

## PPC CAPITOL CONNECTION

July 16, 2021

### What Matters Now in Washington:

- The House health care appropriations committee has proposed major funding increases for research and child health initiatives in Fiscal Year (FY) 2022, including first-time funding of \$25 million for the Pediatric Subspecialty Loan Repayment Program and a \$6 billion increase for the National Institutes of Health (NIH). [More...](#)
- Democrats are working furiously to enact major components of President Biden's domestic agenda to provide major investments in physical and human infrastructure. [More...](#)
- The PPC groups joined other medical and mental health organizations in a brief urging a federal court to strike down Arkansas's recently enacted gender-affirming care ban. [More...](#)
- The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development is holding workshops to convene stakeholders as part of its newly announced equity, diversity, and inclusion efforts, known as the STRIVE Initiative. [More...](#)
- PPC members authored policy commentaries in *Pediatric Research* exploring the intersections of child health policy, advocacy, and pediatric research. [More...](#)

### HOUSE APPROPRIATIONS COMMITTEE PROPOSES MAJOR INVESTMENTS IN PEDIATRIC RESEARCH,

**CHILD HEALTH.** The House Appropriations health subcommittee proposed [significant funding increases](#) for pediatric research and child health priorities, including first-time funding for the Pediatric Subspecialty Loan Repayment Program (PSLRP). The \$25 million in funding for the long-sought priority of the academic pediatric community represents an enormous advocacy success. The funding level was unveiled this week as the House Appropriations Committee marks up its Labor, Health and Human Services, Education, and Related Agencies spending bill for Fiscal Year (FY) 2022, an early step in the lengthy annual government funding process. The legislation proposes funding increases of more than \$55 billion for the Departments of Health and Human Services (HHS), Labor, and Education.

The legislation would increase funding for the National Institutes of Health (NIH) to \$49 billion, an increase of \$6.5 billion over current program level funding. Roughly half of the increase would be dedicated to establishing President Biden's [proposed Advanced Research Projects Agency for Health](#) (ARPA-H), while the remainder of the funding increase would be distributed across the institutes and major trans-NIH initiatives. The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) would receive a funding increase of \$100 million or roughly 5 percent; House appropriators have declined to move the Environmental influences on Child Health Outcomes (ECHO) program to NICHD from the NIH Office of the Director as envisioned in the President's Budget. The bill also doubles funding for gun violence prevention research to \$50 million split evenly between the NIH and the Centers for Disease Control and Prevention (CDC), a number that is in line with the PPC's funding request for this research.

The Agency for Healthcare Research and Quality (AHRQ) would see a funding increase of \$42 million over the current fiscal year for a total of \$380 million in funding. Additionally, the Children's Hospitals

Graduate Medical Education Program (CHGME) is set to receive \$400 million in FY 2022, a \$50 million funding increase over current program level funding.

Beyond core pediatric research investments, the bill would provide a dramatic funding increase for public health, including a \$2.7 billion funding increase for the CDC that would bring the agency's total funding to \$10.6 billion. The investments are intended to enhance the country's public health infrastructure following the COVID-19 pandemic.

**WITH BIPARTISAN DEAL IN HAND, DEMOCRATIC LEADERS FACE DELICATE BALANCING ACT ON PATH TO ENACTING AGENDA.** In late June, President Biden announced that he'd [struck a bipartisan deal](#) on infrastructure spending with Senate Republicans, a major victory for the president who has long been a champion of reaching across the aisle. The infrastructure [framework](#) amounts to nearly \$600 billion in new spending for ground, rail, and air transit, water infrastructure, and broadband. Though it is less than the White House had originally proposed, it is more than the Biden administration had managed to secure in earlier negotiations with Senate Republicans. Including current spending, the bill would represent a \$1.2 trillion investment over 8 years. Attention has now turned to Congress, where Democratic leadership must balance the needs of moderate members eager for a bipartisan win with the sweeping demands of more liberal members of the caucus.

