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Advocacy Days are a Success!

AACAP held its sixth annual Advocacy Days on May 6-7th with over 160 participants, including child and adolescent psychiatrists, residents, and family advocates. With support from Campaign for America’s Kids, AACAP worked with Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD), the Child and Adolescent Bipolar Foundation, the Federation of Families for Children’s Mental Health, Mental Health America, and the National Alliance on Mental Illness to bring 44 parents and youth to Washington, DC to participate in this year’s events.

This year featured the debut of an expanded format, including a 2-hour session on May 6 entitled “Advocacy Training: How to be a better advocate.” Attendees put their training into action on May 7, when they met with over 150 Congressional offices, representing 35 states. In their meetings, the advocates related their personal experiences as psychiatrists, family members, and patients. The issues they discussed covered five areas: prevention and access to child psychiatric services, school-based mental health, funding for child and adolescent mental health research and services, juvenile justice reform, and behavioral health information technology. Participants asked the offices to support several bills, including The Child Healthcare Crisis Relief Act (H.R. 1932/S. 999), The Mental Health in Schools Act of 2009 (H.R. 2531), The Juvenile Justice and Delinquency Prevention Act (S. 678), and The Health Information Technology Extension for Behavioral Health Services Act of 2010 (H.R. 5040).
AACAP hosted a luncheon and briefing for Advocacy Days participants and Congressional staffers. The briefing, “Children and Families of Combat Veterans,” featured AACAP member Stephen Cozza, M.D. During the luncheon, Kroeger Ptakowski presented Tamar Magarik Haro and Jeremy Sharp with the Friends of Children’s Mental Health Congressional Staff Award for their work with Senator Christopher Dodd of Connecticut on the Health, Education, Labor, and Pensions Committee. AACAP also honored two members of Congress for their dedication to children’s mental health issues on May 6. AACAP President Laurence L. Greenhill, M.D., and Peter Geier, M.D., presented Senator Sherrod Brown of Ohio and Representative Robert C. “Bobby” Scott of Richmond, Virginia, with the Friends of Children’s Mental Health Awards.

AACAP is already looking forward to Advocacy Days 2011. We encourage all AACAP members who want to influence mental health policy, improve the lives of their patients, and advocate for the profession to become involved throughout the year. Visit our website at http://www.aacap.org/cs/advocacy to stay up-to-date on AACAP’s advocacy efforts, download resources, and learn more about Advocacy Days 2011!

Mental Health Parity Rules Almost Complete

In October 2008, the Paul Wellstone and Pete Domenici Mental Health Parity & Addiction Equity Act of 2008 passed as an amendment to the economic stimulus package. The law, which went into effect in January of this year, significantly expands upon the mental health protections of the Mental Health Parity Act of 1996 and will provide parity for individuals enrolled in ERISA group health insurance plans. In May 2009, AACAP provided guidance to the Departments of Health and Human Services, Labor, and CMS regarding the public notice for comments on the implementation for the Act.

Although the law went into effect in January, the final regulations are not yet complete. At the end of January, the Departments of Health and Human Services, Labor, and Treasury released an interim final rule providing guidance on how the Act must be implemented. Overall, we were pleased with the way the law was interpreted in the interim rule because it closes many of the potential loop holes that were not addressed in the law. However, there are some areas we asked to be clarified further. To read AACAP’s comments, click here. To see the interim final rule, visit http://www.dol.gov/federalregister/PdfDisplay.aspx?DocId=23511.

AACAP recently joined a parity coalition with many other provider and consumer advocacy organizations that will coordinate uniformed responses to companies that are not abiding by the Act. The coalition will also develop a web site for patients and providers to alert us to problems with denials of care as they arise from parity implementation. Martin Drell, M.D., in coordination with our Government Affairs and Clinical Practice Departments and the Work Group on Healthcare Access and
Economics, will hold a member forum at this year’s annual meeting in New York on the implications of the mental health parity act and new health care reform act for our members and their patients. If you have any questions about our comments or are hearing about inappropriate denials of care, please contact gov@aacap.org.

AACAP Announces 2010-2011 Congressional Fellow

AACAP is proud to announce the selection of Scott Palyo, M.D., as the 2010-2011 Congressional Fellowship Program winner. Dr. Palyo received his medical degree from the University of Texas-Houston Health Science Center and his undergraduate degree in chemistry and psychology from Emory University in Atlanta. He has recently finished his residency in Child and Adolescent Psychiatry at Saint Vincent Hospital-Manhattan/New York Medical College, and had previously completed a two-year certification course in the New York Medical College’s Psychodynamic Psychotherapy Program.

