REPORT:

MAKING AMERICA HEALTHY AGAIN FOR CHILDREN

First Focus on Children

A Legacy of Advocacy for Children

As President John F. Kennedy said:

> ***"Children are the world's most valuable resource and its best hope for the future."***[1]

This sentiment encapsulates the moral obligation of government to protect and uplift children, who are among the most vulnerable members of society. Children face systemic challenges ranging from inadequate access to health care to the impacts of poverty, neglect, and inequality. If we invest in the next generation, they can strive to attain their full God-given potential.

The Department of Health and Human Services (HHS) has long been the cornerstone of the federal government's response to these challenges, housing programs like Medicaid, the Children's Health Insurance Program (CHIP), the Affordable Care Act (ACA), community health centers, maternal child health programs, mental health and substance abuse, public health, Temporary Assistance to Needy Families (TANF), child welfare programs, early childhood programs like Head Start, and runaway and homeless youth programs, which together have transformed the lives of millions of children.

If confirmed by the Senate to be the Secretary of HHS, the most consequential agency for children in the country, you have a profound opportunity to extend and defend the Kennedy legacy that has had an enormous impact on the programs that serve our nation's children and families. To achieve this, we urge you to adopt a robust and forward-thinking agenda centered on protecting and expanding the programs that serve as lifelines for children and families and to help them achieve the "best hope for the future."

As President Kennedy said in a Valentine's Day message to Congress on the nation's youth in 1963:

> ***"The future promise of any nation can be directly measured by the present prospects of its youth."***[2]

The Role of HHS in Supporting America's Children

HHS is uniquely positioned to foster the physical, emotional, intellectual, and social development of children. HHS provides services that address the critical needs of children, including:

- **Enhancing access to health care:** Medicaid and CHIP collectively cover nearly half of the children in the United States, providing essential care and preventive services that enable children to grow and thrive.
- **Strengthening early childhood development:** HHS supports evidence-based programs like

1 Kennedy, J.F. (1963, Jul. 25). Speech to United States Committee for UNICEF. Papers of John F. Kennedy. Presidential Papers. White House Central Files. Chronological File, Box 11, "July 1963: 16-31." JFK Library.

2 Kennedy, J.F. (1963. Feb. 14). Special Message to the Congress on Our Nation's Youth. The American Presidency Project https://www.presidency.ucsb.edu/node/236955.

Early Head Start, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, and initiatives targeting social determinants of health. These efforts ensure that children and families have the resources they need to thrive from birth onward.

- **Reducing disparities and promoting equity:** HHS programs prioritize closing gaps in access to health care, nutrition, and education, particularly for marginalized communities, including Black, Hispanic, and Native American families.
- **Addressing adverse childhood experiences (ACEs):** HHS initiatives aim to mitigate the long-term effects of trauma and environmental hazards on children through trauma-informed care, safe housing, and behavioral health supports.
- **Expanding opportunities for learning and development:** By improving early education programs like Head Start and promoting healthy school environments, HHS fosters the intellectual and social development of children, preparing them for lifelong success.

A Kennedy Family Legacy of Advocacy

Your father, Robert F. Kennedy Sr., and your uncles, President John F. Kennedy and Senator Edward M. Kennedy, dedicated their careers to advancing policies that uplift children and families. Their legacy includes critical milestones such as:

- The formation of the Medicaid program during the Kennedy Administration and subsequent enactment of it in 1965 with the support of both your father, in his capacity as a senator from New York, and uncle Edward M. Kennedy, in his capacity as a senator from Massachusetts.
- The creation of Head Start, which was again formulated in the Kennedy Administration and was passed as part of the War on Poverty, which your father and uncle supported in the Senate as a vital tool to improve the opportunities of young, low-income children.
- Senator Edward M. Kennedy's leadership in the creation of CHIP, which has, since its passage, helped significantly reduce the uninsured rate for children – from 15% in 1997 to less than 5% in 2006.

These milestones remind us that progress is possible when bold leadership meets bipartisan collaboration. Today, HHS programs remain vital to realizing the vision your family championed: a nation where every child, regardless of background, can achieve their full potential.

The Challenges Ahead

Despite the successes of past decades, children in the United States still face significant obstacles:

- After decades of significant gains, children have faced rising rates of infant and child mortality

in recent years, and those rates are significantly higher than other wealthy nations across the world.[3]

- Racial disparities persist across nearly every measure of health and well-being, with Black and Hispanic children disproportionately affected.[4]
- The youth mental health crisis has reached unprecedented levels, with suicide now the second leading cause of death among children aged 10-14.[5]
- Gun violence has become the leading cause of death among children and adolescents ages 1-17 years of age, a tragic marker of societal failure to protect our youngest citizens.[6]
- Nearly 10 million children live in poverty, a figure that has surged in recent years due to the expiration of the expanded Child Tax Credit at the close of 2021 and rising costs of living.[7]

We must do better by our children. These challenges demand urgent and coordinated action, led by a visionary Secretary of HHS who prioritizes the needs of children.

A Call to Action

This report outlines an agenda that would serve to improve the lives and well-being of children. By focusing on critical areas like protecting Medicaid and CHIP, addressing the maternal and infant health crisis, tackling youth mental health, and expanding early childhood education, as Secretary of HHS, you can make transformative changes that benefit children and families.

In doing so, you will not only fulfill your vision to "Make America Healthy Again" but also honor the legacy of your family's tireless commitment to justice, equity, and opportunity for all.

As Secretary of HHS, you will have the power to shape the future of a generation. The road ahead will require bold decisions and steadfast advocacy. Let this moment be a turning point for our nation's children, and let your leadership mark a new chapter in the fight for their health and well-being. By adopting a child-centered agenda, you can ensure that every child in America has the opportunity to thrive, regardless of their circumstances.

I. Protect Medicaid and CHIP: The Foundation of Children's Health

HHS oversees the two most vital health programs for children: Medicaid and the Children's

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3 Ely D.M., Driscoll A.K. (2023). Infant mortality in the United States: Provisional data from the 2022 period linked birth/infant death file. National Center for Health Statistics. Vital Statistics Rapid Release; 33. DOI: https://doi.org/10.15620/cdc:133699.

4 Ndugga, N., Hill, L., & Artiga, S. (2024, Jun. 11). Key Data on Health and Health Care by Race and Ethnicity. https://www.kff.org/key-data-on-health-and-health-care-by-race-and-ethnicity/?entry=executive- summary- introduction.

5 National Vital Statistics System, Mortality 2018-2022 on CDC WONDER Online Database (2024, Apr. 23),.Data are from the Multiple Cause of Death Files, 2018-2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/mcd-icd10-expanded.html.

6 McGough, M, Amin, K., Panchal, N., & Cox, C. (2023, Jul 18). Child and Teen Firearm Mortality in the U.S. and Peer Countries. Kaiser Family Foundation. https://www.kff org/mental-health/issue-brief/child-and-teen-firearm-mortality-in-the-u-s-and-peer-countries/.

7 Baldari, C. (2024, Sep. 16). Issue Brief: U.S. Child Poverty in 2023. First Focus on Children. https://firstfocus.org/ resource/child-poverty-in-2023/.

Health Insurance Program (CHIP), which provide access to essential health care services that enable them to grow, thrive, and succeed. These programs represent the moral and practical commitment of our nation to its youngest citizens and recognition that ensuring the health of children has life-long consequences for them and our nation's future.

The Importance of Medicaid to Children

- After its formulation during the Kennedy Administration, Medicaid was established in 1965[8] with the strong support of both Sens. Robert F. Kennedy (D-NY) and Edward M. Kennedy (D-MA) in the U.S. Senate. Medicaid has become a cornerstone of health care for our nation's children, as it provides health coverage to more than 1-in-3 children in the United States.

- Medicaid has positively impacted the health of our nation's children for the last six decades. In addition to significantly reducing the uninsured rate for children, numerous studies have demonstrated that Medicaid coverage results in fewer children dying and in kids having improved outcomes, fewer hospitalizations and chronic conditions, and better access to preventive care services than if they had not been insured at a far lower expense than coverage for the elderly. Research also shows that Medicaid has improved outcomes for children beyond their health, including "broader antipoverty effects, increasing economic security, children's educational attainments, and their eventual employment and earnings opportunities."[9]

Medicaid's impact on children's health is unparalleled:

- **Improved Health Outcomes:** Research consistently demonstrates that children enrolled in Medicaid experience lower mortality rates, better access to preventive care, and improved treatment for chronic conditions.[10]

- **Long-Term Benefits:** Beyond health care, Medicaid contributes to broader societal gains, including higher educational attainment, higher wages, greater economic mobility, and reduced poverty rates for children who have Medicaid coverage during their childhood.[11]

- **Comprehensive Care Through EPSDT:** Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit ensures that children receive age-appropriate screenings, immunizations, and treatments for physical, developmental, and mental health needs.[12]

CHIP: A Bipartisan Success Story

While Medicaid significantly cut the uninsured rate for low-income children over the years, more

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8 Cohen W.J. (1985, Dec.). Reflections on the enactment of Medicare and Medicaid. Health Care Financing Review, Suppl: 3–11. https://pmc.ncbi.nlm.nih.gov/articles/PMC4195078/.

9 Currie, J, Chorniy, A (2021, Nov.-Dec.). Medicaid and Child Health Insurance Program Improve Child Health and Reduce Poverty But Face Threats. Academic Pediatrics. 21(8S): S146-S153.

10 American Academy of Pediatrics (AAP) (2023, Nov.), Medicaid and the Children's Health Insurance Program: Optimization to Promote Equity in Child and Young Adult Health. Pediatrics. https://publications.aap.org/pediatrics /article/152/5/e2023064088/194465/Medicaid-and-the-Children-s-Health-Insurance.

11 Ibid.

12 Rosenbaum, S. (2016, Dec.). When Old Is New: Medicaid's EPSDT Benefit at Fifty, and the Future of Child Health Policy. Milbank Quarterly. Vol . 94. https://www.mil bank.org/quarterly/articles/old-new-medicaids-epsdt-benefit-fifty-future-child-health-policy/.

than 1-in-7 children (15%) were still uninsured in the 1990s after the National Commission on Children issued its landmark report *Beyond Rhetoric: A New American Agenda for Children and Families*.[13]

The bipartisan Commission wrote:

> ***"If this nation is to succeed in protecting children's health, there must be a major commitment from families, communities, health care providers, employers, and government to meet children's basic health needs and to ensure that all pregnant women and children have access to health care."***[14]

To address this problem, CHIP was created with bipartisan support under the leadership of Sens. Edward M. Kennedy (D-MA), Orrin Hatch (R-UT), Jay Rockefeller (D-WV), and John Chafee (R-RI) in 1997.

According to Sen. Edward M. Kennedy:

> ***"Children should not be denied the opportunity for a healthy start in life because their parents cannot afford insurance."***[15]

CHIP was designed to address the gap for children in families who earn too much to qualify for Medicaid but too little to afford private insurance. Since its inception, CHIP has worked, in tandem with Medicaid, to successfully reduce the uninsured rate for children by more than two-thirds, from 15% in 1997 to less than 5% in 2016.[16]

Today, Medicaid and CHIP provide health coverage to around 40% of all children in the U.S. [17]As of September 2023, children accounted for 46% of all Medicaid and CHIP enrollment.[18] And like Medicaid, CHIP has improved health outcomes, increased access to preventive care, and improved long-term prospects, including higher educational attainment and future wages.[19]

Unfortunately, rather than taking steps to achieve the goal of ensuring all children in the U.S. have health coverage, recent trends show a troubling decline in coverage levels, particularly during the previous Trump Administration[20] and amid the recent Medicaid unwinding process.[21] This reversal threatens the health security of millions of children.

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13 National Commission on Children (1991). Beyond Rhetoric: A New American Agenda for Children and Families Washington, DC: U.S. Government Printing Office.

