



# Advancing Pediatrics 2023

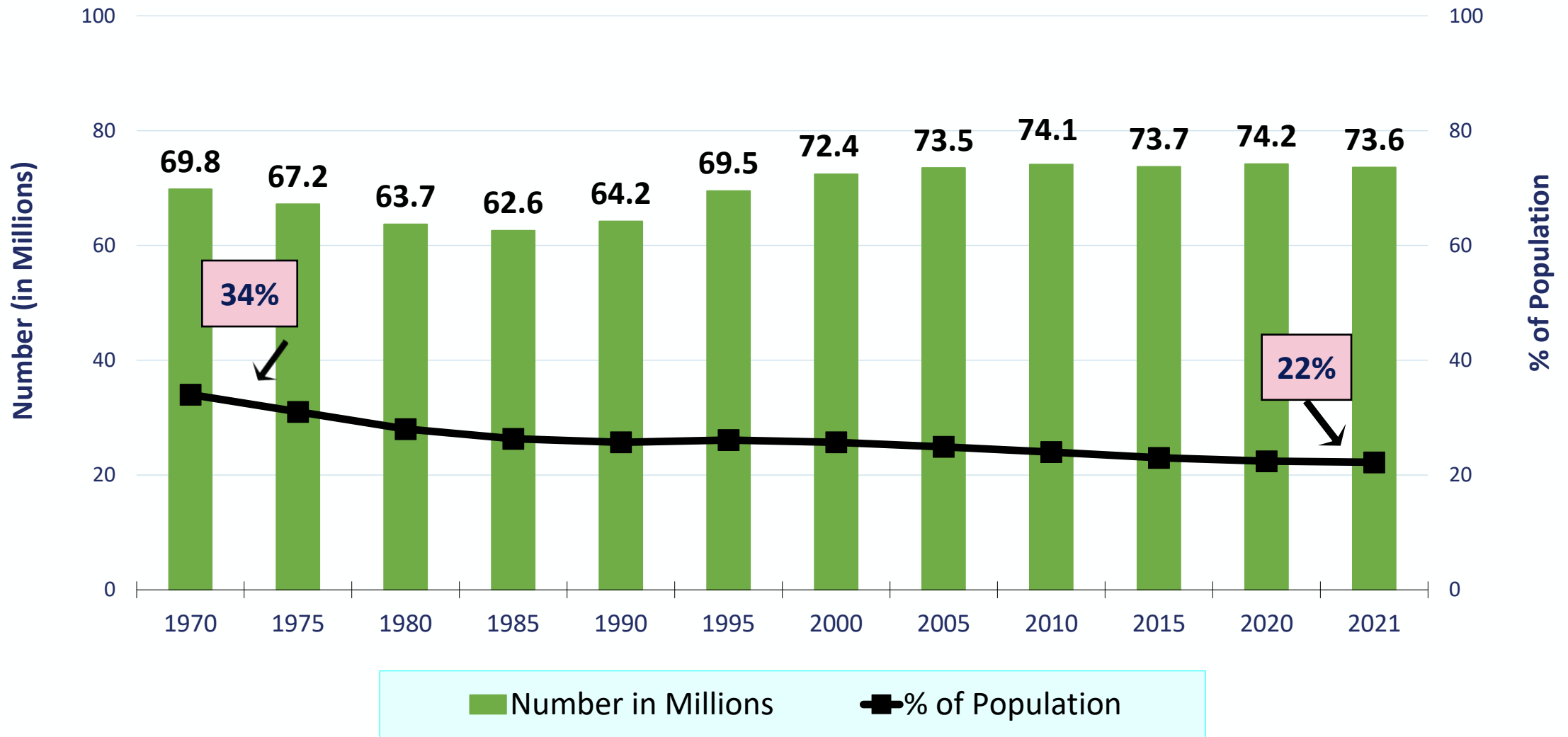
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AAP CEO/Executive Vice President

American Academy of Pediatrics

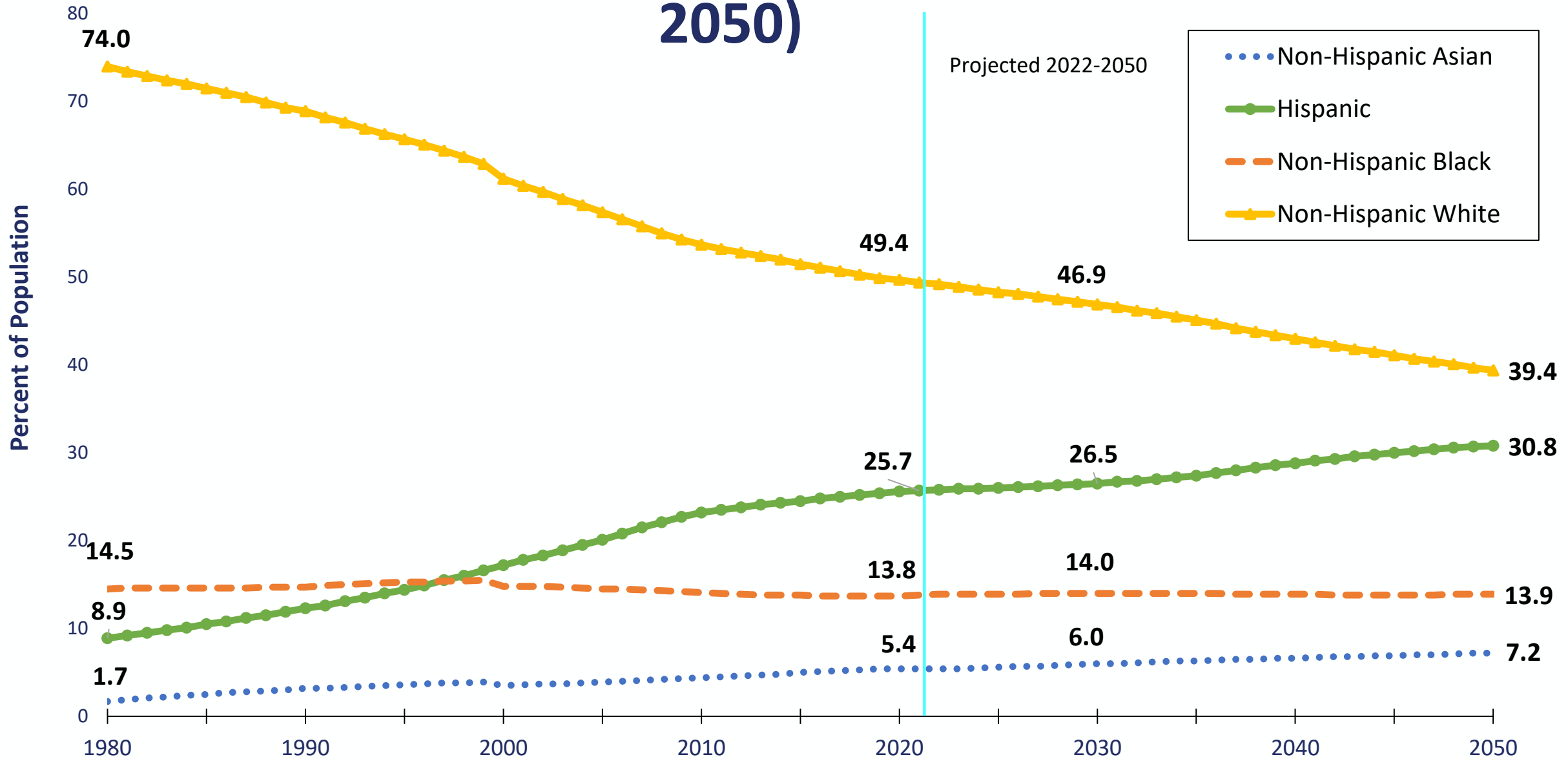
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# US Child (under 18) Population: Number and % of Overall Population, 1970-2021



