



February 2025

Activities Report from Pediatric Policy Council (PPC)

1. Organization

Current PPC leadership is as follows:

David Keller, MD, Chair (term: January 1, 2025 – December 31, 2026)

Academic Pediatric Association

Maya Ragavan, MD, MPH, MS

Mona Patel, MD

American Pediatric Society

Scott Lorch, MD, MSCE

Lisa Chamberlain, MD, MPH

Association of Medical School Pediatric Department Chairs

Tina Cheng, MD, MPH

Ann Reed, MD

Society for Pediatric Research

Joyce Javier, MD, MPH, MS

Ashwini Lakshmanan, MD, MS, MPH

Staff from American Academy of Pediatrics:

Matt Mariani, Director, *Federal Advocacy*

Yameen Ibrahim, Coordinator, *Federal Advocacy*

2. PPC Leadership Update

In June 2024, the PPC elected David Keller, MD, to serve as the next chair of the Pediatric Policy Council. He succeeds Shetal Shah, MD, who has served as the PPC Chair since January 2021. The PPC is grateful for Dr. Shah for his years of service, which also includes 4 years as a PPC representative from the Society for Pediatric Research before serving as chair. Dr. Keller, who has served as a representative to the PPC from the American Pediatric Society since 2022, officially began his term as chair in January 2025.

3. Current PPC Policy Priorities

The PPC's priorities are as follows:

- **Improving Health Care Services for Children:** Achieve coverage for and access to quality health care services for all children, including mental health care
- **Expanding Health Research:** Improve medical treatments and health services for children through pediatric research
- **Advancing Health Equity by Focusing on the Social Determinants of Health:** Address the impact of public health disasters and other drivers of inequity on children's physical, socioemotional, and developmental health to achieve better outcomes over the lifespan
- **Strengthening the Next Generation of Researchers:** Develop a strong workforce of early career researchers to ensure that advances in pediatric research continue to be made

Each year, the PPC issues a list of broad policy priorities that are informed by discussions between the PPC representatives and their organizations' leadership and advocacy committees. The policy priorities exist to guide, rather than limit, the PPC representatives as they discuss and respond to various policy issues. Many of the PPC's policy priorities are developed through discussions during monthly virtual meetings of the PPC representatives.

Major areas of focus for the PPC within these priorities include increasing funding for pediatric research; ensuring all children have access to quality health coverage; enhancing the pipeline of pediatric researchers by addressing financial and other barriers to the recruitment and retention of pediatrician scientists; and reducing gun violence by advocating funding for public health research of the issue. The PPC is also committed to advancing health equity and addressing structural racism through all of its advocacy. Specific policy priorities include protecting and strengthening the structure and financing of the Medicaid program, preserving and enhancing childhood access to vaccines, ensuring the inclusion of children in the *All of Us* Research Program, and maintaining and increasing federal research funding for child health.

4. Advocating for Academic Pediatrics

Pediatric Subspecialty Loan Repayment

The PPC continues to advocate in support of the Pediatric Specialty Loan Repayment Program (PSLRP) as a key support to bolster the pediatric subspecialty workforce; PSLRP provides \$100,000 in loan repayment in exchange for three years of service in or to patients from an underserved area. While the second round of PSLRP awards were issued in October 2024, the PPC is closely observing the program's implementation and remains aware of the challenges pediatric subspecialists have faced in meeting the requirements set forth by HRSA in applying for and being deemed eligible for loan repayment. The PPC has already sent multiple communications to HRSA outlining proposed solutions to ensure more pediatric subspecialists can benefit from this program as intended. Disappointingly, the program's 2024 guidance incorporated very little of the key program improvements repeatedly recommended by the

PPC and partner academic pediatric organizations to address the barriers faced by pediatric subspecialists. The PPC will continue advocating with Congress and the administration to resolve these obstacles.

Gun Violence Prevention Research

Last year, the PPC joined over 430 medical, public health, and research organizations calling on Congress to maintain and increase gun violence prevention research funding. While full-year appropriations bills for FY 2025 have not yet been finalized, Congress provided level funding of \$25 million for firearm prevention research in a continuing resolution lasting through March 14. This money is split evenly between the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC), with both agencies receiving an equal \$12.5 million for firearm prevention research. The advocacy of academic pediatricians has been essential to securing continued funding for GVP research thanks to the unique perspectives they bring to this issue at the intersection of child health and research, and the PPC will continue to stress the importance of maintaining this funding to Congress.

