

2025 Wisconsin Blueprint for Children

Priorities and recommendations to optimize lifespan outcomes, foster child health and well-being, strengthen families, support our communities, and enhance the position of Wisconsin as a leading state where children flourish and thrive.



Wisconsin Chapter

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American Academy of Pediatrics

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About WIAAP

The Wisconsin Chapter of the American Academy of Pediatrics (WIAAP) strives to assure optimal health and well-being for all of Wisconsin's children and their families and provide support and education to our members, enabling them to continue to be the most effective providers of health care to children. Founded in 1953, there are over 800 members in Wisconsin.

WIAAP creates an annual strategic plan to focus on key issues affecting Wisconsin children and their families. These strategic priorities make up our core pillars, which include advocacy, early childhood, immunizations, and mental health.

Advocacy

Meet Dr. Moo

Dr. Moo is WIAAP's official spokesperson and she uses her gentle sense of humor and dairy-related jokes to remind us all that when it comes to the health and well-being of all children, we need to put kids first. She prides herself on lending a significant, unique voice to policy decisions affecting pediatricians and their patients. From Extending CHIP to federal health care legislation to addressing gun violence and the separation of families at the border, Dr. Moo promises to be on the front lines, fighting for our greatest resource: our children!



The Wisconsin Chapter of the American Academy of Pediatrics is a separate entity from the national organization known as the American Academy of Pediatrics. These materials do not necessarily represent the positions of the national organization known as the American Academy of Pediatrics.

This third edition of the Wisconsin AAP's Blueprint for Children was revised, researched, and updated by Lydia Michaels and Jordan Gutwillig, 2024–25 Chapter Interns from the UW–Madison School of Human Ecology.



Building a healthy future

Policy Goals

Promote Healthy Children

All children must have access to the highest-quality health care, so they can thrive throughout their lifespan. Policymakers must ensure that all children, regardless of any other factors:

- ♦ have affordable and high-quality health care coverage,
- ♦ have insurance with comprehensive, pediatric-appropriate benefits,
- ♦ have access to needed primary and subspecialty pediatric care and mental health services, and
- ♦ receive comprehensive, high-quality, family-centered care in a primary care Patient/Family-Centered Medical Home.

Support 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:

- ♦ employment that provides a stable and adequate income and family-friendly benefits,
- ♦ safe and secure housing,
- ♦ affordable, high-quality, and safe childcare,
- ♦ healthy, nutritious foods in adequate quantities throughout the year, and
- ♦ resources that support and reinforce positive parenting skills.

Build Strong Communities

Strong communities provide the foundation for secure families and healthy children. Policymakers must ensure *all* that communities:

- ♦ are safe from violence and environmental hazards,
- ♦ provide high-quality early education programs,
- ♦ support public health systems that protect children from infectious diseases,
- ♦ 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 policy that:

- ♦ fund and support public health and health services to help children grow into healthy adults,
- ♦ protect children and families from sudden and unnecessary changes in support and protections due to political or systems-centered considerations,
- ♦ address environmental health and climate change issues that affect children, and
- ♦ address factors that expose some children to vulnerability, such as race, ethnicity, religion, immigration status, sexual orientation, gender identity, or disability.



2025 Advocacy Agenda

ISSUE: Access to Pediatric Care

WIAAP believes that all children, regardless of age, race, ethnicity, immigration status, gender, socioeconomic status, parentage, or special health care needs, should have equal access to quality health care in a Patient/Family-Centered Medical Home. This includes pediatric subspecialists, who help to provide care for children with more complex medical or mental health needs. Access to this level of care decreases both short- and long-term health care costs through reduced visits to emergency rooms and hospitals. Currently, several factors impede access to health care providers — both primary and specialty — including: a shortage of subspecialists in provider networks especially in child psychiatry and developmental-behavioral pediatrics; and significant, long-term stressors on health care professionals, leading to exhaustion, burnout, and moral injury.



