NEWS | POSTED JANUARY 28, 2018

Policy Update: January 2018

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SRCD News Related to Child and Family Policy

Register Now: Upcoming Webinar on Environmental Influences on Children's Health and Development
The University-Based Child and Family Policy Consortium and Society for Research in Child Development are pleased to present an upcoming webinar on children's environmental health.

Date: Wednesday, February 14
Time: 3:00-4:00 PM Eastern

Description: Every day, children are exposed to substances in their environment that can negatively impact their lifetime trajectory of health. During this webinar you will learn why children are more vulnerable to these exposures than adults due to differences in behavior and biology; unique windows of susceptibility during development; sources of exposure, including in early care and education settings; and health outcomes that may result from these exposures. Particular emphasis will be given to child care settings and early growth and development.

This webinar will feature presentations by Dr. Barbara Fiese and Brenda Koester of the Family Resiliency Center at the University of Illinois, and Dr. Susan Buchanan of the University of Illinois at Chicago.

Click here to register for this webinar

Spotlight on the SRCD Policy Fellow

Yunsoo Park, Ph.D., is a second year Executive Branch Fellow whose placement is in the National Institute of Justice (NIJ) in the Department of Justice. Click here to learn more about her work, including her experience leading the Federal Interagency Workgroup on Teen Dating Violence.

Legislative Branch Updates

FY18 Appropriations Update: Brief Government Shutdown Followed by Another Continuing Resolution

The federal government briefly shut down January 20-22 after the Senate was unable to pass a funding bill before the previous continuing resolution (CR) expired at 11:59 pm on January 19. Senate Democrats refused to support another short-term funding bill that did not include a legislative solution for "Dreamers," or the undocumented young adults brought here as children and previously protected under the Deferred Action for Childhood Arrivals (DACA) program, which President Trump has said will end on March 5.

The shutdown was short lived, as on January 22, a large majority of Senators voted in favor of a three-week CR to fund the government through February 8. This followed a commitment made by Senate Majority Leader Mitch McConnell (R-KY) to provide floor time in the coming weeks for an immigration debate. Senator McConnell is quoted as saying "It would be my intention to take up legislation here in the Senate that would address DACA, border security, and related issues, as well as disaster relief, healthcare, and other important matters."

In addition to funding the federal government through February 8, the current CR also reauthorizes the Children's Health Insurance Program (CHIP) for six years and delays or suspends several taxes imposed under the Affordable Care Act. The previous CR, which was passed in late December and expired on January 19, provided temporary CHIP funding, extended the authorization of the National Flood Insurance Program, and waived the PAYGO rules (additional information available here) that would have triggered huge mandatory spending cuts at the start of 2018 due to the large deficit impacts of the tax bill.

Final Tax Bill Signed Into Law

On December 22, H.R. 1, the "Tax Cuts and Jobs Act," was signed into law. The House and Senate had previously each passed their own versions of this bill, but differences between the two had to be reconciled before final passage. Provisions in the final bill that may be of particular interest to SRCD members include:

- *Higher Education Related Provisions.* The final bill includes an excise tax on private university endowments, however, the higher education related tax credits slated for repeal in earlier versions did not end up in the final bill.
- *Health Care.* The final bill also repeals a penalty for not purchasing health insurance under the Affordable Care Act. The Congressional Budget Office (CBO) estimates that the repeal of the individual mandate will result in 13 million fewer people with insurance in ten years.
- *Child Tax Credit.* The final tax bill raises the maximum child tax credit (CTC) to $2,000 per child. However, many low-income working families would not receive the full benefit of the increased CTC. See the December 2017 edition of Policy Update or this recent updatefrom the Center on Budget and Policy Priorities for additional details.
- *Impact on Deficit.* According to the Joint Committee on Taxation, the final tax bill will increase the deficit by over 1.4 trillion dollars over the next decade. However, the mandatory spending cuts (PAYGO) discussed last month's Policy Update will not take place, as Congress included a provision in the late December continuing resolution to waive the PAYGO rules.

