Response from the AAP Board of Directors
to the Top Ten 2015 Resolutions

Responses are given in rank order for the ten high priority resolutions.

1) Resolution # 12SA  
Addressing the Legal and Mental Health Needs of Undocumented Immigrant Children

Submitted by: District IX

RESOLVED, that the Academy advocate for assuring comprehensive due process, medical and mental health evaluation, and treatment in an appropriate timeframe for all children facing deportation, regardless of country of origin or whether arriving accompanied or alone, and to eliminate prolonged detention of children and their families, and be it further

RESOLVED, that the Academy develop resources for pediatricians on the mental health challenges faced by immigrant and refugee children, including appropriate screening tools for anxiety, post-traumatic stress disorder, trauma and depression.

Response from the Board of Directors
The Academy strongly supports the intent of the resolution and supports advocacy efforts and the development of resources for pediatricians to address the legal and mental health needs of immigrant children.

Advocacy
On July 24, 2015, the AAP sent a letter to United States Secretary of Homeland Security, Jeh Johnson. The letter addressed the issue of immigrant family detention and highlighted concerns that continued detainment of children and mothers in the existing facilities puts them at greater risk for physical and mental health problems and unnecessarily exposes them to additional psychological trauma.

In February 2015, the AAP submitted a letter to the White House Task Force on New Americans. That letter called for health insurance coverage for every child living in the US, regardless of
documentation status. The letter also discussed the need for mental health services for many immigrants, particularly those who were unaccompanied.

The Academy has also had ongoing discussions with individuals in the Office of Refugee Resettlement and Department of Homeland Security about concerns for family health and well-being.

**Resources for Pediatricians**

In August 2015, the Academy’s Immigrant Child Health Toolkit was updated with a new section on mental and emotional health care needs. The toolkit also includes resources to address anxiety/post traumatic stress disorder, trauma, and depression and links to screening tools. The AAP Council on Community Pediatrics also plans to host a webinar to overview the toolkit and highlight this new section in the fall of 2015.

**Collaboration with Other Organizations**

In June 2015, the AAP convened a multidisciplinary meeting of more than 40 service providers titled Caring for Immigrant Children: Multi-Sector Service Coordination, in Washington, DC. The meeting brought together a diverse group of physicians, lawyers, social workers, educators, and advocates from nearly 30 organizations, to develop collaborative strategies for providing services in local communities. While the needs of immigrant children are broad and diverse, this meeting focused specifically on concerns related to health, mental health, legal issues, and education. A follow-up call with multiple organizations took place in late August to develop an action plan for community coordination of services across sectors including social services.

2) **Resolution # 108**

<table>
<thead>
<tr>
<th>AAP Terminate Sponsorship(s) on HealthyChildren.org of Companies that Produce Soft Drinks and Sugar-sweetened Beverages</th>
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Submitted by: District II

**RESOLVED,** that the Academy terminate sponsorship(s) on HealthyChildren.org of companies that produce soft drinks and sugar-sweetened beverages and not accept sponsorship from any other such company as a corporate sponsor of the HealthyChildren.org website.

**Response from the Board of Directors**

The Academy fully supports the intent of this resolution and Resolution #109. As of December 31, 2015, the AAP will end its current sponsor agreement relationship with The Coca-Cola Company. The company’s name will no longer appear on the HealthyChildren.org website as a sponsor. The Board of Directors uses a shared values model to evaluate relationships with corporate sponsors to assure there is alignment of relationships with our mission and policies. Existing board policy requires that the AAP “develop relationships with organizations that, through their products, activities, and/or their philosophy, enhance the quality of life for children and their families and are aligned with the AAP’s values and mission.” The Board will continue to follow this policy and appreciates members’ willingness to share their concerns and provide feedback to the AAP.
## 3) Resolution # 54  Use of Telehealth to Extend the Pediatric Medical Home

Submitted by: District III

**RESOLVED,** that the Academy develop an education plan related to telehealth, including support and technical assistance related to the best practice use of telehealth in the medical home, and be it further

**RESOLVED,** that the Academy work in partnership with other professional organizations and governmental agencies to develop guidance on how to incorporate telehealth into practice transformation, including such topics as developing a business case, maintenance of continuity, ensuring fair payment and advocating for safety and sustainability.