DR. MOO'S POLICY PRESCRIPTION

- ♦ Cover all services as defined by AAP Bright Futures Guidelines and the federal Early and Periodic Screening, Diagnostic and Treatment Benefit (*EPSDT, known in Wisconsin as Health Check and Health Check Other Services*).
- ♦ Offer Medicaid and CHIP coverage to undocumented children, allowing them access to primary care, and preventive and treatment services, avoiding the use of uncompensated, financially stressful emergency room visits and hospital care. Provide presumptive eligibility for a period of 3-5 years and streamline insurance eligibility and maintenance processes to allow quality treatment.
- ♦ Accept federal Medicaid expansion monies to allow additional funding for the parents of children, stabilizing the home environment and strengthening Wisconsin families. Medicaid expansion increases access to care, improves quality of care, and leads to better health outcomes. Independent analyses have found that expansion during the State 2025-2027 budget would produce a net saving of \$1.7 billion.¹
- ♦ Extend Postpartum Medicaid Coverage to **12 months**, given the notable benefits for both mothers and infants.²
- ♦ Continue to support telemedicine services, which have been proven to be beneficial to systems and patients alike during the COVID-19 pandemic. WIAAP supports the legal allowance of telehealth-specific provisions that permit a licensed **out-of-state clinician** to render services in a state where they are not located.³

ISSUE: Address Child Poverty

Poverty has been called “the most pervasive of risks for America’s children.” WIAAP supports actions that have been proven to lessen the crippling effects of poverty, including promoting access to care, healthy food, violence-free neighborhoods, support for families, and early childhood education. We recognize that investments made in early childhood reap the greatest life-long returns. Every dollar invested in high-quality early childhood education produces a 7-10% annual return for **preschool programs** serving 3–4-year-olds, and a 13% return on investment for comprehensive, high-quality, birth-to-five early education.⁴

In Wisconsin, 12.7% of children live below the federal poverty threshold, of which **28.6%** are American Indian/Alaska Native, without the ability to flourish due to a tenuous grasp on basic needs being fulfilled.⁵ (Shockingly, **76,000** Wisconsin children live in extreme poverty, which is less than \$2 per day.)

Additional poverty facts:

- About 15% of Wisconsin children live in households that were food insecure—uncertain of having, or an inability to acquire enough food for all household members due to insufficient money or other resources —at some point during 2021–2023, amounting to 187,000 children.⁶
- 37% of children aged 4 years living in Wisconsin are not enrolled in preschool or kindergarten — a measure known to improve the likelihood of success in life.⁷
- 83% of Wisconsin 4th graders living in economically disadvantaged households in 2024 scored below proficient reading level.⁸

Poverty significantly impacts children’s health. Poor children face higher mortality in their first year of life, more frequent hospitalizations, higher rates of chronic diseases like asthma, poorer nutrition and growth, and less access to quality medical care. Children in poor households are at greater risk for long-term consequences,

including chronic health conditions, mental health problems, and long-term educational challenges. The economic turbulence caused by COVID-19 has worsened living conditions for children below the poverty line.



DR. MOO'S POLICY PRESCRIPTION

- ♦ Recognize that about a third of Wisconsin's children live under 200% of the federal poverty level, a commonly used indicator of relative poverty.⁹
- ♦ Understand that the burden of poverty falls disproportionately upon children of color (particularly Black individuals — Wisconsin ranks among the worst states for health for people of color), and reduces children's potential to become independent, thriving, contributing members of society.
- ♦ Support Wisconsin pediatricians and other child health care providers to screen and refer for hunger, homelessness, and other concerns.
- ♦ Develop regional resource lists and referral support specialists that pediatric offices and schools can rely on when addressing poverty concerns.
- ♦ Expand funding for all Head Start programming and increase prekindergarten enrollment.
- ♦ Support ongoing funding for the Wisconsin Early Childhood Health Consultation program.
- ♦ Fund and expand robust home visiting programs that support healthy families, such as the Family Foundations Home Visiting (FFHV) program and the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program.
- ♦ WIAAP supports interstate medical licensure compacts to allow telehealth-specific provisions permitting **out-of-state clinicians** to render services in a state where they are not located.



ISSUE: Immunizations

WIAAP supports legislative actions that assist pediatricians in protecting all children from vaccine-preventable diseases (VPD). Additionally, the Chapter remains strictly opposed to any attempt at weakening or eliminating immunization mandates or supporting acceptance of less optimal, “alternative” vaccine schedules.