Senate Committee Hearing on Implementing Mental Health Provisions of the 21st Century Cures Act

On December 13, the Senate Health, Education, Labor, and Pensions (HELP) Committee held a hearing entitled "Implementation of the 21st Century Cures Act: Responding to Mental Health Needs." This was the

third hearing in a series focusing on the implementation of the 21st Century Cures Act. Chairman Lamar Alexander (R-TN) identified the purpose as to hear from the Substance Abuse and Mental Health Services Administration (SAMHSA) on implementation of mental health provisions in the Cures Act. He noted that while most mental health services are provided by the private sector, SAMHSA is "relatively small but critically important in improving the availability and quality of prevention screening, early intervention and treatment programs, and recovery services." Senator Chris Murphy (D-CT) then provided a statement, adding that this hearing falls on the one-year anniversary of President Obama signing a law that established an Assistant Secretary for Mental Health and Substance Abuse. He then urged appropriators to provide funding for programs authorized in the Cures Act, including the Mental Health Reform Act, the first comprehensive reauthorization of mental health laws. Senator Bill Cassidy (R-LA) then spoke, noting that this hearing will be useful in understanding how effective SAHMSA has been in the coordination of government programs dealing with mental health.

Dr. Elinore F. McCance-Katz, Assistant Secretary for Mental Health and Substance Use at SAMHSA, provided testimony on a variety of programs and implementation strategies currently in place by SAMHSA, including: strengthening practitioner presence in the agency by expanding the Office of the Chief Medical Officer to include two additional psychiatrists and a nurse practitioner; creation of an Interdepartmental Serious Mental Illness Coordinating Committee to improve coordination between federal agencies, which will also be presenting a report to Congress; creation of a Policy Lab to promote evidence based practices and evaluate service delivery models, focusing especially on schizophrenia and opioid addiction; promoting access to care for people with mental health disorders through introducing grants soliciting research on outpatient treatment and strengthening care for people with serious mental illness transitioning out of homelessness; focusing on suicide prevention through a suicide prevention lifeline and creation of grants for suicide prevention programs that had not been authorized prior to the Cures Act; and developing, implementing, and expanding community-based services for children through the Children's Mental Health Initiative. For a webcast of the full hearing and witness testimony, click here.

Senate Committee Hearing on Financial Aid Simplification and Transparency

On January 18, the Senate Health, Education, Labor, and Pensions (HELP) Committee held a hearing entitled "Reauthorizing the Higher Education Act (HEA): Financial Aid Simplification and Transparency," part of a series of hearings on the reauthorization of the HEA. Chairman Lamar Alexander (R-TN) opened the hearing by providing context for the series: to work towards having a markup of a set of recommendations to send to

the full Senate by early spring. For this hearing specifically, the committee hoped to get witness input on proposals from the committee that address the complexity of applying for federal grants and loans, and for simplifying repayment options. Ranking Member Patty Murray (D-WA) then provided opening remarks, noting that applying for financial aid can be overwhelming, especially for first generation college students, and that current aid offers and repayment forms can be confusing, as they lack standard format or terms. She concluded her statement by noting that the purpose of financial aid is to open doors of opportunity in higher education, and that simplification cannot mean elimination of aid.

