

# WEST VIRGINIA



## West Virginia Child Health Policy Priorities 2025 and Beyond

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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 the position of West Virginia as a leading state for children.

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# Policy Goals

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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, regardless of their race, ethnicity, income, family composition or immigration status have:

- equitable, non-discriminatory access to affordable and high-quality health care coverage, such as Medicaid and CHIP, with comprehensive, pediatric-appropriate benefits including immunizations,
- 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 and early education programs,
- 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,
- 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:

- acknowledge racism as a public health crisis and work towards reducing racism through interdisciplinary partnerships with organizations that have developed campaigns against racism,
- 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 Priorities

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## West Virginia Chapter | American Academy of Pediatrics

### Maintaining Strong Immunization Laws

The West Virginia Chapter of the American Academy of Pediatrics (WV AAP) has long advocated for preventive care, including immunizations, as a fundamental component of pediatric health and disease prevention within the medical home setting. Extensive evidence-based research consistently demonstrates that immunizations save lives. West Virginia upholds one of the nation's strongest school-entry immunization policies, permitting only medical exemptions for required vaccinations. In contrast, states with weaker immunization laws that allow nonmedical exemptions have seen a rise in unvaccinated children. This trend has contributed to outbreaks of diseases such as pertussis (whooping cough) and measles in neighboring states with higher numbers of unvaccinated students. West Virginia students deserve the freedom to attend school without the fear of exposure to preventable diseases.

- The WV AAP urges legislators to oppose any attempts to weaken immunization policies by modifying the exemption process in any way, ensuring that West Virginia's children and communities remain healthy and protected from vaccine-preventable diseases.

### Improving Access to Care

States, including West Virginia, have made significant progress in expanding children's health coverage through Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act. However, recent setbacks have threatened these gains. As coverage rates stagnate or decline, the West Virginia Chapter of the American Academy of Pediatrics (WV AAP) underscores the need to identify and enroll eligible children, improve systems to maintain continuous coverage, and ensure parents have access to health insurance to support their families' well-being. Medicaid and CHIP play a vital role in serving West Virginia's most vulnerable children, supporting their healthy development and long-term success.

- The WV AAP remains committed to protecting and enhancing children's health coverage through these essential programs, particularly for vulnerable populations such as children in foster care, kinship care, transient guardianship, and those with special health care needs.
- The WV AAP advocates for policies that expand access to physicians and specialists through telehealth, promote payment parity for telehealth services, and include coverage for telephonic visits.

### Supporting Early Child Care and Education

The WV AAP supports strengthening financial support for early care and education programs to ensure the stability and sustainability of childcare centers. This includes continued financial stabilization of the childcare system through enrollment-based payments and categorical reimbursement to support the children of childcare staff.

# Advocacy Priorities

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## West Virginia Chapter | American Academy of Pediatrics

### Combatting Food Insecurity

The WV AAP advocates for policies that combat food insecurity among children and families by ensuring access to nutritious food. This includes expanding universal school meal programs, increasing reimbursement rates for the Child and Adult Care Food Program (CACFP), and funding initiatives such as Produce “Rx,” FNV Rx & Fresh Connect, and SNAP Stretch to improve access to fresh, healthy foods.

### Promoting Tobacco Cessation

Preventing youth tobacco and vaping initiation and exposure are important to reducing tobacco-related diseases. Preventing youth tobacco and vaping initiation and exposure are important to reducing tobacco-related diseases.

- WV should enact and enforce laws that mandate smoke and vape free environments to reduce exposure and protect children from tobacco-related diseases.
- WV AAP supports universal screening of caregivers and assisting them in reducing and eliminating tobacco use.
- WV AAP supports measures that will decrease tobacco and nicotine use and increase recommended funding for prevention and cessation services – specifically restricting youth access to vaping products and nicotine pouches, bans on flavored products, and prevention of nicotine use in adolescents and young adults.