Unfortunately, outbreaks of measles, pertussis (whooping cough), meningitis, and other vaccine-preventable diseases continue. This trend is directly related to the growing number of parents opting out of vaccinating their children due to exposure to mis- and disinformation.

Vaccines are safe, vaccines work, and vaccines save lives. The science is clear, and we must protect our most vulnerable citizens from potentially deadly diseases. The evidence on vaccine safety and efficacy is undeniable, as are the dangers posed by these diseases to those vulnerable segments of our population who are either too young or medically unable to receive vaccines. Vaccines and booster shots are effective in preventing serious illness, hospitalization, and death.

In Wisconsin, children entering 5-year-old kindergarten are required to have received 2 doses of MMR. Current law permits personal belief and medical exemptions for these students. Coverage data for Wisconsin’s students are available from the CDC for the 2023-2024 school year. According to the CDC, Wisconsin’s vaccine completion rate for kindergarteners for MMR is estimated at $\geq 84.8\%$, with the completion rate for DTaP also estimated at $\geq 85.7\%$.¹⁰ These levels are approximately 8% lower than the national average, which is too low to effectively prevent disease spread.¹¹

Since 2018, the number of Wisconsin students who are behind schedule on vaccinations is at 1.9%, a small recovery of 0.9% from the COVID-19 pandemic — which caused disruptions to schooling, eased immunization requirements for remote learners and put a heavy demand on school nurses.¹² However, those who chose to waive immunizations has increased significantly to 6.1%, an increase from 1.6% in 1997–98, largely due to increased levels of vaccine-related mis- and disinformation.¹³ Alarmingly, only 6.6% of children aged 5–17 have received the updated COVID-19 booster vaccine, and 8.5% of those aged 0–4.¹⁴

Additionally, purchasing, storing, and administering vaccines is expensive and brings with it documentation and paperwork necessities; administrative costs are reimbursed at very low rates, and for independent clinics, can represent a significant financial loss.

WIAAP has long supported preventive care including immunizations in the Patient/Family-Centered Medical Home setting as a major component of pediatric health care and disease prevention. We encourage actions that strive to eliminate the barriers that hinder access to immunizations.



DR. MOO'S POLICY PRESCRIPTION

- ◆ Support full insurance coverage of preventive services without co-pay, including immunizations.
- ◆ Eliminate all immunization exemptions, other than *bona fide* medical ones.
- ◆ Reform the vaccine delivery and payment system to ensure that all children have equal access to vaccines.
- ◆ Reduce and/or eliminate administrative and financial burdens placed on pediatricians and other health care providers who provide immunizations.
- ◆ Encourage education regarding benefits, side effects, and concerns associated with immunizations, focusing on the importance of protection for the child and community.
- ◆ Support programs such as Immunize Wisconsin, and other related coalitions, that work to improve vaccination uptake in our state.



ISSUE: Mental Health

The state must provide adequate resources for pediatricians to be actively engaged in the prevention, early detection, and management of children with mental and behavioral health issues.

Why?

- Early detection and intervention improve health outcomes and lowers the cost of care.
- Pediatricians routinely see children up to 12 times in the first three years of life and at least annually afterward for health supervision visits; and therefore are uniquely able to screen for mental and behavioral health concerns throughout childhood and adolescence.¹⁵
- In Wisconsin in 2023, 35% of high school students reported feeling sad and hopeless, a marker of depression — and nearly half (45%) of girls. This is an increase of 42% over the prior decade.¹⁶
- During the same time period, high school students who seriously considered suicide have increased by 41% in Wisconsin.

- ♦ Half of all high school students report problems with anxiety, with over two-thirds of girls reporting so.
- ♦ Rates of mental health conditions — including Attention Deficit Hyperactivity Disorder (ADHD), anxiety disorders, depression, and behavioral disorders — continue to increase.
- ♦ Children who live below the poverty level are more likely to suffer from mental and behavioral health issues but are **less likely to receive treatment** for these disorders.¹⁷

Children with behavioral health disorders and their families use more types of pediatric health care services more often and at a higher overall cost than other children and families.¹⁸ While important strides have been made to improve access and delivery of care to address the needs of children with mental health disorders, considerable work remains. Patient/Family-Centered Medical Homes, already on the front lines of early identification and provision of services to address children's mental/behavioral health needs, should function as the central hub in the development of behavioral health homes.



