PENNSYLVANIA

A State Child Health Policy Agenda for 2025-2026

Priorities and recommendations to foster child health and well-being, achieve health equity, eliminate health disparities, optimize lifespan outcomes, strengthen families, support our communities, and enhance Pennsylvania's position as a leading state for children.

Pennsylvania Chapter

INCORPORATED IN PENNSYLVANIA

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

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PROMOTE HEALTHY CHILDREN

All children, adolescents, and young adults from birth to the age of 26 years must have access to the highest-quality health care, so they can thrive throughout their lifespan. Policymakers must ensure that all children have:

- equitable, non-discriminatory access to affordable and high-quality health care coverage;
- Health insurance with comprehensive, pediatric-appropriate benefits;
- access to needed primary and subspecialty pediatric care and mental health services; and
- comprehensive, family-centered care in a medical home.

PROMOTE SECURE FAMILIES

Together we can work to advance efforts to ensure that parents can give their children the best foundation for the future. Policymakers must ensure that all families have:

- work that provides a stable and adequate income and family-friendly benefits, including paid family medical and sick leave;
- safe, secure, and non-discriminatory housing;
- affordable and safe high-quality childcare;
- access to adequate, healthy, nutritious foods throughout the year; and
- resources to support family placement and permanency within the child welfare system.

PROMOTE STRONG COMMUNITIES

Strong communities are building blocks for secure families and healthy children. Policymakers must ensure that communities:

- are safe from violence and environmental hazards;
- provide high-quality early education, especially in segregated urban, suburban, and rural communities;
- support public health systems that protect children from infectious diseases and support maternal and child health; and
- respond effectively when disasters and public health emergencies occur.

ENSURE OUR STATE IS A LEADER FOR CHILDREN

Child health and well-being must be elevated and maintained as a priority in our state. Policymakers must develop and implement policies that:

- fund and support public health and health services to help children grow into healthy adults;
- address environmental health and climate change issues that affect children;
- address factors that make some children more vulnerable than others, such as race, ethnicity, religion, immigration status, sexual orientation or gender identity, and disability; and
- acknowledge racism as a public health crisis and work towards reducing racism through interdisciplinary partnerships with organizations that have developed campaigns against racism.

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A. Child Poverty and Access to Care

PA AAP recognizes child poverty as a primary driver of negative health outcomes for Pennsylvania's children. Children living in poverty are more likely to suffer from chronic illness, experience mental health disorders, face environmental health hazards such as pollution and lead exposure, and become victims of firearm-related violence than children who do not. As such, PA AAP supports policies to reduce child poverty as a key strategy for improving overall pediatric health outcomes.

An average of 15.1% of Pennsylvania's children lived in a household that fell below the poverty line from 2021 to 2023[1]. Living in poverty can affect children's physical, neurodevelopmental, and emotional development in profound ways[2]. The effects of poverty can influence children's ability to succeed in school even under ideal learning conditions and can lead to lifelong inequities and societal costs[2]. Investing in children and young families from the beginning pays measurable economic benefits to society. Direct financial assistance like child tax credits, direct cash transfers, and food assistance are proven strategies to lift children out of poverty. The Earned Income Tax Credit (EITC) and Child Tax Credit (CTC), which encourage employment and provide added assistance to the working poor, have proven more effective at lifting more children out of poverty than any other federal program[3].

PA AAP also strongly supports legislation to increase Pennsylvania's minimum wage as a mechanism to reduce child poverty rates and improve child health. Raising the minimum wage could help some low-income families reach 200% of the FPL and to be considered out of poverty[4]. Families with low household incomes can also benefit from government programs that expand access to high-quality, affordable childcare. Education initiatives that support Early Head Start and Universal Pre-K help to level the playing field for disadvantaged children and have been shown to have a 13% return on investment with improved educational and occupational outcomes[5].

It is well-documented that investing in preventative healthcare for children saves health dollars in the short and long run. Children who have high-quality health insurance are more likely to have well child visits and immunizations that are up to date, and comprehensive care including dental, mental health and substance abuse treatment, leading to healthier adults[6]. Now more than ever, investing in comprehensive coverage for all children is crucial.