Witnesses provided testimony on issues related to the cost of college and complications of federal aid, including: that nearly five million student loan borrowers are in default, and millions more are behind on their payments; the higher burden of loans in the U.S. than in other countries, with other countries having longer repayment times, income-based repayment systems, and adjustments if income changes; that the 10-year standard repayment system asks student borrowers to make unaffordable payments while their incomes are low; that the purchasing power of the Pell Grant has dropped from covering nearly 80% of student need to covering less than 30% of the cost of a 4-year, public degree; and that award letters are problematic due to inconsistent/inaccurate terminology, missing cost information, and lack of clear next steps among other issues. Witnesses also provided suggested solutions to these issues, including: consolidating federal aid programs into one grant program and one loan program to reduce complexity; creating and placing borrowers into an income-driven repayment system automatically after college; increasing non-loan aid; increasing Pell Grant amounts as well as adjusting for inflation; creating simpler and fewer forms that are translated into multiple languages; and requiring standard terms and formats for all financial aid award letters that include student-friendly definitions. Witnesses included Dr. Matthew Chingos, Director, Education Policy Program, Urban Institute; Joanna Darcus, Massachusetts Legal Assistance Corporation Racial Justice Fellow, National Consumer Law; Dr. Susan Dynarski, Professor of Public Policy, Education and Economics, University of Michigan; Laura Keane, Chief Policy Officer, UAspire; and Dr. Russell Lowery-Hart, President, Amarillo College. Click here to watch the full hearing and read witness testimony.

Briefing on the Children's Health Insurance Program

On December 19, First Focus, Family Voices, and the National Association of Pediatric Nurse Practitioners hosted a briefing on the need to fund the Children’s Health Insurance Program (CHIP). The briefing was hosted in coordination with Senator Bob Casey’s (D-PA) office. The event featured opening remarks by Senator Casey and Bruce Lesley, President of First Focus, followed by stories from families and healthcare

providers from across the country that emphasized the importance of CHIP and called on Congress to reauthorize CHIP without delay. Senator Casey noted that if Congress can spend months working on a massive tax overhaul, “Why is it so hard to get a bipartisan, ready to go right now, Children’s Health Insurance bill done? Why isn’t that a priority?” He continued, citing examples of the positive impacts of investing in children, “You want to grow the economy? Invest in kids. You want to reduce crime? Invest in kids.” Families from Colorado, Kentucky, New York, Texas, Utah, Wisconsin, and West Virginia then shared personal stories of how CHIP has impacted their lives. Families discussed many different conditions and types of preventative care that CHIP coverage has supported, including for Crohn’s disease, vision problems, congenital heart disease, mental health issues, and immunizations. Several parents expressed concern that if their children were to permanently lose their CHIP coverage, they would have to give up their income to cover their children’s complex health care needs - either by leaving their jobs so that their children would qualify for Medicaid, or by spending more than their monthly income to cover their children’s health care costs. One mother in such a situation stated “This is not a situation any American family should be in...we should not be forced to give up our incomes to keep our children alive.” A videocast of the event is available here.

After more than three months of being unauthorized, the continuing resolution signed on January 22 reauthorized CHIP for six years, as discussed in the appropriations update above.

Executive Branch Updates

National Advisory Child Health and Human Development Council Meeting

The National Advisory Child Health and Human Development Council met on January 18 to advise the director of the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD). The director of NICHD, Dr. Diana Bianchi, opened the meeting with the director’s report, which provided updates on the implementation of the 21st Century Cures Act, the NICHD vision goals, and the NICHD strategic planning process. The theme for this Advisory Council meeting was inclusion, and Dr. Bianchi noted that explicit exclusion of certain populations in clinical research is a huge problem; that when groups such as pregnant women, lactating women, children, and people with physical or intellectual disabilities are excluded from research, this research is then not at all representative of the U.S. population as a whole. An NIH workshop in June on inclusion across the lifespan has resulted in an official policy change at NIH requiring that individuals of all ages be included in clinical research, unless there are strong ethical or

scientific justifications for their exclusion.

The update on implementation of the 21st Century Cures Act included discussion of NICHD's involvement in the Inclusion Across the Lifespan Workshop, the ongoing Task Force on Research Specific to Pregnant and Lactating Women (PRGLAC), and the Next Generation Researchers Initiative. Dr. Bianchi noted that in FY2017 NICHD funded 29 early stage investigators. Several new and ongoing partnerships were also discussed, including the ACT NOW partnership focused on neonatal opioid withdrawal, and a partnership with the National Institute on Aging and several private foundations focused on Down syndrome. Dr. Bianchi concluded her director's report with an update on NICHD's strategic planning, noting that a set of focus questions has been developed and that the strategic planning process will take place largely over the course of 2018.