DR. MOO'S POLICY PRESCRIPTION

- ♦ Support and expand integrated models of physical and mental health delivery through the Medical Home.
- ♦ Require managed care organizations to pay for EPSDT, mental health screening, and case management/care coordination services.
- ♦ Continue to support and expand Wisconsin's Child Psychiatry Consultation Program (CPCP).
- ♦ Support expanding care in medically underserved areas in order to provide quality treatment for children and adolescents who live in persistent poverty.
- ♦ Support programs such as **Immunize Wisconsin** and local and regional coalitions that work to improve vaccination uptake in our state.



ISSUE: Safety and Injury Prevention

Car Seats:

WIAAP supports keeping children safe in motor vehicles by using appropriate car safety seats. Infants and toddlers should ride in a rear-facing car seat until at least age 2, or until they reach the maximum weight or height allowed by the seat's manufacturer. Children who outgrow their forward-facing car seat should use a belt-positioning booster seat until the vehicle's seat belt fits properly, usually when they are 4ft 9in tall and between 8 and 12 years old. All children under 13 should ride in the rear seats for optimal protection.

Firearm Injury Prevention:

Due to a 55% increase since 2018–2020, firearm-related injuries—that include homicides, suicides, and accidental death—have surpassed motor vehicle accidents in becoming the **leading cause of death among Wisconsin children and adolescents**.¹⁹ WIAAP promotes the safe storage of firearms for families in Wisconsin. Safe gun storage (guns unloaded and locked with ammunition locked separately) reduces children's risk of injury. Adolescent suicide risk is strongly associated with firearm availability. WIAAP supports several specific measures to reduce the

destructive effects of guns in the lives of children and adolescents, which include: the regulation of the manufacture, sale, purchase, ownership, and use of firearms, a ban on semiautomatic assault weapons, universal background checks, and Extreme Risk Protection laws which aim to keep guns out of the hands of people who pose a significant risk of injuring themselves or others with a firearm.

Environment and Keeping Children Safe:

Environmental issues that uniquely impact children due to their activity patterns, physiology, and the developing bodies. Issues such as air pollution make chronic conditions such as asthma worse and can lead to increased hospitalizations and societal costs. Lead poisoning is a serious environmental health issue that can cause lowered intelligence, learning disabilities, impaired hearing, and hyperactivity. In 2023, 6.3% of tested children in Wisconsin had elevated lead levels, according to the Department of Health Services.²⁰



DR. MOO'S POLICY PRESCRIPTION

- ♦ Keep children safe by supporting legislation to reduce the risk of injury through motor vehicle crashes by following recommended, evidence-based car seat safety guidelines.
- ♦ Support legislation to keep children safe from unintentional firearm injury by encouraging safe storage of guns, banning semi-automatic weapons, universal background checks, and supporting Extreme Risk Protection policies.
- ♦ Support policies to prevent environmental hazards such as air pollution and lead ingestion from affecting our Wisconsin children.
- ♦ Strengthen surveillance by promoting the regular practice of screening blood lead levels, identifying high-risk populations, and ensuring effective follow-up for children with elevated lead levels.

ISSUE: Infant Mental Health Consultation

10–16% of babies and young children have symptoms of mental health conditions including post-traumatic stress disorder and anxiety.²¹ Healthy development, effective future building, and successful school readiness are only made possible with effective social and emotional learning. Additionally, in Wisconsin over two-thirds of children who are confirmed victims of maltreatment are under age 10, with children ages 0–4 being the largest group.²² When concerns and trauma are left unaddressed due to under-supported child and family serving systems, we see an increase in dropout rates, incarceration, substance abuse, and even greater abuse and neglect.