Inclusion of Children in Biomedical Research

Following vigorous advocacy from the PPC this year, the NIH's *All of Us* Research Program has launched limited pediatric enrollment, but additional funding from Congress is needed to sustain and expand on these efforts. The development represents a significant victory after the program announced in the spring that it would delay the long-planned enrollment of children following a dramatic 34 percent funding cut caused by the program's unique funding arrangement; *All of Us* receives funding through both the 21st Century Cures Act and the annual appropriations process, and the cut was a result of scheduled decreases in program funding through the Cures Act that Congress failed to offset by increasing program funding through the annual appropriations process. The PPC organizations sent an action alert in June urging their lawmakers to request that NIH take immediate steps to initiate pediatric enrollment into *All of Us* using currently appropriated dollars, and the increased attention to the issue from both Congress and child health research organizations led the NIH to reverse course.

The PPC is also advocating for Congress to increase base funding for *All of Us* in FY 2025. Cures Act funding is scheduled to further decrease in FY 2025, meaning the program will see further cuts in the absence of additional congressional action to supplement base program funding through the appropriations process. The PPC previously joined a sign-on letter urging congressional appropriators to restore full funding for *All of Us* to its FY 2023 enacted level of \$541 million. While the House version of the Department of Health and Human Services (HHS) spending bill maintains current FY24 levels, the Senate version restores program funding to its higher FY23 level, amounting to a \$184 million increase above current levels. The PPC will persist in its advocacy efforts with Congress to emphasize the significance of providing full funding for *All of Us* so that children of all ages can benefit from this transformative federal initiative for biomedical research.

NIH Reform and NICHD Collapse

The PPC has long been a staunch advocate for increasing research funding for child health priorities across the NIH. In June 2024, the Chair of the House Energy and Commerce Committee unveiled a proposed framework to dramatically restructure the NIH, which would consolidate the number of institutes from 27 to 15. Of the institutes being eliminated, the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) would be combined with the National Institute on Deafness and Other Communication Disorders (NIDCD) into a brand-new National Institute for Disability Related Research. The PPC submitted feedback on this proposal opposing the elimination of NICHD, explaining that it would result in the underrepresentation of child health priorities at NIH. Although this proposal is highly unlikely to receive any attention in the Democratic-controlled Senate, its introduction signals that reorganizing NIH may be a Republican priority going forward and a similar proposal could be introduced again in a future Congress. The PPC will continue its advocacy to preserve NICHD in any future attempt to restructure NIH and ensure child health research remains a priority at the NIH.

Supporting Childhood Access to Vaccines

In late January, the PPC organizations sent an action alert urging their senators to protect child health and support access to vaccines. This occurred during the week that two key Senate committees held hearings to consider the nomination of Robert F. Kennedy Jr. to lead the U.S. Department of Health and Human Services (HHS). The Senate Committee on Finance held its confirmation hearing on January 29 and the Senate Committee on Health, Education, Labor, and Pensions (HELP) did so on January 30. The voices of academic pediatricians were crucial to elevating the importance of immunizations during this process, and vaccines featured prominently as a topic during the hearings. The Senate will vote on Mr. Kennedy's nomination in early February.

Sign-On Letters and Other Documents

In recent months, the PPC organizations have signed letters regarding federal legislation, appropriations, and regulatory issues. Topics covered in these letters include:

- Feedback on the National Institute of Child Health and Human Development (NICHD) Strategic Plan for Fiscal Years (FY) 2025-2029, October 11, 2024
- FY 2025 appropriations request for Census Bureau, October 21, 2024
- FY 2025 appropriations request for National Institutes of Health (Ad Hoc Group for Medical Research), November 18, 2024

5. PPC Issues Policy Commentaries in *Pediatric Research*

Beginning in January 2016, the PPC began developing and submitting policy commentaries on scientific articles published in the journal *Pediatric Research*. To date, there have been over 50 policy

commentaries published. Recently published commentaries include:

- September 6, 2024: Drs. Patrick H. Ryan, Nicholas Newman, Kimberly Volton, Jareen Meinzen-Derr, Tracy Glauser, and Tina Cheng, [A call for solutions-oriented research and policy to protect children from the effects of climate change](#)
- November 23, 2024: Drs. Scott Lorch, Abigail Wilpers, and Diana Montoya-Williams, [The Dobbs decision and pediatric healthcare: preparing for unintended consequences](#)
- December 5, 2024: Dr. Shetal Shah, [The “pro” and “con” of probiotics, regulation and preterm infant health](#)

6. Op-Ed Publications

In recent months, immediate past PPC Chair Dr. Shetal Shah has been published in the *Tampa Bay Times* on topics of importance to child health:

- ["Children are too young to vote but too important to forget"](#) (9/5/24)
- [The unseen consequences of another Trump presidency on children’s health](#) (11/21/24)

7. PPC to Host Sessions at PAS 2025

The PPC will host two sessions at the April 2025 Pediatric Academic Societies (PAS) meeting in Honolulu, HI. The annual PPC Legislative Breakfast, entitled "Giving Children a Voice in the Political Process" will feature remarks from a child health policymaker who will share about how to most effectively give voice to young people and ensure they have a seat at the table. Mark Del Monte, JD, AAP chief executive officer and executive vice president will also speak during the panel.

The PPC will also hold a State-of-the-Art Plenary session examining the child health landscape in the aftermath of the 2024 elections. Entitled “New President, New Congress: What Does It Mean for Child Health Policy?,” the session will explore recent policy actions taken during the first 100 days of the new Presidential administration and how they will impact children's health and well-being.

8. PPC Capitol Connection

The PPC distributes a newsletter delving into the latest policy developments in Washington and what they mean for academic pediatricians. A recent version is below.



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ASSOCIATION

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PEDIATRIC
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SCHOOL PEDIATRIC
DEPARTMENT CHAIRS

SOCIETY FOR
PEDIATRIC
RESEARCH

PPC CAPITOL CONNECTION

January 2, 2025

What Matters Now in Washington:

- The 2024 election will return Donald Trump to the White House and usher in a Republican trifecta to Washington.
- The Trump transition team has been rolling out top-level picks for health policy roles, with Robert F. Kennedy, Jr. slated to lead HHS.
- With the balance of power set to shift in Washington, Congress wrapped up the lame duck session of the 118th Congress by passing legislation to keep the government open temporarily.
- As congressional Republicans outline their agenda for the 119th Congress, dramatic cuts to Medicaid and the social safety net appear to be on the table.
- PPC members authored policy commentaries in Pediatric Research exploring the intersections of child health policy, advocacy, and pediatric research.
- Find new funding opportunities, research findings, and more below.
- See what other developments we're tracking with implications for child health advocacy.

PRESIDENT-ELECT DONALD TRUMP AND VICE PRESIDENT-ELECT JD VANCE WIN WHITE HOUSE, BRINGING UNIFIED REPUBLICAN CONTROL TO WASHINGTON. After a hotly contested election, [former President Donald Trump will return to the White House](#) alongside Ohio Senator JD Vance, his Vice Presidential running mate. Now President-elect Trump becomes the first president elected to non-consecutive terms since President Grover Cleveland. In Congress, Republicans have won control of the U.S. Senate, after successfully flipping three seats held by Democrats in states won by President-elect Trump. Republicans will hold a 53-47 advantage in the upper chamber. On the other side of the Capitol, Republicans have retained control of the U.S. House of Representatives, but with a slim majority of 220-215, narrower than the majority they held in the 118th Congress after Democrats gained a seat in an unexpectedly positive performance.

Although falling just short of the unprecedented levels of voter turnout observed in the 2020 election, [turnout in the 2024 elections was extremely high](#), an indication of the fervor that Americans on both sides of the aisle felt for the issues at stake in the election. With more than 77 million votes, President-elect Trump won the popular vote for the first time in his three presidential campaigns, though he did not clear 50% of ballots cast in the presidential race. He [outscored Vice President Kamala Harris by about 2.5 million votes](#), or 1.5 percentage points. The close margin of the election paints a picture of an American electorate closely divided.