# Race/Ethnicity of US Children (under 18), Recorded (1980-2021) and Projected (2022-2050)

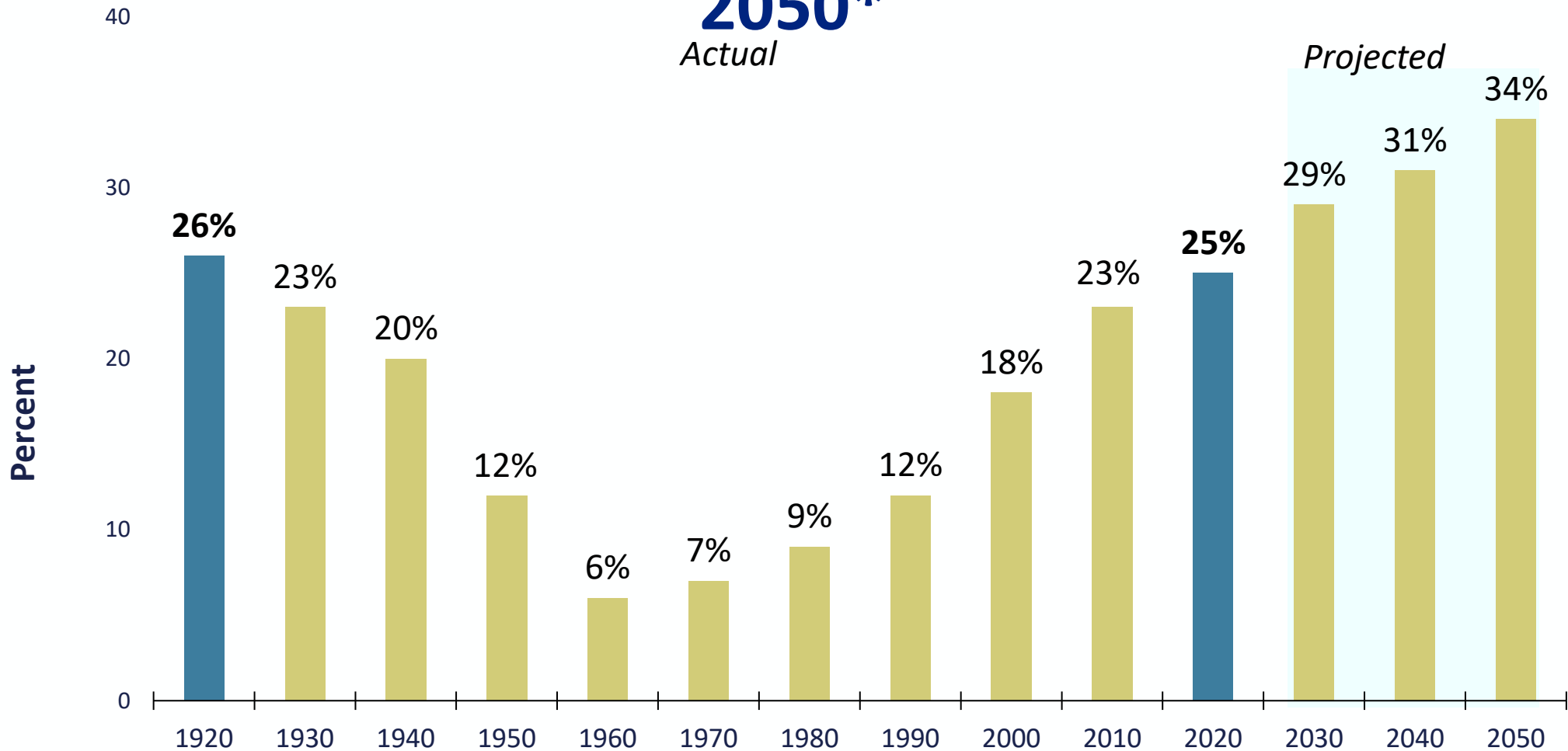


# Immigrant Children as Share of US All Children, 1920–

## 2050\*

Actual

Projected



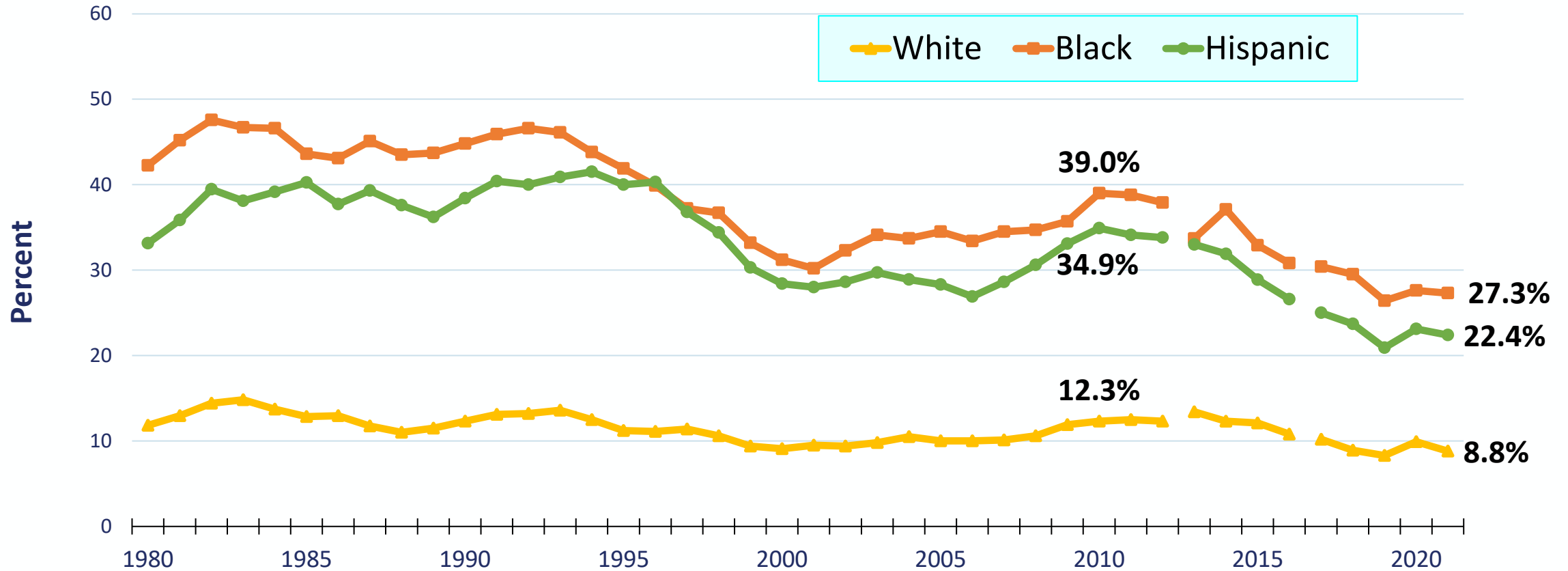
\*"Immigrant children" defined as children under age eighteen who are either foreign-born or U.S.-born to immigrant parents; gray shaded region (2030-2050) refers to population projections.

Source: 1920-2000 and 2030-2050 population projections: Passel, Jeffrey. "Demography of Immigrant Youth: Past, Present, and Future."

The Future of Children, 2011; 2010-2020: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement (<https://www.childstats.gov/americaschildren/tables/fam4.asp>)



# Percent of US Children (under 18) Living Below the Poverty Level by Race & Ethnicity, 1980-2021\*



Poverty Level in 2021:  
**\$27,479**  
 (family of 4 with 2 children)

\*Estimates for 2013 and beyond are not directly comparable to previous years due to a re-design of the income questions. Estimates for 2017 and beyond are not directly comparable to previous years due to the implementation of an updated CPS ASEC processing system.

Source: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement  
<https://www.census.gov/content/dam/Census/library/publications/2022/demo/p60-277.pdf>



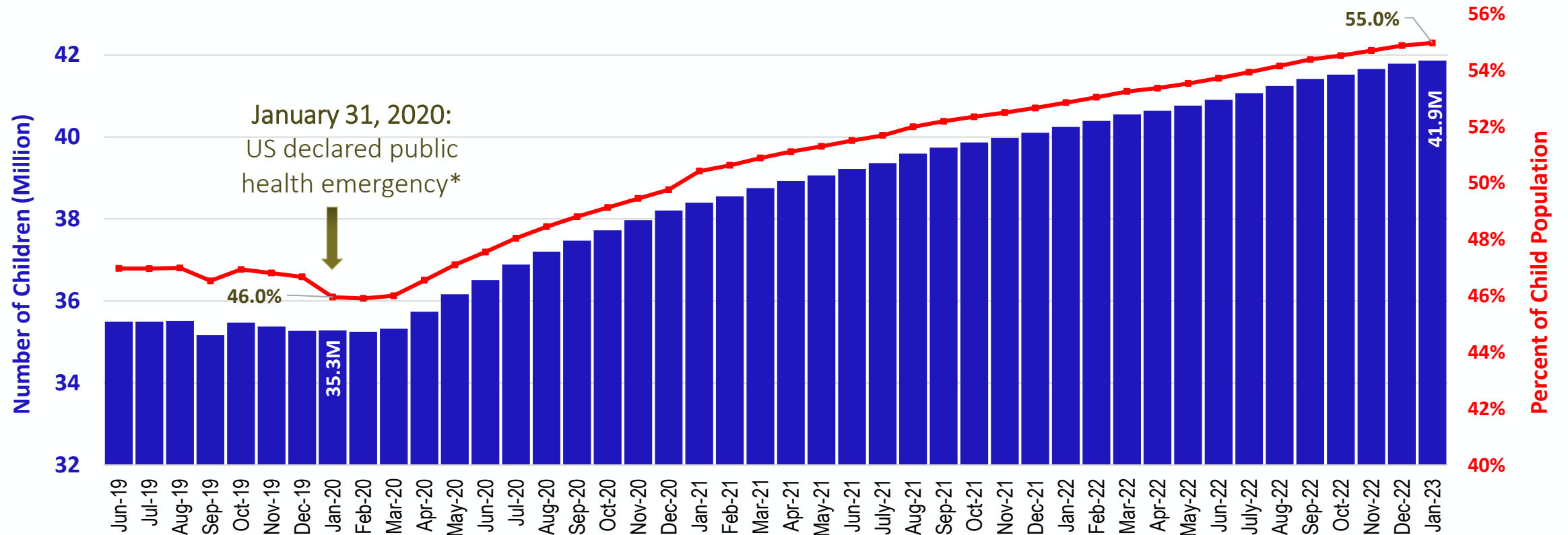


# 2023 AAP Child Health & Pediatric Priorities

- COVID Recovery and Disaster Readiness
- Healthy Mental and Emotional Development
- Equity, Diversity and Inclusion
- Safety & Wellbeing within the Pediatric Profession