WIAAP advocates for the support of Infant and Early Childhood Mental Health Consultation (IECMHC). The Healthy Minds Healthy Children program is a consultation-based, collaborative service that gives professionals who work with infants, young children, and their families direct access to certified mental health specialists. This program optimizes our current child/family support systems and programs by helping to build mental health awareness and expertise among our child/family service professionals by providing direct access to a network of certified mental health consultants. These consultations have proven successful outcomes for all children—including improved child social and emotional skills, improved child-adult relationships, and overall improved program quality.

DR. MOO'S POLICY PRESCRIPTION



- ♦ Support funding for programs such as Healthy Minds Healthy Children in order to increase access to properly-trained child mental health professionals for this age group.
- ♦ Support programming that seeks to educate both parents and providers about infant and early childhood mental health care.
- ♦ Increase access to mental health professionals in underserved communities, such as rural and urban areas.
- ♦ Ensure insurance coverage for affordable mental health care.

ISSUE:

Patient/Family-Centered Medical Home

Every newborn, infant, child, adolescent, and young adult should have access to a highly trained, credentialed, and experienced health care team.

This highest level of care, often called the “Patient/Family-Centered Medical Home”, or “Medical Home”, comprises comprehensive and coordinated care which emphasizes continuity and links children with health and community resources. The Medical Home serves as a central hub to each child’s health care neighborhood and provides the encompassing care necessary to ensure children reach their full potential.²³



DR. MOO’S POLICY PRESCRIPTION

- ◆ Work with pediatricians to meaningfully use provisions contained within the Affordable Care Act, CHIP, and BadgerCare/Medicaid to support the best policies for children and families through a comprehensive multi-disciplinary approach.
- ◆ Require that all health insurance plans include a comprehensive, age-appropriate benefits package.
- ◆ Coordinate between state programs and pediatric primary care providers through the technology within Electronic Medical Records (EMR) and the Wisconsin Immunization Registry (WIR).
- ◆ Establish parity with Medicare rates and increase Medicaid payments for care coordination and outreach, which is especially important for medically complex children and those living in poverty.

ISSUE:

Gender-Affirming Care

WIAAP supports improved access to gender-affirming care. Compared to their cisgender peers, gender-diverse youth who have barriers to adequate health care tend to have **poorer physical and mental health**.²⁴ Studies have found transgender youth have twice as many suicidal thoughts and attempts among youth not receiving gender-affirming care when compared to youth who are receiving.²⁵ Comprehensive, careful assessment and intervention where indicated have been established as the evidence-based standard of care for transgender youth.

DR. MOO'S POLICY PRESCRIPTION



- ♦ Understand that transgender individuals who have been denied care show an **increased likelihood** of dying by suicide and engaging in self-harm.
- ♦ During policy determination, consider that evidence has established a durable **biological component** underlying gender identity.²⁶
- ♦ Support the (federal and private) insurance coverage of **appropriate** medical interventions and screenings prescribed and recommended by physicians.
- ♦ Eliminate policies that promote the exclusion of transgender youth from restrooms and other facilities, which undermine gender-affirming treatment protocols.
- ♦ Protect LGBTQ students from bullying and discrimination in schools by other students, teachers, and school staff.²⁷
- ♦ Encourage regulations and policies that **prohibit discrimination** against youth in the Child Welfare System based on gender identity, in addition to sexual orientation.

ISSUE:

Communicable Diseases

Children play a pivotal role in the transmission of communicable diseases. SARS-CoV-2, influenza, RSV, measles, and other infections have seen a surge in activity, with cases and hospitalizations due to a number of different viruses rising as the respiratory virus season has gotten underway in several recent years. The COVID-19 pandemic and resulting economic crisis have created many lasting challenges for Wisconsin families, changing the way we live and work.

WIAAP supports the provision of critical assistance to individuals and their families and urges policymakers to ensure that communities can respond effectively when public health emergencies and disasters occur, such as future pandemics. Ensuring that children are safe decreases the burden on household contacts and community members of all ages. WIAAP recommends routine use of both influenza vaccination and multiple RSV-preventing agents in eligible pregnant women and infants for the prevention of influenza and RSV in children, respectively. The COVID-19 vaccination is safe and effective and is recommended for all children and adolescents 6 months of age and older who do not have contraindications. In addition, encouraging policies that do not create unintended incentives for children or the adults around them to come to work when ill is also recommended.



