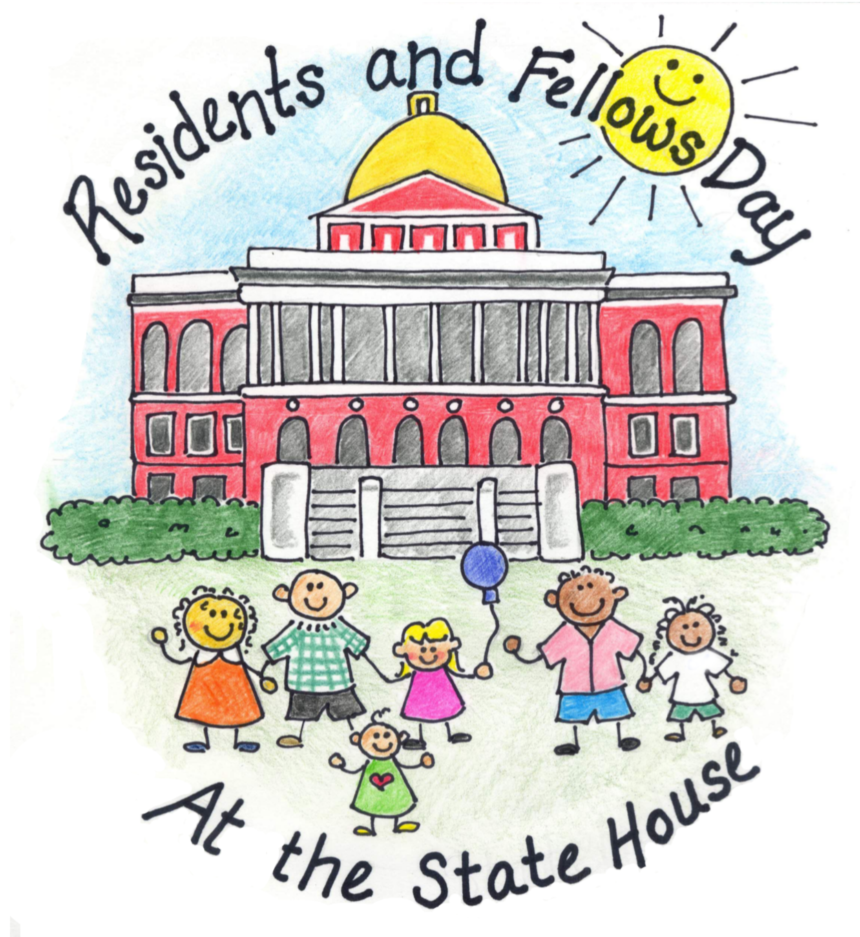

WELCOME PACKET & LEGISLATIVE INFORMATION

June 27, 2023

Welcome!

Dear Pediatrician Advocates,

We would like to personally welcome you to the annual Residents and Fellows Day at the State House (RFDASH). We are so grateful for your involvement in this event. The planners, residents from all across the state of Massachusetts, have been hard at work this year planning the agenda for the day. Please take a few minutes to read through the information in this packet, which includes our schedule and information about the bills we will be talking about today. We must also thank the Massachusetts Chapter of the American Academy of Pediatrics (MCAAP) for the support of this event for yet another year; the success of RFDASH would not be possible without their help. We'd also like to thank the pediatric residency programs across the state for their financial support of RFDASH.

Each year we open this event by reminding ourselves of the privilege and responsibility we have as pediatricians to advocate for national and state policy agendas that protect and benefit the children that we care for. Each year we talk of the ever-changing health policy landscape. As we continue to face uncertainty within the medical and scientific community, we believe that regardless of one's partisanship, we as pediatricians must continue to provide policy makers with our evidence based, expert opinions.

