



MAINE BLUEPRINT FOR CHILDREN

Maine Chapter, American
Academy of Pediatrics
2021-2022



POLICY GOALS 2021-2022

As pediatricians and child health experts, our role is to help educate and serve as a resources for Maine's legislators.



PROMOTE HEALTHY CHILDREN

All children, adolescents, and young adults from birth to the age of 26 years must have high quality health care to lay the foundation for success throughout their lifespan. Policymakers must ensure that all children, regardless of race, ethnicity, income, family composition or immigration status have:

- equitable, non-discriminatory access to affordable health care coverage,
- insurance with comprehensive, pediatric-appropriate benefits,
- access to needed primary and subspecialty pediatric care and mental health services,
- access to necessary COVID-19 services, supports, and treatments, and
- comprehensive, family-centered care in a medical home.

PROMOTE SECURE FAMILIES

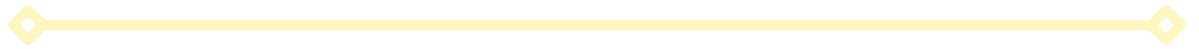
Together we can work to advance efforts to ensure that parents can give their children the best foundation for the future. Policymakers must ensure that all families have:

- 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 child care,
- 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 the building blocks for secure families and healthy children. Policymakers must ensure that communities:

- are safe from violence and environmental hazards,
- have the funds to support high-quality education in ALL communities, especially in areas where local resources are limited,
- maintain an effective public health infrastructure that optimizes maternal and child health, and reduces the social and environmental risk factors that complicate chronic conditions such as asthma,
- contribute to chronic health conditions like asthma, and
- respond effectively when disasters and public health emergencies occur and have the tools to respond.



ENSURE OUR STATE IS A LEADER FOR ALL CHILDREN

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

- acknowledge racism as endemic in our culture – with public health consequences –, and work towards reducing racism through interdisciplinary partnerships with organizations that have expertise in this struggle,
- 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, and
- address factors that make some children more vulnerable than others, such as race, ethnicity, religion, immigration status, sexual orientation or gender identity, and disability.



ADVOCACY AGENDA 2021 - 2022

As an organization promoting the health of children and families in Maine, we work with statewide partners on legislative priorities and policies.



REDUCE # OF CHILDREN LIVING IN POVERTY

33,000 Maine Children are in families living with incomes below the Federal poverty threshold – and that was BEFORE the effects of the COVID pandemic. 47,000 children reported having an episode of food insecurity in 2019.

Maine AAP supports:

- Tax policies that are NOT regressive,
- Increases in the minimum wage,
- Income supports for families with children,
- Improved access to job re-training for families whose jobs left the state, and
- Expansion of WIC, food stamps, and other food support programs.

REDUCE CHILDHOOD EXPOSURE TO TOXINS

There is an organized program in Maine to combat Lead Poisoning, but no systematic effort to deal with other widespread environmental hazards. The contributions of lead to decreased IQ, poor air quality to respiratory illness, radon and arsenic to a variety of cancers are well known. The effects of some of the newer complex organic chemicals on developmental and endocrine disorders are poorly understood but highly suspected. Maine AAP supports:

- Continued funding for the Maine Lead Program,
- Efforts (working with the Maine Lung Association) to reduce both indoor and outdoor air pollution,
- Legislation that controls environmental contamination from waste dumps and incineration,
- Legislation that forbids practices that lead to contaminated farmland, and
- Legislation that prevents hazardous materials from contaminating our rivers, lakes, and ocean shorelines.

ENSURE A HIGH QUALITY EDUCATION

As Pediatricians, we understand the relationship between early childhood experiences and later success in school. The current funding mechanism for public education does little to minimize the disparities in educational opportunity based on income – which has its start in the early years and often persists through the high school age level. Maine AAP supports:

- Increasing the State % subsidy to local school districts,
- Adjusting the formula for revenue sharing to reduce the disparities that exist between regions,
- Expansion of teacher training and Early Childhood Education programs at Maine institutions of higher learning,
- Providing extracurricular opportunities to ALL children -- including athletics, art, music, and STEM activities,
- Access to quality counseling services in public-school systems, and
- Expansion of high-speed internet.

GIVE EVERY CHILD A HEALTHY START

Factors that assist or disrupt normal development begin early – even before conception. Pediatricians understand that we need to attack the risk factors that can disrupt this process EARLY, and establish the foundation for a healthy childhood by promoting resilience where risk factors are present. We also recognize that parenting can be challenging for ALL families. Maine AAP supports:

- Policies that offer teens effective education regarding reproductive issues and responsible behavior so that pregnancies can be planned,
- Increase access of teens to contraception, including LARC,
- Publicity campaigns that inform prospective parents about the importance of healthy behaviors in pregnancy – alcohol, smoking and vaping, street drugs,
- Decriminalization of opiate addiction and improved access of pregnant women to MAT,
- Expand home visitation programs so they are routine postnatal care,
- Cost free parent training programs that are universally available – both online and in person,
- Availability of quality affordable day care in all regions,
- Improving the efficiency and capabilities of Child Development Services,
- Expansion of Head Start programs to eliminate waiting lists, and
- Universal pre-K in EVERY school district.