Policy Recommendations:

- Protect and strengthen CHIP, Medicaid and the ACA to ensure affordable, quality health insurance is available to all children living in the Commonwealth.
- Increase the household income of families living in poverty by increasing Pennsylvania's minimum wage, expanding cash assistance programs, and increasing child/dependent tax credits.
- Enact policies that protect immigrant children and children of immigrants, regardless of documentation status, from immigration-related repercussions when seeking medical care, ensuring safe, confidential, and equitable access to pediatric services.
- Increase funding for and access to federal nutrition programs, including SNAP and universal school meals, as well as programs for ensuring no child goes hungry during the summer months.
- Make healthcare for all children up to 21 years old universal and guaranteed through a combination of Medicaid, CHIP and ACA or promote government-backed, Medicaid for All Children in the Commonwealth.
- Support policies that improve ease of benefit uptake.
- Universal access to high-quality early childhood care and educational environments through robust funding.
- Improve families' access to Medicaid coverage and services by simplifying eligibility processes and streamlining enrollment.
- Enact fair funding formulas for schools that allocate resources based on student needs rather than local property taxes, which exacerbates inequalities between wealthy and low-income districts.
- Eliminate hospital/outpatient clinic deserts created by private corporation monopolization and aim for hospitals/outpatient clinics to be accessible for all children within a 5-mile radius of their home.
- Increase the availability of affordable housing and provide rental assistance to families in need.
- Fund social programs and services for lower-income families by imposing a higher marginal tax rate on the highest-earning Americans.
- Expand job training opportunities, jobs for returning citizens, and educational pipelines for children living in poverty to envision various living wage careers.

B. Practice Issues

In alignment with our mission to promote the value of pediatric practice, PA AAP supports policies that reduce administrative burdens on pediatricians, allowing providers to deliver quality, low-cost care while preventing physician burnout. The Pennsylvania General Assembly has made significant strides in recent years to improve the efficiency of health care provision in Pennsylvania. During the 2023-2024 legislative session, the General Assembly passed legislation to mandate insurance coverage of telemedicine, which gave physicians more flexible options to care for their patients[7]. In addition, recent legislation allowing interstate licensing compacts to become operational will allow qualified physicians to obtain expedited licensure in Pennsylvania, meaning that patients will have access to additional healthcare resources[8]. Additionally, Pennsylvania healthcare facilities will benefit from an expanded workforce, which will help address the Commonwealth's physician shortage.

While the legislature has taken significant steps to support Pennsylvania's health care providers, there are still several areas of concern for Pennsylvania pediatricians. To ensure that Pennsylvania is attracting and retaining high-talent physicians to care for our state's children, the legislature must act to improve pediatrician payment. Of all medical specialties, pediatrics is one of the lowest paid, and Pennsylvania currently ranks fortieth in the nation for average pediatrician salary[9]. To address this underpayment and attract talented pediatricians to the Commonwealth, the legislature should take action to ensure that Medicaid reimbursement rates for pediatric medical services provided by pediatricians are equal to or at least comparable to the rates paid to other medical specialists under Medicare.

Midlevel providers such as physician assistants (PAs) and certified registered nurse practitioners (CRNPs) are key members of pediatric practices, collaborating with pediatricians to deliver health care to children and their families throughout Pennsylvania. PA AAP supports legislation that encourages this collaboration while creating safeguards that prevent midlevel providers from working beyond their scope of practice and undermining the pediatric medical home.

Finally, when the State Supreme Court averted a medical malpractice crisis by overturning a twenty-year-old ruling on venue for medical malpractice lawsuits, it allowed plaintiffs to file civil suits anywhere within the Commonwealth where trial lawyers thought they could find a more favorable ruling. This decision has already resulted in a rise in malpractice insurance premiums. Other Court actions have watered down joint and several liability rules and the statute of limitations for filing suits. The combined effect has been to increase the costs of practice, negatively impact physicians' choice to practice in Pennsylvania, and restrict patient access to health care as a result. PA AAP supports legislative efforts to correct these actions and establish checks and balances on these Court decisions.

Policy recommendations:

- Recognize that children need a pediatric delivery system that doesn't rely on the goodwill of pediatricians and bring Medicaid payment rates up to parity with Medicare.
- Address court rules impacting venue and joint and several liability in medical malpractice lawsuits to keep premium costs in check and physicians in practice.
- Meet the growing needs of children with special health care needs by ensuring it is financially viable for pediatricians to pursue subspecialty training.

C. Immunization

PA AAP strongly supports policies that promote vaccination and opposes legislation that weakens or eliminates existing immunization mandates. PA AAP follows the AAP Bright Futures immunization recommendations and believes all children in Pennsylvania should receive immunizations according to an evidence-based immunization schedule for children and adolescents.

Vaccines are a safe and effective method of preventing illness and death from diseases such as measles, influenza, hepatitis, whooping cough, meningitis, and pneumonia. Vaccine-preventable infectious disease outbreaks can be prevented with high immunization rates that achieve herd immunity[10].