RFDASH was founded in 2005 by residents in the MassGeneral *for* Children pediatric residency program, and is now a collaboration of all the Massachusetts pediatric residencies. It was established as a time for the pediatric trainees of our state to come together as advocates for the children of our shared community. Since then, we have advocated for nearly 40 different bills, many of which have been passed and are current Massachusetts law. We are so excited to return to the State House this year for our first in-person event since 2019! This year, we will be focusing our efforts on 3 legislative topics that directly impact the health and safety of youth in Massachusetts: 1) Removing the non-medical exemption for childhood vaccines; 2) providing health care coverage to children regardless of immigration status; and 3) raise the age for youth to be subjected to the juvenile justice system from the age of 18 to 21.

We are very proud of this annual event and are ever grateful for the help and mentorship of MCAAP, Cathleen Haggerty and Ed Brennan. We'd like to thank our speakers, as well as all of the other prominent pediatrician-advocates in our community. Thank you to all of our attendees for sharing your expertise and passion. As a physician, you have the vision, the knowledge, and the experience to truly make a difference in the lives of our children and their families through advocacy. You are our greatest asset, and we could not affect change without your support and commitment. We hope that you leave the State House today inspired and excited to continue this important work.

With deep respect and gratitude,

Your RFDASH Co-Leaders

2023 RFDASH Schedule

9:30 AM
Registration and Continental Breakfast

10:00 AM
Welcome and Speakers

Introduction to RFDASH
Anna Klouda, MD
Molly Snyder, MD
Chelsey Lim, MD

An Act to Ensure Equitable Health Coverage for Children
Fiona Danaher, MD

An Act to Promote Public Safety and Better Outcomes for Young Adults
Sana Fadel
Destiny Tolliver, MD

An Act Relative to Vaccinations and Public Health
Christina Hermos, MD
Vandana Madhavan, MD

Legislator Meetings Tips and Tricks
Anna Klouda, MD
Molly Snyder, MD

12:00 PM - 12:30 PM
Lunch, Announcements, Group Preparation

12:30 PM - 3:00 PM
Legislative Meetings

Speaker Biographies

Fiona Danaher, MD

Dr. Fiona Danaher is a pediatrician at MassGeneral for Children, Chair of the MGH Immigrant Health Coalition, and Director of the MGH Center for Immigrant Health. She practices primary care at MGH Chelsea Pediatrics, where a substantial proportion of her clinical work focuses on promoting the wellbeing of children in immigrant families. She has testified before Congress and the Massachusetts state legislature regarding immigrant children's health. She received her MD and MPH degrees from Mount Sinai School of Medicine and completed her pediatric residency training at MGfC.

Sana Fadel

Sana Fadel serves as Citizens for Juvenile Justice's Deputy Director. She is primarily responsible for CfJJ's state level legislative advocacy and is the lead organizer of the statewide Massachusetts Juvenile Justice Reform Coalition, a statewide coalition of almost 60 organizations advocating on behalf of young people at-risk of or with legal system involvement. Prior to joining CfJJ, Sana was the Director of Public Policy at Rosie's Place, a sanctuary for poor and homeless women in Boston where she led campaigns on access to substance abuse treatment, strengthening families involved with the child welfare system, and improving services for customers applying for and receiving public benefits.

Destiny Tolliver, MD

Dr. Destiny Tolliver is a pediatrician and health services researcher at Boston University Chobanian & Avedisian School of Medicine and Boston Medical Center. She attended the Morehouse School of Medicine, and then completed residency and chief residency in the Boston Combined Residency Program in Pediatrics at Boston Medical Center and Boston Children's Hospital. Following chief residency, she completed a health services research fellowship at the National Clinician Scholars Program at Yale School of Medicine before returning to Boston Medical Center as an Assistant Professor of Pediatrics. Dr. Tolliver's research is focused on how criminal legal system involvement impacts children and families, and what policies and programs work to improve health outcomes for these children.