The Congressional Fellowship provides a child and adolescent psychiatrist with an 11 month position in a Congressional office or committee. Working on Capitol Hill, Dr. Palyo will have the opportunity to assist in crafting legislation, meet constituents, make recommendations to a Senator or Representative about legislation and policy, and participate in Congressional hearings. By serving in a Congressional office, Dr. Palyo will help decision-makers better understand medical issues broadly, and child and adolescent psychiatry issues more specifically. Having spent time as a psychiatric technician, a teaching assistant, and a laboratory technician, Dr. Palyo has academic and clinical experiences that will enhance his expertise as a Congressional Fellow. Dr. Palyo will begin his Fellowship in September.

New AACAP-SAMHSA/CMHS Fellowship for a Child and Adolescent Psychiatry Resident

AACAP is pleased to announce Eunice Peterson, M.D., a second year child and adolescent psychiatry fellow from University of Maryland, as the first AACAP-SAMHSA/CMHS Fellow. The fellowship was established through the Center for Mental Health Services Children’s Branch under the direction of Gary Blau, Ph.D and Ken Thompson, M.D. It is designed to stimulate a child psychiatry resident’s interest in pursuing a career in public sector child mental health and develop future leaders to improve the coordination of care in systems-based practices. Dr. Peterson will receive an invaluable introduction into the workings of the federal government, specifically, federal and state programs for children with mental illnesses. She will also work closely with AACAP’s Clinical Practice Department and the Work Group on Community Systems of Care on policy development and translating research findings into materials that the field can utilize. This year-long fellowship is currently designed for one Washington, DC, metropolitan area child and adolescent psychiatry second year resident. AACAP will
work with SAMHSA/CMHS to establish future fellowships for other child and adolescent psychiatry residents throughout the country.

U.S. Supreme Court Decision on Life without Parole for Juveniles

In the Fall of 2009, AACAP and the AMA submitted an amici curiae brief outlining the scientific evidence regarding the structural and functional brain development of adolescents in support of two cases before the Supreme Court, Sullivan v. Florida and Graham v. Florida. Both cases involved juveniles convicted of non-homicide crimes and sentenced to life in prison without the possibility of parole during the period where Florida had abolished its parole system; therefore, a life sentence left no option for release at a later date. On May 17, the Supreme Court issued its ruling on life without parole for juveniles.

The Court dismissed Sullivan, but reached a 6-3 decision in Graham against the practice of sentencing juveniles to life without parole for crimes other than homicide. Part of the Court's decision was based on the medical evidence that AACAP members, Christopher Thomas, M.D., Louis Kraus, M.D., and David Fassler, M.D., contributed to the brief. Citing impulse control, reward sensitivity, and emotional regulation as behavioral development that adolescents have not yet fully acquired, the brief explained that the "brain's frontal lobes are still structurally immature well into late adolescence and the prefrontal cortex is one of the last brain regions to mature." The brief added that the brain continues "to develop between adolescence and young adulthood," making the decision-making process different from that of an adult, which has a direct effect on the understanding of actions and consequences.

Writing for the majority, Justice Kennedy stated that "[t]he Constitution prohibits the imposition of life without parole sentence on a juvenile offender who did not commit homicide. A State need not guarantee the offender eventual release, but if it imposes a sentence of life it must provide him or her with some realistic opportunity to obtain release before the end of that term." To supplement the Court's reasoning, Kennedy noted that "[a]s petitioner's amici point out, developments in psychology and brain science continue to show fundamental differences between juvenile and adult minds. For example, parts of the brain involved in behavior control continue to mature through late adolescence." Kennedy concluded that "[w]hat the State must do...is give defendants like Graham some meaningful opportunity to obtain release based on demonstrated maturity and rehabilitation," although eventual release is not required.

The Supreme Court’s ruling on the Graham v. Florida case can be found online at: http://www.supremecourt.gov/opinions/09pdf/08-7412.pdf.
State Advocacy Update

Oregon Governor Vetoes Psychologist Prescribing Legislation
On April 8, Oregon Governor Ted Kulongoski vetoed legislation (S.B. 1046) that would have allowed psychologists to prescribe medication, stating that “a policy change of this significance requires more safeguards, further study and greater public input than was provided…” While the governor ultimately prevented the legislation from becoming law, it did pass both the state Senate by a vote of 18-11 and the House of Representatives by a vote of 48-9, indicating strong support for the issue among members of the legislature.