Pennsylvania's pediatricians are increasingly concerned about the recent rise in measles cases throughout the United States, as confirmed cases of measles in 2025 have already surpassed the total number of cases in 2024[11]. As of July 2025, there have been 1,309 confirmed measles cases in the United States, and approximately 92% of these cases occurred in individuals who were unvaccinated or had an unknown vaccination status[11].

Vaccines are among the greatest public health interventions of the 20th century, and Pennsylvanians of all ages benefit when vaccines are accessible and coverage rates are high. After 10 years of near 95% nationwide vaccination coverage, there was a decline to approximately 93% over the 2020–21 and 2021–22 school years, and this number remained essentially unchanged during the 2022–23 school year[12].

Legislation to limit school vaccine exemptions to medical exemptions is necessary to ensure sustained herd immunity from common diseases. The science is clear, as are the dangers posed to those vulnerable segments of our population, who are either too young or medically unable to receive vaccines and are at high risk from these potentially deadly diseases. Unfortunately, if the rate of unvaccinated children continues to grow, our state will likely experience outbreaks of pertussis (whooping cough), meningitis, and other vaccine-preventable diseases.

Policy Recommendations:

- Reduce administrative and financial burdens placed on practitioners who provide immunizations and promote appropriate reimbursement for purchasing, storing, and administering vaccines.
- Eliminate non-medical immunization exemptions.
- Support education around immunization, safety and efficacy.
- Strengthen regulations to reduce falsehoods surrounding the safety and efficacy of immunizations.
- Restore confidence in our public health and scientific agencies by rebuilding their commitment to evidence-based action.

D. Mental Health

In 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and the Children's Hospital Association declared a National State of Emergency in Children's Mental Health. In recent years, Pennsylvania's pediatricians have grown increasingly concerned about children's mental health and are now imploring the Pennsylvania General Assembly to take action to address this crisis.

Suicide is the second-leading cause of death among 10-14 year-olds and the third leading cause among 15-24 year-olds in the United States[13]. According to data from the Centers for Disease Control and Prevention, among children ages 3-17 with a current mental health condition, only 53% have received treatment or counseling from a mental health professional within the last year, leaving nearly half of children with mental health conditions without treatment[14]. Mental health crises are on the rise; between March and October 2020, mental health related emergency room visits rose by 24% for children ages 5-11 and 31% for children 12-17[15].

Pediatricians are working diligently to improve processes for screening mental health conditions and referring to treatment; however, to truly improve treatment rates, action must be taken to improve the availability of and access to mental health services. When untreated, mental disorders interfere with child development and place a child at risk for poor long-term outcomes[16]. We must improve access to evidence-based interventions such as parent management training models, parent-child psychotherapy, and cognitive behavioral therapy to mitigate the detrimental impact on development.

Barriers to accessing mental health care include the cost of mental health treatment and a statewide shortage of providers[17]. Insurance provides insufficient reimbursement for mental health services, heightening costs[17]. We commend the PA state government for acknowledging this barrier and seeking to better enforce regulations on insurance companies regarding mental health service and reimbursement. However, explicit efforts must also be made to encourage providers to join the workforce and protect those providers who are already working to meet the mental health needs of Pennsylvania residents.

Finally, effectively addressing mental wellness among children must involve addressing toxic stress from adverse childhood experiences (ACEs). Since the ACE study in 1998, numerous studies have described the physiological effects of toxic stress and documented the associated comorbidities, including mental health disorders. Data also suggests that strong parent-child relationships mitigate toxic stress[18]. Thus, the widespread implementation of parent management training models and other parental support systems will address the worsening mental health crisis faced by children in Pennsylvania.

Policy Recommendations:

- Support legislation that revises and reforms the Mental Health Procedures Act.
- Ensure equitable access to mental health screening, diagnostics, and evidence-based services to adequately address the mental and behavioral health needs of children.
- Promote job entry into mental health fields and support legislation that protects mental health providers
- Improve payment models for mental health services through Medicaid and CHIP, with a focus on supporting mental health parity.
- Support programs that foster positive parent-child relationships through funding and regulation.
- Reduce adolescent substance use through expanding evidence-based screening, brief intervention, and substance use treatment services.
- Protect young people from tobacco and vape/e-cigarette products.

E. Maternal Health, Breastfeeding, and Family Support

Breastfeeding and human milk are the standards for infant feeding and nutrition. Children who were breastfed as infants have a lower frequency of many acute and chronic pediatric disorders, such as otitis media, diarrheal illnesses, lower respiratory illnesses, asthma, eczema, obesity, diabetes, inflammatory bowel disease, childhood leukemia, and sudden infant death syndrome (SIDS)[19]. Breastfeeding also provides long-term health benefits for mothers, including an earlier return to pre-pregnancy weight and a reduced risk of premenopausal breast cancer and osteoporosis[20]. The short- and long-term medical and neurodevelopmental advantages of breastfeeding make breastfeeding, or the provision of human milk, a public health imperative.