Christina Hermos, MD

Dr. Christina Hermos is an assistant professor of pediatrics in the division of Infectious Diseases at UMass Chan Medical School/UMass Memorial Hospital. She attended UMass Medical School followed by pediatric residency at UCSF and Infectious Diseases Fellowship at Boston Children's Hospital. Tina is a clinician educator, and she also serves as associate program director of the pediatric residency. Her advocacy career includes an unsuccessful fight to block a bill that required insurers to pay for long-term antibiotics for Lyme disease. She also advocated for children to receive maximum in-person schooling during the COVID pandemic. Her educational commitments, spanning from MS1 to fellows, allows her to teach effective communication with vaccine hesitant patients and parents in multiple settings.

Vandana Madhavan, MD

Dr. Vandana Madhavan is the Clinical Director of Pediatric Infectious Disease at Mass General for Children and is also a primary care pediatrician at MGH Pediatric Group Practice. She is the Director of the Harvard Medical School advanced pediatric clerkship at MGH and co-director of the pediatric clinical capstone. Academic and clinical areas of interest include tuberculosis, COVID-19, telehealth, quality & safety and medical education as well as childhood vaccinations, a topic of past research and current educational presentations for both UME/GME/CME as well as the general community. She is a member of multiple national societies, state and local committees, including the Massachusetts Vaccine Purchasing Advisory Council. She completed residency and chief residency at MGfC, pediatric infectious diseases fellowship at Boston Children's, and a health services research fellowship at Harvard.

The 2023 RFDASH Bills

S.740 & H.1237, “An Act to Ensure Equitable Health Coverage for Children”
H.1710 & S.942, “An Act to Promote Public Safety and Better Outcomes for Young Adults.”
H.604 & S.1391, “An Act Relative to Vaccinations and Public Health"

An Act to Ensure Equitable Health Coverage for Children

S. 740: Senator DiDomenico
H. 1237: Representative Rogers

BACKGROUND

As of 2021, 98.7% of children in Massachusetts have some form of health insurance and/or access to safety net practices[1]. Massachusetts ranks amongst some of the best in the country for child insurance coverage. However, there is a group of children from low income households, who would otherwise be eligible for comprehensive MassHealth coverage, that remain unable to qualify solely due to their immigration status.

Currently, low income children with an outstanding immigration status have two main coverage systems- MassHealth Limited and Children's Medical Security Plan (CMSP). MassHealth Limited covers *only* medical emergencies, defined as conditions that could cause serious morbidity or mortality if not urgently treated[2]. These services include inpatient hospital and emergency services and pharmacy services for emergency medications and antibiotics. Many of these medications must be pre-authorized by the hospital pharmacy to be eligible for coverage. The CMSP is helpful in covering well-child visits and dental health care (but not inpatient care), and pharmacy benefits up to $200 per year for medications and $200-500 per year for medical equipment[3]. They may also seek care at a Federally Qualified Health Center, but this requires an address and proof of income[4]. While these programs are helpful, they are not comprehensive and often limit, or do not cover, the total cost of necessary services such as mental health care, durable medical equipment, home health care, eye care or therapies such as ABA or speech and language.

Without access to comprehensive health care coverage, gaps in childhood health care inevitably lead to adverse health outcomes throughout a child's life.

THE SOLUTION

MCAAP supports S.740 & H.1237 that extends comprehensive MassHealth Coverage to all income-eligible children in the Commonwealth, regardless of their immigration status.

- 2021 data showed there were 30,000 children in Massachusetts who were eligible for state-funded health insurance based on their income but ineligible due to their immigration status[5].
- Immigrant families possess unique health care needs that can be difficult to access including the following:
  - Childhood vaccines to protect against infectious diseases and help prevent outbreaks.
  - Mental health care, which is especially important given that children who immigrate often experience many Adverse Childhood Events (ACEs). This

creates a need for mental health interventions to address psychological conditions and support[6].
  - Health screening programs for child well being and healthy living practices.

