Children’s Psychiatric Hospital GME Bill

AACAP Ensures that AMA Policy Protects Children

Keeping All Students Safe Act (H.R. 1381)

State Advocacy Update

AACAP Member Testifies on Youth Behavioral Health Bill
Michigan GME Funding Saved in State Budget
Massachusetts AACAP Members Support Collaborative Care Funding

NEW ADVOCACY RESOURCES!

AACAP Policy Statement: Prevention of Bullying Related Morbidity and Mortality
AACAP Fact Sheet: Cost Effectiveness of Prevention and Early Intervention

Advocacy Tip: Take Advantage of August’s Congressional Recess

Children’s Psychiatric Hospital GME Bill

Senator Whitehouse (RI) will soon introduce the Children’s Hospitals Education Equity Act, which will allow a limited group of children’s psychiatric teaching hospitals to become eligible for funding to support their residency programs. Most teaching hospitals receive Medicare funds called graduate medical education (GME) payments to cover the expense of educating residents, including time attending doctors spend training residents, space and other administrative costs, and equipment use. Children's hospitals, however, serve few or no Medicare beneficiaries and receive their GME payments from a separate pool called the Children's Hospitals Graduate Medical Education Payment Program (CHGME). This bill will expand the definition of a “children's hospital” to include “a psychiatric hospital, that has 90 percent or more inpatients under the age of 18, a Medicare payment agreement, and an approved medical residency training program. Newly-eligible hospitals that fail to meet the requirements of the bill after the date of enactment would no longer be eligible to receive CHGME funding. The hospitals which would likely be eligible include:

- Bradley Hospital: Providence, RI
- Rockland Children’s Psychiatric Center: Orangeburg, NY
- Bronx Children’s Psychiatric Center: Bronx, NY
- Riverview Hospital for Children and Youth: Middletown, CT

Did you Contact your member of Congress about budget cuts last week?

It’s not too late! See the AACAP Action Alert to act now!
AACAP has been working with Senator Whitehouse’s staff and Greg Fritz, M.D., a Rhode Island AACAP member, to garner support from allied organizations and ensure the passage of this legislation. When the bill is introduced it will be discussed as part of the children’s hospitals reauthorization legislation. We will notify all members when it is introduced and facilitate actions you can take to contact your Members of Congress.

AACAP Ensures that AMA Policy Protects Children

At the American Medical Association’s Annual House of Delegates (HOD) Meeting, AACAP, through the leadership of AACAP’s AMA Delegation, Louis Kraus, M.D., Delegate, and David Fassler, M.D., Alternate Delegate, was successful in advocating for the AMA to uphold policies to protect children. In response to a new Florida law (Fla. St. 790.338) that restricts a physician’s ability to counsel patients and families about gun safety, the AMA passed policy to oppose government interference in patient counseling. The policy was introduced by AACAP and the American Academy of Pediatrics. Dr. Fassler testified in reference committee that “restricting a physician’s ability to ask patients about access to firearms is an outrageous intrusion into the practice of medicine. Physicians must be able to ask any clinically relevant questions in the evaluation and treatment of patients.”

AMA also agreed to support AACAP’s resolution to advocate for fully funding for SAMHSA’s National Traumatic Stress Network program, which is slated to be eliminated in the administration’s 2012 budget proposal. Kayla Pope, M.D., AACAP’s resident fellow section member, testified that, “eliminating this program would be devastating for so many children experiencing trauma, with evidence-based treatment many children will recover and return to normal development.” Sharon Hirsch, M.D., AACAP representative, also testified in support of full funding for the program. Dr. Hirsch recognized that today there are so many events that affect children, such as hurricanes and floods. Without resources and support, children may experience long-lasting effects from exposure to these events, such as academic failure, posttraumatic stress disorder, depression, anxiety, bereavement, and other behavioral problems such as delinquency and substance abuse.

Unfortunately, the AMA did not approve a resolution to advocate against block grants to states for Medicaid funding. Larry Greenhill, M.D., AACAP President testified stating, “Medicaid provides a full range of home- and community-based rehabilitative and supportive services necessary for those with chronic and serious mental disorders. It is considered the bedrock of the public mental health system, comprising 52% of state mental health authority revenues. State child welfare and educational systems rely on Medicaid to provide mental health services to children.” After passing Reference Committee, some members of the House of Delegates didn’t support its approval and noted the flexibility block grants give to states. Dr. Kraus testified that “if block grants are allowed, children will suffer… as ultimately, the needs of this population will be unmet without mental health coverage under Medicaid, and this failure might lead to such dire outcomes as increased rates of homelessness, incarceration, school failure, and suicide.”
Keeping All Students Safe Act (H.R. 1381)

Representatives George Miller (CA) and Gregg Harper (MI) re-introduced the Keeping All Students Safe Act (H.R. 1381). This bill seeks to prevent and end the practice of seclusion and restraint in schools unless a student poses imminent physical injury to himself or others. Such practices are known to result in physical injuries, emotional trauma, and even the death of children. Instead, the bill will establish policies to keep all students safe, including those with complex behavioral needs; provide school personnel with necessary tools, training, and support to ensure a safe school environment; collect and analyze data on the seclusion and restraint of children in schools; and identify and implement effective evidence-based models, such as Positive Behavioral Interventions and Supports, to prevent and reduce the physical restraint and seclusion in schools. An identical bill passed the House of Representatives in March 2010. No companion bill has been introduced in the Senate to date. AACAP supports this bill and will work towards its passage. You can find AACAP’s Practice Parameter on Seclusion and Restraint here.