In addition to the director's report, updates were provided by several divisions and offices, and detailed presentations were given on intellectual developmental disability research at NICHD, moving toward precision medicine for people with intellectual disabilities, rehabilitation research, and opioids and public health. The meeting agenda, additional resources, and presentations from the meeting are available here and the webcast of the event is available here.

James Woodworth Appointed to Head NCES

President Trump has appointed James Lynn Woodworth to a six-year term as the Commissioner of the National Center for Education Statistics (NCES). Woodworth holds a Ph.D. in education policy from the University of Arkansas in Fayetteville, a M.Ed. in educational leadership from Arkansas Tech University, and spent 11 years as a public school teacher in Arkansas. Most recently he has been a quantitative research analyst at the Center for Research on Educational Outcomes (CREDO) at Stanford University's Hoover Institution. A statement about the appointment from AERA Executive Director Felice J. Levine is available here.

Updates to NIH Clinical Trials Case Studies

NIH has recently updated a set of case studies provided to help researchers determine whether a particular study would be considered a clinical trial under the new NIH definition. In addition to providing a new set of "Institute or Center Specific Case Studies," updates are provided to selected case studies from among 38

that fall under the heading of “General Case Studies.” The four criteria used in determining whether a study is a clinical trial are whether: (1) the study involves human participants; (2) the participants are prospectively assigned to an intervention; (3) the study is designed to evaluate the effect of the intervention on the participants; and (4) the effect being evaluated is a health-related biomedical or behavioral outcome. A study for which the answer is “yes” to each question meets the NIH definition of a clinical trial even if the study “involves healthy participants; ...does not involve a comparison group; ...is only designed to assess the pharmacokinetics, safety, and/or maximum tolerated dose of an investigational drug; ...is utilizing a behavioral intervention.” An article by NIH leadership available here provides further information on the basis for the change in definition and the steps being taken to provide training for the change. Expressions of concern about the expanded definition of clinical trial from researchers, scientific associations and university representatives are available here on the website of the Federation of Associations in Behavioral & Brain Sciences (FABBS).

Federal Reports and Requests

Reports

New Reports and Briefs from the Office of Planning, Research and Evaluation

Several new publications are available from the Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families (ACF), U.S. Department of Health and Human Services:

(1) Co-Regulation From Birth Through Young Adulthood: A Practice Brief This brief provides caregivers and program administrators with guidelines for effective co-regulation support at each stage of development.

(2) Current Gaps and Future Directions for Self-Regulation Intervention Research This briefaddresses key gaps in self-regulation interventions and intervention research.

(3) Promoting Self-Regulation in the First Five Years: A Practice Brief This brief provides practitioners with guidelines for promoting self-regulation development in children aged birth through 5 years.

(4) Behavioral Insights for Child Care: Lessons from the BIAS Project This brief provides an overview of The Behavioral Interventions to Advance Self-Sufficiency project implementation at two child care agencies in Indiana and Oklahoma.

(5) Behavioral Insights for Work Support: Lessons from the BIAS Project This brief provides an overview of The Behavioral Interventions to Advance Self-Sufficiency project implementation at two program sites that aim to increase the economic security of recipients' families through employment.

*(6) Immediate Outcomes of Contacting the National Domestic Violence Hotline and loveisrespect*This snapshot summarizes results from a survey of 'immediate outcomes' (including helpfulness of service and emotional well-being) for those who have contacted the National Domestic Violence Hotline and loveisrespect, a helpline targeted towards young people.

*(7) Preferred Method to Connect with the National Domestic Violence Hotline and loveisrespect*This snapshot summarizes results on preferred method of contact from a survey for the National Domestic Violence Hotline and loveisrespect, a helpline targeted towards young people.