14 Ibid.

15 Kennedy, E.M. (2002, Apr. 28). Remarks on Health Care, John F. Kennedy Presidential Library and Museum. https://www.jfklibrary.org/learn/about-jfk/the-kennedy-family/edward-m-kennedy/edward-m-kennedy-speeches/remarks-on-health-care-john-f-kennedy-presidential-library-and-museum-april-28-2002.

16 Lesley, B. (2014, Sep. 16). The Children's Health Insurance Program: Protecting America's Children and Families. Hearing by the U.S. Senate Finance Committee, Subcommittee on Health Care. https://www.finance.senate.gov/imo/media/doc/Finance%20Cmte%20CHIP%20Testimony%2009-16-14%20Bruce%20Lesley.pdf.

17 Kaiser Family Foundation. Health Insurance coverage of Children 0-18 (Timeframe 2023). https://www.kff.org/other/state-indicator/children-0-18/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

18 Centers for Medicare and Medicaid Services (2023, Dec. 18). Medicaid and CHIP Enrollment: Child and Youth Data Snapshot. https://www.medicaid.gov/resources-for-states/downloads/medicaid-unwinding-child-data-snapshot.pdf.

19 AAP (2023, Nov.).

20 Alker, J. & Corocoran, A. (2020, Oct.). Children's Uninsured Rate Rises by Largest Actual Jump in More Than a Decade. Georgetown University, Center for Children and Families. https://ccf.georgetown.edu/wp-content/uploads/2020/10/ACS-Uninsured-Kids-2020_10-06-edit-3.pdf.

21 Haley, J.M., et al. (2024, Oct. 3). Improving Medicaid/CHIP Redeterminations for Children: Lessons from Unwinding to Inform Federal and State Policy. Urban Institute & Georgetown University, Center for Children and Families. https://www.urban.org/research/publication/improving-medicaidchip-redeterminations-children.

We should be continuing to make progress rather than regressing in terms of child health coverage.

Consequently, as the Trump Administration takes office, children stand at a crossroads. The nation could, once again, take the path toward progress to ensure children have access to coverage and high-quality health care or take an alternative route that leaves children with arbitrary cuts to their health and the rationing of their care.

Proposals from groups like Project 2025 threaten to radically and arbitrarily cap, cut, and limit Medicaid coverage in ways that could dramatically reduce health coverage for children, severely restrict access to care, and diminish the quality of care for children.[22]

For our nation's children, this would be the opposite of MAHA.

Instead, the Trump Administration should choose a different approach, which would strengthen Medicaid and CHIP for children by implementing policies that enhance access to care, minimize gaps in coverage, and ensure stable funding, ultimately working toward a more resilient and equitable health care system that prioritizes children's health coverage and long-term well-being.

Actions to Improve Child Health Coverage

To accomplish this goal, we recommend the following:[23]

- **Making CHIP permanent:** Although CHIP was extended until FY 2029, the bipartisan Kennedy-Hatch-Rockefeller-Chaffee program remains the only federal insurance program that is temporary and continuously needs to be extended. CHIP is wildly popular with the American public but has a funding cliff attached to it post-2029. Consequently, for every year it is not extended, the Congressional Budget Office's (CBO) scoring indicates that it becomes increasingly costly to extend CHIP in the out-years (just to maintain the status quo), particularly if ACA Marketplace subsidies are slashed or threatened. The fact is that CHIP is a child-focused plan with stronger networks and health delivery systems than alternatives in the ACA Marketplaces or the individual insurance market. CHIP expired for four long months during the first Trump Administration and supporting its extension now would protect the health of children now rather than gamble with the health of children in the future. Conservatives have supported CHIP because it is a federal-state partnership, a public-private partnership, has strong and long-standing bipartisan support, and provides extended coverage to pregnant women as well.

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22 Estrada, A. (2024, Aug. 22). How Project 2025 Would Take Health Care from Millions of Children, Eliminate Critical Childhood Screenings, and Increase Costs to Low-Income Families. First Focus on Children. https://firstfocus.org/resource/project-2025-would-take-health-care-from-millions-of-children-eliminate-critical-childhood-screenings-and-increase-costs-to-low-income-families/; Park, E. (2024, Jun. 17). Project 2025 Blueprint Also Includes Draconian Cuts to Medicaid. https://ccf.georgetown.edu/2024/06/17/project-2025-blueprint-also includes-draconian-cuts-to-medicaid/; Lesley, B. (2024, Aug. 30). Medicaid's Narrow Escapes: The Ongoing Fight to Protect Our Children's Health. Substack. https://brucelesley.substack.com/p/medicaids-narrow-escapes-the-ongoing.

23 Lesley, B. & Sperry, B. (2019, Apr. 1). Principles of Health Reform for Children. Substack. https://brucelesley.substack.com/p/principles-of-health-reform-for-children-282e6883a28c; Flores, G. & Lesley, B. (2014). Children and US Federal Policy on Health and Health Care: Seen but Not Heard. JAMA Pediatrics. 168(12): 1155-1163

- **Expanding continuous eligibility requirements for children:** Healthy development in a child's early years provides a solid foundation for lifelong success. Ensuring children have consistent coverage allows them to access well-child visits, vaccinations, and specialty care. Any gaps in coverage during these early years could mean a child misses important physical, social, and emotional developmental milestones and appropriate referrals for intervention, stunting their overall development into adulthood. Congress made 12 months of continuous eligibility mandatory for children in Medicaid and CHIP with the enactment of the Consolidated Appropriations Act of 2023, but the policy should go further and ensure that every child has access to stable coverage during their early years of development.
- **Reducing administrative burdens for states to expand CHIP eligibility:** Due to changes in the Affordable Care Act (ACA), states cannot expand CHIP eligibility above a certain threshold using a state plan amendment (SPA). Instead, most states must submit a section 1115 demonstration waiver to receive approval to expand eligibility. This process adds administrative burden and reduces efficiency for states that wish to cover more children. The Trump Administration could champion such state flexibility and improvements to child health coverage.
- **Removing barriers to coverage for ALL children:** At First Focus on Children, we believe all children have the right to fully access health care and should not be subjected to a system of barriers that result in delays in coverage that threaten their health and well-being. All children deserve access to the health care they need, regardless of race, sex, disability, or immigration status.
- **Maintaining outreach and enrollment opportunities and awareness for children eligible but unenrolled for coverage:** Despite the historic gains made in children's health coverage over the years, 4 million children remain uninsured. The Bush Administration first proposed outreach and enrollment grants to help the children, who are eligible for but unenrolled, get the coverage they need. Those grants have improved awareness of the options available to families to get their children health insurance coverage. Groups are submitting proposals to HHS for the latest grant cycle now and could be an early initiative of your tenure at HHS.[24]
- **Allowing families to buy into coverage through Medicaid, CHIP, or the Federal Employee Health Benefits Plan (FEHBP):** For the remaining uninsured, families should provide the ability to allow states to give their residents, who would otherwise be ineligible, the option to buy into Medicaid, CHIP, or the Federal Employees Health Benefits Program (FEHBP).[25]
- **Encouraging and working with states to implement the Express Lane Eligibility (ELE)**

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24 Centers for Medicare & Medicaid Services (2025, Jan. 15). Connecting Kids to Coverage Outreach and Enrollment Cooperative Agreements (CKC) 2025. Grant Assistance Listings: 93.767 -- Children's Health Insurance Program. https://simpler.grants.gov/opportunity/357700.

25 McCarthy-Alfano, M., et al. (2020, Feb. 14). Revisiting CHIP Buy-In Programs for Children. Health Affairs. https://www.healthaffairs.org/content/forefront/revisiting-chip-buy-in-programs-children. Smith, S. (2012, Mar.). Benefits for Special Needs Children of Civil Service Employees. Special Needs Alliance. 6:4. https://www.specialneedsalliance.org/the-voice/benefits-for-special-needs-children-of-civil-service-employees-2/.

option: ELE was established in a bipartisan fashion and has been adopted by blue and red states to reduce state bureaucracy and red tape for states to get their children enrolled in health coverage (a stated goal of the Trump Administration). ELE simplifies the enrollment and renewal process for Medicaid and CHIP by allowing states to use eligibility data from other programs, such as SNAP, to facilitate enrollment of children in health coverage. Studies show this innovative approach reduces bureaucratic hurdles and administrative costs, increases enrollment efficiency, minimizes paperwork for families, and helps improve coverage rates among low-income children.[26] As Secretary of HHS, you can champion ELE by issuing new guidance to states, offering technical assistance, and providing financial incentives for its adoption, ensuring that no eligible child falls through the cracks.

Actions to Strongly Oppose

Actions to strongly oppose include:

- **Oppose block grants or per capita caps:** Medicaid block grants and per capita caps represent a fundamental shift in the program's funding structure, replacing its current open-ended federal commitment with a fixed allocation of funds and threatening the health care of millions of children. First, block grants and caps are usually accompanied with enormous cuts.

  Second, arbitrary caps, such as block grants or per capita limits, fail to account for the dynamic nature of health care costs, particularly during public health emergencies, economic downturns, or population growth. For example, during an epidemic, pandemic, or natural disaster, Medicaid's current flexible funding structure allowed millions of newly eligible individuals, including children, to access life-saving care. Under a capped system, states would have been unable to respond effectively, leaving vulnerable populations uninsured during a national emergency. States facing funding caps would be forced to make impossible choices, such as cutting benefits, reducing eligibility, or lowering provider payments — all of which disproportionately harm children.[27]

  Third, these mechanisms fail to address the diverse needs of state Medicaid populations and pit these groups against one another. As Senator John Chafee (R-RI) said when confronted with proposed Medicaid caps in the 1990s:

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26 Hoag, S. (2013, Dec.). CHIPRA Mandated Evaluation of Express Lane Eligibility: Final Findings. Mathematica Policy Research, Urban Institute, & Health Management Associates. https://www.mathematica.org/publications/chipra-mandated-evaluation-of-express-lane-eligibility-final-findings.

27 Lesley, B. (2024, Jan. 14). Medicaid Block Grants: A Perilous Political Game of Harm. First Focus Campaign for Children. https://firstfocus.org/update/medicaid-block-grants-a-perilous-political-game-of-harm/; Estrada, A. (2024, Apr. 15). Stop the Caps: House Leadership Should Improve – Not Ration – Health Care for Children. First Focus on Children. https://firstfocus.org/update/stop-the-caps-house-leadership-should-improve-not-ration-health-care-for-children/; Estrada, A. & Malloy, A. (2023, Aug. 18). Rationing Health Care to Our Kids: Why Medicaid Block Grants Are a Bad Idea for the Nation's Children. First Focus on Children. https://firstfocus.org/update/rationing-health-care-to-our-kids-why-medicaid-block-grants-are-a-bad-idea-for-the-nations-children/; Lesley, B. (2019, Jan. 23). 10 Reasons to Reject Medicaid Block Grants. First Focus Campaign for Children. https://firstfocus.org/update/10-reasons-to-reject-medicaid-block-grants/; Lesley, B. (2017, Jun. 11). Lesley, B. (2016, Nov. 21). Medicaid Block Grants: A System of Rationing, Inequality, and Harm. Substack. https://substack.com/home/post/p-135612428; Lesley, B. (2012, Sep. 11). Medicaid Block Grants: You Can Put Lipstick on a Pig, But… Substack. https://brucelesley.substack.com/p/medicaid-block-grants-you-can-put; Shapiro, L. (2012, Aug.). Ryan's Plan Would End Children's Health Coverage as We Know It. First Focus Campaign for Children. https://campaignforchildren.org/wp-content/uploads/sites/5/2012/08/Ryan-Plan-Would-End-Childrens-Health-Coverage-as-We-Know-It.pdf; Harbage, P. & Arnquist, S. (2011, Sep.). Block Grants Are Bad for Kids. First Focus on Children. https://firstfocus.org/wp-content/uploads/2014/05/Block-Grants-are-Bad-for-Kids.pdf.