As has become customary in presidential elections, the outcome of the race came down to contests in a handful of swing states: Michigan, Pennsylvania, Wisconsin, Arizona, Georgia, Nevada, and North Carolina. All these states were called in favor of President-elect Trump. Six of those states – with the exception of North Carolina which voted for President-elect Trump in 2020 – were flipped from the Democratic to Republican column in this election. Although Vice President Harris managed to match or exceed President Biden's totals in states such as Georgia, North Carolina, Nevada, and Wisconsin, [President-Elect Trump improved his vote totals in all major swing states](#) and [will ultimately take back the White House with 310 Electoral College votes](#). Notably, Democratic Senate candidates in four of the five swing states to elect U.S. senators in the 2024 election [outperformed](#) Vice President Harris, retaining seats in Michigan, Wisconsin, Arizona, and Nevada while very narrowly losing a seat in Pennsylvania.

— **Voters Largely Turn Out Against The Status Quo.** The election revealed key features of voter sentiment this cycle. [According to exit polling following the election](#), 32 percent of voters cited the economy as their number one issue, and 81 percent of those voters cast their ballots for President-elect Trump. Heading into

the election, [more than two-thirds of registered voters believed the country is on the wrong track](#). Although [Harris was trusted more on health-related issues](#) such as preserving access to abortion and health care costs, concerns over the economy, inflation, and border security trumped all other major issues this election, and a [majority of voters viewed Trump as a better leader than Harris](#). Americans' broader dissatisfaction with the state of the nation and negative evaluations of the economy with a Democratic administration in power proved too much for Harris to overcome.

Harris struggled to offer a clear contrast between her platform and the policies of the Biden administration. Polling before the election consistently showed that voters had several [concerns over President Biden's handling of the economy](#), [immigration](#), and the [war in Gaza](#). The Democratic Party faces its own reckoning in the aftermath of the election [despite down-ballot candidates in congressional and state-level elections faring better than Harris](#). Trump's [closing message](#), in which he attacked Democrats' handling of the economy and immigration, ultimately resonated with disenchanted voters in crucial swing states, and his victory suggests voters were willing to overlook Trump's sometimes crude rhetoric for someone they felt would fix their problems. Republicans' victories in this election [are the latest in a worldwide trend of losses for incumbent parties in 2024](#), largely driven by post-pandemic era inflation and broad feelings of economic distress.

WITH TRANSITION PROCESS IN MOTION, TRUMP BEGINS TO ASSEMBLE HIS HEALTH TEAM. President-elect Trump has begun the process of assembling his cabinet and naming nominees for appointments across all major federal agencies.

Trump [announced Robert F. Kennedy, Jr. as his choice to lead the U.S. Department of Health and Human Services](#) (HHS) marking the beginning of what may be a [long confirmation fight in the Senate](#). If confirmed by the Senate, Kennedy would have control over major health agencies like the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA), which fall under the purview of HHS. Mr. Kennedy, an environmental lawyer with no formal health experience, has stated he will use his appointment to [realign U.S. health policy and reorganize the constellation of federal health agencies](#). Kennedy has long questioned the value of federal health research and the processes through which it is implemented. Kennedy's stated priorities for U.S. health have ranged from issues with broad support, like addressing chronic disease, to advancing widely debunked anti-scientific claims, including the disproven claim that [vaccines cause autism in children](#). Following Kennedy's appointment, the AAP [released a statement](#) emphasizing the vital role of vaccinations in supporting the lifelong health and well-being of children and expressing the importance of having these conversations with national leaders, just as pediatricians do with families each day.

[Dr. Marty Makary has been nominated for the role of FDA commissioner](#). Dr. Makary, a surgical oncologist at Johns Hopkins University, is a public health advocate and a regular contributor to major media outlets. Dr. Makary emerged during the Covid-19 pandemic as a [critic](#) of FDA's response and of other pandemic-related public health measures, including [school masking policies](#) and [vaccine mandates](#). However, he has supported COVID-19 vaccination for high-risk groups while advocating for clear communication about benefits and risks, particularly for younger individuals, and his nomination may quell fears about anti-vaccine sentiment at the agency charged with evaluating those products for the American market. In the [nomination announcement](#), President-elect Trump pledged that Makary would work with Mr. Kennedy to [evaluate harmful chemicals](#) in the nation's food and drugs supply to address the childhood chronic disease epidemic.