### Addressing ACEs and Toxic Stress

Adverse Childhood Experiences (ACEs) and toxic stress have profound and lasting effects on children's health, quality of life, economic stability, and educational outcomes. Research confirms that ACEs are widespread, affecting individuals across all income levels. Protecting young children from adversity is a science-backed approach to addressing some of society's most persistent and costly challenges, including educational underachievement, reduced economic productivity, criminal behavior, and health disparities.

- Training for physicians and health care professionals should emphasize the importance of trauma-informed care in pediatric practice to more effectively support the health and well-being of children and their families.
- The WV AAP advocates for the implementation and evaluation of evidence-based, family-centered interventions—regardless of provider or setting—that incorporate care coordination, reduce toxic stress, mitigate its harmful effects, and foster resilience in young children.

# Advocacy Priorities

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## West Virginia Chapter | American Academy of Pediatrics

### Prioritize Mental and Behavioral Health

The children's mental health crisis continues to escalate. In 2021, the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP), and the Children's Hospital Association declared a national emergency in children's mental health, emphasizing the severe impact of the COVID-19 pandemic on top of pre-existing challenges. Ensuring that children have access to affordable, high-quality mental health care is critical.

Even before the pandemic, rates of childhood mental health issues and suicide had been steadily rising for over a decade. By 2018, suicide had become the second leading cause of death among youth ages 10-24. Research indicates that between March and October 2020, emergency department visits for mental health emergencies surged by 24% among children ages 5-11 and by 31% among adolescents ages 12-17. Additionally, in early 2021, emergency department visits for suspected suicide attempts increased by nearly 51% among girls ages 12-17 compared to the same period in 2019.

Access to timely, effective mental health care is essential to prevent adverse outcomes such as poor academic performance, declining overall health, and injury or death from suicide attempts.

- The WV AAP supports legislation aimed at expanding affordable and accessible mental health services for children, including increased availability of telehealth options for mental health care.
- The WV AAP advocates for increased funding for mental health resources in schools and communities to ensure easier access to critical mental health services.

### Substance Use Epidemic and the Impact on Children

Substance use disorders remain a growing problem among young people. The rate of "nonmedical use" (i.e., use without a prescription or more than prescribed) of opioid medication by adolescents (aged 12-17) and young adults (aged 18-25) more than doubled between 1991-2012, and the rates of opioid use disorders, including heroin addiction, and fatal opioid overdoses increased in parallel. Neonatal Abstinence Syndrome (NAS) is another devastating consequence from the substance use epidemic that impacts the most vulnerable population in West Virginia.

- The WV AAP supports increasing resources to improve access to medication-assisted treatments.
- In WV, 14% of babies are born exposed to substances, and among those, 1 in 3 are diagnosed with NAS. West Virginia has among the highest incidence rate of NAS in the country. WV AAP remains willing and able to continue to collaborate with state partners to ensure adequate care for children impacted by this epidemic.
- As the substance use epidemic continues to contribute to rising foster care placements, the WV AAP promotes policies that provide access to evidence-based treatment for the whole family.

# Advocacy Priorities

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West Virginia Chapter | American Academy of Pediatrics

## Firearm Injury Prevention

Every child has the right to live in a safe home, play in secure environments, and grow up without the fear of firearm violence. Gun violence is a public health crisis that profoundly impacts children and must be addressed through evidence-based policies. As pediatricians, we educate parents on the safe storage of firearms and advocate for measures to protect children—yet we also rely on our elected leaders to take a common-sense approach in advancing comprehensive gun violence and firearm injury prevention policies.

- The WV AAP is dedicated to safeguarding children from firearm-related injuries and violence.
- Acknowledging the devastating impact of firearms on children, adolescents, and young adults, the AAP supports firearm regulations, including a ban on assault weapons and high-capacity magazine sales, as effective measures to reduce firearm-related harm.
- We urge legislators to oppose any policies that weaken gun violence and firearm injury prevention laws, as these put children's safety at risk.