### Response from the Board of Directors

The AAP Board of Directors understands the need to develop an education plan related to telehealth and also the need to work in partnership with other professional organizations and governmental agencies to develop guidance on how to incorporate telehealth into practice transformation.

### Education and Telehealth in the Medical Home

The newly formed AAP Task Force on Pediatric Practice Change (TFOPPC) met in June 2015 and identified the following next steps to help pediatric practices incorporate telehealth visits into the medical home:

- Develop an online compendium of resources for practices interested in or already implementing telemedicine (including consultation on contracts, liability, licensure, payments, marketing to pediatricians, technology platforms) (subspecialists, clinical champions, technical champions, etc). This will be housed on the Practice Transformation website. As of September, an Editorial Advisory Committee of AAP Section on Telehealth Care (SOTC) members have been identified, a table of contents created, and new content is being created.
- Follow and influence legislation on telehealth in states.
- Review current technologies available and share with members.
- Develop a subgroup of the SOTC to address reviewing apps – help pediatricians to understand and use apps.

The following sessions will occur at the 2015 NCE:

- Telemedicine in Primary Care Practice to Improve Care, Ease, Access, and Decrease Cost
- Must Have Gadgets and Technology for the Pediatric Office (presented twice)
- Pediatric Subspecialty Consultation to Rural Distant Hospitals through Telemedicine: Challenges and Solutions
- Changing the World of Pediatrics: How Telementoring Can Aid in Reaching Children Globally
- Telementoring as a Strategy to Reach Children Globally
In July 2015, the Academy also published Telemedicine: Pediatric Applications (technical report) and The Use of Telemedicine to Address Access and Physician Workforce Shortages (policy statement).

**Partnerships/Collaboration with Outside Organizations**

The Academy works closely with the Pediatric Special Interest Group of the American Telemedicine Association and members of the SOTC are involved in guideline development for various aspects of telehealth care delivery (school health). A business case and policy statement on payment for telehealth services are anticipated in September 2015 and January 2016. The Academy also is working to advocate for improved access to pediatric care, interstate licensure, Medicaid payment and safety. Considerable work has been done on appropriate coding, billing and payment for telehealth services in a variety of settings. The Academy recognizes the importance of payment for these services in order to expand the availability and quality of services to patients and their families through their established clinics and medical home settings.

Through grant-funds, the Academy partnered with the University of New Mexico Project ECHO (Extension for Community Healthcare Outcomes) model of health care delivery and education to expand existing capacity to provide best practice care for children and youth with epilepsy (CYE) and endocrinology in rural and underserved areas. Project ECHO creates partnerships between primary care providers (PCPs) in rural and underserved areas and specialty care providers at academic medical centers that allow for the sharing of new knowledge in real time. Using state-of-the-art telehealth technology, clinical management tools, and case-based learning, Project ECHO trains and supports PCPs in the community to develop knowledge and self-efficacy on diseases and conditions not usually considered within their scope of practice. The Academy recently became a Super Hub for Project ECHO, which will allow the Academy to train pediatricians and pediatric subspecialists in this innovative delivery model.

**4) Resolution # 63SB Screening and Toolkit for Poverty**

Submitted by: District III

RESOLVED, *that the Academy work to identify and implement a poverty screening tool for future incorporation into the Bright Futures Guidelines, and be it further*

RESOLVED, *that the Academy work to develop a toolkit for pediatricians to address poverty in their practices and their communities.*

**Response from the Board of Directors**

The Academy strongly supports helping pediatricians to address poverty within their practices. This is one of the Academy’s strategic child health priorities.

