are essential to the long term success of children and families.

**NJAAP endorses:**

- Funding for universal preschool
- Payment for developmental promotion, surveillance and screening
- Continued funding for comprehensive early childhood systems like *Early Intervention, Help Me Grow.*

The New Jersey Chapter, American Academy of Pediatrics strongly endorses legislation that removes barriers that limit the realization of these essential goals to all children and families regardless of race, ethnicity, gender identity and socio-economic status. Children truly are our future.
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