Throughout the legislative session, the Oregon Council of Child and Adolescent Psychiatry (OCCAP) joined advocacy efforts to successfully defeat S.B. 1046. Led by Ajit Jetmalani, M.D., Kirk Wolfe, M.D., and Mike Franz, M.D., OCCAP partnered with pediatricians and other medical professionals, as well as family advocacy organizations, to educate legislators and the governor's office about the risks this legislation posed to children’s safety. AACAP’s Government Affairs Department supported OCCAP’s efforts by urging all Oregon members to take action to prevent the bill’s passage. AACAP President, Laurence L. Greenhill, M.D., also submitted a letter to Governor Kulongoski’s office requesting that the legislation be vetoed.

If passed, Oregon would have become the third state to allow psychologists to prescribe medication. In 2002, New Mexico passed a law authorizing certain psychologists to prescribe psychotropic medications to patients. In 2004, Louisiana also passed legislation to grant prescription privileges to trained psychologists.

Massachusetts Passes Anti-Bullying Law
On May 3, Massachusetts Governor Deval Patrick signed significant anti-bullying legislation into law, joining 41 other states with similar anti-bullying statutes. The creation of the law comes after the suicides of two Massachusetts youth who were victims of bullying. The legislation (S. 2404) was approved by unanimous vote in both the Senate and House of Representatives earlier in April.

Specifically, the new law:

- Prohibits bullying on school grounds, property adjacent to schools, at events sponsored or related to a school, on school buses, at school bus stops, or through school electronic devices. Bullying at non-school related activities and on electronic devices not owned by the school are prohibited if the bullying creates a hostile school environment.
- Requires schools to provide evidence-based instruction on bullying prevention in each grade.
- Requires schools to develop a plan to address bullying prevention and intervention. This plan would include provisions for ongoing training for teachers and staff on the identification and prevention of bullying.
Requires that school staff report bullying to the principal, who must investigate and take appropriate disciplinary action, as well as notify the parents of both the victim and the bully.

To read the full text of the law, click here.

**Florida Advocates Defeat Legislation to Create Barriers to Treatment for Children in Foster Care**

In April, Florida AACAP members worked with the Florida Psychiatric Society to successfully block the passage of legislation that would have severely restricted a doctor’s ability to prescribe medication for children with mental illness living in foster care. The provision of concern, part of both **S.B. 2718** and **S.B. 724**, required that a very high legal standard be met before child and adolescent psychiatrists are allowed to put a child in foster care on medication. This provision would have potentially prevented these children from receiving the treatment they need, and effectively put the courts between a patient and their doctor. Neither S.B. 2718 nor S.B. 724 successfully passed the legislature before the end of this year’s session on April 30.

AACAP’s Government Affairs Department collaborated with advocates in Florida to defeat the legislation, urging all Florida members to contact their legislators when S.B. 724 began to progress through the legislative process. Additionally, we coordinated with members of our state advocacy working group to get the message out to the Florida chapters of several children’s mental health organizations.

**Advocacy Tip of the Month:**

**Media Advocacy – Resources on Writing a Letter to the Editor**

Writing a letter to the editor of your local newspaper can be an effective way to raise public awareness about children’s mental health issues. It can also be helpful in getting the attention of policymakers, as federal and state legislative offices often monitor local newspapers to learn about issues of concern in their community or state. If published, a letter to the editor allows you to share your knowledge with a broad audience and provides an opportunity to counteract some of the misperceptions about mental illness and reduce stigma. Use the resources below to find your local media contacts and take action.

- Find your local media outlet’s website and contact information through AACAP’s [Legislative Action Center](#). If you choose, you can also send a message to media outlets directly through the Action Center.
- Read [sample letters to the editor](#).
- [Click here](#) to read tips for child and adolescent psychiatrists interested in writing letters to the editor, developed by David Fassler, M.D.
AACAP is happy to help you prepare a letter to the editor! If interested, please contact Rob Grant, Director of Communications, at rgrant@aacap.org or Liz DiLauro, Grassroots Advocacy Manager, at edilauro@aacap.org.

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)
Alec Stone, Assistant Director, Federal Government Affairs (astone@aacap.org)
Elizabeth DiLauro, Grassroots Advocacy Manager (edilauro@aacap.org)
Adriano Boccanelli, Clinical Practice Coordinator (aboccanelli@aacap.org)
Karen Davis, Legislative Coordinator (kdavis@aacap.org)