# Medicaid/CHIP Child Enrollment Trend, June 2019 – January 2023

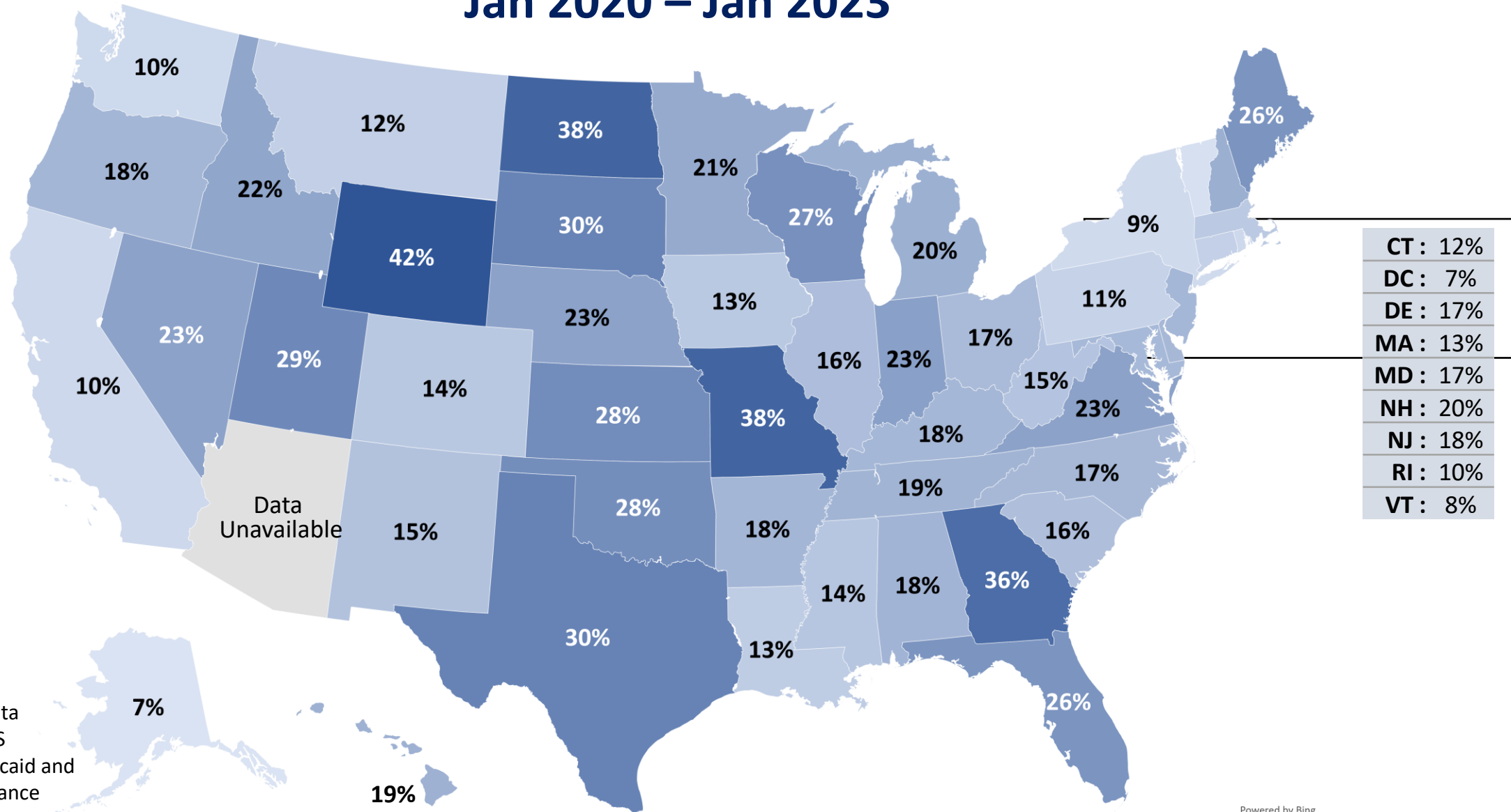
Number and Percent of US Children Enrolled in Medicaid/CHIP Before and Since the COVID-19 Pandemic



\*The Families First Coronavirus Response Act (FFCRA) enacted in March 2020 required continuous enrollment and made available a temporary 6.2 percentage point increase to each state or territory’s federal medical assistance percentage (FMAP) during the national Public Health Emergency. **Notes:** Arizona did not submit any child data throughout the reporting period and is not included in this report. January 2023 data is preliminary. Numbers may not sum up precisely due to rounding. **Source:** AAP analysis of data submitted by states to CMS released through the Medicaid and the Children’s Health Insurance Program (CHIP) Performance Indicator Projects.

# Change in State Medicaid/CHIP Child Enrollment

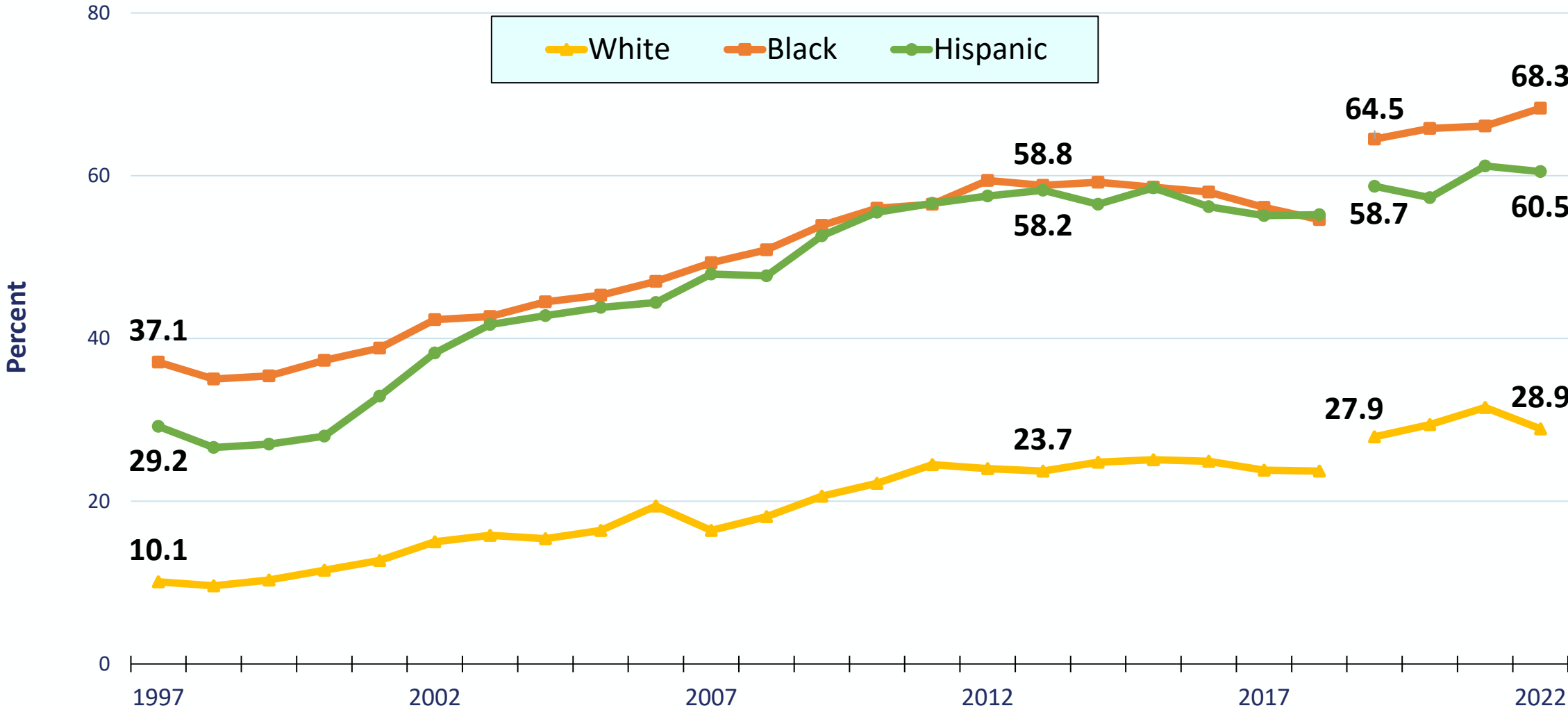
Jan 2020 – Jan 2023



**Source:** AAP analysis of data submitted by states to CMS released through the Medicaid and the Children's Health Insurance Program Performance Indicator Projects.



# Percent of US Children (Ages 0-17) with Public Health Insurance Coverage at Time of Interview by Race/Ethnicity, 1997-2022\*



\*Estimates for 2019 and beyond are not directly comparable to previous years due to a survey re-design. January-June estimates for 2022.

Source: AAP analysis of CDC/NCHS, National Health Interview Survey – 1997-2018: (<http://www.childstats.gov/americaschildren/tables/hc1.asp>) and 2019-2022: (<https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur202212.pdf>)

# Medicaid Unwinding Underway

## *Millions on Medicaid May Soon Lose Coverage as Pandemic Protections Expire*

A requirement that states keep people on Medicaid during the coronavirus pandemic has come to an end, and 15 million people could lose their coverage as a result.



## Millions poised to lose Medicaid as pandemic coverage protections end

These 5 states will be the first to kick residents off Medicaid starting in April

## States begin kicking people off Medicaid

**'A tsunami is coming': Wait times a problem heading into RI Medicaid recertification**

HHS Reminds States of Legal Obligations to Federal Civil Rights Protections as States Transition from Medicaid Continuous Coverage Changes as the Public Health Emergency Ends

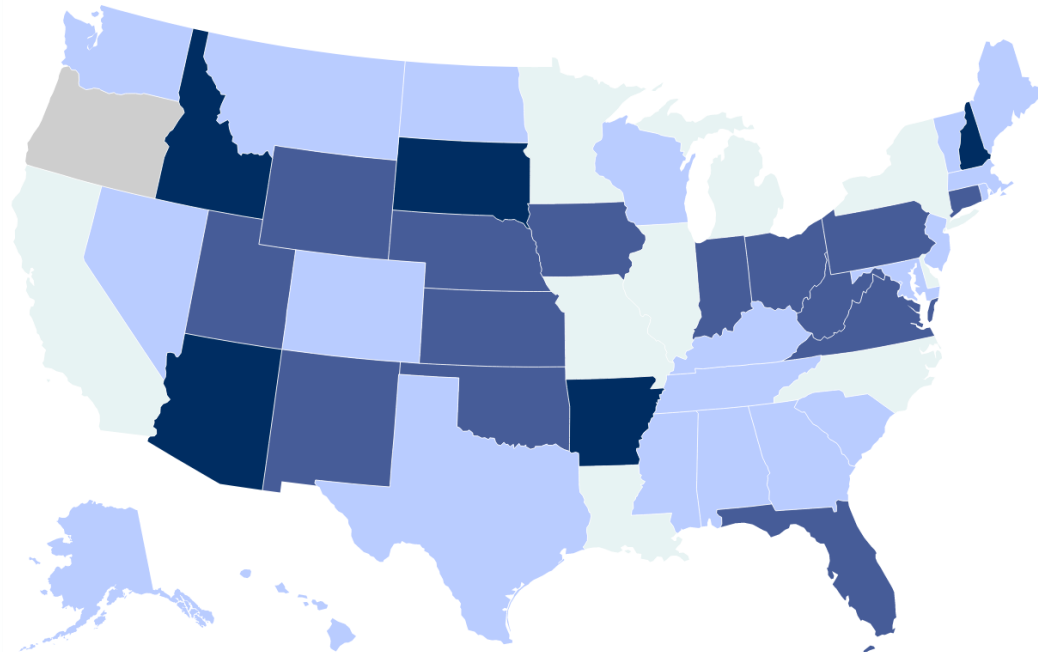
*Letter underscores need for meaningful language access for individuals with limited English proficiency and effective communication for individuals with disabilities during states' unwinding of Medicaid Continuous Enrollment Condition*

# Medicaid Unwinding Data Update

## Effective Date of First Anticipated Terminations for Procedural Reasons

As of February 24, 2023

■ April (5 states) ■ May (14 states) ■ June (22 states) ■ July (9 states) ■ October (1 state)



Source: Centers for Medicare & Medicaid Services, "Anticipated 2023 State Timelines for Initiating Unwinding-Related Renewals As of February 24, 2023."