Pediatricians recommend exclusive breastfeeding for approximately 6 months after birth and support continued breastfeeding, along with appropriate complementary foods introduced at about 6 months, as long as mutually desired by mother and child to 2 years or beyond[19].

Unfortunately, as of 2021, only 24.7% of women in Pennsylvania report breastfeeding exclusively at six months in accordance with AAP's breastfeeding recommendations[21]. In contrast, about 83% of women reported initiating breastfeeding[21]. These rates vary significantly across families, and there are significant sociodemographic and cultural differences in breastfeeding practices, with the lowest rates of initiation among non-Hispanic Black or African American populations[22]. Given this disparity in the breastfeeding initiation rate and rate of breastfeeding sustenance, it is clear that many mothers want to breastfeed their children, but social and systemic challenges prevent them from being able to do so. The Pennsylvania General Assembly should invest in maternal and child health by supporting legislation that promotes breastfeeding in Pennsylvania.

Policies that promote breastfeeding, including universal paid family and medical leave, protections for public breastfeeding, insurance coverage for lactation support, breast pumps, and donor milk, on-site child care, universal workplace break time with a clean, private location for expressing milk, the right to feed expressed milk, and the right to breastfeed in child care centers and lactation rooms in schools are all essential to supporting families in sustaining breastfeeding.

PA AAP applauds the Pennsylvania General Assembly for enacting legislation to expand Medicaid coverage of human donor milk during the 2023-2024 legislative session and encourages continued efforts to promote breastfeeding up to two years of age.

Policy Recommendations:

- Enact a paid family and medical leave program in Pennsylvania.
- Insurance coverage of breastfeeding-related services and products.
- Encourage birth centers and hospitals to implement maternity care practices that improve breastfeeding initiation, duration, and exclusivity such as the PA AAP's First Food Network model.
- Invest in quality home visitation programs for low-income families.
- Promote workplace break times for mothers to express breast milk.
- Promote socially and culturally sensitive policies that support breastfeeding families and address inequities in the delivery of care in the office, hospital, and community to eliminate disparities in breastfeeding.
- Address implicit bias, structural bias, and structural racism to eliminate disparities in breastfeeding and improve the health and well-being of all children and families.

F. Juvenile Justice

The Pennsylvania General Assembly took positive steps towards improving the Commonwealth's juvenile justice system when it passed two juvenile justice reforms in 2024, but drastic change is still needed. Unfortunately, most youth who enter the juvenile justice system do so for low-level behavior such as misdemeanors or contempt from Magisterial District Court for failing to pay fines, and youth with low-level cases are frequently sent to probation or residential placement[23]. Pennsylvania's rate of juvenile justice residential placement is higher than the national average[24]. In fact, in some counties, nearly half of residential placements are for youth assessed as low risk to reoffend. Young people sent to residential placement can spend years out of the home and under court supervision, with the average young person cycling through six facilities and spending 16 months out of the home over the course of their case[23]. This overutilization of out-of-home placement incurs personal costs to the child and exorbitant financial costs to the community. Studies also indicate that placing youth in secure detention while awaiting their court adjudication hearings—like trials in adult criminal court—significantly raises the likelihood of deeper involvement in the justice system[25].

Out-of-home placements can cost taxpayers as much as $192,720 per youth per year, which costs nearly 50 times more per participant than high-quality family therapy and is less effective than providing services for youth living at home[23]. Furthermore, there are significant disparities within the juvenile justice system based on race and geography, with Black Non-Hispanic male youth receiving the most punitive system responses (e.g. removal from the home and prosecution as adults)[26].

The Pennsylvania Chapter of the American Academy of Pediatrics stands in strong opposition to the use of solitary confinement as a punitive measure for children. Keeping children in solitary confinement interferes with normal child development, traumatizes youth, and exacerbates existing physical and mental conditions, causing serious life-long health problems. The Pennsylvania General Assembly must act swiftly to ban the use of this harmful practice.