ACCESS TO CARE

- Comprehensive coverage can be provided by access to MassHealth CommonHealth and other full coverage programs. With full spectrum coverage, children would have access to primary and preventative visits, access to specialized health care that fits the unique needs of immigrant children, adherence to vaccinations, dental services, mental health and sexual health care.
- Children with comprehensive health care access are more likely to perform better in school. This addresses major social determinants of health including education and community barriers. Children with comprehensive health care have also been proven to be more likely to graduate high school and college[7].
- Comprehensive health care coverage today leads to a healthier tomorrow. Addressing health care and healthy habits, including screening, can aid in lowering rates of chronic health conditions.
- As of December 2022, California, Illinois, Maine, New York, Oregon, Rhode Island, Vermont and Washington and Washington DC provide comprehensive coverage to all income-eligible children regardless of their immigration status. Connecticut, New Jersey and Colorado have legislation underway that would have a similar effect[8].

The MCAAP urges the Legislature to pass S.740 & H.1237, which are currently before the Health Care Financing Committee, and expand comprehensive MassHealth coverage to children who would be eligible for MassHealth except for their immigration status.

RESOURCES

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2. "MassHealth coverage types for individuals and families including people with disabilities." *Mass.gov,* https://www.mass.gov/service-details/masshealth-coverage-types-for-individuals-and-families-including-people-with-disabilities. Accessed 23 June 2023
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4. "Heathcare - Undocumented." *MAP Network,* https://www.bostonmapnetwork.org/healthcare-undocumented.html. Accessed 18 June 2023

5. "Cover All Kids." *Health Care for All Massachusetts,* https://hcfama.org/wp-content/uploads/2023/03/HCFA-Cover-All-Kids-Fact-Sheet-March-2023.docx.pdf. Accessed 21 June 2023
6. "Adverse Childhood Experiences and Trauma Informed Care for Migrant Populations and Displaced Peoples." *American Medical Association: MSS Committee on Global and Public Health.* November 15, 2019. Accessed 22 June 2023
7. Wagnerman, Chester and Alker, "Medicaid Is A Smart Investment in Children." Georgetown University Health Policy Institute Center for Children and Families. March 2017. Accessed June 2023
8. "Health Coverage and Care of Immigrants" *Kaiser Foundation.* https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-and-care-of-immigrants/. 20 December 2022. Accessed June 2023

An Act Relative to Routine Childhood Vaccinations

H.604: Representative Vargas
S.1391: Senator Kennedy

BACKGROUND

Childhood immunizations are safe, effective tools that prevent infection and severe illness. High vaccination rates create herd immunity, which also protects high-risk community members such as the very young, the elderly, the immunocompromised, and pregnant people.

THE PROBLEM

Dangerous childhood illnesses, for which we have vaccines, are resurgent in the community. For instance, the CDC declared measles, a deadly viral disease, eliminated nationwide in 2000. In 2019, however, there were 1,274 confirmed cases of measles in 31 states[1]. Most cases of pertussis and measles in the U.S. occur in eligible but unvaccinated children and most commonly these individuals have received a religious or philosophical exemption[2].
Most religions fully support vaccines and those religions that have a theological opposition to vaccination (for example, Dutch Reformed Church, Christian Scientists) do not have a universal opposition to vaccination[3]. In fact, all major religions in the U.S. support vaccines to save lives, yet non-medical exemptions account for the majority of vaccine exemptions filed in Massachusetts. These exemptions largely represent personal belief objections to vaccination and have increased significantly in recent years. This puts many children, pregnant people and immunocompromised individuals at unnecessary risk. Immunization rates of 95% are needed to prevent an outbreak of a contagious childhood disease like measles. Many counties in Massachusetts have at least one school that does not meet this threshold[4].