The Trump transition team has also [selected Dr. Jay Bhattacharya to serve as director of the National Institutes of Health \(NIH\)](#). Bhattacharya, [a health economist who received his medical degree](#) from Stanford University, is known most prominently for his criticism of lockdowns during the COVID-19 pandemic, as well as school closures and mandates, drawing attention for his co-authorship of [the Great Barrington Declaration](#) in October 2020; the document argued against lockdown measures and called for the rollback of pandemic-related shutdowns for low-risk individuals to build herd immunity while keeping in place “focused” protections for vulnerable populations. The letter garnered praise from Republican lawmakers but was [rebuked by public health experts](#), including then-NIH Director Francis Collins, as premature and dangerous. Bhattacharya has also urged for a [significant overhaul of NIH](#), specifically calling for the [creation of more centers of power inside the agency](#) to decrease the influence of career civil servants. In early December, Bhattacharya indicated he would like to use the NIH funding process to take on what he sees as [“cancel culture”](#) at universities.

Trump’s health nominations serve as a reminder of the ongoing influence that the pandemic has had on public health policy.

CONGRESS PUNTS ON FULL-YEAR SPENDING BILLS IN CLOSING HOURS OF 118TH CONGRESS. In the final hours of the 118th Congress, [lawmakers narrowly averted a government shutdown](#) by approving a last-minute, short-term government funding bill shortly before the December 20 deadline. Lawmakers will now have until March 14 to complete the annual government funding process for Fiscal Year (FY) 2025, which runs through September 30. However, the path to the short-term continuing resolution (CR) saw a number of twists and turns that nearly plunged the federal government into shutdown just before the holidays.

The [initial bipartisan proposal that the House unveiled in the days leading up to December 20](#)—brokered by Speaker of the House Mike Johnson (R-La.) and Senate Majority Leader Chuck Schumer (D-N.Y.)—would have funded the government until March and included a one-year extension of the Farm Bill, \$110 billion in natural disaster relief, as well as a number of reauthorizations for crucial child health programs, including those related to child welfare programs, pediatric cancer research, decreasing preterm birth, supporting lifespan respite care, and updating pediatric drug laws. The deal fell apart after [unexpected vocal opposition](#) from President-elect Trump, prompted by close ally Elon Musk, in which Trump pilloried the bill for its inclusion of extraneous provisions and insisted that Congress raise the debt limit, which federal officials do not expect to be reached until mid-2025. After a [failed attempt](#) to pass a much narrower bill which would have extended government funding and raised the debt limit, Speaker Johnson was yet again forced to reach across the aisle and find bipartisan agreement. The third and final CR package included funding for disaster relief and the one-year Farm Bill extension, but it did not include Trump’s demand for a debt ceiling increase amid Democratic opposition, [much to the President-elect’s chagrin](#). Unfortunately, multiple child health priorities initially agreed to in the first government funding agreement were not included in the final version of the bill.

This process highlighted yet again the difficulties House Republicans have had finding unity amidst narrow majorities and internal disagreements over policy priorities. Although Republicans’ ability to pass legislation will ease somewhat with control of the presidency and both chambers of Congress, narrow margins in the House and Senate will undoubtedly limit what they can accomplish when they turn their attention to full-year spending bills next spring. With a decreased majority in the House, Republicans will need close to unanimous approval within their caucus or Democratic votes to pass major legislation.

REPUBLICANS PREVIEW THEIR LEGISLATIVE AGENDA, INCLUDING CUTS TO MEDICAID AND SOCIAL PROGRAMS. Republicans in Congress and the incoming Trump administration are beginning [preliminary](#)

[discussions about making significant changes to Medicaid, nutrition supports, and other federal safety net programs](#), as they look to pay for extensions of the tax cuts included in the 2017 Tax Cuts and Jobs Act that are set to expire in 2025. An [extension of these tax cuts is expected to cost \\$4 trillion](#) over the next decade and would require significant spending cuts if lawmakers also want to avoid large increases in the federal deficit. Republicans are expected to make use of the budget reconciliation process to do so, a legislative maneuver that allows the Senate to sidestep the 60-vote threshold typically required to pass legislation and will make it easier for them to succeed in their legislative goals.