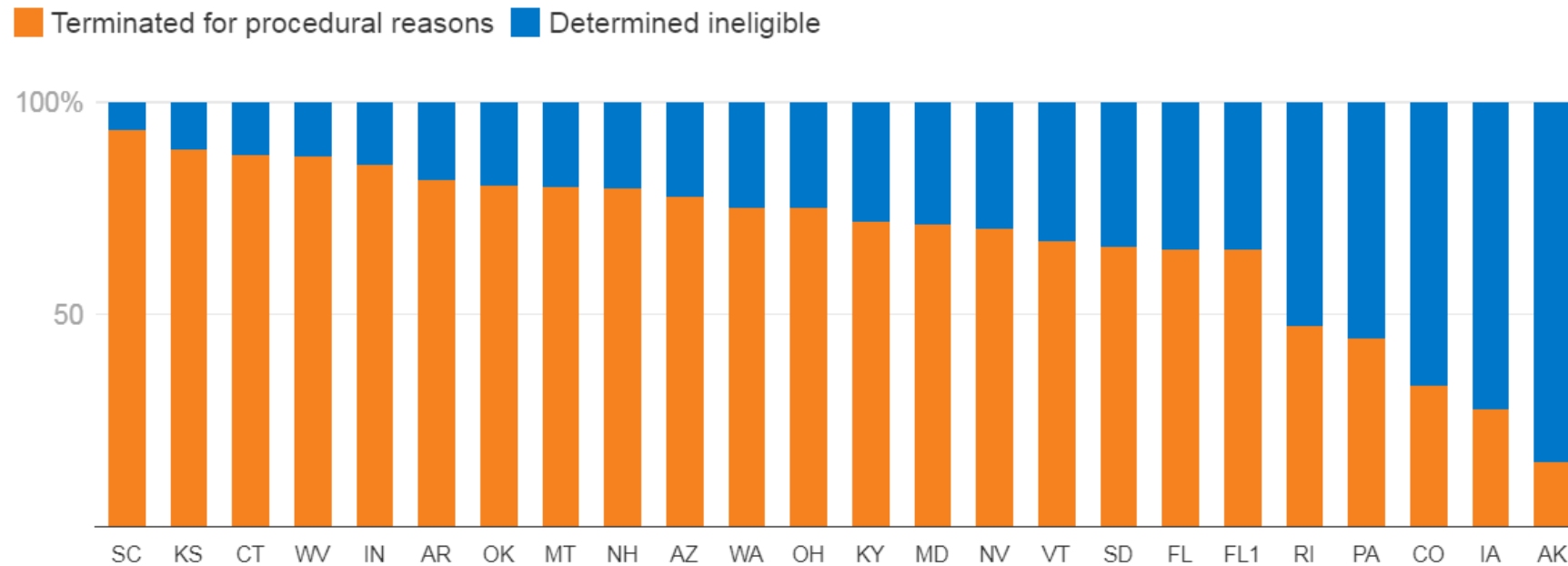
## As of July 5:

- **2.5 M renewals completed across 21 states**
  - 61 % of total enrollees
- **>1,652,000 disenrollments**
  - 38% of total enrollees

# Procedural Disenrollments Are High

Overall, 71% of disenrollments are due to procedural reasons, among states reporting as of July 05, 2023

Of Total Disenrollments, the Share Disenrolled for Procedural Reasons vs. the Share Determined Ineligible:



NOTE: Procedural disenrollments occur when the state cannot verify an individual's ongoing eligibility at renewal. Rates are calculated as procedural disenrollments divided by total disenrollments. Several states report unwinding data without information on reason for disenrollment and are not shown in this figure.

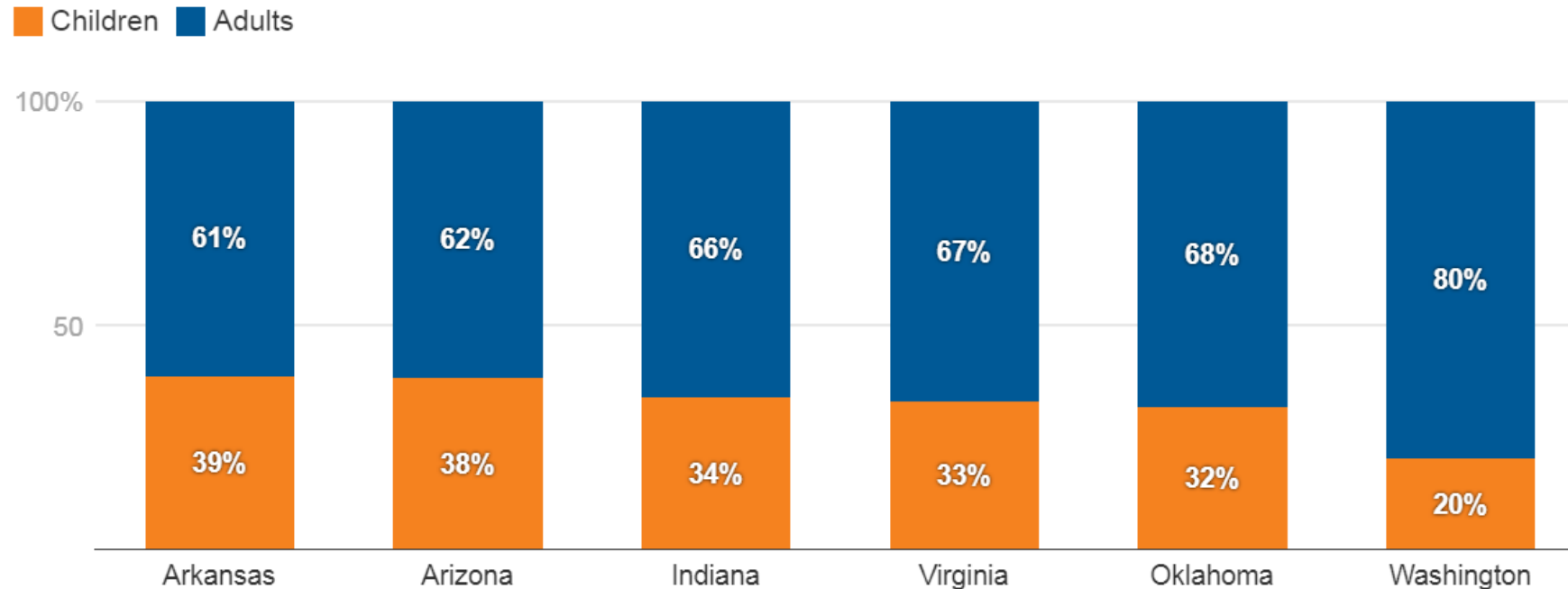
SOURCE: [KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS](#) • [Get the data](#) • [PNG](#)

**KFF**

# Impact on Children

Children account for roughly one-third (33%) of Medicaid disenrollments in the 6 states reporting age breakouts, as of July 05, 2023

Share of Medicaid Disenrollments by Age:



NOTE: Based on the most recent state-reported unwinding data available. Time periods may differ by state. States may identify children based on age or eligibility group.

SOURCE: [KFF Analysis of State Unwinding Dashboards](#) • [Get the data](#) • [PNG](#)

**KFF**

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# Continued Messaging and New CMS Flexibilities

## Messaging

- Kaiser survey:
  - Vast majority of Medicaid enrollees still unaware of Unwinding
  - Most believe still eligible for program
- Messaging amplification needed:

<i>Throughout Unwinding</i>
✓ Update your address
✓ Check your mail
✓ Return paperwork ASAP



<i>Once Terminations Begin</i>
<b>If you've lost coverage...</b>
➤ 90-day reconsideration period. Can still return paperwork
➤ Child may still be eligible for CHIP
➤ Marketplace SEP open through 7/24/24
➤ Healthcare.gov
➤ 4/5 people can find a comprehensive plan for <\$10/mo

## New CMS Flexibilities

- Allowing MCOs to assist enrollees with completing their renewal forms
- Allowing states to delay an administrative termination for one month while state conducts additional targeted outreach
- Expanding presumptive eligibility by state and providers
- Reinstating coverage on termination date for those who retain coverage during reconsideration

# AAP Medicaid Unwinding Resources

## Have Health First Colorado (Medicaid)? Take 3 Steps to Keep Your Coverage.



1

### UPDATE YOUR INFO

Make sure Health First Colorado has your current contact information: Visit <https://www.healthfirstcolorado.com/uva/> or call 800-221-3943.

2

### LOOK OUT

Check for official information (mail, email, and texts) with instructions on when and how to renew coverage.

3

### REPLY ASAP

Respond right away with updated info to ensure you and your family are still eligible.