> ***"As states are forced to ration finite resources under a block grant, governors and legislators would be forced to choose among three very compelling groups of beneficiaries. Who are they? Children, the elderly, and the disabled. They are the groups that primarily they would have to choose amongst. Unfortunately, I suspect that children would be the ones that would lose out."***[28]

Sen. Chafee's prediction that children would be disproportionately cut played out in Congress as well when federal Medicaid caps were proposed in 2017. As the bill moved from the House to the Senate, allowable inflation rates were set at lower rates for children than in other populations. In an analysis by Avalere Health of the Senate bill, Medicaid out-year cuts were estimated to be 1.9% for senior citizens, 15% for people with disabilities, and 31% for children.[29]

Fourth, these proposals shift financial risk from the federal government to states, which are ill-equipped to absorb the costs of unexpected increases in enrollment or health care expenses. This would disproportionately impact children, who account for around 40% of all Medicaid enrollees, jeopardizing preventive services, routine checkups, and critical developmental care. Ultimately, block grants and per capita caps would erode the safety net that Medicaid provides, creating lasting harm to the health and well-being of millions of children and families. Due to limits on state funding, it would also threaten funding for education and early childhood programs at the state level.

- **Work requirements:** Imposing work requirements on Medicaid recipients jeopardizes the health of children. Children's health is closely tied to their parents' health and financial stability. Work requirements would leave many families uninsured, leading to poorer health outcomes for children.
- **FMAP reductions:** Reducing the Federal Medical Assistance Percentage (FMAP) would have significant negative consequences for children's health, disproportionately harming children in states with the highest poverty rates. A decrease in federal funding will lead states to cut Medicaid coverage, benefits, and provider rates, impacting children's access to essential services. Medicaid coverage during childhood is linked to improved health outcomes. Ultimately, short-term cuts to Medicaid could result in long-term harm to children's health, education, and future economic prospects, undermining the program's proven benefits in fostering healthier, more productive adults.
- **Reducing or relaxing Medicaid benefit or service requirements:** Attempts to reduce or relax Medicaid benefit or service requirements should be opposed. These changes endanger child-specific benefits like the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. EPSDT ensures comprehensive health care for low-income children, including crucial

28 Chafee, J. (1995, Aug. 11). Congressional Record. Vol. 141. S12339-12342.

29 Alwardt, S., Carpenter, E., & Sloan, C. (2017, Sep. 20). Graham-Cassidy-Heller-Johnson Bill Would Reduce Federal Funding to States by $215B. Avalere Health. https://avalere.com/press-releases/graham-cassidy-heller-johnson-bill-would-reduce-federal-funding-to-states-by-215-billion.

screenings for developmental, behavioral, and sensory conditions. Reducing these services would likely delay identification and treatment of health issues, impeding children's growth and development. Ultimately, such reductions would result in poorer health outcomes for children, increased long-term health care costs, and wider health disparities among populations like children with special health care needs, foster youth, and children of color.

Slashing Medicaid would harm children's health care coverage and access to care. It would be the opposite of MAHA.

II. Protect the Affordable Care Act

The Affordable Care Act (ACA) provides important protections to the health and well-being of our nation's children as well. Again, we should improve the coverage, access, and quality of care to children rather than reversing course. Therefore, we would urge the Administration to:

- **Extend the enhanced Advanced Premium Tax Credits (APTCs) for the Health Insurance Marketplace:** The Health Insurance Marketplace (Marketplace) provides coverage to over 21 million Americans, including approximately 2 million children. Affordability of Marketplace coverage was dramatically increased with the enactment of enhanced levels of Advanced Premium Tax Credits (APTCs) under the American Rescue Plan and extended through the Inflation Reduction Act. However, the enhanced APTCs are set to expire at the end of 2025. If allowed to expire, millions of Americans would see their health insurance costs suddenly increase, jeopardizing health care coverage for families and their children across the country.

We would also urge you to oppose efforts to undermine the ACA for these key reasons:[30,31]

- If the ACA were repealed, insurers would go back to denying coverage for children with **pre-existing conditions**. Parents of children with cancer, children born with a birth defect, children with asthma, special-needs kids, among others, would once again be unable to get coverage for their kids without the ACA.
- Insurers would return to the practice of placing **lifetime or annual limits** on coverage so that if a child is fortunate enough to beat leukemia when they are 8 they would be uninsurable if they face another serious illness later in life.
- **Dependent children through age 26** would not be guaranteed access to coverage on their parents' policy, leaving scores of young adults, including recent high school and college grads, back among the ranks of the uninsured.

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30 Lesley, B. & Shapiro, L. (2011, Jan. 10). 10 Reasons Why Repealing Health Reform Would Harm Children. First Focus on Children. https://firstfocus.org/update/10-reasons-why-repealing-health-reform-would-harm-children-2/; Gomez, O. (2019, Jul.). How Dismantling the Patient Protection and Affordable Care Act Will Harm Children. First Focus on Children. https://firstfocus.org/wp-content/uploads/2019/07/Issue-Brief-How-Dismantling-the-ACA-Will-Harm-Children-July-2019.pdf.

31 Cheng, T.L., Wise, P.H., & Halfon, N. (2014). Quality health care for children and the Affordable Care Act: a voltage drop checklist. Pediatrics, 134(4), 794–802. https://doi.org/10.1542/peds.2014-0881.

- Insurers would not have to cover **vision care** services or eyeglasses for children even though it is impossible for a child to be successful in school if they can't see.
- Insurers also would not be required to cover **dental care**, a horrible return to the days when lack of coverage could cause a child to die from an infected tooth that could have been addressed or prevented for $100.
- Children with terminal illnesses would be returned to the days when they would not be able to get **compassionate end-of-life hospice care** unless they agreed to forgo looking for a cure for their illness.
- Insurers would be allowed to resume the practice of charging co-payments for **preventive health services**, including essential well-baby and well-child visits, creating financial disincentives for parents to get care for their children that keeps them healthy.
- **Children aging out of foster care** would no longer qualify for Medicaid beyond age 18.
- New efforts to eliminate bureaucratic red tape and **streamline enrollment processes** for children who are already eligible but not enrolled in public health coverage would suffer if health reform was repealed. Nearly two-thirds of children who are uninsured actually qualify for coverage but face significant barriers that make it difficult for them to sign-up or re-enroll for coverage.

We also strongly support the regulation that fixed a major problem with the **interpretation of the "family glitch,"** which had disproportionately denied access to health coverage to women and children. We should help families access much needed coverage rather than create barriers.

III. Improve Infant and Maternal Health

President John F. Kennedy said:

> ***"We can say with some assurance that, although children may be the victims of fate, they will not be the victims of our neglect."***[32]

The maternal and infant health crisis in the United States is a profound failure of our health care system, especially when compared to other high-income nations. Infant mortality in the U.S. increased in 2022 for the first time in 20 years, and maternal mortality rates remain alarmingly high, far exceeding those of peer countries.[33]

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32 Kennedy, J.F. (1963, Oct. 24). Remarks upon signing the Maternal and Child Health and Mental Retardation Planning Bill. Public Papers of the Presidents: John F. Kennedy, 1963

33 Ely & Driscoll (2023). Munira Z. Gunja et al., (2022, Apr.). Health and Health Care for Women of Reproductive Age: How the United States Compares with Other High-Income Countries. Commonwealth Fund. https://doi.org/10.26099/4pph-j894.

Black women are nearly three times more likely to die from pregnancy-related causes than white women, and this disparity persists across all income levels, underscoring systemic inequities in access, care quality, and outcomes.

The COVID-19 pandemic further exacerbated these trends, as disruptions in health care, economic stress, and isolation disproportionately affected pregnant women and new mothers. Yet, more than 80% of maternal deaths from 2017–2019 were deemed preventable, highlighting the urgent need for systemic reforms.[34]

Improving maternal and infant health is not only a public health necessity but also a bipartisan issue with widespread support. HHS has a unique opportunity to lead the nation in addressing the maternal and infant health crisis. While states play a critical role in implementing policies, federal leadership is essential to set standards, provide funding, and promote accountability. By prioritizing maternal and infant health, you can ensure that no mother or child is left behind, regardless of their race, income, or zip code.

Policy Recommendations to Improve Maternal and Infant Health

1. **Create an Optional Medicaid Benefit for Comprehensive Maternal Health Services:** Medicaid finances nearly half of all births in the U.S., making it a critical tool for addressing maternal and infant health. We recommend creating an optional Medicaid benefit to expand coverage for maternal health support services across the prenatal, labor and delivery, and postpartum periods. This benefit should include:
    - Doulas and midwives, who provide culturally competent care that improves outcomes and patient satisfaction.
    - Community health workers and promotoras, who offer trusted, community-based support.
    - Peer support specialists, who address mental health and other challenges through lived experience.
    - Home visitors, encompassing a wide range of providers, including nurses, social workers, mental health professionals, and early childhood specialists.
2. **Expand and Protect the Healthy Start Program:** The Healthy Start program, established during the Bush Administration, has a proven track record of reducing infant mortality and improving maternal health outcomes in underserved communities. Yet it faces ongoing threats of budget cuts. We urge robust funding to expand Healthy Start's reach, particularly in rural and urban areas with high rates of maternal and infant mortality.

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34 Trost S.L, Beauregard J, Njie F, et al. (2022). Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019. Centers for Disease Control and Prevention, US Department of Health and Human Services. https://www.cdc.gov/maternal-mortality/php/data-research/mmrc-2017-2019.html

3. **Prioritize Funding for Key Maternal and Child Health Programs:** To sustain and scale efforts to improve outcomes, we recommend increased funding for the following:
    - **Maternal and Child Health Services Block Grant,** which supports state-level maternal and child health initiatives.
    - **Safe Motherhood and Infant Health Programs,** which focus on improving birth outcomes and reducing disparities.
    - **Infant and Early Childhood Mental Health programs,** which provide essential support to young children and their caregivers.
    - **Screening and Treatment for Maternal Depression,** addressing the perinatal mental health crisis that affects as many as 1-in-7 women.
4. **Expand Postpartum Medicaid Coverage to 12 Months Nationwide:** Extending Medicaid coverage to 12 months postpartum is one of the most effective steps we can take to reduce maternal mortality. Currently, many states limit postpartum Medicaid coverage to 60 days, leaving women vulnerable to complications such as postpartum depression, infections, and chronic conditions.
5. **Promote the Use of Doulas and Culturally Competent Care:** Evidence shows that doula support reduces cesarean delivery rates, improves birth outcomes, and enhances patient satisfaction. We recommend that HHS issue guidance to states on incorporating doula services into Medicaid reimbursement and incentivize their use.
6. **Invest in Data Collection and Accountability**: Accurate data is essential for understanding and addressing disparities in maternal and infant health. HHS should expand funding for data collection initiatives like the Pregnancy Risk Assessment Monitoring System (PRAMS) and create mechanisms to hold states accountable for improving outcomes.
7. **Encourage State Innovation Through Federal Guidance:** States have piloted innovative models to improve maternal and infant health, such as community health hubs and bundled payment systems for maternity care. HHS should identify and scale these models through guidance and funding incentives.
8. **Integrate Mental Health Services into Maternal and Infant Care:** Maternal mental health is a critical but often overlooked component of maternal and infant health. We recommend expanding funding for programs that integrate mental health screenings and treatments into prenatal and postpartum care.
9. **Support Momnibus Bills:** While the 118th Congress introduced over two dozen bills related to maternal health, including components of the Momnibus Act, none were enacted into law. The Trump Administration should provide its support for the passage of these measures such as:

- Diversifying the perinatal workforce
- Increasing mental health support
- Addressing rural maternal health disparities

We urge your leadership in advancing these bipartisan efforts, which enjoy widespread support across the maternal health advocacy community.

IV. Emergency Care for Children: Bridging Gaps to Save Lives

Children are not simply "little adults." Their unique physiological, developmental, and emotional needs require specialized care, particularly in emergency situations. Yet, despite advancements in pediatric medicine, many hospitals across the United States remain unprepared to handle pediatric emergencies. Ensuring that all hospitals are adequately equipped and staffed to provide lifesaving care to children is a critical priority for the Department of Health and Human Services (HHS).