(8) Exploration of Integrated Approaches to Supporting Child Development & Improving Family Economic Security This report describes an ACF project examining programs that deliberately combine services that are intended to support both child development and parental economic security.

(9) Features of Programs Designed to Help Families Achieve Economic Security and Promote Child Well-being This brief identifies common features of programs that offer integrated services to support both the economic security of families and the development and well-being of children.

*(10) Valley Initiative for Development and Advancement: Implementation and Early Impact Report*This report summarizes implementation and early impacts of the Valley Initiative for Development and Advancement (VIDA), a career pathways programs for low-income students.

New Reports from the Institute of Education Sciences

Several new reports are available from the National Center for Education Statistics, Institute of Education Sciences (IES), Department of Education:

(1) Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2014–15 (Fiscal Year 2015) This First Look report introduces new data for national and state-level public elementary and secondary revenues and expenditures for FY2015.

(2) Postsecondary Institutions and Cost of Attendance in 2016-17; Degrees and Other Awards Conferred: 2015-

16; and 12-Month Enrollment: 2015-16: First Look (Provisional Data) This First Look report includes updated data from the Integrated Postsecondary Education Data System (IPEDS) fall 2016 survey.

(3) Student Victimization in U.S. Schools: Results From the 2015 School Crime Supplement to the National Crime Victimization Survey This Statistics in Brief summarizes data from the 2015 School Crime Supplement providing statistics on student criminal victimization and the characteristics of crime victims and nonvictims.

(4) Enrollment and Employees in Postsecondary Institutions, Fall 2016; and Financial Statistics and Academic Libraries, Fiscal Year 2016: First Look (Provisional Data) This First Look reportincludes updated data from the Integrated Postsecondary Education Data System (IPEDS) spring 2017 survey.

Resources

Request for Input on Grand Societal Questions in the SBE Sciences

The Director of the Social, Behavioral and Economic (SBE) Sciences Directorate at the National Science Foundation (NSF), Fay Lomax Cook, has made the following request of SRCD members as well as members of other scientific associations: "I would like to ask you to take some time to think about what you and your society see as grand societal questions that the SBE sciences can help address in the next decade. We have begun the process of undertaking strategic planning for the Directorate and we look forward to hearing your thoughts on the vision for this plan. We hope you will be prepared to share some of your ideas on grand challenges and examples of SBE scientific research questions that can help us to tackle these challenges at our next meeting."

In order to provide input into SRCD's response, please send a brief email, not exceeding two paragraphs, to opc@srcd.org, noting the grand societal questions in developmental science that you suggest as priorities for NSF SBE, and providing a rationale for suggesting these. SRCD's staff will coordinate input from members in order to provide a single response on behalf of SRCD.

NICHD Request for Input on *All of Us* Research Questions

The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development seeks comments on research questions that could be addressed by the NIH *All of Us* Program, a project gathering data from over 1 million U.S. volunteers to address biological, behavioral, and environmental factors that influence health and disease. Proposed research questions include NICHD initiated ideas based on institute priorities (i.e.

"What are the long-term effects and risks of opioid use disorder during pregnancy on maternal and child health?"). The institute also seeks submissions of research questions by individual commenters. Comments are due by February 23, 2018. Click here to vote on proposed research questions and to submit your own. To learn more about *All of Us*, click here.

Federal Funding Opportunities

This month's FFO highlights a National Institute on Deafness and Other Communication Disorders (NIDCD) funding opportunity intended to provide an avenue for basic scientists, clinicians and clinical scientists to jointly initiate and conduct translational research projects which translate basic research findings into clinical tools for better human health. The scope of this FOA includes a range of activities to encourage translation of basic research findings which will impact the diagnosis, treatment and prevention of communication disorders. Connection to the clinical condition must be clearly established and the outcomes of the grant must have practical clinical impact. Completed applications are due by June 19, 2018. Click here to read about this and other federal funding opportunities.