### NO LONGER QUALIFY FOR HEALTH FIRST COLORADO?

#### Children:

Most kids can still be covered through the Children's Health Insurance Program / **CHIP+**. For details, check your Medicaid notice or call 800-221-3943 for more information.

#### Adults:

Adults may be able to get financial assistance to pay for a health insurance plan through Connect for Health Colorado. Visit [www.connectforhealthco.com](http://www.connectforhealthco.com) or call 855-752-6749 to apply.

Questions? Call 800-221-3943



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## ¿Tiene Health First Colorado (Medicaid)? Siga estos 3 pasos para mantener su cobertura:



1

### ACTUALICE SU INFORMACIÓN

Asegúrese de que Health First Colorado tenga su información de contacto actualizada. Visite: <https://www.healthfirstcolorado.com/uva/> o llame al 800-221-3943.

2

### ESTÉ AL PENDIENTE

Esté al pendiente de la comunicación oficial (correspondencia, correo electrónico y mensajes de texto) con instrucciones sobre cuándo y cómo renovar su cobertura.

3

### RESPONDA DE INMEDIATO

Responda de inmediato con su información actualizada para asegurarse de que usted y su familia sigan siendo elegibles.

### ¿YA NO CALIFICA PARA HEALTH FIRST COLORADO?

#### Niños:

La mayoría de los niños aún pueden recibir cobertura a través del Programa de Seguro Médico para Niños (CHIP, por sus siglas en inglés) / **CHIP+**. Para obtener más información, revise su carta de Medicaid o llame al 800-221-3943.

#### Adultos:

Los adultos pueden obtener asistencia financiera para cubrir el costo de un plan de seguro médico a través del **Connect for Health Colorado**. Visite [www.connectforhealthco.com/es/](http://www.connectforhealthco.com/es/) o llame al 855-752-6749 para inscribirse.

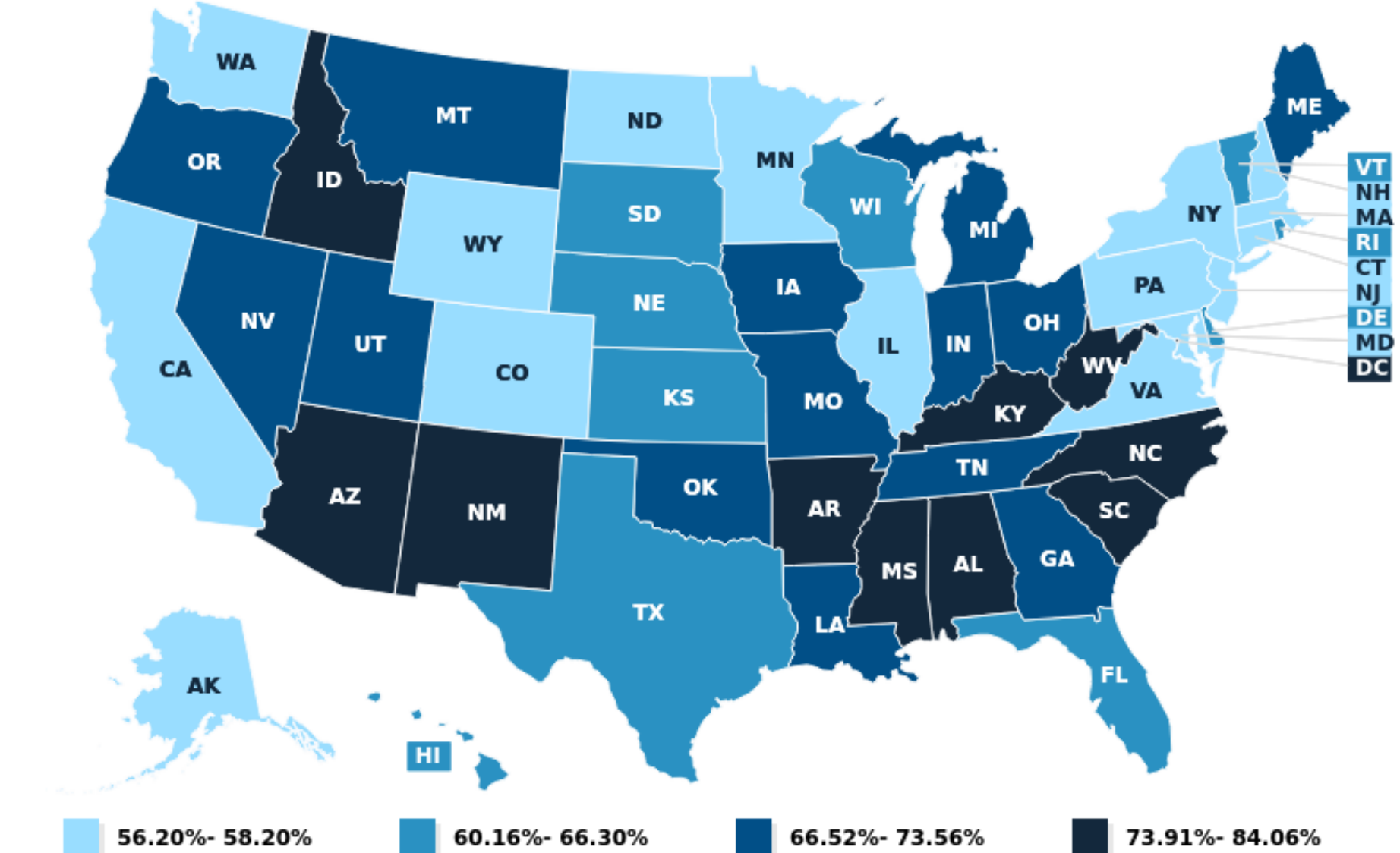
¿Tiene preguntas? Llame al 800-221-3943



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# Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier: FMAP Percentage FY 2023

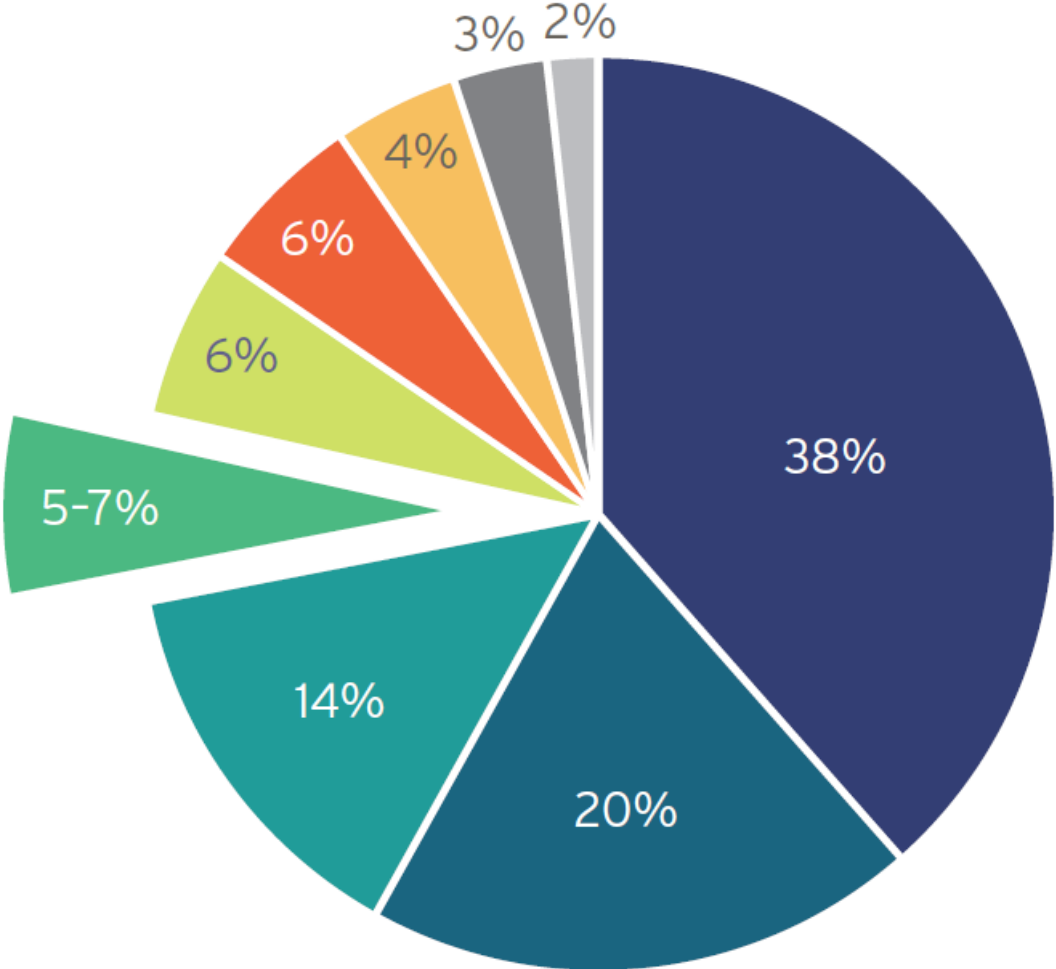


SOURCE: Kaiser Family Foundation's State Health Facts.