The AAP Council on Community Pediatrics (COCP) Executive Committee has taken the lead in this area. Members agreed to aggregate and promote practice screening and referral resources that address key priority issues including food and housing insecurity, parental employment and education, child care, education and early childhood issues including maternal depression. This will
be promoted through a toolkit of practice resources that will be posted online to support the AAP Poverty and Child Health priority. Included will be several screening tools that assess key social determinants of health which can be used in practice.

The group agreed to review existing AAP resources, and resources from the Section on Medical Students, Residents and Fellowship Trainees (SOMSRFT) annual advocacy campaign called FACE poverty. FACE poverty stands for Food Security | Access to Health Care | Community | Education, in order to determine what new tools may need to be developed. The resolution author and members of the COCP Executive Committee held an initial planning call to discuss the effort in June 2015.

The COCP has been involved in the current revision of the Bright Futures Guidelines theme on social determinants of health, which relates to child poverty. COCP anticipates future involvement with incorporating additional poverty related screening tools into the Bright Futures Guidelines.

5) Resolution # 29SA Marijuana Manufacturer Responsibility in Limiting Exposure to Individuals Under Age 21

Submitted by: District VIII

RESOLVED, that the Academy advocate for stringent state regulations surrounding the packaging and marketing of retail marijuana products for individuals under age 21.

Response from the Board of Directors
The Academy is in strong support of this resolution. A total of 4 states (Alaska, Colorado, Oregon, and Washington) and the District of Columbia have legalized marijuana for recreational use. With the release of the Academy policy statement “The Impact of Marijuana Policies on Youth: Clinical, Research, and Legal Update” – the Academy has developed a resource (State AdvocacyFOCUS) to aid chapters in opposing recreational marijuana legalization.

With momentum toward marijuana legalization building in states, the Academy is developing additional guidance for chapters on issues related to prohibiting the marketing of marijuana to children, preventing child and adolescent access to marijuana, and preventing the unintentional ingestion of marijuana products by children.

6) Resolution # 109 Sugar-sweetened Beverage Company Sponsorship of the AAP

Submitted by: District VII

RESOLVED, that the Academy decline financial contributions from corporations and/or brands that sell and market sugary drinks to children, and be it further
RESOLVED, that the Academy form a taskforce or similar workgroup, informed by broad AAP membership that will develop updated guidelines and recommendations regarding how best the AAP should interact with food and beverage companies that could reasonably be considered to market unhealthy products to children.

Response from the Board of Directors
The Academy fully supports the intent of this resolution and Resolution #108 and the Board has discussed the issue of corporate financial support at length and developed policy for corporate sponsorships. The Board carefully reviews the criteria for corporate relationships and whether it fosters the AAP mission and vision. The Board is using a shared values model as a guide to relationships with corporations and when communicating about such relationships to members and the public. Existing board policy requires that the AAP “develop relationships with organizations that, through their products, activities, and/or their philosophy, enhance the quality of life for children and their families and are aligned with the AAP’s values and mission.” The AAP regularly evaluates each relationship very carefully in order to assess whether it is positive for children. In the particular case of the AAP relationship with the Coca-Cola Company, that relationship will terminate December 31, 2015.

The Board also understands that AAP members are looking for more transparency regarding how sponsorship decisions are made and is committed to providing this information to members and discussing member concerns. At this time, the Board will review corporate relationships on an ongoing basis to assure continued alignment with AAP mission and policies and will not be convening a separate workgroup.

7) Resolution #62.64SB Universal Screening for Hunger/Food Insecurity during Office Visits

Submitted by: District IX

RESOLVED, that the Academy advocate and provide guidance for primary care pediatricians in implementing a standardized screening process for food insecurity in routine well-child care visits, including incorporation of the two-question USDA screening tool, and be it further

RESOLVED, that the Academy encourage pediatricians to become knowledgeable about resources and referral organizations that address food insecurity in their communities.