Policy Recommendations:

- Raise the minimum age for when a youth can be tried in juvenile court to 12 years of age.
- Consistently divert young people with low-level cases to community-based interventions in lieu of formal delinquency proceedings, using incarceration for young people as a last resort.
- Abandon correctional practices that traumatize children, such as solitary confinement, and instead support those that meet their unique developmental needs.
- Support policies and community action that address inequities in juvenile justice, expand representation on oversight bodies, and enhance data reporting to the public for greater system accountability. Improve oversight to ensure that every young person placed in custody of the Commonwealth is safe, treated fairly, receives appropriate clinical care, and is given a quality education.
- Expand services as an alternative to arrest, expand and standardize diversion, and prohibit written allegations for failure to pay a fine in Magisterial District Court.
- Restrict out-of-home placement in low-risk young people, focusing the use of residential placement on young people who pose a threat to community safety.
- Keep youth out of the home no longer than the timeframe supported by research.
- Use savings averted from out-of-home placement costs to fund non-residential evidence-based practices and increased access to services.
- Focus on the use of pre-adjudication detention.
- Narrow the criteria for trying young people as adults in criminal court.
- Abolish excessively punitive and developmentally inappropriate practices such as the use of life without parole for adolescents in the rare cases where youth are tried as adults.
- Eliminate the practice of "direct file" and instead require a hearing before a juvenile court judge.
- Strengthen due process and procedural safeguards.
- Provide funding for services to ensure youth and families know their rights and to assert them including juvenile defense.
- Prevent unnecessary system involvement by eliminating the imposition of fines and most court fees and costs.

G. Firearm Injury and Violence Prevention

PA AAP supports legislative and executive action that safeguards children from firearm injury. Since 2019, firearm injury (which encompasses self-inflicted injury, homicides, and unintentional injury) outpaced motor vehicle accidents as the leading cause of death in children ages 1-19 years in the United States and across our Commonwealth[27]. Nearly all individuals in the U.S. will know a victim of firearm violence in their lifetime[28]. In Pennsylvania, approximately 142 children die by firearms each year, 27% from suicide and 70% from homicide, with hundreds more sustaining nonfatal injuries[29]. The estimated medical cost for initial treatment of non-fatal firearm injuries from 2016 to 2021 in Pennsylvania was $308.4 million, or $51 million per year[30]. Notably, these costs are mostly incurred by taxpayer-supported public health insurance programs—specifically Medicaid and Medicare[31, 32].

The American Academy of Pediatrics recommends that families who have firearms in the home store their firearm unloaded, in a locked safe or locker, and separate from ammunition[27]. However, fewer than 1 in 3 US homes with children follow these guidelines and more than one third of adolescents report being able to access a loaded household firearm in less than 5 minutes[33, 34]. Nationally, if 20% of households that store at least one unlocked gun instead locked all guns, 72 to 135 youth firearm fatalities and 235 to 323 youth firearm shooting could be prevented in a single year[35]. For this reason, discussing secure firearm storage has become an increasingly common practices among pediatricians.

As individual pediatric healthcare workers provide guidance in clinical settings, hospitals and health systems have identified the opportunity to prevent firearm violence through Hospital-Based Violence Intervention Programs (HVIPs)[36]. HVIPs are evidence-based programs to reduce violent reinjury and address the needs of violently injured patients[36]. When an individual is violently injured, a team of clinicians, care managers, social workers, community health workers, and community partners provide intensive wraparound services to address social drivers of violence[36]. These drivers include food insecurity, education and job attainment, and behavioral health services.

Child Access Prevention (CAP) laws impose penalties on firearm owners who fail to secure a firearm, leaving it accessible for a minor to use. A robust body of literature shows that all forms of CAP laws help reduce firearm suicides, violent crime, and unintentional injury and death among all ages, especially youth aged 14-17 and young adults aged 18-20 [37,38]. Specifically, research shows that 85% of unintentional firearm deaths in children ages 12 and younger occur in the home[37,39]. By instituting a policy that promotes responsible firearm ownership in households with youth and prevents negligent firearm storage, lawmakers can improve the health and safety of children.

Extreme risk protection orders (ERPOs), also known as “Red Flag” laws, are evidence-based civil provisions to prevent firearm injury. They temporarily restrict legal access to firearms for individuals at risk to self or others. Extreme Risk Protection Orders were identified as the number one policy to receive bipartisan support from candidates who strongly support funding for policies affecting child health[40]. In fact, one study estimated that for every 17 ERPO petitions filed, one firearm suicide is prevented [41]. Additionally, ERPOs have been shown to reduce mass shootings and violent crime[42].

In the past year, firearm violence throughout the state fell by 38% due to the success of Community Violence Intervention Programs (CVIP)[43]. CVIPs are evidence-based programs to reduce youth interpersonal community violence[44]. CVIPs utilize credible messengers, deeply embedded in communities with shared lived experience, values, and preferences, to promote mentorship and positive youth development.