# Payment for Primary Care

- Hospital care
- All other physician and professional services
- Prescription drugs and other medical nondurables
- Primary care
- Nursing home care
- Other health, residential, and personal care
- Dental services
- Home health care
- Medical durables



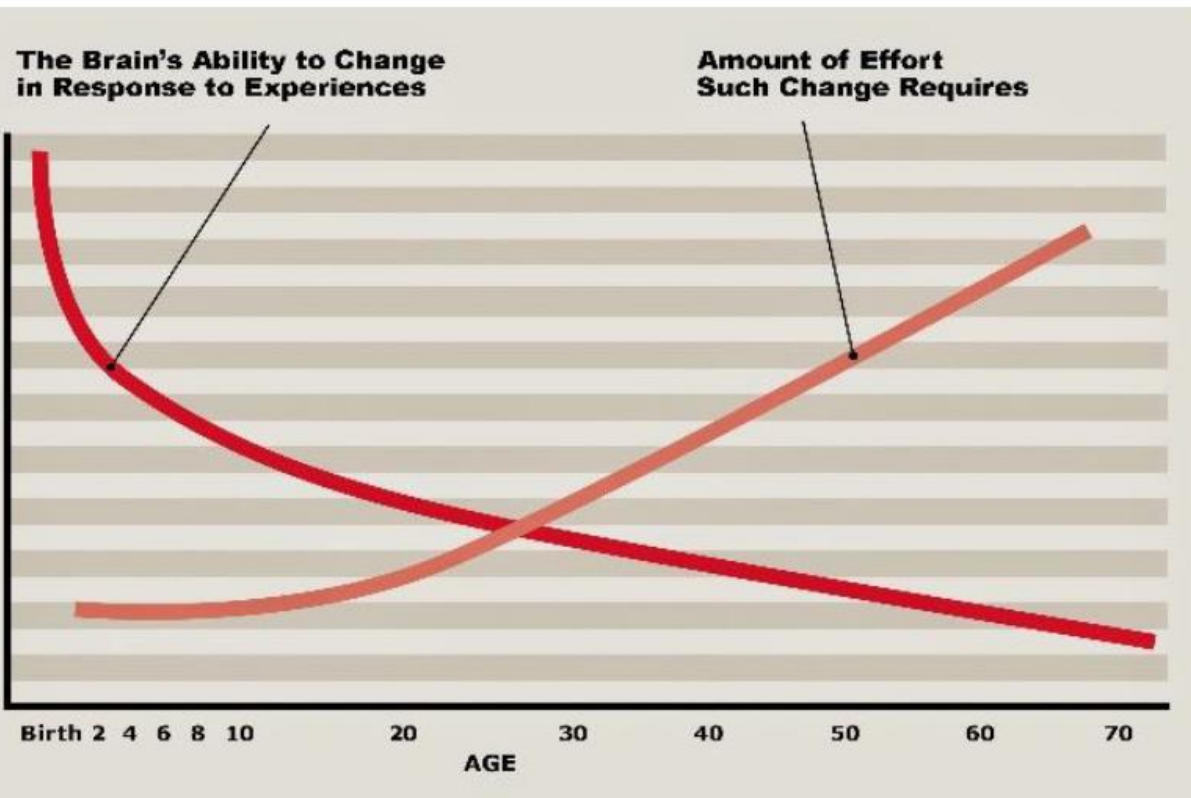




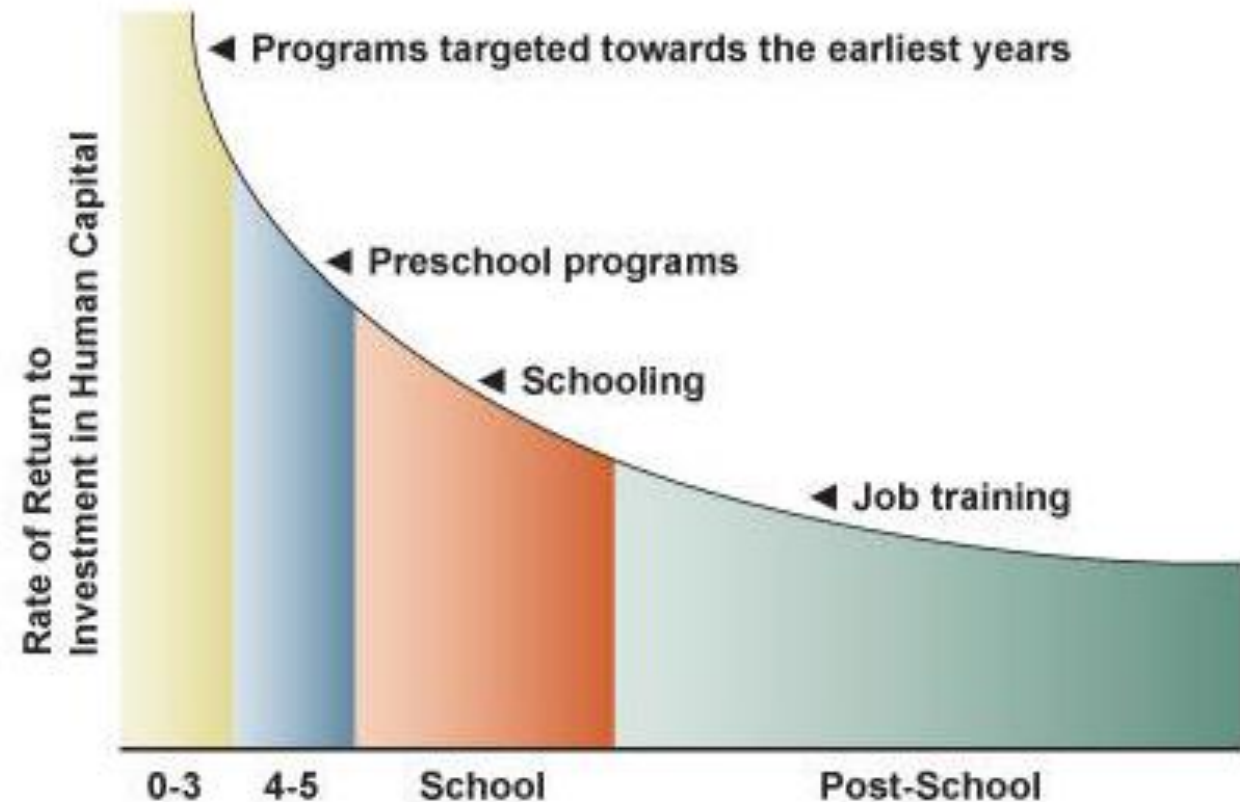
# On the Horizon ...

- Two NASEM Reports in 2023
- New AAP policy examining Medicaid program with recommendations
  - Access, Benefits, Coverage, State Variation
- Robust administrative and regulatory improvement possible at CMS
  - Access proposed regulation
  - Essential Health Benefits RFI

# Paying for Pediatrics is an INVESTMENT in our Nation's Future



Center on the Developing Child at Harvard University



Rate of return on investment (Heckman(2008))

# Unique Value Proposition of Pediatric Primary and Pediatric Subspecialty Care

- Short-term ROI is **not** the focus
- Upstream prevention produces value in savings to society
  - Education, Justice, Labor/Economy, Medicare
- Shared savings is **not** the opportunity
  - 5% of children account for 50% of Medicaid spending (Berry et al, 2014)
- Partnerships among health care providers, health care systems, state and community agencies
- Integrate behavioral health and social services in primary and subspecialty care settings





## The Unique Value Proposition of Pediatric Health Care

James M. Perrin, MD, FAAP;<sup>1</sup> Patricia Flanagan, MD, FAAP;<sup>2</sup> Julie Katkin, MD, FAAP;<sup>3</sup> Greg Barabell, MD, FAAP;<sup>4</sup> Jonathan Price, MD, FAAP;<sup>5</sup> and the Committee on Child Health Financing

This document provides a framework for the value proposition of pediatric health care. It is intended to provide a succinct set of principles for establishing this proposition that demonstrates the short- and long-term value to the child and family, the health care system, and society as a whole.

### VALUE IN PEDIATRIC CARE

The health and well-being of children and youth strongly influence their health and well-being as adults. Health early in life has vital importance to many interests across society, where the basic aim of society is the well-being of families and individuals. Value (in health care) is defined as outcomes relative to costs.<sup>1</sup> Outcomes for children include resolution of disease and current health status, but these connections between health and long-term well-being clarify the need to address long-term outcomes as well. The value of healthy children becoming healthy adults provides a focus for the value of high-quality pediatric care.

Health is more than the absence of disease.<sup>2</sup> Our vision as pediatricians is that all children, including those with chronic conditions and disabilities, grow and develop in safe, loving families and supportive communities that help them achieve their greatest potential. Families are critical to these goals, and children's health and well-being partly reflect parental mental and physical health.

Pediatrics, at its core, is about prevention of illness, early recognition of problems, and provision of care based on individual needs delivered in the context of a patient- and family-centered, coordinated, culturally appropriate delivery system. Its aim is to promote children's physical, developmental, social-emotional, and nutritional health and to detect and treat challenges early enough to mitigate lifelong effects. High rates of mental and behavioral health issues call for addressing these conditions directly in pediatric care, including upstream prevention. Adversity in childhood, including the effects of

### abstract

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Drs Perrin, Flanagan, Katkin, Barabell, and Price were all directly involved in planning, researching, and writing of this report; approved the final manuscript as submitted; and are accountable for all aspects of the work.

