

American Association of
Child & Adolescent
Psychiatry



LEGISLATIVE CONFERENCE
BRIEFING

TRAINING: MAY 5, 2022
FLY-IN: MAY 11, 2022

AGENDA

1. President's Welcome
 - Warren Ng
2. Agenda – Committee Chairs
 - Karen Pierce, MD and Laura Willing, MD
 - Committee/Captains
 - Purpose and Goals
 - Key Issues and Asks – With Alexis
3. Political Landscape
4. Lobbying Best Practices
 - Peggy/Julie/Alexis
5. Role-Play/Policy Review/Lobbyist Insight
6. Logistics
 - Soapbox
 - Wrap Up – Karen Pierce, MD & Laura Willing, MD
7. State Team Breakouts

VIRTUAL FORUM LOGISTICS

- We are using a Zoom webinar platform for the training.
- All participants will be silenced during the training.
- **Questions may be asked using the chat function.**
- **We will not be using the hand-raising function.**
- Due to time limitations, not all questions may be answered but we will try to answer as many as feasible.
- Slides will be posted, along with the webinar recording to www.aacap.org/legcon on May 6 and emailed to participants.





Warren Y.K. Ng, MD, MPH

PRESIDENT'S REMARKS

CAPture: Belonging In Member Advocacy

AACAP 2022 AWARDEES

Children's Mental Health Champion Award



Dr. Rachel Levine, Assistant Secretary for Health for the U.S. Department of Health and Human Services (HHS)

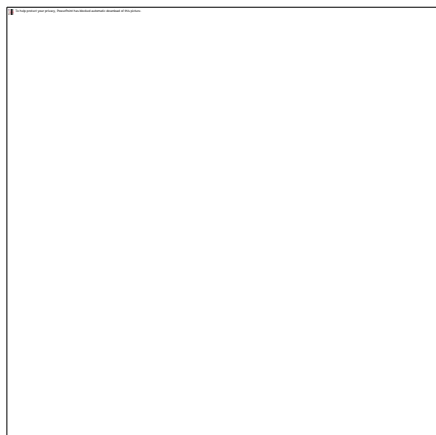
Congressional Champion Award



Rep. Anna Eshoo (D-CA) House Energy and Commerce Health Subcommittee Chair
U.S. House of Representatives



Karen Pierce, MD



Laura Willing, MD

ADVOCACY COMMITTEE CHAIRS

Advocacy As a CAP Core Competency

INTRODUCTIONS: ADVOCACY COMMITTEE MEMBERS

- William Arroyo, MD (CA)
- Avanti Bergquist, MD (WA)
- Clarence Chou, MD (WI)
- Suzanne Don, MD (AZ)
- Jennifer Dorr, DO (MD)
- Sandra Fritsch, MD (CO)
- Robert Holloway, MD (CA)
- Brian Keyes, MD (CT)
- Melvin Oatis, MD (NY)
- Karen Pierce, MD (IL) *Co-chair*
- Chris Rogers, MD (CO)
- Justin Schreiber, DO (PA) *liaison*
- Adam Sagot, DO (NJ)
- Laura Willing, MD (MD) *Co-chair*