In an effort to unify Democrats across the ideological spectrum, Democratic leaders in Congress are pursuing a so-called ["two track" approach](#). The first "track" entails advancing a bipartisan infrastructure package along the lines of the framework outlined by the White House. The second involves passing a massive Democrat-only bill including the remainder of the spending priorities not agreed to by Republican negotiators. Neither task will be simple. While the bipartisan framework is significant for garnering the support of [10 Republican senators](#)—enough to pass a bill under regular Senate rules with full Democratic support—the legislation has yet to be drafted. Legislative aides are racing to write a bill that reflects senators' understanding of the agreement. The devil will be in the details, and this process may present further snags. Time is also tight: the White House and Senate majority leadership hope to have the bipartisan bill on the Senate floor as early as [the week of July 19](#).

The go-it-alone approach will require similarly nimble maneuvering. With Democrats' razor thin margins in the Senate, they'll have to pass the remainder of their domestic spending priorities through the budget reconciliation process, which allows them to evade the 60-vote threshold typically required to bring a bill up for a vote in the chamber. Top Senate Democrats announced Tuesday that an [agreement had been reached on a \\$3.5 trillion budget](#) resolution, the first step in the budget reconciliation process that sets topline spending and revenue targets and instructs relevant congressional committees to draft legislation that meets those goals. It is especially significant that Senate Budget Committee Chair Bernie Sanders (I-Vt.) has publicly embraced the deal after initially pushing for nearly double that amount of spending. Democrats now face the [challenging task](#) of selling the \$3.5 trillion deal to all 50 senators, including moderates who are less inclined to spend such significant sums. The party will need to vote unanimously in favor of the resolution if it is to pass.

Further complicating the situation, both approaches risk [alienating key](#) groups. Progressives, especially in the House, are skeptical of voting for a scaled down bipartisan bill negotiated by the Senate out of fear that it may sap energy for a more ambitious reconciliation bill. Meanwhile, [Republicans](#) amendable to the more modest infrastructure bill are [questioning](#) why they would give the president a bipartisan win when Democrats will just move on to pass a separate bill with all the priorities they've just rejected. In a sign of the arduous road ahead, Senate Majority Leader Chuck Schumer (D-N.Y.) has [indicated he is](#)

[likely to keep senators in session](#) for at least some of the August recess. With Senate Minority Leader Mitch McConnell (R-Ky.) [promising a "hell of a fight"](#) on key elements of the Democrats' plans, it's certain to be a [long summer in Washington](#).

**ACADEMIC PEDIATRICIANS SPEAK OUT AGAINST GENDER-AFFIRMING CARE BAN.** The PPC organizations joined the AAP and other national and state medical, mental health, and educational organizations to file an [amicus brief](#) in a case challenging the Arkansas law that prohibits health care providers in the state from performing or referring adolescent patients for gender-affirming care. The law makes Arkansas the first state to ban such care for transgender and gender-diverse youth, though a number of states have advanced similar legislation this year.

The brief explains that the Arkansas health care ban: rests on incorrect facts and outdated and discredited theories about how to treat gender dysphoria; prohibits health care providers from treating patients in accord with the accepted standard of care; encroaches upon the doctor-patient relationship, and in denying patients such care, needlessly prolongs these patients' distress and materially heightens the risk of adverse outcomes, including suicide.

**NICHD LAUNCHES EQUITY, DIVERSITY, AND INCLUSION INITIATIVE.** NICHD recently announced the [STrategies to enRich Inclusion and achieVe Equity \(STRIVE\) Initiative](#) to improve equity, diversity, and inclusion (EDI) in all aspects of its research and workforce. STRIVE, which complements NIH UNITE, focuses on taking action to improve EDI within NICHD and the scientific community, and to expand health disparities research to develop solutions that mitigate inequities.

The STRIVE for Change workshop series began on July 14, from 12:30 p.m. to 5:00 p.m. ET, with “Establishing a New Frontier in Health Disparities Research Across the Lifecourse.” These free, virtual workshops will bring together stakeholders from diverse sectors to discuss health disparities research, identify knowledge gaps, and help chart a bold course for future activities. To register for future workshops in the series, please visit the [event page](#).

**PPC POLICY COMMENTARIES.** 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:

- [The impact of antenatal cannabis use on the neonate: Time for open engagement?](#) by Rachana Singh, MD, MS, DeWayne Pursley, MD, MPH, and Jonathan Davis, MD
- [Pediatric research today and tomorrow post-COVID-19](#) by Tina Cheng, MD, MPH, and Sherin Devaskar, MD