DR. MOO'S POLICY PRESCRIPTION

- ♦ Recognize that seemingly non-threatening communicable diseases can be fatal and preventable outcomes should be taken seriously.
- ♦ Encourage policies that support appropriate vaccinations for children.
- ♦ Support FMLA and other workplace policies that allow children and the adults who care for them to remain home when ill without penalty.
- ♦ Encourage education about vaccinations and their benefits.

ISSUE:

Reproductive Health

The landscape of reproductive health has changed drastically in recent years. Reproductive and sexual health are an important part of adolescent health care.²⁸ WIAAP continues to support access to comprehensive and confidential reproductive care for all adolescents, including access to accurate information. This includes the right of a pregnant person to receive reliable, evidence-based information and counseling on their options.

Laws that restrict access to reproductive health care **disproportionately impact** youth of color and those in rural communities. In addition, youth who are a part of the LGBTQIA+ community, children and adolescents in the child welfare system, and those in the **juvenile justice system** have increased barriers to receiving accurate sexual education and access to contraception.

DR. MOO'S POLICY PRESCRIPTION



- ♦ Promote legislation that supports evidence-based, effective sexual education programs in schools, such as comprehensive sexuality education.
- ♦ Support access to affordable contraception, especially in medically underserved areas.

ISSUE:

Oral Health

Oral health is central to the overall health and well-being of children. Access to dental care and adequate oral hygiene education bring long-term health benefits.²⁹ Tooth decay is one of the most common diseases for children in Wisconsin.³⁰ Unmet dental needs, unhealthy diets, and bad oral hygiene lead to high rates of cavities in Wisconsin's children. Cavities can be easily prevented in many young children and WIAAP believes that all children should regularly see a dentist and receive preventative dental care.

WIAAP recognizes that community water fluoridation is a safe and effective way to decrease rates of tooth decay in communities. Studies have shown that it has reduced tooth decay by 25%.³¹



DR. MOO'S POLICY PRESCRIPTION

- ♦ Ensure the continuation of community water fluoridation at levels consistent with evidence-based guidelines.
- ♦ Support family access to the establishment of a dental home.
- ♦ Support programming that seeks to educate families about adequate dental hygiene.
- ♦ Ensure that all children have access to healthy foods.



Mission

The Wisconsin Chapter of the American Academy of Pediatrics (WIAAP) strives to:

- ♦ Assure optimal health and well-being for all of Wisconsin's children and their families.
- ♦ Provide support and education to our members, enabling them to continue to be the most effective providers of health care to children.

Vision

Wisconsin children have optimal health and well-being and are valued by society. We practice the highest quality health care and experience professional satisfaction and personal well-being.

Membership Promise

The Wisconsin Chapter of the American Academy of Pediatrics (WIAAP) strives to provide timely and effective resources to all members regarding key strategic priorities based on the needs of Wisconsin's children. WIAAP promises clear communication of directives during days of action including information regarding updates in legislation and how members can participate. WIAAP will continue to provide guided education and programs to support pediatricians' QI requirements for MOC. Yearly WIAAP events will offer an opportunity for professional networking and development. As a professional medical organization, WIAAP aims to be a guiding force for exceptional pediatric care in Wisconsin.

2025-2027 Chapter Leadership

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Policy Position Statements

WIAAP draws its policy recommendations from numerous sources, chiefly from the American Academy of Pediatrics. From time to time, it is appropriate for the chapter to issue state-specific statements on issues at the forefront of current discussion in Wisconsin.

Our position statements are archived on our website:

<https://www.wiaap.org/about/advocacy/government-affairs/>

Partners Pediatric Policy Council

Recommendations for sound public policy that puts children first require collaboration. WIAAP facilitates a Pediatric Policy Council bringing together advocates from health care systems, physician and other provider associations, child advocates, and academia. Leveraging the collective knowledge and network of relationships allows us to better understand the policy landscape and advocate as a collective where appropriate.

Every child has
the capacity to
be everything.

- Doris Lessing



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