THE SOLUTION

The proposed bill, An Act Relative to Vaccinations and Public Health, would maintain medical exemptions while eliminating the non-medical immunization exemption for children entering schools in Massachusetts. It pertains exclusively to the traditional set of childhood immunizations, which have successfully prevented the spread of deadly and once-widespread diseases including measles, diphtheria, and poliomyelitis.
Many other states, including New York, Maine, and Connecticut [5,6], have eliminated religious exemptions to vaccine mandates. It is time for Massachusetts to join our neighbors in prioritizing and protecting the most vulnerable members of the Commonwealth.
The bill will also ensure collection of immunization records and exemption data from all schools within the state which will help local public health departments to assess and manage infectious disease risk within their communities. By removing the non-medical exemption process and increasing state-wide immunization surveillance, Massachusetts

will protect its children and communities against deadly, vaccine-preventable illnesses that remain common in many areas around the world and are just a plane ride away.

The Massachusetts Chapter, American Academy of Pediatrics strongly supports H.604 and S.1391, which is currently before the Public Health Committee, and urges the Legislature to pass the bill.

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An Act to Promote Public Safety and Better Outcomes for Young Adults

H. 1710: Representative O'Day and Representative Cruz
S.942: Senator Crighton

BACKGROUND:

In 2013, Massachusetts raised the age of juvenile jurisdiction to include 17-year-olds. The result? A 34% reduction in juvenile crime. This outcome, while incredible, is not surprising. As experts in child development, pediatricians know that brain development – including in areas that regulate impulse control and judgment – continues throughout adolescence and into the mid-twenties. The juvenile justice system is designed to be developmentally responsive to this age of change and possibility, and has been shown to produce much lower recidivism rates than the adult system[1]. However, despite this body of research, individuals aged 18 to 20-years-old continue to be funneled into adult justice systems in Massachusetts.

THE PROBLEM:

Not increasing the age of juvenile jurisdiction has a pervasive, negative impact. Whereas the juvenile justice system offers counseling and educational resources, adult prisons are not developmentally appropriate. The negative influences and lack of support they experience in adult prisons combine with criminal charges etched on their permanent record to limit their opportunities – creating barriers to education, employment, housing, and more.

Further, forcing young people to make a premature exit from the juvenile justice system is a matter of racial equity. Black and Latino men ages 18 to 21 are far more likely to spend time in adult prison than their White peers[1]. Denying young people access to juvenile justice entrenches disparities across generations.

THE SOLUTION:

The bills H.1710 and S.942 aim to solve this problem. Both propose gradually raising the age of juvenile jurisdiction over the next 5 years to ultimately include individuals up to 20 years old. If enacted, these bills would protect young people, especially young men of color, from being sent to adult correctional facilities that cannot meet their developmental needs. Instead, they would provide access to age-appropriate programming with the goal of rehabilitation – supporting the development of the skills required to mature into healthy, well-adjusted adults.

Importantly, these bills continue to ensure young people are held accountable for their actions. The juvenile justice system enforces more supervision and requires more intensive service utilization than the adult criminal justice system. Consequences will not be lessened; rather, they will be designed with rehabilitation, education, and vocational training in mind. And for the most serious crimes, like murder, adult sentences will still be possible.

The age of 18 does not mark an official beginning to adult life. Instead, as the brain continues to mature, young people maintain incredible potential to learn, reform, and establish new patterns of behavior. Other legal doctrines reflect this reality: the minimum drinking age is 21, the age to exit foster care is 22, and the legal age to rent a car is 26. The age for juvenile jurisdiction should be no different. Extending developmentally appropriate rehabilitation services to young people increases their odds of permanently exiting the justice system, graduating high school, and securing higher paying jobs. Especially given the racial inequities in incarceration, these opportunities can also help break cycles of generational poverty and injustice.

Thus, the Massachusetts Chapter of the American Academy of Pediatrics (MCAAP) urges the Legislature to recognize the adolescents lost to the adult justice system and to promote better outcomes for young adults by supporting Bills H.1710 and S.942, which are currently before the Judiciary Committee.

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