The Current Landscape of Pediatric Emergency Care

Every year, millions of children visit hospital emergency departments (EDs) due to accidents, illnesses, or other emergencies. However, studies reveal alarming gaps in preparedness:

- **Lack of Pediatric Readiness:** More than 80% of children requiring emergency care are treated in general EDs, many of which lack the specialized equipment, medications, and trained personnel necessary to provide optimal pediatric care.
- **Insufficient Staffing:** Many EDs do not have dedicated pediatric emergency physicians or nurses trained in pediatric-specific needs, leading to potential delays or errors in care.
- **Regional Disparities:** Rural and underserved areas face the greatest challenges in accessing pediatric emergency services, as hospitals in these areas often lack resources and proximity to pediatric trauma centers.

These shortcomings place children at unnecessary risk of harm. Research shows that pediatric readiness is directly linked to better outcomes, including lower mortality rates. Yet, only 14.5% of U.S. EDs meet the standards of pediatric readiness as defined by the National Pediatric Readiness Project (NPRP).

Children Are Not Little Adults

The physiology and care needs of children differ significantly from those of adults. For example:

- **Airway Management:** Pediatric airways are smaller and more prone to obstruction, requiring specialized equipment and expertise.

- **Medication Dosages:** Children's medication dosages must be carefully calculated based on weight, increasing the risk of errors in unprepared settings.
- **Emotional Needs:** Children experiencing trauma or medical emergencies require age-appropriate communication and support to mitigate fear and anxiety.

Without proper training, protocols, and equipment, general EDs may struggle to meet these unique needs, putting children's lives at risk.

The Role of HHS in Ensuring Pediatric Emergency Readiness

HHS has a vital role to play in addressing the gaps in pediatric emergency care. As the federal agency overseeing programs including Medicaid, CHIP, and the Emergency Medical Services for Children (EMSC) Program, HHS can lead efforts to improve hospital readiness and ensure that all children receive high-quality emergency care, regardless of where they live. While some hospitals and states have made progress, the lack of national standards and oversight has led to significant disparities in care. As Secretary of HHS, you can champion these efforts by leveraging existing federal programs, issuing new guidelines, and prioritizing pediatric readiness in health care policy.

As the joint fact sheet by First Focus on Children and the R Baby Foundation explains:

> ***All children deserve high-quality emergency care, regardless of where they live or the severity of their illness or injury. Children account for over 30 million emergency department (ED) visits annually, representing 20% of all ED visits in the U.S. Despite this, a recent analysis suggests that approximately 80% of U.S. EDs are not fully prepared to handle children's emergencies.***
>
> ***Lack of pediatric emergency readiness is leading to delayed or incorrect diagnoses, inappropriate treatments, suboptimal care, and tragic outcomes, including 1,400 child deaths annually and numerous cases of injury. A holistic approach to pediatric emergency care is needed to address this crisis in children's health care.***[35]

Recommendations for Improving Pediatric Emergency Care

1. Issue a Condition of Participation that Hospitals Meet Pediatric Emergency Readiness Standards.

- Direct the Centers for Medicare and Medicaid Services (CMS) to develop and enforce guidelines for hospitals to meet pediatric readiness standards, as outlined by the National Pediatric Readiness Project.

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35 First Focus Campaign for Children & R Baby Foundation (2024, Nov. 5). Saving Lives: Every Hospital Needs to be Prepared for Pediatric Emergencies. https://firstfocus.org/wp-content/uploads/2024/11/Fact-Sheet-Pediatric-Emegency-Readiness.pdf.

- Require hospitals to assess their pediatric capabilities regularly and develop plans to address gaps in training, staffing, and equipment.

2. Increase Funding for the Emergency Medical Services for Children (EMSC) Program

- The EMSC Program has been instrumental in improving pediatric emergency care, but its funding remains insufficient to meet national needs. Expanding EMSC funding would enable more hospitals to implement pediatric readiness measures and provide training for staff.

3. Develop Pediatric Readiness Standards for All Hospitals

- Establish a set of minimum standards that all hospitals must meet to care for pediatric patients, including the availability of child-sized equipment, weight-based dosing protocols, and personnel trained in pediatric emergency medicine.

4. Address Disparities in Rural and Underserved Areas

- Expand telehealth services to connect rural hospitals with pediatric specialists in real time, enabling consultations during emergencies.
- Provide grant funding to rural hospitals to purchase pediatric equipment and train staff in pediatric care.

5. Promote State Adoption of Pediatric Emergency Guidelines

- Partner with state Medicaid agencies to incentivize hospitals to adopt pediatric emergency readiness measures through enhanced reimbursement rates or grant opportunities.

6. Invest in Pediatric Emergency Care Training

- Develop national training initiatives to ensure that emergency medical personnel, including paramedics, nurses, and physicians, receive regular training in pediatric care.
- Fund simulation programs that allow hospital staff to practice pediatric emergency scenarios, improving their preparedness and confidence.

7. Expand Public Awareness Campaigns

- Launch public education campaigns to inform families about which hospitals are pediatric-ready and the importance of seeking appropriate care for children in emergencies.

No parent should have to worry that their local hospital is unprepared to save their child's life. By taking decisive action to improve pediatric emergency readiness, you can prevent avoidable tragedies and ensure that every child in America receives the care they deserve in their most vulnerable moments.[36]

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36 Whyte, L.E. & Evans, M. (2023, Oct. 1). "Children Are Dying in Ill-Prepared Emergency Rooms Across America." Wall Street Journal. https://www.wsj.com/health/healthcare/hospitals-emergency-rooms-cost-childrens-lives-d6c9fc23; Evans, M., Dapena, K., Whyte, L.E., & Friedman, D. (2023, Oct. 1). "Find Hospitals Deemed Ready to Treat Children in Your Area," Wall Street Journal. https://www.wsj.com/health/healthcare/emergency-rooms-hospitals-kids-1c41a8a8; Evans, M. (2023, Oct. 25). "Emergency Rooms Are Failing Kids. This Hospital Stepped Up." Wall Street Journal. https://www.wsj.com/health/healthcare/how-one-hospital-made-its-er-safer-for-kids-884307c; Blakemore, E. (2024, Oct. 13). "Most ERs Aren't Fully Prepared to Handle Children's Emergencies." Washington Post. https://www.washingtonpost.com/wellness/2024/10/13/pediatric-emergency-room-treatment/; Remick, K.E., Hewes, H.A., & Ely, M. (2023, Jul. 7). National Assessment of

V. Confronting Pediatric Cancer: Prioritizing Research and Care

Cancer remains the leading cause of disease-related death among children in the United States, claiming the lives of more than 1,600 children annually.[37]

Despite advancements in pediatric cancer survival rates for some diagnoses, progress has stagnated for others, particularly high-risk and rare cancers.[38] The research, regulatory, and care delivery gaps in pediatric cancer highlight a failure to prioritize the unique needs of children. While cancer treatment for adults has benefited from breakthroughs in immunotherapy, precision medicine, and drug development, children often rely on decades-old, toxic protocols with limited innovation and poor access to new therapies.

To address these disparities and ensure better outcomes for children battling cancer, we must address gaps in research, treatment, and care delivery through legislative action and federal leadership.

As Senator Edward M. Kennedy said in 1971:

> ***"The conquest of cancer is a special problem of such enormous concern to all Americans. We can quote statistics, but I think every one of us in this body, and most families across the country, have been touched by this disease one way or another."***[39]

The Current State of Pediatric Cancer Research and Care

Pediatric cancer research accounts for less than 4% of the National Cancer Institute's (NCI) annual budget, despite the unique biological challenges posed by childhood cancers. Treatments for children are often adapted from adult protocols, resulting in less effective and more toxic therapies that lead to lifelong physical, cognitive, and emotional challenges for survivors.

Families also face significant hurdles in accessing care, especially those seeking specialized treatments at regional centers of excellence. Medicaid and CHIP regulations often create bureaucratic barriers to out-of-state care, leaving children with limited options when their local

Pediatric Readiness of US Emergency Departments During the COVID Pandemic. JAMA Network Open. 6(7):e2321707. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2807059; Newgard, C.D., Lin, A., & Malveau, S. (2023, Jan. 13). Emergency Department Pediatric Readiness and Short-term and Long-term Mortality Among Children Receiving Emergency Care. JAMA Network Open. 6(1):e2250941. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800400; Shamlian, J. (2023, Nov. 28). "How pediatric readiness saves lives in emergency rooms." CBS News. https://www.cbsnews.com/video/how-pediatric-readiness-saves-lives-in-emergency-rooms/; Baumgaertener, E. (2024, Nov. 1). "1 in 4 Child Deaths After E.R. Visits Are Preventable, Study Finds," New York Times. https://www.nytimes.com/2024/11/01/health/child-deaths-emergency-room.html; Lesley, B. (2023, Dec. 5). Children Are Not Little Adults: Ensuring Adequate Pediatric Emergency Care in U.S. Hospitals. First Focus on Children. https://firstfocus.org/update/children-are-not-little-adults-ensuring-adequate-pediatric-emergency-care-in-u-s-hospitals/. Remick, K., Gausche-Hill, M., Joseph, M.M., et al. (2018). Pediatrics. 142(5):e20182459; Armes, S.G., et al. (2019Emergency Department Pediatric Readiness and Mortality in Critically Ill Children. Pediatrics.144 (3): e20190568.

37 National Cancer Institute (n.d.). Cancer in Children and Adolescents. https://www.cancer.gov/types/childhood-cancers/child-adolescent-cancers-fact-sheet.

38 Johnson, C.K. (2023, Nov. 16). "Progress in childhood cancer has stalled for Blacks and Hispanics, report says." Associated Press. https://apnews.com/article/cancer-children-death-rates-disparity-black-hispanic-bcac965d7f295effd5f3c2e0deb18137

39 Kennedy, E.M. (1971). As quoted in Fighting for Quality, Affordable Health Care. Senator Edward M. Kennedy, 1932-2009. http://www.tedkennedy.org/service/item/health_care.html.

facilities lack the resources to treat their specific conditions. Furthermore, regulatory frameworks lag behind the evolving science of pediatric cancer, particularly in the area of combination therapies, which show promise for difficult-to-treat cancers but are rarely tested in children.

Recommendations for Action: Prioritize Key Legislation to Address Gaps

To address the systemic challenges in pediatric cancer research, treatment, and access to care, Congress must act on the following critical bills:

1. Give Kids a Chance Act

- **Overview**: This legislation would modernize the Food and Drug Administration's (FDA) regulatory framework by allowing the authorization of combination cancer treatments for children. Current regulations primarily permit pediatric trials for single drugs, failing to reflect the complexity of treating high-risk pediatric cancers.
- **Impact**: Many pediatric cancers, such as relapsed neuroblastoma and diffuse intrinsic pontine glioma (DIPG), require combination therapies to improve survival outcomes. The Give Kids a Chance Act would address this critical gap, ensuring that children have access to innovative, multi-drug treatment protocols that align with scientific advancements in adult oncology.

2. Accelerating Kids' Access to Care Act

- **Overview**: This bipartisan bill aims to streamline Medicaid and CHIP care delivery across state lines, enabling families to access out-of-state care at regional centers of excellence for medically complex conditions, including pediatric cancers.
- **Impact**: For children with rare or high-risk cancers, local hospitals may lack the specialized expertise and equipment needed for optimal treatment. Families often travel to nationally recognized centers of excellence, only to face delays and denials due to Medicaid's fragmented state-by-state systems. This bill would create a more unified system, reducing red tape and ensuring timely access to the best available care.

3. Innovation in Pediatric Drugs Act

- **Overview:** This legislation would strengthen the FDA's authority to hold pharmaceutical companies accountable for completing required pediatric studies on drugs, including cancer treatments. Currently, the FDA can penalize companies for failing to meet deadlines for adult drug studies, but no such enforcement exists for pediatric studies.
- **Impact:** Delayed or incomplete pediatric studies hinder the development of child-specific treatments and prevent timely access to lifesaving therapies. By incentivizing compliance and penalizing delays, this bill would ensure that pharmaceutical companies prioritize pediatric research.