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# The Unique Value Proposition of Pediatric Health Care

- Payment strategies must focus on prevention and early intervention
- Value arrangements must allow for partnerships among providers/health care systems and state/ community agencies
- Payment must be adequate for new technologies
- Newer delivery systems like accountable care organizations or clinically integrated networks must place pediatricians in their governance structures
- Investment in child health reaps benefits well beyond any savings measured in the health care system





# Value-based Payment Reform Must:

- Address **early childhood adversity and social determinants** and include appropriate metrics and data collection, with attention to racial and other disparities in health outcomes
- Consider risk stratification that accounts for **medical complexity as well as parental and social complexity**
- Create **validated predictive risk algorithms for children**, construct “high-risk” lists for pediatric care coordination, and ensure adequate payment for such services
- Include **payment for telehealth** and other new technologies that facilitate care management in the medical home without an in-person encounter







# AAP Payment Transformation Activities

- Engage payers
  - Proactive and responsive to payer policy reviews
  - Member (primary and subspecialists) communication and assistance
  - Educate payers about unique child focused policy needs
- Convene national experts around Medicaid transformation innovation
- Establish payment transformation fellowship



# Libby Fellow in Pediatric Practice and Payment

## *Eli Sprecher, MD, MPP, FAAP*

- Identify practice management/administrative structures and payment mechanisms that add value and quality
- Inform AAP regarding effective payment strategies to recommend to payers
- Advise AAP Federal and State Advocacy teams on how Medicaid programs can be informed by value and quality concepts





# COVID-19 Vaccine Commercialization

- Commercial insurance mandate to cover vaccines will continue
- Medicaid and CHIP will continue to cover vaccine administration without cost sharing; anticipated Fall 2023 transition to commercial and VFC purchase and distribution of vaccine
- AAP continuing to connect with federal agencies and manufacturers around commercialization

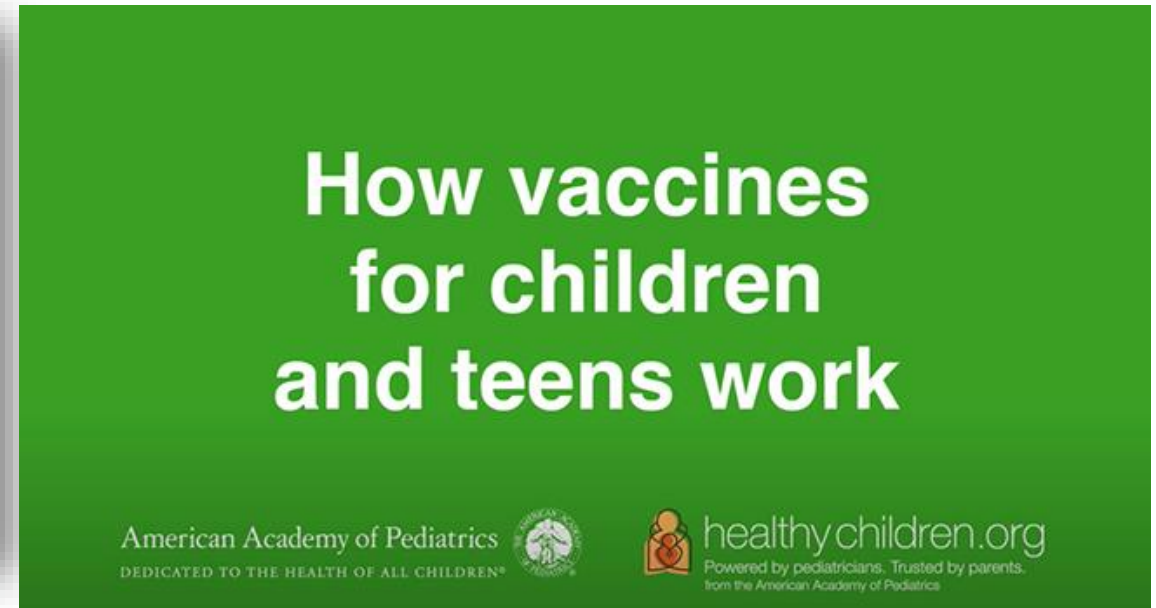


# Reframing the Conversation About Child and Adolescent Vaccinations

[Immunizations Campaign Toolkit on aap.org](#)

## Recommendations:

1. Talk about the benefits of vaccination for the common good.
2. Talk about improving vaccination access as a preventive public health measure.
3. Focus on how vaccines are beneficial to children's and adolescents' long-term health and wellbeing.
4. Use a computer updates metaphor to explain how the immune system improves its performance through vaccination.
5. Use a literacy metaphor to explain how the immune system learns how to respond to viruses through vaccination.





# Advancing Pediatrics





# 2023 AAP Child Health & Pediatric Priorities

- COVID Recovery and Disaster Readiness
- **Healthy Mental and Emotional Development**
- Equity, Diversity and Inclusion
- Safety & Wellbeing within the Pediatric Profession

# Mental Health Developmental Continuum



Prenatal



Infancy & Toddler



Preschooler



School Age



Adolescence

## Contributing factors:

Social Drivers of Health  
Special Health Care Needs  
Access to Quality Health Care  
Medical Home  
Stigma

Community Resources  
Education/Child Care  
Economic Resources  
Relationships: Parents, Family, Peers  
Cultural Perspectives

Systemic Racism  
Childhood Experiences/Trauma  
Anxiety, Depression  
Suicidal Ideation  
Substance Use



# Spectrum of Pediatric Mental Health Concerns, Problems & Disorders

## Presentation in pediatric practices (primary care and specialty)

- **19%** of children in the U.S. have impaired MH functioning and do not meet criteria for a disorder<sup>1</sup>
- About **20%** of children and adolescents experience a MH disorder each year<sup>2</sup>

## The need for mental health competencies in pediatric practice (*Pediatrics*, 2019)

- Suicide is a **leading cause of death** in 10-24 year-olds<sup>1</sup>
- Adults who had a childhood MH disorder – **6x** the odds of adverse adult outcomes (health, financial, social)<sup>1</sup>
- **50%** of adults in U.S. with MH disorders had symptoms by age 14<sup>3</sup>

1. Foy JM, Green CM, Earls MF; Committee on Psychosocial Aspects of Child And Family Health, Mental Health Leadership Work Group. Mental Health Competencies for Pediatric Practice. *Pediatrics*. 2019;144(5):e20192757. doi:10.1542/peds.2019-2757

2. O'Connell ME, Boat T, Warner KE, eds. Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Washington (DC): National Academies Press (US); 2009.

3. Bitsko RH, Claussen AH, Lichstein J, et al. Mental health surveillance among children — United States, 2013–2019. *MMWR Suppl*. 2022;71(Suppl-2):1–42. DOI: <http://dx.doi.org/10.15585/mmwr.su7102a1>



# Impact of the Pandemic

- **Exacerbated pre-existing disparities and highlighted impact of structural racism**
  - Significant disparities in mental health outcomes by gender and LGBTQ+ identity
  - Impacts on family economic status, food insecurity, and abuse in the home
- **Impacted Child and Adolescent Health Outcomes**
  - **1 in 4** with depressive symptoms<sup>5</sup>
  - **1 in 5** with anxiety<sup>5</sup>
  - **37%** - high school students experienced poor mental health during the pandemic<sup>6</sup>
  - **44%** - high school students felt persistently sad or hopeless<sup>6</sup>
- **Impacted Parent Health Outcomes**
  - **27%** - worsening mental health for themselves<sup>7</sup>
  - **14%** - worsening behavioral health for their children<sup>7</sup>

5. Racine N, McArthur BA, Cooke JE, Eirich R, Zhu J, Madigan S. Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19: A meta-analysis. *JAMA Pediatr.* 2021 Nov 1;175(11):1142-1150. doi: 10.1001/jamapediatrics.2021.2482. PMID: 34369987; PMCID: PMC8353576

6. Jones SE, Ethier KA, Hertz M, et al. Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021. *MMWR Suppl* 2022;71(Suppl-3):16–21. doi: <http://dx.doi.org/10.15585/mmwr.su7103a3>.

7. Patrick SW, Henkhaus LE, Zickafoose JS, et al. Well-being of parents and children during the COVID-19 pandemic: A national survey. *Pediatrics.* 2020;146(4):e2020016824. doi:10.1542/peds.2020-016824



# Impact of the Pandemic

- Emergency Department visits for mental health emergencies<sup>8</sup>
  - **24%** increase for children ages 5-11 years
  - **31%** increase for adolescents ages 12-17 years
- **50%** increase in suspected suicide attempts (ED visits) amongst girls 12-17 years in early 2021 vs. 2019<sup>9</sup>
- **140,000 U.S. children** have experienced the death of primary or secondary caregiver; children of color disproportionately impacted<sup>10</sup>

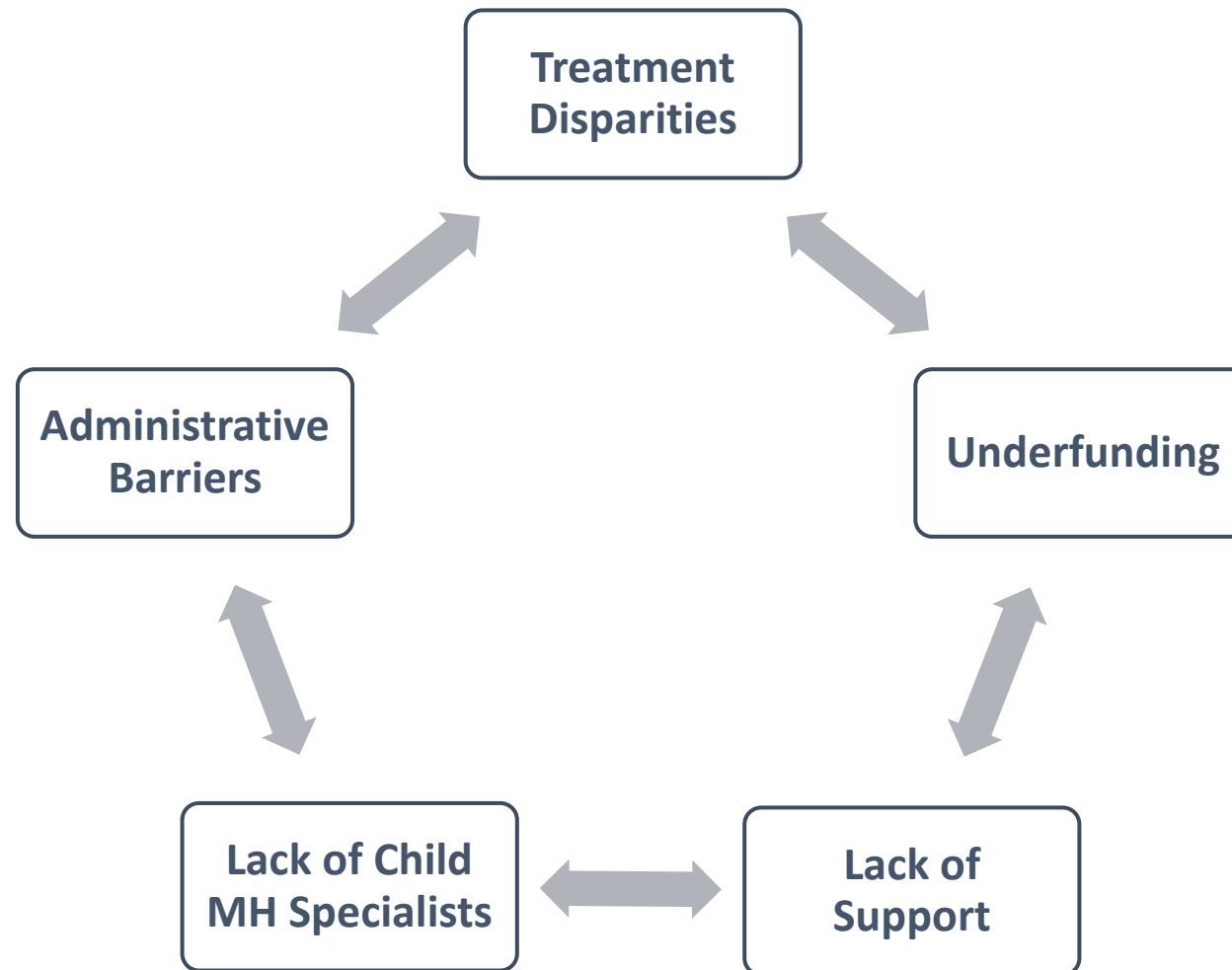
8. Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental health–related emergency department visits among children aged <18 years during the COVID-19 pandemic — United States, January 1–October 17, 2020. *MMWR Morb Mortal Wkly Rep.* 2020;69:1675–1680.