State Advocacy Update

AACAP Member Testifies on Youth Behavioral Health Bill
On June 2nd, Adair Parr, M.D., AACAP’s Advocacy Liaison for the Child and Adolescent Psychiatry Society of Greater Washington, testified at a Washington, DC, council meeting in support of B19 211, “The South Capitol Street Tragedy Memorial Act of 2011”, which aims to revamp the District’s system for screening and treatment of youth mental illness. Dr. Parr’s testimony focused on the importance of screening combined with access to mental health services. In particular, she highlighted the shortage of mental health providers in the District and the potential to increase the use of collaborative care between child psychiatrists and primary care physicians.

To read Dr. Parr’s testimony, click here. To read local news coverage of the hearing, click here.

Michigan GME Funding Saved in State Budget
As part of the FY 2012 state budget process, both the Michigan House and Senate drastically cut Graduate Medical Education (GME) funding, with the Senate eliminating 100% of GME funds and the House including a 40% reduction. AACAP’s Advocacy Liaison for the Michigan Council of Child and Adolescent Psychiatry, Jeanette Scheid, M.D., took action in support of the GME funding and worked with AACAP and the Michigan Psychiatric Society to urge all Michigan members to contact the conference committee. Ultimately, all but 19% of GME funding was restored and the final budget was signed into law by the Governor on June 21st.
If either of the cuts had passed, teaching hospitals would have been forced to reduce the number of residency slots available, making access to physicians more difficult and exacerbating the state’s physician shortage.

Massachusetts AACAP Members Support Collaborative Care Funding
The Massachusetts House and Senate Ways and Means Committees are currently in conference committee meetings to determine the final FY2012 state budget. The budget includes a line item called Senate new line item 5042-6000 (MCPAP), which would require commercial insurers to contribute their fair share of support to the Massachusetts Child Psychiatry Access Project (MCPAP). If passed, this line item will substantially increase the MCPAP budget and secure the funding stream for the program for many years to come.

MCPAP is a system of regional children's mental health consultation teams designed to help primary care providers meet the needs of children with psychiatric problems. It has enrolled most primary care practices, representing an estimated 95 percent of all youth in the state, and has high rates of primary care participation. MCPAP is currently funded through a line item in the state Department of Mental Health’s budget. To learn more about MCPAP, click here.

AACAP coordinated with the New England Council of Child and Adolescent Psychiatry, including Barry Sarvet, M.D., and Christopher Bellonci, M.D., to urge all Massachusetts members to contact the conference committee in support of the MCPAP line item. The conference committee is currently still debating the final budget.

NEW ADVOCACY RESOURCES!

AACAP Policy Statement: Prevention of Bullying Related Morbidity and Mortality
AACAP’s Council recently approved a new policy statement regarding the prevention of bullying related morbidity and mortality, developed by the Task Force on the Prevention of Bullying. The policy statement will guide AACAP’s advocacy related to bullying at the state and federal levels and is available for AACAP members to use in the efforts. The Task Force on the Prevention of Bullying is chaired by Jorge Srabstein, M.D., and comprised of AACAP members and a representative from the American Psychiatric Association (APA).

AACAP Fact Sheet: Cost Effectiveness of Prevention and Early Intervention
During tough budget times, AACAP members are often asked to justify the costs of mental health services and advocate for continued support. This new fact sheet is intended to help members in their efforts to preserve funding for children’s mental health budgets. It provides data and references on the cost of mental illness, as well as the cost-effectiveness of prevention and treatment. We encourage you to use this new resource with your federal and state legislators, as well as agency officials. Click here to download the new fact sheet.

Advocacy Tip: Take Advantage of August’s Congressional Recess

Building relationships with your policymakers doesn’t have to wait until your next trip to Washington, DC. Members of Congress are on recess from August 8th – September 5th and will be in their home states and districts meeting with constituents. This is a great time to establish or maintain a connection!

- **Visit legislators in their local office:** Members of Congress and their staff are likely to have more time for constituent meetings when they are home. Consider visiting their local office to talk about how mental health issues impact your state and community. If you attended Advocacy Day in Washington, DC this year, meeting with your members of Congress and their staff during recess is a great way to follow-up and reinforce your messages.

- **Attend a town hall forum:** Many members of Congress will hold town hall forums during recess to hear directly from constituents, especially if they are up for re-election this fall. Consider attending a forum to ask questions and raise awareness of children’s mental health issues.

If you’d like to schedule a meeting with your members of Congress in their local office or find out if they’re holding a town hall forum, contact Karen Davis at kDavis@aacap.org or 202-966-7300 ext. 128. We can schedule the meeting and provide you with any necessary resources or materials.

If you have any questions, please let us know.
Kristin Kroeger Ptakowski, Director of Government Affairs & Clinical Practice (kkroeger@aacap.org)
Jennifer Medicus, Assistant Director, Clinical Practice (jmedicus@aacap.org)
Michael Linskey, Assistant Director, Federal Government Affairs (mlinskey@aacap.org)
Elizabeth DiLauro, Grassroots Advocacy Manager (edilauro@aacap.org)
Adriano Boccanelli, Clinical Practice Manager (aboccanelli@aacap.org)
Karen Davis, Legislative Coordinator (kDavis@aacap.org)