AACAP Membership Involvement Sets Legislative Conference Record

The annual Legislative Conference is AACAP’s premier advocacy event on Capitol Hill in Washington, DC. Each year, AACAP members join with family advocates to lobby their Members of Congress on issues pertinent to children’s mental health and child and adolescent psychiatry.

This past year, on May 11–12, AACAP set a record of nearly 300 attendees, including AACAP members and family advocates who came to Washington, DC, ready to share stories and important messages on key issues. The approach was purposefully personal and powerful, in keeping with the weighty issues currently before Congress. Key AACAP priorities were refunding the Children’s Health Insurance Program (CHIP), keeping and protecting the Affordable Care Act’s Essential Health Benefits (EHBs), mental health, and patient protections, and working to improve the child psychiatry workforce shortage across the country. All told, AACAP members and family advocates visited 200 congressional offices, representing 37 states and the District of Columbia.

The conference kicked-off on Thursday afternoon with an “Introduction to Key Issues and Politics” segment. This session allowed attendees to learn the details of what was occurring on Capitol Hill and things to expect in meetings. It served as the segway into “Essential Training on AACAP Priorities,” which included a panel discussion with Capitol Hill staff members, including Laura Willing, MD, a child and adolescent psychiatrist from the office of Senator Chris Murphy (D-CT) and former AACAP staffer, Bryan Shuy, now Senior Policy Advisor to Rep. Andy Harris, MD (R-MD). Attendees also heard and practiced telling compelling youth mental health stories and learned how to weave these powerful testimonies into their AACAP’s legislative “asks” of Congress. The first day of the Conference was capped with a reception honoring AACAP’s Friends of Mental Health Awardees.

During this special reception AACAP honored our four 2017 AACAP Friends of Mental Health. This year, AACAP saluted Sen. Chris Murphy (D-CT), Rep. Joe Kennedy III (D-MA), and staff members Brenda Destro, PhD, of Sen. Bill Cassidy’s (R-LA) office, and Jonah Cunningham of Rep. Grace Napolitano’s office (D-CA). These four individuals have consistently demonstrated their knowledge and passion for children’s mental health legislation throughout their distinguished careers in public service.

On Friday morning, attendees convened one last time for issue training before meeting with their Members of Congress on Capitol Hill. Once the day was underway, AACAP advocates spread out to the House and Senate and successfully lobbied their legislators on AACAP’s top legislative priorities.

The Legislative Conference, once again proved what AACAP members can achieve when we advocate together. Please join us at AACAP’s Annual Meeting in Washington, DC, at 9:00 am on Monday, October 23, for AACAP’s Legislative Program and Congressional Visit member service forum (MSF). This program will equip members with the necessary training and advocacy material to successfully lobby their Members of Congress that same afternoon on AACAP’s policy priorities. Please note that this MSF is limited to the first 150 AACAP members with Association membership and the free ticket must be purchased by September 15.

As you continue your advocacy, do not forget the three important legs of our Association’s government affairs program: (1) federal lobbying, (2) grassroots advocacy, and (3) AACAP-PAC. All three are integral ways for AACAP members to share their voice for a common cause. For more information on AACAP-PAC, please visit www.aacap-pac.com. Please join us in 2018 for the Legislative Conference on Sunday, April 9 and Monday, April 10!
More and more children and adolescents need care, and there is less of us to treat them. The conference identified as priorities the coverage and access to care for children and adolescents. With healthcare reform on our minds, the care at stake is an essential mental health benefit. The conference organizers highlighted the importance of the issue with a handout supporting the reauthorization of the Children’s Health Insurance Program (CHIP). The handout emphasized how vital mental health and substance use disorder services are to health coverage and explained how patient protections ensure that coverage is fair and useful. The speakers emphasized the dire need to increase the number of child and adolescent psychiatrists to meet the growing mental health needs of America’s youth.