Policy Recommendations:

- Enact Extreme Risk Protection Order (ERPO) legislation in Pennsylvania.
- Sustained funding for Community Violence Intervention Programs (CVIPs).
- The Department of Human Services should use PA Medicaid to reimburse pediatricians for secure firearm storage counseling as a part of anticipatory guidance.
- The Department of Human Services should use PA Medicaid to fund Hospital-Based Violence Programs.
- Enact Child Access Prevention (CAP) legislation to protect children in homes with firearms.

H. Health Equity

Significant disparities in health outcomes exist across various races and ethnicities, and PA AAP remains firmly committed to working to eliminate these disparities. Childhood health inequities begin very early in life and continue into adulthood. The percentage of non-Hispanic Black infants born low birthweight in 2019 was 14.2%, twice as high as that of non-Hispanic whites at 6.9%[45]. In 2015, infant mortality was twice as high among non-Hispanic Blacks (11.4%) compared to non-Hispanic whites (4.9%)[46]. Disproportionate poverty rates among Black and Hispanic children are a significant factor contributing to these ongoing health disparities. In 2018, the percentage of Pennsylvania children living in poverty was three times as high among Blacks and Hispanic households compared to non-Hispanic whites[47]. There is a growing body of evidence to support the link between racism and health disparities. General and disease specific mechanisms connect racism to negative outcomes regarding mental health, cardiovascular disease, asthma, and more.

African American, Hispanic, and American Indian youth and adults have disproportionately high incarceration rates compared to their white peers. People of color comprise more than 60% of the prison population, while only comprising 34% of the total US population[48]. Black and Brown youth are three times more likely than white peers to be stopped and frisked by police though the rate of finding weapons or contraband is far less and has declined[49]. Youth of color are more likely to be arrested for noncriminal infractions such as truancy, curfew violations, or talking back to teachers. Studies have shown that police view Black boys as older and more aggressive than their white peers.

Furthermore, Black and Brown youth are 21 times more likely to be killed by police use of force compared to their white peers[50]. This ultimately leads to lifelong physical and psychological harm and reinforces the school-to-prison pipeline for youth of color. Finally, in 2017, life expectancy, the most frequently used life table statistic, was higher among non-Hispanic whites (78.5) compared to non-Hispanic Blacks (74.9) by three and a half years[51]. Taken together, these statistics demonstrate a lifetime of significant health inequities from infancy and childhood into adulthood that require dedicated efforts at the policy level to achieve a more equitable society.

Expanding healthcare coverage to all undocumented immigrants is essential to reduce health disparities and promote healthy equity. Furthermore, in May 2017, the American Academy of Pediatrics released a policy statement categorically opposing the detention of children, as even short periods of detention can cause severe psychological trauma and long-term mental health risks[52]. In fact, children in detention centers face higher rates of death threats, physical harm, and sexual abuse, associated with higher risk of suicide[53]. As physicians, we advocate not only for the health of children and their families, but also for their dignity and respect. Therefore, the PA AAP supports the release of all detained immigrant families and children and the cessation of all family detention.

Policy Recommendations:

- Reform child welfare policies to eliminate inappropriate institutional placements of children and youth and promote family placement and permanency.
- Reunite all separated immigrant families, end the illegal practice of family separation, and provide adequate mental health support for children and families who have been separated.
- Release all detained immigrant families and end the practice of family detention.
- Enact comprehensive immigration reform that prioritizes the health, well-being, and safety of children.
- Acknowledge that health equity is unachievable unless racism is addressed through interdisciplinary partnerships with other organizations that have developed campaigns against racism.
- Advocate for improvements in the quality of education in segregated urban, suburban, and rural communities to better optimize vocational attainment and education milestones for all students.
- Combat the harmful, xenophobic rhetoric that has further marginalized communities of color and led to poorer health outcomes.
- Pass legislation amending Title 18 Section 508 of Pennsylvania Consolidated Statutes to limit the use of deadly force by police officers.

I. Care for Transgender and Non-Binary Youth

PA AAP believes in the potential of all children and maintains that all children deserve to be affirmed in their gender identity. A child's gender identity is an integral and natural component of self-expression, and the majority of children will have a gender identity matching the sex assigned to them at birth. However, children who identify as transgender or non-binary (TGNB) express a gender identity that does not match the sex assigned to them at birth. This incongruence aligns with a gender spectrum that includes many forms of gender expression.