Some of the policies being considered for offsetting the cost of the tax package include [substantial cuts to Medicaid](#). House Budget Committee Chairman Jodey Arrington (R-Texas) has stated that he supports [enacting work requirements for Medicaid](#) and urged Republicans to [consider cuts to mandatory spending for health care programs](#). Sen. John Cornyn (R-Texas) has [teased the idea of block grants](#), in which states get a lump sum of federal Medicaid spending, regardless of states' actual cost to administer the program. Rep. Brett Guthrie (R-Ky), the current chair of the House Energy and Commerce Health Subcommittee and [incoming chair of the full committee](#), has stated that he would like to [pursue Medicaid per capita caps](#), reviving a provision from the failed 2017 bill to repeal the Affordable Care Act. Under per capita caps, states would receive only a fixed amount of federal Medicaid funding per beneficiary. All three of these proposals would result in reduced spending on Medicaid and ultimately cuts to the program. [Recent GOP proposals](#) have also proposed a reduction of the 90 percent federal matching rate for the Medicaid expansion population to each state's regular Medicaid matching rate, which is on average 57 percent.

Republicans are also discussing [alterations to the Supplemental Nutrition Assistance Program \(SNAP\)](#). These alterations may take the form of limiting which food items SNAP beneficiaries can purchase with benefits or broadening work requirements for SNAP eligibility. Republicans are also considering stripping presidential authority to recalculate benefits for the program, an authority granted to the executive branch under the 2018 Farm Bill.

The political ramifications of such steep cuts, which would impact programs that support tens of millions of low-income Americans, are a major source of worry for some Republicans. The last time damaging cuts to Medicaid were on the table, academic pediatricians and other child health advocates overwhelmingly mobilized to oppose efforts that would leave children uninsured. It should be noted that all ongoing discussions at this stage are preliminary only, but it will be important to heed the spending cuts that are included to offset the cost of any possible tax packages and their impact on child health.

PPC POLICY COMMENTARIES. Members of the PPC have authored commentaries detailing the policy implications of research published in *Pediatric Research*. You can read these PPC-authored commentaries online:

- [The “pro” and “con” of probiotics, regulation and preterm infant health](#) by Dr. Shetal Shah, December 5, 2024
- [The Dobbs decision and pediatric healthcare: preparing for unintended consequences](#) by Drs. Scott Lorch, Abigail Wilpers, and Diana Montoya-Williams, November 23, 2024

KEY RESEARCH UPDATES FROM NIH

- [2024 Selected Research Advances](#)
- [All of Us Research Program Budget Update](#), December 18, 2024
- [Abnormal prenatal blood test results could indicate hidden maternal cancers](#), December 4, 2024
- [Expanding Knowledge of Pediatric Long COVID and MIS-C](#), December 2, 2024

- [NIH-led scientific team defines elements of brain-based visual impairment in children](#), November 19, 2024
- [Science Update: Childhood adversity linked with higher risk of premature death by suicide and substance use in adulthood, NIH study suggests](#), November 7, 2024

WHAT WE'RE READING

- [Federal judge blocks Obamacare coverage for DACA recipients in 19 states](#), December 10, 2024 (NBC News)
- [U.S. Supreme Court rejects school gender-identity policy challenge](#), December 9, 2024 (Reuters)
- [Senate Republicans launch inquiry into unpublished NIH study](#), December 6, 2024 (The Hill)
- [Conservatives appear skeptical of challenge to Tennessee law banning gender-affirming care for minors](#), December 4, 2024 (Politico)
- [Supreme Court appears skeptical of vaping firm's challenge to FDA](#), December 2, 2024 (Politico)
- [Long a 'Crown Jewel' of Government, N.I.H. Is Now a Target](#), December 1, 2024 (New York Times)
- [Supreme Court won't hear challenge to graphic cigarette warning labels](#), November 25, 2024 (AP News)
- [Trump picks former White House aide Brooke Rollins to lead the USDA](#), November 24, 2024 (CBS)
- [Trump picks former Florida Rep. Weldon to lead CDC](#), November 22, 2024 (Politico)
- [The unseen consequences of another Trump presidency on children's health | Column](#), by Shetal Shah, MD, Chair of the Pediatric Policy Council, November 21, 2024 (Tampa Bay Times)
- [Cassidy to Chair HELP Committee in 119th Congress](#), November 19, 2024 (Senate HELP Committee)
- [U.S. Surgeon General Releases New Report: Eliminating Tobacco-Related Disease and Death, Addressing Health Disparities](#), November 15, 2024 (HHS)