During the conference, the delegates were given the opportunity to meet with the staff from policymakers’ offices. I could advocate for the key issues we had discussed. I left written material for the staff to review with the Senators and Representatives. I also was able to share with lawmakers’ staff statistics on the total number of child and adolescent psychiatrists in Missouri and speak on the needs of the children. The data indicate the availability of only nine child and adolescent psychiatrists per 100,000 children in Missouri. We spoke of ways to increase those numbers, such as loan relief as a way to encourage more physicians to specialize in child and adolescent psychiatry. I asked every legislative official I met with to co-sponsor S.989, “Ensuring Children’s Access to Specialties Care Act of 2017.” I felt they appreciated hearing about my clinical experience and the patient stories I shared with them. They listened to me and were supportive of my perspective. Being able to start a dialogue with our legislators and to advocate for our patients and their families was extremely valuable.

After the meeting, the delegates met to debrief. We identified goals moving forward, including how to sustain relationships with policymakers. Hearing the various AACAP Assembly delegates discuss their experiences, successes and challenges they faced while meeting with the legislators’ staff proved beneficial. We walked away thinking about what more we could do in the future to continue and expand this engagement with our elected officials. Hearing from the other state delegates gave me a broader perspective on the issues we face in Missouri and in other parts of the country.

During the assembly meeting, we learned what the leaders of AACAP were working on their effort to support children and their families. Gregory K. Fritz, MD, Tami D. Benton, MD, Warren Ng, MD, and Mark Borer, MD, shared AACAP’s visions and steps to reach its goals. In addition, there were important presentations and discussions on the refugee crisis and marijuana use in youth, which were well-received and raised awareness among the delegates.

The Association of Child and Adolescent Psychiatry played a vital role during the meeting. Its mission is to engage in health policy and advocacy activities to promote mentally healthy children, adolescents and families, as well as the profession of child and adolescent psychiatry.

We all left with homework, and I ended the conference hopeful that we could increase membership of our ROCAP. They gave some tips on doing so:

1. Reach out to new fellows, residents, and medical students and encourage them to come to the ROCAP meetings at no cost
2. Bring a CAP friend to the ROCAP meetings
3. Send a gentle reminder to your colleagues on the importance of renewing their membership
4. Have a CME movie night at your ROCAP meeting
5. Use existing AACAP products during journal clubs to provide CME credits

AACAP’s Legislative Conference and Assembly Meeting deepened my desire to advocate for our patients and families, and enhanced my role as a leader and contributor to our profession with a voice in our assembly. However, we must all work together to accomplish our goals and ensure coverage for our patients. We can start small by joining our ROCAPs and continuing the dialogue with lawmakers. One step at a time, we will make a difference.

Dr. Adam is a child and adolescent psychiatrist and clinical associate professor of Psychiatry at the University of Missouri-Columbia. She may be reached at adamb@health.missouri.edu.
What is the American Association of Child and Adolescent Psychiatry, and how does it differ from the Academy?

The American Association of Child and Adolescent Psychiatry was formed in 2013 as an affiliated organization of the Academy as a way for CAPs to increase their advocacy activities. Activities such as AACAP’s Legislative Conference, federal lobbying, grassroots, and state advocacy are all under the umbrella of the Association. It also allows for the existence of AACAP-PAC, but no dues dollars fund our PAC.

The mission of the Association is to engage in health policy and advocacy activities to promote mentally healthy children, adolescents, and families and the profession of child and adolescent psychiatry.

How does the Association affect me as a dues paying Academy Member?

Your dues remain the same whether you choose to be an Association member or not. On your yearly dues statement, you have the option to opt out of the Association. If you opt out and choose not to be an Association member, a portion of your dues will no longer go towards our advocacy efforts. Regardless, your dues will be the same, but you will miss out on crucial advocacy alerts, toolkits, and activities.

For any further questions, please contact the Government Affairs team at gov@aacap.org.
AACAP Political Action Committee –
A Chair’s Perspective

Robert Hendren, DO,
AACAP-PAC Chair

I was not much interested in AACAP-
PAC when I first heard it being
debated at an AACAP Council
Meeting some five years ago. I mistak-
eenly thought political action committees
(PACs) collected money from supporters
to “buy votes” from politicians running
for or in elected office. While that idea
might be a way to “influence the politi-
cal system,” it did not make me feel very
good about the politicians who would
accept the money or the people giving
it to influence how a politician voted.
I viewed it as a way of influencing the
system with money, not belief.