TGNB youth experience higher rates of adverse health outcomes compared to cisgender youth. These outcomes include higher rates of depression, anxiety, substance use, homelessness, dropping out of school, and involvement in the juvenile justice system[54]. Alarmingly, half of TGNB youth have considered or attempted suicide, and shockingly, in 2023, 29% reported at least one suicide attempt[55]. The principal factor driving these adverse health outcomes is not the youth's gender identity. Instead, stigma and discrimination against TGNB youth elevates the risk for developing these adverse health outcomes. Additionally, the severity of the above adverse health outcomes is exacerbated in TGNB youth of color due to the intersection of transphobia and racism.

TGNB youth who attend safe and supportive schools (i.e., schools that allow TGNB youth to use their preferred bathroom or participate in sports teams that align with their gender identity) experience lower rates of adverse outcomes compared to TGNB youth attending non-supportive schools[56]. These findings indicate the substantive positive effects that gender-affirming school policies have on the health and well-being of TGNB youth.

Some TGNB youth experience gender dysphoria, a condition in which one feels distress over the incongruence between one's gender identity and the sex assigned to them at birth. For those who experience gender dysphoria, gender-affirming care (GAC) is a potential treatment. GAC is a multidisciplinary and youth-positive approach that strives to provide developmentally appropriate and family-centered tools TGNB youth can use to affirm their gender identity. These include mental health support and advocacy for safe and affirming spaces in schools. It may also include the prescription of puberty blockers, which prevent the formation of secondary sex characteristics that can be distressing for TGNB youth, and gender-affirming hormones, which help develop secondary sex characteristics that align with the youth's gender identity. In addition to being safe and involving significant family input, GAC has been associated with positive health outcomes, including lower rates of depression, anxiety, and suicide, and well-adjusted cognitive functioning[57].

PA AAP strongly supports policies creating safe and affirming environments for TGNB youth, especially for TGNB youth of color, and guaranteeing access to GAC. These stances are consistent with many mainstream national and international medical and behavioral health organizations, including the American Medical Association, the American Psychological Association, the World Professional Association for Transgender Health, the Endocrine Society, and the Society for Adolescent Health & Medicine, among many others.

Policy Recommendations:

- Safeguard access to safe and developmentally appropriate gender-affirming care.
- Institute policies to create safe and welcoming spaces for TGNB youth in schools.
- Ensure insurance coverage of gender-affirming care for those on Medicaid as outlined by CMS through the Affordable Care Act.
- Reform child welfare policies to eliminate inappropriate institutional placements of TGNB youth, especially those of color, and promote family placement and permanency.
- Allow TGNB youth to access their preferred bathroom.
- Oppose legislation that would restrict TGNB youth from participating in athletic teams or in sports according to their gender identity.

I. Climate and Environmental Health

To facilitate their development into healthy and productive adults, children require safe and healthy environments where they can live, learn, and play. The right to a healthy environment is outlined in the Pennsylvania Constitution: "The people have a right to clean air, pure water, and to the preservation of the natural, scenic, historic and esthetic values of the environment[58]." Unfortunately, human-driven climate change is threatening many facets of our environment. The World Health Organization describes climate change as "the single biggest health threat facing humanity[59]." According to the World Meteorological Organization, "2023 was the hottest year on record, with global average temperatures reaching 1.45°C above pre-industrial average[60]."

Climate change poses significant threats to the health, safety, and security of children including increased vector-borne illnesses such as Lyme disease, respiratory and diarrheal illness, food insecurity and poverty, heat-related illness, displacement from extreme weather events, fires, flooding, and landslides, exposure to toxic chemicals, increased exposure to allergens that trigger asthma and allergic reactions, and risk of prematurity and low birth weight[61].

The AAP estimates that more than 88% of the existing burden of disease from climate change occurs in children less than five years of age[62]. Longer periods of hotter and more humid weather are leading to an increase in cases of Lyme Disease across the United States, which is especially concerning as the Commonwealth already ranks first in the nation in Lyme Disease cases[63]. Since extensive research has shown that burning fossil fuels is the primary driver of climate change, it is imperative for Pennsylvania to accelerate its transition of energy production from fossil fuels to more renewable sources, such as wind and solar. In 2021, Pennsylvania emitted 258 million metric tons of carbon dioxide into the atmosphere with production and consumption of energy accounting for nearly 90%, the 4th highest in the nation[64].

Ironically, the healthcare industry is responsible for an outsized amount of greenhouse gas emissions. Pennsylvania could catalyze decarbonization of the healthcare sector by requiring hospitals who receive state financial support to report their greenhouse gas emissions and to align with national standards like those delineated in the Health & Human Services (HHS) Climate Pledge. Several states, including Massachusetts, require hospitals to report their greenhouse gas emissions and establish standards that they must aim to meet. Pennsylvania should explore the possibility of enacting a similar requirement.