4. Creating Hope Reauthorization Act

- **Overview:** This bill would extend the FDA's priority review voucher program, which incentivizes the development of drugs for rare pediatric diseases by granting developers a voucher for expedited FDA review of a future drug. This program, set to expire, has been instrumental in driving innovation for childhood cancer treatments.
- **Impact:** Since its inception, the Creating Hope Act has spurred the development of multiple new therapies for rare pediatric diseases, providing children with access to treatments that might not otherwise have been developed due to a lack of financial incentives for pharmaceutical companies.

Federal leadership is essential to transforming the landscape of pediatric cancer research and treatment. By prioritizing the passage of these key bills, HHS can address systemic barriers and catalyze progress in the following ways:

- **Expand Research Funding:** Advocate for a dedicated increase in the National Cancer Institute's budget for pediatric cancer research, ensuring that innovative therapies receive adequate support.
- **Enhance Data Sharing:** Support initiatives to create national databases and biorepositories for pediatric cancers, which are critical for advancing understanding and developing targeted therapies.
- **Improve Access to Clinical Trials:** Simplify enrollment processes and remove financial and logistical barriers that prevent children from participating in clinical trials.
- **Support Families:** Increase funding for programs that provide financial, logistical, and emotional support to families navigating a pediatric cancer diagnosis.

Pediatric cancer represents one of the greatest public health challenges for our nation's children. The fight against this devastating disease demands bold action, innovative thinking, and unwavering federal support. By championing the passage of critical legislation — such as the Give Kids a Chance Act, the Accelerating Kids' Access to Care Act, the Innovation in Pediatric Drugs Act, and the Creating Hope Reauthorization Act — you can ensure that children battling cancer have access to cutting-edge treatments, specialized care, and the hope of a cure. The time to act is now, and the stakes have never been higher.

VI. Children's Mental Health: Addressing a Growing Crisis

The United States is facing a youth mental health crisis of unprecedented proportions. Prevention and early intervention are key to addressing the country's youth mental health crisis.

- Suicide is the second leading cause of death among children and adolescents, and nearly 20% of children ages 3–17 have a diagnosed mental, emotional, developmental, or behavioral health disorder.[40] The toll of untreated mental health challenges is devastating — not only for children and families but also for the broader social and economic well-being of our nation.
- Up to 80% of youth in foster care report having mental health needs, but many of these youth cannot access the behavioral health services they need.[41] Young people aging out of foster care also often have great needs for additional supports that are not always available to them.

The Scope of the Crisis

The crisis is not limited to older children. The mental health of infants and toddlers is deeply interconnected with the well-being of their caregivers, including parents, family members, and early learning professionals. When caregivers struggle with mental health issues, children are more likely to face developmental delays and behavioral challenges.

Vulnerable populations, such as children in foster care, face even greater barriers. Up to 80% of youth in foster care report significant mental health needs, yet many lack access to the behavioral health services required to address those challenges. Similarly, youth aging out of foster care frequently lose access to mental health supports, leaving them unprepared to navigate adulthood.

Recommendations to Address Youth Mental Health

To address this growing crisis, we recommend the following strategies:

1. Expand Peer Support Services for Youth

- **Rationale:** Research consistently shows that teens are more likely to open up about mental health challenges to their peers than to adults.[42] Peer connections are a known protective factor against mental health crises, behavioral disorders, and substance use.[43]
- **Implementation:** The 988 Suicide and Crisis Lifeline should integrate youth-led peer crisis intervention programs, such as Oregon's YouthLine, into its network. These programs allow young people to connect with peers who understand their challenges and can provide empathetic support.

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40 Agency for Healthcare Research and Quality (2022, Oct.). National Healthcare Quality and Disparities Report No. 22(23)-0030. https://www.ncbi.nlm.nih.gov/books/NBK587174/; National Center for Health Statistics (2023). Health, United States, 2020-2021. Hyattsville, MD. https://www.cdc.gov/nchs/hus/data-finder.htm.

41 Center for the Study of Social Policy (2024). A Policy Agenda For a National That Cares for Young Adults. https://cares4power.org/wp-content/uploads/2024/01/CARES-A-Policy-Agenda-for-a-Nation-That-CARES-for-Young-Adults.pdf.

42 National Alliance on Mental Illness (2022). Poll of Teen Mental Health From Teens Themselves. https://www.nami.org/support-education/publications-reports/survey-reports/poll-of-teen-mental-health- from-teens-themselves-2022/.

43 Youth.gov (n.d.). Risk and Protective Factors for Youth. https://youth.gov/youth-topics/youth-mental-health/risk-and-protective-factors-youth.

- **Call to Action:** Embed peer-run support lines within the 988 network and provide funding for coordinated referrals and connections to youth-led crisis intervention services. Engage young people in the design and implementation of these programs to ensure they meet their needs.

2. Establish Community-Based Navigators for Foster Youth

- **Rationale:** Youth aging out of foster care face significant challenges, including navigating complex systems, securing stable housing, and addressing unmet mental health needs. Without adequate guidance, many fall through the cracks.
- **Implementation:** Create a program to fund community-based navigators who can provide individualized support for youth transitioning out of foster care. These navigators would help youth access mental health services, educational resources, housing assistance, and job training programs.[44]
- **Call to Action:** Ensure that navigators are trained in trauma-informed care and are available in every community with a substantial foster youth population.

3. Increase Funding for the Community Mental Health Services Block Grant

- **Rationale:** The Community Mental Health Services Block Grant is a vital source of funding for state and local mental health programs, yet it remains underfunded given the scale of the youth mental health crisis.
- **Implementation:** Increase funding for the block grant in the FY 2026 federal budget and include a dedicated 10% set-aside for prevention and early intervention activities focused on children and adolescents.
- **Call to Action:** Direct states to use these funds to expand school-based mental health services, early screening programs, and community partnerships that provide holistic care to children and families.

4. Integrate Infant and Early Childhood Mental Health into Medicaid and CHIP

- **Rationale:** The mental health of infants and toddlers is often overlooked, yet early intervention is crucial to ensuring healthy development. Programs like Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit can play a pivotal role in identifying and addressing mental health issues early.
- **Implementation:** Issue updated guidance to state Medicaid agencies encouraging the integration of infant and early childhood mental health services, including training for providers in early childhood development and trauma-informed care.

44 Center for the Study of Social Policy (2024).

The Department of Health and Human Services (HHS) has a unique opportunity to lead the nation in addressing youth mental health. Federal leadership is essential to:

- **Eliminate Barriers to Access:** Streamline enrollment processes for Medicaid and CHIP to ensure that every eligible child receives coverage for mental health services.
- **Expand the Workforce:** Invest in training and recruitment programs to address the shortage of mental health providers specializing in pediatric care.
- **Address Disparities:** Ensure that mental health services are accessible to underserved populations, including communities of color, rural areas, and foster youth.

The youth mental health crisis demands urgent, coordinated action. By prioritizing prevention, early intervention, and community-based supports, we can reverse alarming trends and give every child the opportunity to thrive. As Secretary of HHS, your leadership can catalyze transformative change, ensuring that no child or adolescent is left to struggle alone.

Section VII: Addressing and Protecting Adolescent Health and Well-Being

We must listen to and respect the views, concerns, and needs of our youth. As Robert F. Kennedy said:

> ***"This world demands the qualities of youth: not a time of life but a state of mind, a temper of the will, a quality of imagination, a predominance of courage over timidity, of the appetite for adventure over the life of ease… [I]t is the young people who must take the lead."***[45]

The growing emphasis on parental rights in the context of adolescent health, education, and safety has introduced significant risks to the well-being and autonomy of young people. While parents play an essential role in supporting their children's development, policies that excessively prioritize parental control can undermine adolescents' access to critical health care, mental health services, bodily autonomy, education, and safety.

The Risks of Overreach

Recent legislative efforts aimed at bolstering parental rights have included proposals to restrict access to contraception, mental health counseling, and gender-affirming care for adolescents without parental consent. These restrictions often have unintended and harmful consequences, particularly for vulnerable youth. For example

- **Delayed or Denied Care:** Adolescents may avoid seeking timely medical treatment out of

45 Kennedy, R.F. (1966, Jun. 6). Day of Affirmation Address, University of Capetown, Capetown, South Africa. https://www.jfklibrary.org/learn/about-jfk/the-kennedy-family/robert-f-kennedy/robert-f-kennedy-speeches/day-of-affirmation-address-university-of-capetown-capetown-south-africa-june-6-1966.

fear that their privacy will not be respected. This can exacerbate health disparities and lead to preventable health crises.

- **Impact on Mental Health:** LGBTQ+ youth, who already face higher rates of mental health challenges, are especially at risk when access to gender-affirming care and counseling is restricted by parental consent requirements.
- **Increased Risk of Harm:** For some adolescents, particularly those in abusive or neglectful households, mandatory parental involvement in health decisions can put them at greater risk of harm.

Balancing Rights and Protections

Policies governing adolescent health must strike a careful balance between respecting parental involvement and protecting adolescents' rights to privacy and autonomy. Adolescents have unique health care needs that require confidential access to services, including sexual and reproductive health care, mental health counseling, and treatment for substance use disorders. The American Academy of Pediatrics and other leading health organizations have emphasized the importance of safeguarding adolescents' rights to confidential care as a cornerstone of public health.

Recommendations

To address this issue, the Administration should:

- **Protect Confidential Access to Health Care:** Federal guidance should emphasize the importance of adolescents' confidential access to critical health services, especially for sensitive issues like mental health, reproductive health, and LGBTQ+ care.
- **Oppose Harmful Legislation:** Actively oppose state and federal efforts to implement laws that restrict adolescents' access to care through excessive parental consent requirements.
- **Promote Evidence-Based Policies:** Encourage states to adopt policies that align with medical best practices for adolescent health, ensuring that young people receive the care they need while also fostering parental support when appropriate.
- **Expand Education and Awareness:** Provide resources for parents, schools, and health providers to better understand the importance of confidential health care for adolescents and its positive impact on long-term well-being.

VIII. Tobacco Control: Protecting Youth from Harm

Tobacco use remains one of the leading preventable causes of death in the United States, with its harmful effects beginning alarmingly early in life. The prevalence of youth e-cigarette use

remains unacceptably high, with 2.1 million high school and middle school students currently using e-cigarettes.[46] Flavored products put young people at risk for nicotine addiction and other significant health harms.

The U.S. Food and Drug Administration (FDA) has authorized only 34 e-cigarette products, which means that virtually the entire e-cigarette market consists of unauthorized, illegal products, including a wide variety of flavored products that the FDA has found to be highly appealing to youth. As long as these products remain available, millions of children and adolescents will continue to face significant health risks, including addiction, respiratory illnesses, and cognitive impairments.

To protect children and adolescents from the harms of tobacco use, we recommend the following urgent actions:

1. Finalize Regulations on Menthol Cigarettes and Flavored Cigars

- **Rationale:** Menthol cigarettes and flavored cigars disproportionately appeal to youth and communities of color, perpetuating cycles of addiction and health inequities. The FDA's proposed rules to ban these products have been in limbo for far too long, delaying critical protections for vulnerable populations.
- **Action:** The FDA must issue final regulations prohibiting menthol cigarettes and flavored cigars. These bans represent one of the most effective measures available to reduce youth tobacco use and improve public health outcomes.

2. Strengthen Enforcement Against Illegal Tobacco Products

- **Rationale:** With only 34 e-cigarette products authorized by the FDA, the vast majority of e-cigarettes on the market are illegal. Many of these products are flavored and explicitly designed to target youth. Weak enforcement undermines public health efforts and allows the illicit market to flourish.
- **Action:** We urge the FDA, the Department of Justice, and U.S. Customs and Border Protection to ramp up enforcement against manufacturers, distributors, wholesalers, and retailers who sell unauthorized products. This should include:
  - Increased inspections and penalties for noncompliance.
  - Enhanced tracking of illegal imports and distribution networks.
  - Collaboration with state and local authorities to shut down retailers that repeatedly sell illegal products to minors.