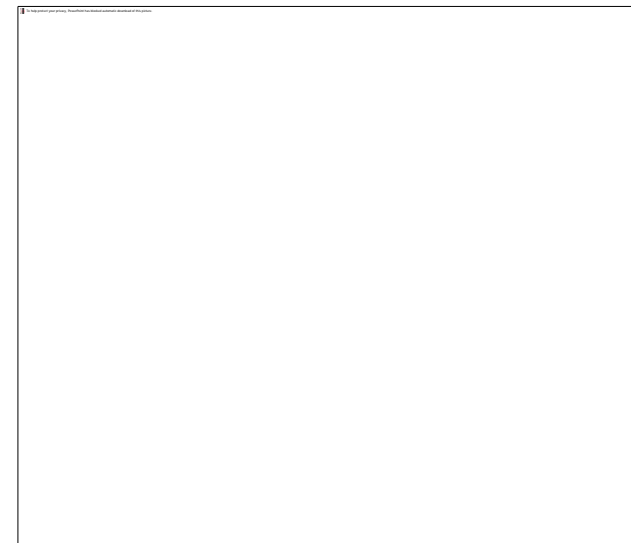
AACAP GOVERNMENT RELATIONS TEAM



Alexis Geier-Horan
Chief of Advocacy and
Practice Transformation



Karen Ferguson
Deputy Director of
Clinical Practice



Emily Rohlffs
State Advocacy
Manager

PURPOSE AND GOALS

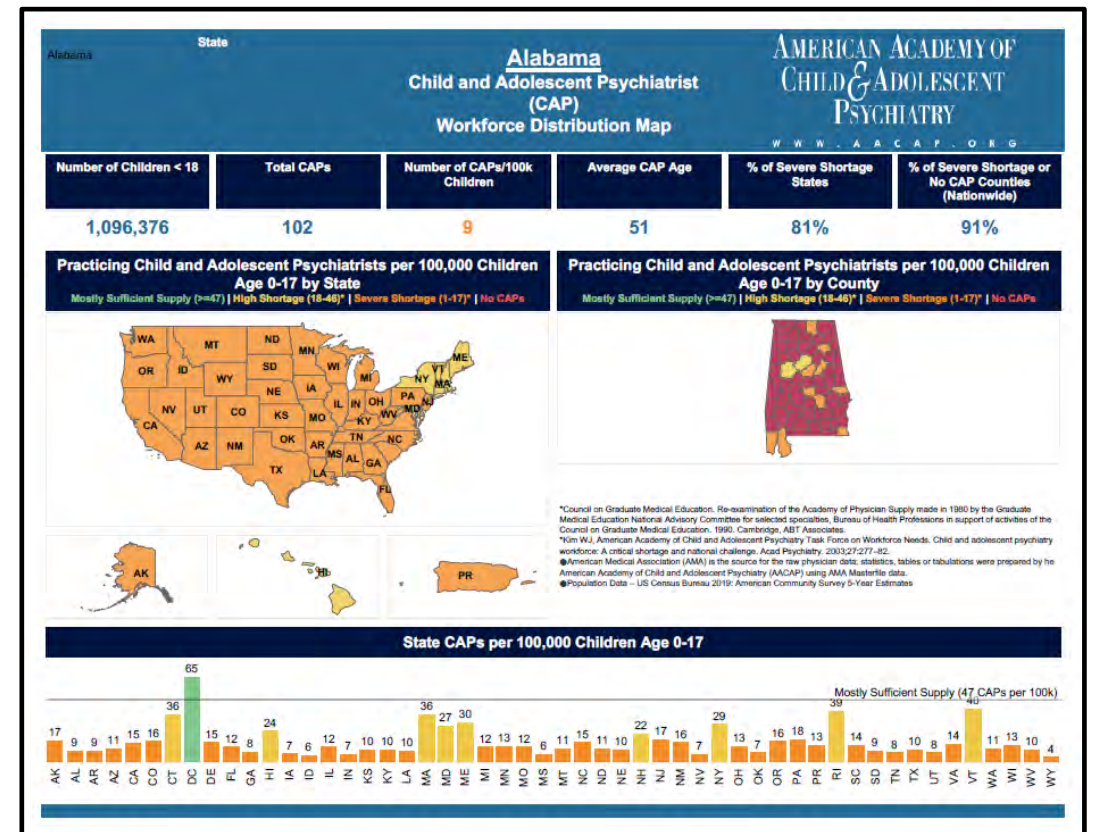
- Amplify AACAP's Voice
 - Seek specific action on a few of AACAP's highest priority bills
 - Gather support through co-sponsorship/relay thanks to those already supporting key legislation
- Build Relationships with Policymakers
 - Continue or initiate relationships with Hill staffers and Congressional champions
- Evidence your expertise on issues that are “on the table” at this pivotal moment in Congress
 - Impart the importance of CAPs in addressing the crisis in mental health for children

NOTE: Meetings have been targeted for greatest impact with legislators...

- In AACAP Legislative Conference participants' state/districts
- With champions of AACAP-supported legislation
- With staff of Members who sit on key committees of relevant jurisdiction

WORKFORCE DISTRIBUTION MAPS AND ISSUE BRIEFS

- State-specific data critically important for Hill staffers. Each Hill staffer will get the maps for their states.
- Note that the information is developed by AACAP from AMA data and is organized by state and county.
- Note that the data shows a disturbing lack of child and adolescent psychiatrists in YOUR state/county or neighboring areas.



ISSUE BRIEFS: ACCESS, WORKFORCE, AND EQUITY

Organized by...

- Issue
- Background
- Solutions
- Congressional Requests
 - Specific Asks for House and Senate meetings.
 - Includes Bill Numbers & Bill sponsors names.
 - Each Staffer Will Have.