Lead is a dangerous and common environmental toxin that harms children's intellectual abilities, academic abilities, behavior and birth weight[65]. Infants, toddlers and at-risk children should be screened for lead toxicity to identify and manage any possible exposure[65]. Pediatricians should be provided with the resources to conduct screening. Schools should also have the resources needed to ensure lead-free drinking water for children. Children living in low income and minority communities are disproportionately impacted by environmental harms like air pollution, climate change, lead and other environmental toxins[66]. In order to ensure environmental justice, we must address the past and current practices of systemic racism that contribute to health inequities.

Policy Recommendations:

- Enact legislation that (1) promotes the expansion of clean energy production from wind and solar, and (2) curtails expansion of fossil fuel energy production, to ensure a healthy environment for all Pennsylvania children, in the present and future.
- Enact legislation that incentivizes cities and municipalities to improve and expand public transportation, especially zero-emission transit technology, as a mechanism to improve air quality for all Pennsylvania children.
- Strengthen testing of water in schools, for harmful pollutants like lead, radon and PFAS.
- Promote environmental justice by allocating funds to improve parks, green space, and tree canopy cover in neighborhoods that suffer from urban heat island effects.
- Require all Pennsylvania hospitals that receive financial support or reimbursement from the state to report their greenhouse gas emissions on an annual basis, and to set state-wide hospital emission goals that are concordant with national HHS recommendations.

A Letter from the PA AAP Executive Committee

Dear Partners in Child Health:

The Pennsylvania Chapter of the American Academy of Pediatrics (PA AAP) has developed the following Blueprint for Children to outline key actions that the Pennsylvania General Assembly and the Shapiro Administration can take to enhance the well-being of children in the Commonwealth.

PA AAP is a non-profit professional medical organization with a membership of over 2,300 Pennsylvania pediatricians and pediatric providers. Our mission is to promote the equitable health and well-being of all Pennsylvania children. As experts in pediatric healthcare, we are committed to fostering collaboration among pediatricians, families, and community partners through programs of education, support, and advocacy.

Pediatricians play a critical role in promoting the health and well-being of all children and in helping children and families overcome a variety of challenges. Regardless of practice setting, whether rural or urban, in universities, hospitals, or clinics, providers see first-hand the potential in every child. Achieving this potential requires a new commitment to addressing the needs of children, families, and communities.

Our society's future depends upon the strength and well-being of its children, and this document outlines a comprehensive vision for how the state government should align to provide the best possible future for kids in our state. The priorities outlined in our policy agenda are based on a survey conducted among chapter members in 2023, as well as policies determined to be priorities by the chapter's Advocacy Committee, Board of Directors, and national AAP leadership. The recommendations set forth are based on the science of optimal child development, especially the increasing body of evidence on the critical role of early childhood influences on health, education, and economic lifespan outcomes. While political circumstances will ultimately dictate whether and which of these goals the Commonwealth decides to pursue, we believe that children deserve no less than a bold agenda for improving their lives.

A thoughtful approach to optimal child development is the single best investment in the future that our great state can make. To this end, concerted action by all levels of state government is required to promote healthy children, support secure families, build strong communities, and ensure that Pennsylvania is a leading state for children.

PA AAP's child health experts are happy to provide additional consultation and share the scientific research and evidence behind the Pennsylvania Blueprint for Children recommendations at any time. We look forward to serving as a resource and working with you to build Pennsylvania's healthy future.

Sincerely,

Kate Tigue, MD, FAAP
President, PA AAP

Toni Richards-Rowley, MD, FAAP
Vice President, PA AAP

Gabriel Cisneros, MD, FAAP
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Thank you to PA AAP's Advocacy Committee, under the leadership of Co-Chairs Gabriel Cisneros, MD, FAAP, Toni Richards-Rowley, MD, FAAP, and Amaka Nnamani, MD, FAAP, for spearheading the research and authoring of this document. Several Committee members provided notable research and copy assistance, including Vivek Ashok, MD, Hayley Hellstern, DO, FAAP, Peri Levey, MD, Mark McShane, MD, FAAP, Gerald Montano, DO, MS, FAAP, Jordan Pizzarro, MD, Justin Schreiber, DO, FAAP, and Daniel Taylor, DO, FAAP.

The Chapter applauds each co-author for their commitment to this document. The Blueprint for Children is a living, breathing document that seeks to address new and existing barriers to care. It will continue to serve as a roadmap for our organization as we endeavor to promote the value of pediatrics and advocate for policies to improve the health and well-being of Pennsylvania's children.

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