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46 Birdsey, J., et al. (2023, Nov. 3). Tobacco Product Use Among U.S. Middle and High School Students – National Youth Tobacco Survey, 2023. Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report. 72(44). 1173-1182.43

3. Expand Tobacco Prevention and Cessation Programs

- **Rationale:** With only 34 e-cigarette products authorized by the FDA, the vast majority of e-cigarettes on the market are illegal. Many of these products are flavored and explicitly designed to target youth. Weak enforcement undermines public health efforts and allows the illicit market to flourish.
- **Action:** Expand funding for tobacco prevention and cessation programs through the Centers for Disease Control and Prevention (CDC), with a focus on:
  - Educating youth about the dangers of e-cigarettes and flavored tobacco products.
  - Supporting school-based initiatives to reduce tobacco use.
  - Offering accessible cessation resources, including online and mobile support platforms.

As the nation's top public health agency, HHS must take a leading role in the fight against youth tobacco use.

When legislation was passed to give the Food and Drug Administration (FDA) authority to regulate tobacco products, Sen. Edward M. Kennedy said:

> ***"Today is a day for special celebration… Decade after decade, Big Tobacco has seduced millions of teenagers into lifetimes of addiction and premature death. Enactment of this legislation will finally put a stop to that. It is truly a life-saving act…."***[47]

By prioritizing these actions, you can protect millions of children and adolescents from the harmful and lifelong consequences of nicotine addiction.

IX. Vaccinations: A Proven Lifesaver for Children

The science with respect to the importance of vaccinations for children is clear.[48]

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47 Kennedy, E.M. (2009, Jun. 22). As quoted in Fighting for Quality, Affordable Health Care. Senator Edward M. Kennedy, 1932-2009. http://www.tedkennedy.org/service/item/health_care.html.

48 Hotez, P. (2025, Jan. 8). It won't end with COVID: Countering the next phase of American antivaccine activism 2025–29. Global Public Health. https://doi.org/10.1371/journal.pgph.0004020; Boyd, R., Lesley, B., & Quinn, A. (2022, Dec. 20). "Reducing the threat of vaccine-preventable diseases starts with kids." STAT. https://www.statnews.com/2022/12/20/stopping-vaccine-preventable-diseases-starts-with-kids/; Mandavilli, A. (2025, Jan. 13). "How Lagging Vaccination Could Lead to a Polio Resurgence." New York Times. https://www.nytimes.com/2025/01/13/health/polio-vaccine-outbreaks.html; Centers for Disease Control and Prevention (CDC). (2022). Vaccines for Children Program (VFC). https://www.cdc.gov/vaccines/programs/vfc/index.html; National Institutes of Health (2021). Childhood Vaccines: What They Are and Why Your Child Needs Them; World Health Organization (2022). Immunization Coverage Factsheet; American Academy of Pediatrics (2022). The Importance of Childhood Vaccines; Institute of Medicine (2013). The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies. Washington, DC: National Academies Press; Plotkin, S.A., Orenstein, W.A., & Offit, P.A. (2018). Vaccines. 7th Edition. Elsevier; Glanz, J.M., et al. (2013). Parental Vaccine Refusal and the Associated Risk of Pertussis Infection in Children. Pediatrics. 132(4), 602-609; DeStefano, F., et al. (2013). Increasing Exposure to Antigens in Vaccines Is Not Associated with Risk of Autism. Journal of Pediatrics. 163(2), 561-567; Jain, A., et al. (2015). Autism Occurrence by MMR Vaccine Status Among US Children With Older Siblings With and Without Autism. Journal of the American Medical Association, 313(15), 1534-1540; Miller, E., et al. (2013). Infant Mortality Rates and Vaccination: Evidence for Causality from Systematic Review and Meta-Analysis. Vaccine. 31(29), 3447-3452; Centers for Disease Control and Prevention (CDC). (2013). Measles, Mumps, Rubella Vaccination and Autism—A Nationwide Cohort Study; Taylor, L.E., et al. (2014). Vaccines Are Not Associated With Autism: An Evi dence-Based Meta-Analysis of Case-Control and Cohort Studies. Vaccine. 32(29), 3623-3629; Offit, P. A., & Hackett, C J. (2003). Addressing Parents' Concerns: Do Vaccines Cause Allergic or Autoimmune Diseases? Pediatrics. 111(3), 653-659; Madsen, K.M., et al. (2002). A Population-Based Study of Measles, Mumps, and Rubella Vaccination and Autism. New England Journal of Medicine, 347(19), 1477-1482; Centers for Disease Control and Prevention (CDC). (2017).Progress Toward Global Measles Control and Elimination, 2000–2013. MMWR Morbidity and Mortality Weekly Report. 63(5), 103-107; Roush, S.W. & Murphy, T.V. (2007). Historical Comparisons of Morbidity and Mortality for Vaccine-Preventable Diseases in the United States. Journal of the American Medical Association. 298(18), 2155-2163; Hinman, A.R., Orenstein, W.A., & Schuchat, A. (2018). Vaccine-Preventable Diseases, Immunizations, and the Epidemic of Misinformation. Journal of the American Medical Association; 320(9), 903-904.

As President John F. Kennedy said on February 27, 1962, in a message to Congress about the Vaccine Assistance Act, which he signed into law to promote widespread immunization against diseases:

> ***"There is no longer any reason why American children should suffer from polio, diphtheria, whooping cough, or tetanus – diseases which can cause death or serious consequences throughout a lifetime, which can be prevented, but which still prevail in too many cases.***
>
> ***I am asking the American people to join in a nationwide vaccination program to stamp out these four diseases, encouraging all communities to immunize our children and adults, keep them immunized, and plan for the routine immunization of children yet to be born… This program would cover the full cost of vaccines for all children under five years of age."***[49]

X. Addressing Childhood Poverty: A Moral and Economic Imperative

All children deserve to live happy, fulfilling lives where their basic health and safety needs are met, and their potential is not limited by their family's economic hardships. Yet, as a nation, we are failing tens of millions of children in this regard.

In a Senate debate on June 22, 1965, about child welfare, Robert F. Kennedy expressed his support for protecting funding for low-income children:

> ***"No one chooses his mother or his father, so children should not be punished because their fathers or mothers are not leading the kind of life that some Members of the Senate think they should lead."***[50]

In 2023, the U.S. Census Bureau reported that nearly 14% of children — close to 10 million — were living in households below the poverty threshold of $37,482 for a family of four with two children. This represents a 10% increase in child poverty from 2022, with almost one million more children falling into poverty in just one year. The problem is even more alarming when compared to 2021, with child poverty rising by 163% over two years. An additional 6.2 million children are now living in poverty.[51]

This dramatic reversal was not inevitable. In 2021, the U.S. nearly halved child poverty through temporary expansions to the Child Tax Credit (CTC) and other pandemic-era policies that provided targeted financial support to low-income families.

However, with the expiration of these policies at the end of 2021, we have backtracked on this progress. Rising costs of essentials such as food, housing, and child care are compounding the issue, pushing more children into hardship.

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49 Kennedy, J.F. (1962). Public Papers of the Presidents of the United States.

50 Kennedy, R.F. (1965, Jun. 22). Congressional Record. Vol. 111. S14342.

51 Baldari, C. (2024, Sep. 16). U.S. Child Poverty in 2023. First Focus on Children. https://firstfocus.org/resource/child-poverty-in-2023/; Baldari, C. (2024, Sep. 10). New Data Shows a 163% Increase in Child Poverty Since 2021. First Focus on Children. https://firstfocus.org/update/new-data-shows-a-163-increase-in-child-poverty-since-2021/; Lesley, B. (2024, Jul. 16). A Call to End Child Poverty in the United States. Substack. https://substack.com/@brucelesley/p-146645662.

To reverse these troubling trends, we recommend that the administration prioritize a robust, coordinated federal strategy to reduce child poverty. We must do better.

As Robert F. Kennedy said:

> ***"I have seen children in Mississippi starving, their bodies so crippled from hunger and their minds have been so destroyed for their whole life that they will have no future. I have seen children in Mississippi - here in the United States - with a gross national product of $800 billion dollars - I have seen children in the Delta area of Mississippi with distended stomachs, whose faces are covered with sores from starvation, and we haven't developed a policy so we can get enough food so that they can live, so that their children, so that their lives are not destroyed, I don't think that's acceptable in the United States of America and I think we need a change."***[52]

1. Set a National Child Poverty Reduction Target

- **Rationale**: Establishing a target to cut child poverty in half within the Administration's first term creates accountability and focus across all levels of government. It provides a measurable benchmark for progress and highlights the moral and economic importance of investing in children.
- **Implementation:**
  - Issue an executive order committing to this target.
  - Direct federal agencies to track the impact of policies and programs on child poverty rates, ensuring alignment with the reduction goal.
  - Use the target to guide budget decisions, emphasizing policies proven to reduce poverty, such as tax credits and direct assistance programs.

2. Introduce Prenatal and Infant Cash Support to Eradicate Deep Poverty

- **Rationale:** Deep poverty during infancy — when a child's brain is undergoing critical development — can have lifelong detrimental effects. Providing direct cash support to expectant families and families with infants is a targeted approach to breaking cycles of deep poverty and improving long-term outcomes for children.[53]
- **Implementation:**
  - Pilot a prenatal and infant cash support program, providing $400 per month to families during pregnancy and the first year of a child's life.

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52 Kennedy, R.F. (1968, Mar. 18). Remarks at the University of Kansas. https://www.jfklibrary.org/learn/about-jfk/the-kennedy-family/robert-f-kennedy/robert-f-kennedy-speeches/remarks-at-the-university-of-kansas-march-18-1968.

53 Hanna, M., Shaefer, L., Fogle, H., et al. (2024, Dec. 20). Scaling up prenatal and infant cash prescriptions to eradicate deep infant poverty in the United States. Brookings. https://www.brookings.edu/articles/prenatal-and-infant-cash-prescriptions-to-eradicate-deep-infant-poverty-united-states/.

- Ensure the program is universally accessible, minimizing bureaucratic hurdles and maximizing its reach to the most vulnerable families.
- Align the initiative with evidence-based efforts that emphasize the importance of early investment in children's well-being.

- **Impact:** Research shows that such cash transfers improve maternal and infant health, reduce stress, and enhance a child's developmental trajectory, making it a sound investment in the nation's future.

To the law school graduates at the University of Georgia, Robert F. Kennedy explained:

> ***"I believe that, as long as there is plenty, poverty is evil. Government belongs wherever evil needs an adversary and there are people in distress who cannot help themselves."***[54]

3. Strengthen Interagency Coordination through the Children's Interagency Coordinating Council

- **Rationale:** Child poverty is a multifaceted issue that requires a whole-of-government approach. The Children's Interagency Coordinating Council (CICC),[55] housed in the Office of the Assistant Secretary of Planning and Evaluation at HHS, is well-positioned to coordinate federal action on this issue.
- **Implementation:**
  - Establish an Office of Children within each federal department to ensure that agency priorities include child poverty reduction.
  - Task the CICC with developing an integrated federal strategy to meet the child poverty reduction target.
  - Require agencies to submit annual plans detailing how their programs and policies contribute to poverty reduction.

4. Strengthen the Temporary Assistance for Needy Families (TANF) program

- **Rationale:** The TANF program provides a critical safety net for low-income families with children. Nearly 70% of TANF recipients are children.[56] TANF cash assistance is a lifeline for those families that receive it, helping parents and caretakers afford food, rent, diapers,

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54 Kennedy, R.F. (1961, May 6). Speech at the Law Day Exercises of the University of Georgia Law School, Athens, Georgia. https://rfkhumanrights.org/quote/speech-at-the-law-day-exercises-of-the-university-of-georgia-law- school-athens-georgia-12/,

55 Office of the Assistant Secretary for Planning and Evaluation (2024, Feb. 6). Children's Interagency Coordinating Council FY 2023 Report to Congress. U.S. Department of Health and Human Services. https://aspe.hhs.gov/reports/cicc-fy23-report-congress.