Response from the Board of Directors
The Academy is strongly in support of this resolution and is actively advocating for and developing guidance to address food insecurity. A policy statement, “Promoting Food Security for All Children” will be published in October 2015. It will discuss the impact of food insecurity on children’s health and development as well as describe several nutrition programs that mitigate food insecurity and encourage pediatricians to screen for food insecurity, using the USDA 2-question screener referred to in the resolution.
Further, resources for pediatricians to address food insecurity will be promoted through a poverty toolkit of practice resources that will be posted online to support the AAP Poverty and Child Health priority. When this is launched, the AAP will encourage pediatricians to become knowledgeable about the resources in their communities.

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<tr>
<th>Resolution # 10</th>
<th>Eliminating Triple-digit Payday and Car Title Loans</th>
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<tr>
<td>Submitted by:</td>
<td>District X</td>
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<tr>
<td>RESOLVED,</td>
<td>that the Academy advocate for a maximum 36% interest rate cap on small-dollar consumer loans and the promotion of responsible lending alternative products and practices.</td>
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**Response from the Board of Directors**

The Academy strongly supports the intent of the resolution and supports advocacy efforts with regard to reducing the number of children living in poverty. So called “payday” lending targets individuals and families with the least ability to pay with the highest possible interest rates and thereby reinforces poverty.

As of June 1, 36 states allow storefront payday lending while 14 states have restrictive policies that either prohibit storefront payday loans or cap interest rates at 36%. According to an April 2014 report from The PEW Charitable Trusts, “States with high or no rate limits tend to have the most payday loan stores per capita. But in states with lower rate limits, payday lending is not significantly constrained; instead, fewer stores simply serve more customers each.”

Additionally, 25 states allow auto title loan lending. According to a March 2015 report from The PEW Charitable Trusts, “Auto title loan customers pay a total of about $3 billion in fees annually. The typical annual percentage rate for an auto title loan is 300 percent.”

Although the AAP has not yet developed policy on the issue of capping payday loans, we continue to develop state advocacy resources, to support AAP chapters in their work to advance state policies that help reduce the number of children living in poverty. A resource on this issue is under development.

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<th>Resolution # 28SA</th>
<th>Prevent Marijuana Exposure for Children</th>
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<tr>
<td>Submitted by:</td>
<td>District VII</td>
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<tr>
<td>RESOLVED,</td>
<td>that the Academy advocate to prohibit recreational marijuana exposure for all children under 21.</td>
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Response from the Board of Directors
The Academy strongly supports the intent of the resolution and is actively engaged on multiple levels to pursue the prevention of marijuana exposure for children.

A total of 4 states (Alaska, Colorado, Oregon, and Washington) and the District of Columbia have legalized marijuana for recreational use. With the release of the Academy policy statement “The Impact of Marijuana Policies on Youth: Clinical, Research, and Legal Update” – the Academy has developed a resource (State AdvocacyFOCUS) to aid chapters in opposing recreational marijuana legalization.

With momentum toward marijuana legalization building in states, the Academy is developing additional guidance for chapters on issues related to prohibiting the marketing of marijuana to children, preventing child and adolescent access to marijuana, and preventing the unintentional ingestion of marijuana products by children.

10) Resolution # 93  Executive Director Lodging Expenses at District Meetings

Submitted by: District VI

RESOLVED, that the Academy pay for all lodging costs for chapter and district executive directors who attend their district meetings.

Response from the Board of Directors
The AAP Board of Directors unanimously supports the intent of the resolution and recognizes the importance of including executive directors in the discussions that take place at district meetings. Accordingly, the Board has committed the funding to pay for the lodging as well as food costs for chapter executive directors to attend district meetings beginning with the 2016 cycle of meetings. Transportation including ground and air, will remain the responsibility of the chapter.