9. Yard E, Radhakrishnan L, Ballesteros MF, et al. Emergency department visits for suspected suicide attempts among persons aged 12–25 years before and during the COVID-19 pandemic — United States, January 2019–May 2021. *MMWR Morb Mortal Wkly Rep.* 2021;70:888–894.

10. Hillis SD, Blenkinsop A, Villaveces A, et al. COVID-19-associated orphanhood and caregiver death in the United States. *Pediatrics.* Published online October 7, 2021:e2021053760. doi:10.1542/peds.2021-053760



# Service Gaps & Workforce Issues



# October 19, 2021

## AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

[Home](#) / [Advocacy](#) / [Child and Adolescent Healthy Mental Development](#) / AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

- “Soaring rates of mental health challenges...over the course of the COVID-19 pandemic, exacerbating the situation that existed prior to the pandemic.”
- “Children and families have experienced enormous adversity and disruption.”
- “The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color.”

Source: <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>

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# A Broad Crisis requiring Transformative Action

**Expand the capacity of existing  
child mental health care  
systems.**

**Pediatricians are uniquely positioned** to play a central role in the promotion of healthy mental development of all infants, children, and adolescents.



# Fostering Healthy Mental Development in Youth and Families

## Key Priorities to our Current Work:

1. Launch a rapid response effort focused on suicide prevention and other mental health emergencies currently impacting children and adolescents.
2. Build pediatric primary care capacity, supportive care systems, and cross-sectoral partnerships to better address healthy mental development, relational health, trauma, and the full spectrum of mental health needs in pediatric primary care, subspecialty care, and community settings.
3. Lay the foundation for long-term practice, payment, and systems transformation to support the relational health and healthy mental development of children, adolescents, and families in pediatric care settings and communities.





## “Pediatric Primary Care Advantage”

Pediatric primary care professionals (PCPs) are ***uniquely positioned*** to play a central role in promoting healthy mental development:

- Develop a longitudinal therapeutic relationship
- View health from a developmental perspective
- Can identify immediate MH concerns, intervene early
- Promote supportive parenting behaviors
- Foster safe, stable, nurturing relationships
- Serve as a trusted source of information and support for families





# 2023 AAP Child Health & Pediatric Priorities

- Healthy Mental and Emotional Development
- COVID Recovery and Disaster Readiness
- Equity, Diversity and Inclusion
- **Safety & Wellbeing within the Pediatric Profession**

# Leading Health Care Organizations Urge Action to Protect Physicians, Hospitals, Patients and Families from Violence



For immediate release: October 3, 2022

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CHA: Elleni Almandrez ([elleni.almandrez@childrenshospitals.org](mailto:elleni.almandrez@childrenshospitals.org))

**Leading Health Care Organizations Urge Action to Protect Physicians, Hospitals, Patients and Families from Violence**

*Groups call on Department of Justice investigation, technology platforms to address harassment and threats of violence against physicians and hospitals*

Washington, DC—Today, the American Academy of Pediatrics (AAP), American Medical Association (AMA) and Children's Hospital Association (CHA) unite in support of physicians and hospitals who have been threatened and attacked in recent months.

The groups sent a [letter](#) to Attorney General Merrick Garland urging the Department of Justice to investigate the increasing threats of violence against physicians, hospitals and families of children for providing and seeking [evidence-based gender-affirming care](#). The organizations also call on technology platforms to do more to stop the rhetoric that often incites threats or acts of violence and has led to harassment campaigns across the country, much of it directed at children's hospitals and the physicians and staff who work there.

"Whether it's newborns receiving intensive care, children getting cancer treatments or families accessing compassionate care for their transgender adolescents, all patients seeking treatment deserve to get the care they need without fear for their personal safety," said AAP President Moira Szilagyi, MD, PhD, FAAP. "We cannot stand by as threats of violence against our members and their patients proliferate with little consequence. We call on the Department of Justice to investigate these attacks and social media platforms to reduce the spread of the misinformation enabling them."

The AAP and AMA collectively represent more than 270,000 physicians and medical students and CHA represents more than 220 children's hospitals across the country. The groups wrote to Attorney General Garland urging "swift action to investigate and prosecute all organizations, individuals, and entities responsible."

"Individuals in all workplaces have the right to a safe environment, out of harm's way and free of intimidation or reprisal," said AMA President Jack Resneck Jr., MD. "As physicians, we condemn groups that promote hate-motivated intolerance and toxic misinformation that can lead to grave real-world violence and extremism and jeopardize patients' health outcomes. The AMA will continue to work with federal, state and

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# Task Force on Safety and Wellbeing Within the Pediatric Profession

Politicization of healthcare

Mis- and dis-information

Global COVID-19 pandemic

Frequent, persistent gun violence

Racial and gender disparities

Workforce shortages

Inequitable payment for pediatric services

Administrative burdens

Moral injury





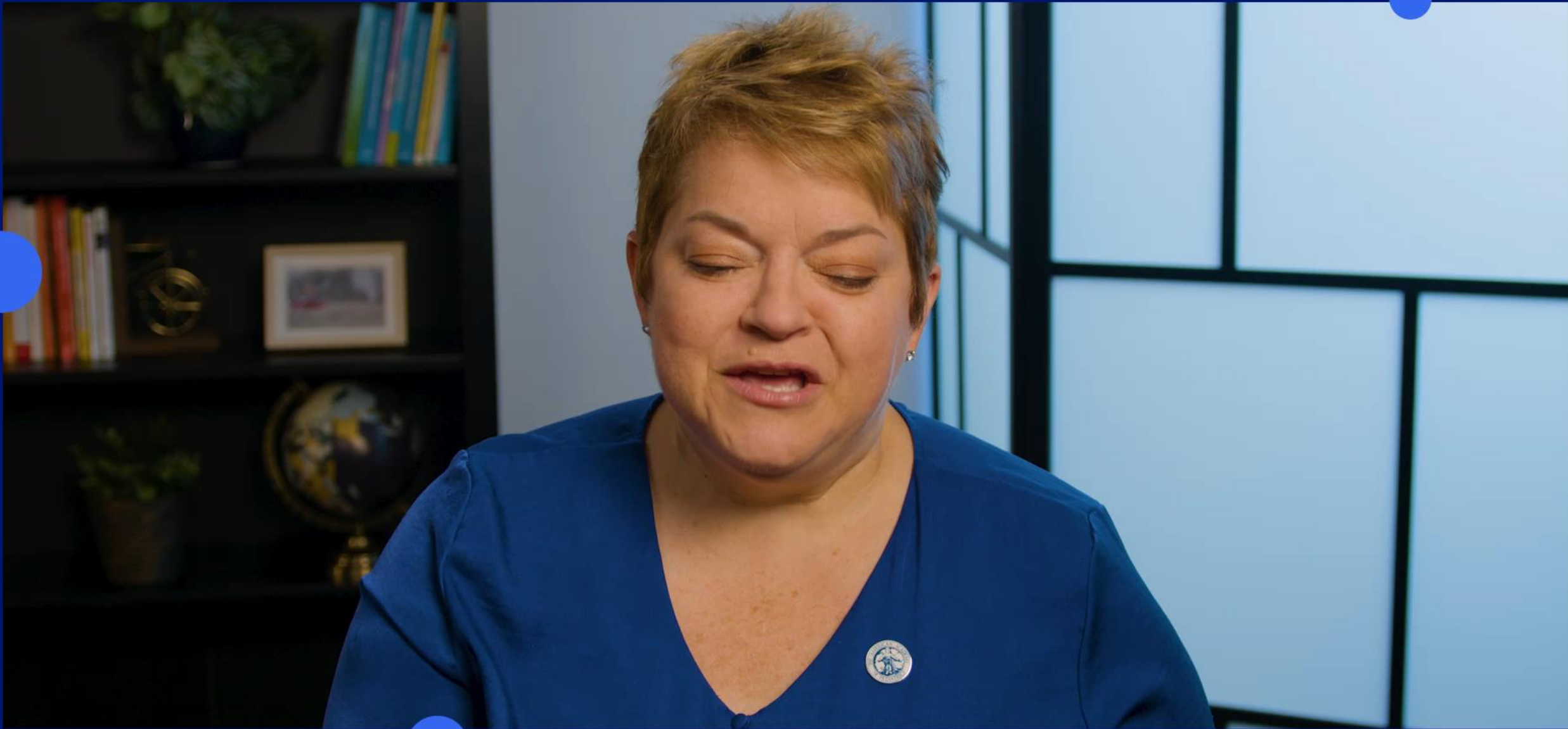
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