56 Falk, G. & Landers, P.A. (2024, Apr. 1). The Temporary Assistance for Needy Families Block Grant: Responses to Frequently Asked Questions." Congressional Research Service. https://sgp.fas.org/crs/misc/RL32760.pdf.

and other staples. However, current implementation falls short of reaching the majority of children in need due to burdensome work requirements and insufficient funding allocations

- **Implementation:**
  - Protect TANF funding and enact positive changes that improve access to TANF basic assistance, simplify eligibility requirements, and prioritize child well-being.

5. Expand and Make Permanent the Child Tax Credit (CTC)

- **Rationale:** The 2021 expansion of the CTC was a proven success, reducing child poverty by nearly half through monthly payments to families.[57] The expiration of this expansion has been a significant driver of the recent increase in child poverty.
- **Implementation:**
  - Advocate for the reintroduction and permanent expansion of the CTC, including full refundability to ensure the lowest-income families benefit.
  - Build bipartisan coalitions to support this policy, emphasizing its effectiveness in reducing poverty and boosting economic security for families.

6. Promote Programs Addressing the Social Determinants of Health

- **Rationale:** Child poverty is linked to broader social determinants of health, including housing stability, food security, and access to quality education. Addressing these root causes is critical to ensuring long-term progress.
- **Implementation:**
  - Increase funding for programs such as SNAP, housing vouchers, and child care assistance.
  - Support state and local initiatives that address inequities in health care, education, and employment opportunities.

Federal Leadership and Moral Responsibility

The consequences of child poverty extend far beyond individual families. Children who grow up in poverty are more likely to experience poor health, struggle in school, and face economic challenges as adults. The cost to society — in terms of lost productivity, increased health care expenses, and intergenerational poverty — is immense.[58]

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57 National Bureau of Economic Research (2022). The Short-Term Impacts of the Expanded Child Tax Credit on Child Poverty.

58 National Academies of Sciences, Engineering, and Medicine (2019). A Roadmap to Reducing Child Poverty. Washington, DC: The National Academies Press. https://doi.org/10.17226/25246.

President Kennedy said:

> ***"To the extent that the Nation is called upon to promote and protect the interests of our younger citizens, it is an investment certain to bring a high return, not only in basic human values but in social and economic terms."***[59]

As Secretary of HHS, you have the opportunity to lead a transformative effort to combat child poverty. By setting bold targets, coordinating federal action, and prioritizing investments in children, you can reverse the alarming trends of recent years and ensure a brighter future for millions of children.[60]

Child poverty is not an unsolvable problem. It is a policy choice. By acting decisively, we can create a society where every child has the opportunity to thrive.

In an interview with David Frost as to how he would like to be remembered, Robert F. Kennedy said:

> ***"I think back to what Camus wrote about the fact that perhaps this world is a world in which children suffer, but we can lessen the number of suffering children, and if you do not do this, then who will do this? I'd like to feel that I'd done something to lessen that suffering."***[61]

XI. Early Childhood: Building a Strong Foundation for Lifelong Success

Early childhood programs, including child care, pre-kindergarten, home visiting, Head Start, and Early Head Start, are vital for young children and their families. The experiences children have and the connections they make during these early years directly impact their long-term health, well-being, and economic outcomes. High-quality early learning programs can help reduce racial and economic inequalities for children, support working families, and provide crucial infrastructure for the U.S. economy. Research shows that investments in early childhood programs can yield a 13% annual rate of return, benefiting children, families, and society as a whole.

In remarks upon signing the Equal Pay Act of 1963, President John F. Kennedy said:

> ***"I believe we must expand day-care centers and provide other assistance which I have recommended to the Congress. At present, the total facilities of all the licensed day-care centers in the Nation can take care of only 185,000 children. Nearly 500,000 children under 12 must take care of themselves while their mothers work. This, it seems to me, is a formula for disaster."***[62]

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59 Kennedy, J.F. (1963, Feb. 14).

60 National Academies of Sciences, Engineering, and Medicine (2019).

61 Kennedy, R.F. (1968). Interview with David Frost. https://wist.info/kennedy-robert/27308/.

62 Kennedy, J.F. (1963, Jun. 10). Remarks Upon Signing the Equal Pay Act. The American Presidency Project https://www.presidency.ucsb.edu/node/236653.

Barriers to Access and Equity

Despite their importance, access to early childhood programs remains neither equal nor adequate. The Child Care and Development Block Grant (CCDBG) reaches only 15% of eligible families, Head Start serves 36%, Early Head Start 11%, and the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program 15%. Child care is particularly unaffordable and inaccessible for Black, Hispanic, and low-income working parents.

For example, the cost of center-based child care for two children in 2022 exceeded annual mortgage payments in 45 states and the District of Columbia. Meanwhile, the early learning workforce — predominantly composed of women — earns low wages, often making it unsustainable for them to remain in the field. This lack of respect and compensation contributes to high turnover, destabilizing child care availability for families and negatively impacting the national economy.

Head Start: A Lifeline for Vulnerable Families

The Head Start program has been a cornerstone of early childhood education since its inception in 1965. Formulated in the Kennedy Administration and passed with the support of Sens. Robert Kennedy (D-NY) and Edward M. Kennedy (D-MA) in 1965 as part of President Lyndon B. Johnson's War on Poverty, Head Start was designed to provide comprehensive early learning, health, nutrition, and family support services to low-income children from birth to age 5. Over the past six decades, Head Start has served more than 40 million children and families, offering them a pathway to greater educational and economic opportunity.

The Head Start program provides critical early learning, health, and well-being services to low-income children from birth to age 5 and their families. Currently serving over 775,000 children, including those with disabilities, in foster care, and experiencing homelessness, Head Start has positively impacted over 40 million children and families since its inception.

Head Start programs include:

- Preschool and child care for children ages 3 and 4.
- Early Head Start for infants, toddlers, and expectant families.
- American Indian and Alaska Native Head Start.
- Migrant and Seasonal Head Start.

These programs offer flexible options, including center-based, home-based, and family child care, while emphasizing family engagement in decision-making. In addition to its early learning and family engagement services, Head Start provides essential health services to children and families. These include developmental, behavioral, and sensory screenings to identify potential

health issues early. Children enrolled in Head Start programs have access to medical and dental care, including preventive check-ups, immunizations, and treatment referrals. The program also emphasizes nutrition, offering healthy meals and snacks that meet federal dietary guidelines. For families experiencing food insecurity or other health challenges, Head Start serves as a bridge to vital resources and community support networks. This holistic approach ensures that children are physically, mentally, and emotionally prepared for success in school and life.

Unfortunately, there have been concerning proposals to reduce funding for Head Start or even eliminate it entirely. Such actions would devastate hundreds of thousands of families who rely on the program, exacerbate inequities in early learning, and deepen the existing child care crisis. Families need a full range of affordable, high-quality child care options, including kinship care, center-based care, family child care, and care during nontraditional hours. Reducing these options would limit choices, threaten families' job security, and harm the economy.

We urge you, if you are confirmed as Secretary of HHS, to support and strengthen Head Start and Early Head Start, including its long-term legacy and commitment to improve early learning and child health for our nation's youngest children.

Home Visiting: Personalized Support for Families

Home visiting programs connect expectant parents, new caregivers, and young children with trained professionals, called home visitors, who provide regular support tailored to each family's goals and needs. The largest source of federal funding for home visiting is the Maternal Infant and Early Childhood Home Visiting (MIECHV) program, which primarily supports evidence-based models but leaves many community-based programs underfunded or unsupported.

Community-based models often emphasize local needs, cultural and linguistic diversity, and family-centered success measures. Federal investment is essential to sustain these programs and make home visiting more inclusive and equitable.[63]

We recommend the following actions to strengthen home visiting:

- **Count Community-Based Funding Toward State Matches:** Allow state, local, and philanthropic funding spent on community-based models to count toward MIECHV state match requirements. Current rules discourage states from supporting these innovative models.
- **Expand Medicaid Reimbursement:** Provide guidance enabling states to use Medicaid to reimburse community-based home visiting models in addition to federally approved ones.
- **Engage Community Stakeholders**: Involve community-based programs in policy decisions to ensure their voices are heard and their needs met.

63 Pakulis, A. & Gronkowski, N. (2024, Jun.). Community-Based Home Visiting: Fidelity to Families, Commitment to Outcomes. First Focus on Children & Start Early. https://firstfocus.org/wp-content/uploads/2024/06/Community-Based-Models-Fidelity-to-Families-Commitment-to-Outcomes.pdf.

- **Promote Flexibility in Funding:** Facilitate collaboration between state MIECHV administrators and community-based models to include them in "promising practices" funding.

Child Care: Expanding Access and Improving Quality

We applaud recent efforts to improve the accessibility and affordability of child care and increase compensation for early learning professionals. However, more transformative action is required to meet the needs of children, families, and the workforce.

Recommendations for Child Care Policy

1. **Universal Child Care Proposal:**
    - Include a universal child care plan in the FY 2026 budget, similar to the proposal in the FY 2025 budget.
    - Prioritize reducing costs for families, increasing wages for early learning professionals, and creating a mixed-delivery system with options for care during nontraditional hours.
2. **Enhance the Child and Adult Care Food Program (CACFP)**
    - Support the Child Nutrition Enhancement Act (S. 3294) and Early Childhood Nutrition Improvement Act (S. 4002), which propose to:
        - Increase meal reimbursements by 10 cents.
        - Eliminate tiering that negatively impacts family child care providers.
        - Add a third reimbursable meal or snack.
        - Streamline paperwork requirements for providers.
3. **Ensure Access for Dual Language Learners:**
    - Improve data collection and reporting on Dual Language Learners (DLLs) in child care programs.
    - Enforce language access requirements under CCDBG and MIECHV to ensure DLLs and their families receive equitable services.
4. **Update Child Care Data:**
    - Encourage the U.S. Census Bureau to update its W*ho's Minding the Kids? Child Care Arrangements* survey, last conducted in 2011.
    - Provide comprehensive data on care settings currently used by families, such as center-based care, home-based care, and informal arrangements.

Early childhood programs are the foundation of healthy development, educational success, and economic stability. By prioritizing investments in Head Start, home visiting, and child care, the federal government can address long-standing inequities and ensure all children have the opportunity to thrive. A strong early childhood system benefits not just individual families but also the nation as a whole, fostering a healthier, more productive society.

Section XII: Improve the Child Welfare System and Reduce Child Abuse and Neglect

Every child deserves to grow up in a safe, stable, and nurturing environment. However, child abuse and neglect remain pervasive issues in the United States, affecting millions of children annually and causing long-lasting harm to their physical, emotional, and mental well-being. Federal and state child welfare systems are tasked with the critical responsibility of protecting children from harm while supporting families in crisis. Yet, these systems are often underfunded, inconsistently managed, and disproportionately impact marginalized communities.

We urge the next administration to take decisive action to strengthen child welfare systems, address the root causes of child abuse and neglect, and provide targeted support to vulnerable families. The following recommendations are essential to ensuring that all children have the opportunity to thrive:

Increase Funding and Resources for Prevention

Prevention must be the cornerstone of child welfare efforts. Increasing funding for programs like the Community-Based Child Abuse Prevention (CBCAP) grants and the Child Abuse Prevention and Treatment Act (CAPTA) is essential to expand evidence-based prevention services that support families before crises occur. Additionally, federal support for home visiting programs, like those funded through the MIECHV Program, can play a transformative role in reducing child abuse and neglect by connecting families with resources and guidance.

