

NOTES

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Child & Adolescent
Psychiatry

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KEY ISSUES

MENTAL HEALTH CARE AND COVERAGE

HEALTH
INSURANCE FOR
CHILDREN &
ADOLESCENTS

ESSENTIAL
MENTAL HEALTH
COVERAGE

CHILD &
ADOLESCENT
PSYCHIATRY
SHORTAGE

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HEALTH INSURANCE FOR CHILDREN & ADOLESCENTS | KEEPING CHIP STRONG

ISSUE: Children’s Health Insurance Program (CHIP) funding expires on October 1, 2017, and needs to be re-authorized as soon as possible to avoid disruption.

KEY POINTS:

Low-income families often rely upon CHIP to meet the mental and physical health needs of their children to age 19, when they do not qualify for Medicaid.

SUPPORTED

CHIP has enjoyed wide bi-partisan support since its inception in 1997 and has greatly reduced the number of youth without health insurance.

5.5 MILLION

5.5 million children nationwide rely on CHIP (as of 1/2017), and mental illness will impact 1 in 5.

SAFETY NET

CHIP is well-regarded, viable, and necessary. It provides States with Federal matching funds, and a safety net for children.

FUNDING

While Congress considers possible changes to the Affordable Care Act (ACA) or Medicaid, CHIP funding must continue.

CONGRESSIONAL REQUEST

Support continued funding of America’s CHIP program to meet urgent health insurance needs, including critical access to mental health services, of eligible children and adolescents.

MEANINGFUL COVERAGE FOR CHILDREN & ADOLESCENTS | MAINTAINING ESSENTIAL BENEFITS & PROTECTIONS

ISSUE: Mental health and substance use disorder services are essential health coverage. “Patient protections” ensure that health coverage is fair and useful when needed.

KEY POINTS:

To make health plan and insurance coverage meaningful, ACA established Essential Health Benefits (EHBs), including “mental health and substance use disorder services.” Coverage until age 26 and a ban on pre-existing condition limitations have greatly helped those in need.

1

Before ACA, market forces failed to generate health plan or insurance coverage that routinely included mental health and substance use disorder services.

2

When mental health was not a covered service, mental health parity laws did not apply.

3

Until ACA, health plans and insurance companies regularly forced patients with pre-existing conditions, including mental health disorders, to wait before benefits would apply.

4

“Patient protections” prohibit discrimination based on health status or disability, and allow coverage on a parent’s plan until age 26.

5

Prevention and early intervention is key to better child and adolescent mental health outcomes, with 50% of all lifetime cases beginning by age 14, and 75% by age 24.

CONGRESSIONAL REQUEST

Maintain EHBs, including “mental health and substance use disorder services.” Do not repeal “Patient Protections,” including ban on pre-existing condition limitations and coverage until age 26.

PSYCHIATRY SHORTAGE | INCREASING CAP WORKFORCE

ISSUE: To meet growing mental health needs of America’s youth, we must increase number of child and adolescent psychiatrists (CAPs).

KEY POINTS:

Creative solutions are urgently needed to fill and expand training slots in CAP Fellowship programs.

Every state has a CAP shortage. Most U.S. counties have zero CAPs.

0

Average patient wait time to see a CAP is 7.5 weeks. Delayed treatment has serious consequences.

7.5

There are only 8,000 CAPs practicing nationally, but estimates place U.S. need at over 30,000. Mean age of CAPs is 53 years.

8,000

DEBT

Massive student debt is a major factor keeping qualified applicants from pursuing additional training needed to specialize in child and adolescent psychiatry.

RELIEF

Loan relief programs must be modified or created to include subspecialty of child and adolescent psychiatry, recognizing children as an underserved population.

CONGRESSIONAL REQUEST

Please co-sponsor H.R. ____ and S. 989, “Ensuring Children’s Access to Specialty Care Act of 2017,” introduced by Sens. Roy Blunt (R-MO), Jack Reed (D-RI).