MENTAL HEALTH AND SUICIDE PREVENTION

The suicide rate for teens is on the rise. The National Center for Health Statistics found that the suicide death rate among persons aged 10–24 increased 47% from 2007 through 2017, and 56% in Maine. Maine has a higher-than-average rate compared to other states. Maine AAP supports:

- Access to counseling services in all schools, beginning in Middle School,
- Establishment of seamless referral systems for crisis evaluations accessible to primary care practitioners and front-line mental health workers,
- Safe storage legislation for firearms,
- Yellow flag legislation, and
- Increased availability of mental health practitioners skilled in trauma-based therapy and promotion of resilience.

UNIVERSAL ACCESS TO HEALTH CARE FOR CHILDREN

Lack of insurance, or underinsurance (with high copays and deductibles) cause delays in treatment for many children with chronic health issues, especially those with mental health challenges. Extremely restrictive formularies also interfere with appropriate care. While Maine pediatricians recognize that political realities argue against universal health care for all, we feel that investing in the health of CHILDREN is relatively inexpensive and, in the long run, cost saving. In addition, healthy children need healthy parents. Maine AAP supports:

- Expanding access to Medicaid programs for pregnant women,
- Increasing over time the income floors for MaineCare enrollment for children of all age levels,
- Eventually providing that ALL Maine children have access to MaineCare,
- Increasing mental health and dental reimbursements towards parity with private programs, and
- Continuation of the Maine Immunization program policy of universal free access to vaccines.

TOBACCO AND VAPING ELIMINATION

While tobacco use has decreased over the last decade, vaping of nicotine containing products has replaced tobacco as the major substance abused by teens. CDC estimates that 38% of high schoolers and 13% of middle school children have experience with these highly addictive products.

Maine AAP supports:

- Raising the tobacco tax and increasing the tax on vape products,
- Eliminating the advertising loophole that allows vaping products to be presented on TV,
- Use of tobacco funds for anti-smoking and vaping,
- and PSA's, Laws restricting the use of all nicotine containing products in public spaces, and while driving with passengers.

PROTECTING CHILDREN FROM DANGEROUS SUBSTANCES

The legalization of marijuana for adult use has increased the use of marijuana by teens in other states. Pediatricians have a research base showing the negative impact of THC exposure on neurotransmitter balance from use in persons under 25. Thus, keeping kids away from all drugs, including MJ, is a priority and a challenge. This also has implications for the next generation...already almost 8% of infants born in Maine are exposed to opiates. The numbers also reflect health disparities, where the incidence of perinatal exposure varies from 3-4% in southern Maine to over 15% in some rural counties. Maine AAP supports:

- Increasing the legal age for marijuana use to 25,
- Drug education programs in schools,
- Avoidance of opiate use for chronic pain and restrictions on duration for acute pain, and
- Ensuring that teens from all regions have access to IOP and MAT programs.

ATTACKING THE OBESITY EPIDEMIC

Obesity has become epidemic in our society. With updated BMI growth curves further defining Severe Obesity as BMI $\geq 120^{\text{th}}$ or $\geq 35.$, it is the most common chronic disease of childhood. Currently 4.5 million children have severe obesity and these individuals require focused treatment for obesity and related health issues.

Our understanding of Pediatric obesity as a chronic disease, with a heterogenous pathophysiology, has grown substantially over the past two decades. As a result of the obesity epidemic, the prevalence of comorbid chronic diseases like T2DM and NAFLD have likewise increased. The COVID pandemic has only served to highlight these health conditions, in addition to other related concerns like food insecurity, and mental health disorders. Our obligation to improve our management and treatment of this very common disease is further magnified by the presence of upward of 200 possible lifelong complications of untreated obesity. The Maine AAP Supports:

1. Foundation for Healthy Living:

Dietary:

- Breastfeeding education
- WIC expansion, elimination of juice & other SSBs
- Inclusion of fresh F&V in food programs
- Promotion of farm to table programs
- Promotion of unprocessed (whole) foods)
- Public education re: influence of food & sweetened drink

Physical Activity/Movement:

- Promotion of accessible parks, playgrounds, etc
- Physical Education in schools
- Recess, along with other community REC programs
- Education of PCP and other Healthcare team re: Physical Literacy via Play ME screen.

2. Levels of Treatment based on disease severity & response. The AAP outlines 4 Stages of intervention.

These include:

- Stage 1& 2: PCP with increased frequency of visits, additional team such as RD
- Stage 3& 4: Interdisciplinary Obesity Medicine Specialty Clinic

Referral to Pediatric Weight Management Clinics to build on ILT and provide treatment:

1. Anti-Obesity pharmacotherapy (multiple FDA approved & off-label meds)
2. Metabolic Bariatric surgery (2018 ASMBS guidelines, AAP statement in 2019)

The existing AAP Guidelines outline if a patient is not improving at each Stage of intervention after 3-6 months, increase in the intensity of the therapy to next Stage is indicated. The AAP statement in 2019 Advocates for an increase in the number of and access to multidisciplinary pediatric-focused metabolic & bariatric surgery centers, ensuring access for all patients who meet treatment criteria. (pediatrics(2019) 144 (6): e20193223)

<https://maineobesityadvisorycouncil.org/>

<https://www.mainehealth.org/Lets-Go>

https://pchc.com/wp-content/uploads/2021/04/WOW-4-Wellness-Brochure-2_9_21.pdf

<https://www.mainehealth.org/Maine-Medical-Center/Services/Weight-Wellness-Program>