Address Systemic Inequities in Child Welfare

Children of color are disproportionately represented in child welfare systems, often due to systemic inequities rather than increased rates of abuse or neglect. HHS should strengthen oversight and enforcement of civil rights laws within child welfare systems and provide states with guidance on addressing racial and ethnic disparities. Programs aimed at family reunification and kinship care should prioritize equity and cultural responsiveness to better serve diverse communities.

Prioritize Family Preservation

Whenever possible, children should remain with their families or relatives in safe and supportive environments. Expanding kinship navigator programs and removing barriers to kinship caregiving can help ensure that children are not unnecessarily placed in foster care. For families involved with child welfare systems, evidence-based interventions like intensive family preservation services and substance use treatment programs should be made widely available.

Enhance Training for Child Welfare Professionals

Child welfare workers play a critical role in the safety and well-being of children but often face high caseloads, inadequate resources, and insufficient training. The administration should invest in professional development opportunities for child welfare workers, focusing on trauma-informed care, cultural competency, and family-centered practices. Increasing federal funding for Title IV-E training programs will help states recruit, train, and retain skilled child welfare professionals.

Strengthen Accountability and Data Transparency

Improved data collection and analysis are essential for understanding how child welfare systems serve families and identifying areas for improvement. HHS should require states to collect and publicly report disaggregated data on outcomes for children and families, including information on disparities and inequities. The administration should also establish stronger mechanisms for holding states accountable for meeting federal standards in child welfare.

Expand Access to Mental Health and Substance Use Services

Mental health challenges and substance use disorders are common factors in cases of child abuse and neglect. Expanding access to Medicaid-covered mental health and substance use services for parents and children can prevent family breakdown and improve child welfare outcomes. Programs like the Family First Prevention Services Act (FFPSA) provide a critical framework for funding these services, but additional resources and technical assistance are needed to support state implementation.

Support Older Youth and Young Adults

President Kennedy once said:

> ***"All Americans recognize that our children and youth are our most important asset and resource. But there are few resources in this country with a potential so largely undeveloped.***
>
> ***We cannot be complacent about the impediments to their development which still remain — about the opportunities they are denied — about those segments of our youth population not enjoying the opportunities enjoyed by others. If, for the sake of our Nation as well as their own families, our children and young people are to grow into productive adult members of society and bear the responsibility of the legacy we leave them — that of the world's most powerful and economically advanced nation — then all of them must have the fullest opportunity for moral, intellectual, and physical development to prepare adequately for this challenge."***[64]

This is true for all of our young people but particularly so for youth aging out of foster care, as they face significant challenges, including higher rates of homelessness, unemployment, and mental health issues. Extending foster care services to age 21 and providing robust support for

64 Kennedy, J.F. (1963, Feb. 14).

housing, education, and workforce development can help young people transition successfully to adulthood. Congress should also pass the bipartisan Foster Youth Independence Act to ensure greater access to housing vouchers and independent living services.

The challenges facing child welfare systems are profound, but they are not insurmountable. By prioritizing prevention, addressing systemic inequities, and providing families with the support they need, we can transform child welfare systems into a source of healing and hope for children and families in crisis. It is our moral and societal responsibility to protect the most vulnerable among us and ensure that every child can grow up in a safe and loving home.

XIII. End Child and Youth Homelessness: A National Priority

Every child deserves a safe and stable place to call home. Yet child and youth homelessness is a growing crisis in the United States. During the 2022-2023 school year, nearly 1.4 million students from preschool through 12th grade were identified as homeless — a staggering 14% increase from the previous year.[65] These figures likely underestimate the true scale of the issue due to persistent under-identification of homeless students and the exclusion of young children not yet enrolled in school or public preschool programs.

Additionally, millions of young adults ages 18-25 face homelessness each year, navigating life without a stable home or the support structures needed to thrive. Babies and toddlers are particularly vulnerable, with this age group most likely to experience eviction. Alarmingly, children under 18 make up 40% of those threatened with eviction annually.[66] Meanwhile, a third of U.S. children live in households struggling to afford housing on a monthly basis.

Housing instability during childhood severely undermines healthy development, emotional well-being, and long-term success, making it imperative for the federal government to act decisively to reverse this troubling trend.

Recommendations to Address Child and Youth Homelessness

1. **Direct HUD to Issue a National Agenda on Child and Youth Homelessness**
   Children and youth are disproportionately at risk of homelessness, yet federal housing assistance programs frequently fail to prioritize their needs. Twenty years ago, households with children accounted for more than 60% of recipients of federal rental assistance. By 2022, that number had dropped to just 38%.[67]

   To reverse this decline, we urge the Administration to encourage the U.S. Department of

65 "Homeless Enrolled Students by State." ED Data Express, U.S. Department of Education. Last visited January 21, 2025. https://eddataexpress.ed.gov/dashboard/homeless/2022-2023?sy=2955&s=1035.

66 Graetz, N., Gershenson, C., Hepburn, P., & Desmond, M. (2023, Oct. 3). "Who is Evicted in America." Eviction Lab.https://evictionlab.org/who-is-evicted-in-america/.

67 Greenlee, A., and McClure, K. (2024, Nov. 2). Participation, Transition, and Length of Stay in Federal Housing Assistance Programs. Cityscape, Vol. 26. https://www.huduser.gov/portal/periodicals/cityscape/vol26num2/ch2.pdf

Housing and Urban Development (HUD) to issue a comprehensive agenda that:

- Prioritizes children and families for affordable housing assistance.
- Increases the share of housing choice vouchers allocated to households with children.
- Encourages HUD-funded programs to reduce barriers faced by families seeking housing, such as discrimination by landlords.

This agenda should outline actionable steps to ensure that families with children are no longer excluded from life-saving assistance.

2. Align Federal Definitions of Homelessness to Increase Access to Assistance

Homeless families and youth often stay in precarious and unsafe environments—such as motels or overcrowded shared housing—because shelters are unavailable, full, or have restrictive policies that exclude them. Despite their vulnerability, these children and youth are ineligible for HUD homelessness assistance due to the agency's narrow definition of homelessness. We urge the Administration to:

- Support the bipartisan *Homeless Children and Youth Act* (H.R. 5221), which would align HUD's definition of homelessness with the broader definition used by the U.S. Department of Education.
- Streamline assistance for children and youth by leveraging resources across federal agencies.
- Bring greater visibility to children and families experiencing hidden homelessness, ensuring they receive the support they need to find stability.

By updating definitions and practices, HUD can close a critical gap in services that has left countless vulnerable children without access to shelter and other supports.

3. Establish an Office of Family and Youth Homelessness

Effective solutions to end child and youth homelessness require coordination across multiple federal agencies and programs. We recommend creating an Office of Family and Youth Homelessness within the Administration for Children and Families at the U.S. Department of Health and Human Services (HHS). This office would:

- Coordinate efforts across key HHS programs, including Head Start, the Office of Child Care, the Family and Youth Services Bureau, the Children's Bureau, and the Maternal and Child Health Bureau.
- Designate points of contact within each office to oversee homelessness outreach, policy implementation, and interagency collaboration.

- Work closely with the U.S. Department of Education to ensure alignment between education and housing services.

By centralizing leadership and accountability, the Office of Family and Youth Homelessness would amplify efforts to prevent and address homelessness among children and youth, fostering greater equity and impact across federal programs.

Child homelessness is a solvable problem, but solving it requires bold, coordinated action. Homelessness disrupts every aspect of a child's life, from education to health and emotional well-being.

By aligning federal definitions of homelessness and establishing an Office of Family and Youth Homelessness, the Administration can ensure that no child in America grows up without the safety and security of a home. Ending child and youth homelessness is not just a moral imperative—it is an investment in the future of our nation.

XIV. Protecting the Health and Well-Being of Immigrant Children

President Kennedy wrote:

> ***"Immigration policy should be generous; it should be fair; it should be flexible. With such a policy we can turn to the world, and to our own past, with clean hands and a clear conscience."***[68]

The United States has long been a nation built by immigrants, yet immigrant children — many of whom are U.S. citizens or legal residents — continue to face significant barriers to health care and essential services. Ensuring the health and well-being of immigrant children is not only a moral imperative but also critical to the nation's future prosperity, as these children represent a growing segment of the population.

Barriers Faced by Immigrant Children

Immigrant children face a range of systemic challenges, including:

- **Restricted Access to Health Care:** Millions of immigrant children are uninsured, often due to eligibility restrictions for Medicaid, the Children's Health Insurance Program (CHIP), or marketplace subsidies under the Affordable Care Act (ACA). These exclusions disproportionately affect children in mixed-status families.
- **Chilling Effects of Immigration Policies:** Policies that create fear within immigrant communities — such as public charge rules — discourage families from seeking health care, even for children who are eligible for coverage. These policies have caused many families to

68 Kennedy, J.F. (1964). A Nation of Immigrations. Harper and Row.

forego medical care, leading to worsening health disparities.

- **Language and Cultural Barriers**: Immigrant families often face difficulties navigating complex systems of care due to language barriers and lack of culturally competent services.
- **Detention and Trauma:** Immigrant children in detention centers face severe health risks, including inadequate medical care, poor nutrition, and the long-term psychological effects of family separation and confinement.

These barriers have compounded the health inequities faced by immigrant children, leaving them particularly vulnerable to preventable illnesses, poor educational outcomes, and long-term economic hardship.

Recommendations for Action

To address the unique needs of immigrant children, we urge the administration to prioritize the following actions:

1. Expand Access to Public Health Insurance

- Remove federal and state restrictions that bar immigrant children and children in mixed-status families from accessing Medicaid, CHIP, and ACA marketplace subsidies.
- Support the HEAL for Immigrant Families Act, which would eliminate the five-year waiting period for Medicaid and CHIP eligibility for lawful permanent residents.

2. Oppose Harmful Policies like the Public Charge Rule

- Permanently ensure that public charge determinations do not penalize families for accessing essential health, nutrition, and housing services.
- Proactively educate immigrant families about their rights to access services without jeopardizing their immigration status.

3. Ensure Access to Trauma-Informed Health Services

- Direct funding to support mental health services for immigrant children, particularly those who have experienced trauma related to detention, family separation, or migration.
- Mandate that all federal agencies working with immigrant children adopt trauma-informed care practices.

4. Improve Conditions in Detention Centers

- Prohibit the detention of immigrant children except as a last resort and ensure the humane treatment of families in custody.

- Require independent oversight of detention centers to ensure that children receive adequate medical, nutritional, and psychological care.

5. Expand Culturally and Linguistically Appropriate Services

- Increase funding for programs that train health care providers to offer culturally competent care.
- Enforce language access requirements to ensure immigrant families can navigate health care and social services in their preferred language.

6. Oppose Repeal of Birthright Citizenship

- **Rationale:** Birthright citizenship, enshrined in the 14th Amendment, guarantees that children born in the United States are U.S. citizens, regardless of their parents' immigration status. Repealing this fundamental right would harm one group of people in this county: BABIES.[69]

  It would render millions of children stateless, leaving them without access to critical health care, education, and legal protections. It would create generational inequities, worsen health disparities, and harm the nation's economy by limiting the contributions of future generations.

- **Recommendation:** The Administration must oppose any efforts to repeal birthright citizenship, including legislative proposals and executive actions that undermine the constitutional guarantee. Public statements should emphasize the economic, moral, and legal consequences of such actions, highlighting how repeal would harm millions of children and their families.

A Commitment to ALL Children

Immigrant children and the U.S. children of immigrants are integral parts of the United States' social fabric and economic future. By removing systemic barriers to health care and addressing the harmful effects of exclusionary policies, the Administration can ensure that all children — regardless of their immigration status — have the opportunity to thrive.

Protecting the health and well-being of immigrant children is not just a policy goal; it is a reflection of our values as a nation. The time to "Make America Healthy Again" is NOW to build a healthier, more equitable future for all. Our children can't wait.

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69 Lesley, B. (2024, Nov. 17). Do No Harm: Why Ending Birthright Citizenship Puts ALL Babies and Children at Risk. Substack. https://brucelesley.substack.com/p/do-no-harm-why-ending-birthright.