House L-HHS and Education Appropriations Package

On June 13, the House Appropriations Committee passed the FY 2021 Labor Health and Human Services, Education, and Related Agencies (Labor-HHS) appropriations bill by a vote of 30 to 22. Highlighted below are funding provisions of interest to children’s hospitals within the L-HHS package.

Children’s Hospitals Graduate Medical Education (CHGME) Program

- Provides level funding at $340 million for CHGME. This level is inadequate to sustain pediatric workforce training, exacerbated by the steep financial losses children’s hospitals are incurring due to the COVID-19 pandemic.

Behavioral Health

- Increases funding for the Mental and Substance Use Disorder Workforce Training Demonstration by $15 million—resulting in a total of $41.7 million. Within this request, the committee noted concern for the lack of pediatric and adolescent addiction medicine and addiction psychiatry expertise. The committee strongly encourages HRSA to include an adequate number of funding awards to fellowship programs focused on increasing the number of board-certified pediatric and adolescent addiction medicine and addiction psychiatry subspecialists.
- Provides level funding at $10 million for the Pediatric Mental Health Access grants.
- Includes $107 million for Project AWARE, an increase of $5 million.
- Includes $72 million for the National Child Traumatic Stress Initiative, an increase of $3 million.
- Provides $757.5 million for the Mental Health Block Grant. This includes $35 million for a new set-aside in to support mental health crisis systems.
- Increases funding for the Suicide Lifeline by $2 million for a total of $21 million.

Pediatric Nephrology

- Recognizes the importance of research funded by National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and the need to ensure a robust training pipeline for the pediatric nephrology biomedical research workforce. The committee encourages NIDDK to prioritize mechanisms to incentivize researchers to enter this field and to report back in FY 2022 on progress made.

Pediatric Research

- Requests an update from the Director within 120 days of enactment of how NIH will focus on the unique needs of children in its NIH-wide initiatives that span multiple Institutes and Centers, as well as its highest priority initiatives, including but not limited to the All of Us Research Program and the Cancer Moonshot. The committee asks that with respect to these major NIH initiatives, this update describe the inclusion of pediatric subjects, research relevant to pediatrics, specific funding allocations, support for pediatric physician scientists and a strategy to more proportionally target funds within these initiatives to pediatric research.
• Provides $12.6 million for the Gabriella Miller Kids First Research Act. This funding helps researchers explore the biology of childhood cancer and structural birth defects.

**Social Determinants of Health**

• Includes the Social Determinants Accelerator Act of 2019 led by Congresswoman Cheri Bustos, D-Ill. This section encourages CMS, in coordination with the CDC, to establish a pilot program to facilitate the integration of population health and social and economic determinants of health into a health care data platform. Such a platform should be able to create performance indicators for State Medicaid programs.

• Encourages CMS to clarify and disseminate the strategies that states can implement under current Medicaid and CHIP authority, or through waivers, to address social determinants of health in the provision of health care, including strategies specifically targeting the pediatric population. This should include guidance on how states can encourage and incentivize managed care organizations to address social determinants of health through contracts.

**E-Cigarettes**

• Provides $712 million for the FDA’s Center for Tobacco Products at the authorized level of user fees.

• Highlights the committee’s desire to see the FDA take action on removing any product from the market as of August 8, 2016, for which a manufacturer has not submitted a premarket tobacco application.

• Urges the CDC to continue its efforts to reduce this and other disparities in tobacco use prevalence. Includes additional funding so the CDC and states can use evidence-based strategies to respond to the public health risk caused by the dramatic increase of youth use of e-cigarettes, including school-based interventions as part of a comprehensive strategy, enhance efforts to reduce tobacco use among certain populations and in areas with high tobacco use rates and tobacco-related mortality.

**Screening Training**

• Directs $2 million for the implementation of grants to pediatric health care providers in accordance with the specifications outlined in the Sober Truth in Preventing Underage Drinking Reauthorization. Training grants should focus on screening for underage drinking, opioid use, and other drug use, and be managed by Center for Substance Abuse Treatment within the existing Screening, Brief Intervention and Referral to Treatment (SBIRT) program. The committee notes that SBIRT has been shown to be a cost-effective model for reducing and preventing underage drinking and other substance abuse, but that many health providers, especially pediatricians, have not been trained to use the method effectively.

**Pediatric Disaster Grants**

• Includes $10 million for the Pediatric Disaster Centers of Excellence to address appropriate planning and response capabilities that support the specific needs of children during public health emergencies and disasters, such as mass casualty events.

**Poison Control**

• Increases funding for Poison Control Centers to $24.8 million.

**Infection Prevention**

• Directs NIH to establish a comprehensive SARS-CoV-2 pediatric research agenda and report to the committee on this program within 120 days of enactment of this Act. The committee asks NIH to consider identification of research needs focused on the novel coronavirus impacts on children and adolescents, how pediatric patients have been included in current NIH SARS-CoV-2 research and clinical trials.