As the idea of a PAC for AACAP was
debated, I found other reasons I was not
in favor of PACs. I thought AACAP was
too small to raise enough money to have
much influence and that any money
we raised and spent could be used for
other worthier, child and family building
efforts. I also worried that our members
would be opposed to the idea of a PAC
and therefore not be as excited about
AACAP as I hoped they would be.

During this time, we were presented
with information about PACs from a
work group headed by Warren Ng, MD.
We learned that a number of smaller
medical and professional organizations
who had PACs were very successful.
As it turned out, the overhead expense
of having a PAC is relatively modest,
as many PAC events are informational
“meet and greet” meetings, where
AACAP-PAC can educate federal legisla-
tors without funding a campaign. We
also learned from an AACAP survey that
more young members favored the idea
of a PAC because they felt this is the way
things are done in a modern political
world. These results made me feel old!

Then, the AACAP Council was asked
to vote on setting up a new affiliated
association that would allow us to have a
PAC. This seemed complicated because
we had to form a separate legal entity
apart from AACAP, but closely related
to it. I thought about all of my reserva-
tions and initially voted “no.” The votes
were tied. There was further discussion
about PACs being used to get ideas in
front of thoughtfully selected legislators
and potential legislators. I thought about
our younger members who thought a
PAC was a good idea. I thought about
how I learned that it did not take a large
amount of money to have a success-
ful PAC that can educate members of
Congress. The vote was called again,
and I voted “yes.”

A year or so later, AACAP President,
Paramjit T. Joshi, MD, asked me to
be the inaugural chair of the AACAP-
PAC Board. I laughed at myself and
my “leadership” as I had voted both
for and against the creation of AACAP-
PAC. People said that my change of
heart was a good reason for me to be
the inaugural chair, since I appreciated
both perspectives. With Dr. Joshi and
AACAP Executive Director Heidi Fordi,
we selected a group of well respected,
thoughtful, and influential board
members and, as a group, created our
Mission Statement: “To educate, sup-
port, and elect candidates for Congress
who advocate for child and adolescent
psychiatry and child mental health.”

I attended one of AACAP-PAC’s initial
events supporting Rep. Rosa DeLauro
(D-CT). About 20 other individuals
from physician related PACs attended
with Michael Linskey from AACAP’s
Government Affairs Department and me.
Each organization had the opportunity
to share with the Congresswoman and
her staff the issues we thought were
most important to physicians and our
respective specialties. She was sin-
cerely receptive and more than willing
to engage with each and every person
at the table. She knew a number of
child and adolescent psychiatrists in
Connecticut. We had a great personal
exchange, and, in the end, we hugged
and had our photo taken. Wow! What a
learning experience!

Having the opportunity to see how
AACAP-PAC educates our federally
elected leaders has transformed me
into a very enthusiastic supporter of
AACAP-PAC, as is every member of our
nine-person board. The Government
Affairs team is fabulous to work with.
They make recommendations on which
candidates AACAP-PAC should sup-
port and clearly explain their reasoning,
especially when a candidate may not
initially seem like an obvious choice for
our PAC to support. The AACAP-PAC
Board then engages in a vigorous debate
on the merits of these recommendations,
followed by a board vote on whether
to accept.

As I have seen firsthand, political action
is essential in helping create an environ-
ment that is pro-child and adolescent
psychiatry; but more importantly pro-
children’s mental health. I hope that
you take a moment to look through this
prism and understand the opportunity
that AACAP-PAC has and will continue
to provide to our specialty and our
patients. We need all the opportunities
we can find to educate candidates for
federal office about the need for and
benefits of promoting children’s mental
health. If you have any questions or
reservations, I hope that you will ask
one of us or visit our website at