American Association of Child & Adolescent Psychiatry Improving Access to Child and Adolescent Psychiatry Accessing Child and Adolescent Behavioral Health Care	American Association of Child & Adolescent Psychiatry Increasing the Child and Adolescent Psychiatry Workforce	American Association of Child & Adolescent Psychiatry Improving Equity in Access to Child and Adolescent Psychiatry
<p>ISSUE Children and their families do not have adequate access to child and adolescent behavioral health care.</p> <p>BACKGROUND</p> <ul style="list-style-type: none">• AACAP, the American Academy of Pediatrics, and the U.S. Surgeon General declared a national emergency in children's mental health in 2022.• Over 80% of states and 90% of counties in the U.S. have no child and adolescent psychiatrists.• On average, in the US, there are only 14 child and adolescent psychiatrists for every 100,000 children.• Child and adolescent psychiatrists are physicians uniquely trained to treat behavioral, developmental, or emotional disorders and are not a general care physician.• Child and adolescent psychiatrists expand access to behavioral health services in pediatrician offices and schools through telemedicine and other care arrangements. <p>SOLUTIONS</p> <ul style="list-style-type: none">• Public and private insurance programs should support timely mental health care by covering the full range of developmental health care services, including care delivered by non-physician providers and adequately reimbursing medical providers to provide timely care. <p>CONGRESSIONAL REQUEST Support integration of pediatric behavioral health care in all care settings and reimbursement parity for the full continuum of pediatric mental health care.</p> <p>HOUSE: Support H.R. 7236, "Strengthen Kids' Mental Health Act," introduced by Reps. Eshoo (D-CA), Lisa Blunt Rochester (D-DE), and Brian Fitzpatrick (R-PA).</p> <ul style="list-style-type: none">• Support payment parity in Medicaid for pediatric mental health care services;• Integrate pediatric behavioral health care across a wide range of care; and• Recruit and retain a diverse, evidence-informed pediatric mental health workforce. <p>SENATE: HELP Committee Senators Bob Casey (D-PA) and Bill Blunt (R-OH) introduced the Mental Health Workforce Shortage Loan Repayment Act to support improved access to pediatric mental health care by addressing Medicaid payment parity and expanding the child mental health workforce and its integration. AACAP supports legislation that mirrors bipartisan, comprehensive mental health legislation currently in the House – H.R. 7236.</p>	<p>ISSUE There are not enough child and adolescent psychiatrists to meet the demand for health subspecialty care for children and adolescents in the United States.</p> <p>BACKGROUND</p> <ul style="list-style-type: none">• 13-20% of US children have been diagnosed with a mental disorder, but only 13% receive specialty care.• The number of adolescents reporting poor mental health is increasing, with 1 in 5 who reported making a suicide plan since 2009.• There are 14 child and adolescent psychiatrists for every 100,000 children, far below the estimated need of 47 child and adolescent psychiatrists for every 100,000 children.• 91% of U.S. counties have a severe shortage of child and adolescent psychiatrists.• Child and adolescent psychiatrists complete four years of medical residency, and a two-year fellowship, often incurring up to \$200,000 in debt. <p>SOLUTIONS</p> <ul style="list-style-type: none">• Investments in programs that incentivize physicians to specialty child and adolescent psychiatry would build a child and adolescent psychiatry workforce to meet increasing demand for pediatric mental health care.• Student loan debt relief is an incentive strategy that encourages medical students to pursue careers in child and adolescent psychiatry and enables them to practice in areas currently underserved by specialty medical professionals. <p>CONGRESSIONAL REQUEST Support student loan repayment programs for pediatric mental health care providers and adolescent psychiatrists.</p> <p>HOUSE: Support H.R. 3150, introduced by Reps. John Katko (R-NY) and Robert Wittman (R-VA), "Advance the Mental Health Professional Workforce Shortage Loan Repayment Act."</p> <p>SENATE: Support S. 1578, introduced by Sens. Tina Smith (D-MN) and Amy Klobuchar (D-MN), "The Mental Health Professional Workforce Shortage Loan Repayment Act."</p> <p>H.R. 3150/S.1578 would:</p> <ul style="list-style-type: none">• Require the Health Resources and Services Administration (HSA) to develop a program for mental health professionals, including child and adolescent psychiatrists, in designated workforce-shortage areas.• Authorize up to \$250,000 in loan repayment for up to six years of service, or one-sixth of an individual's eligible loans for each year of service.	<p>ISSUE The current pediatric mental health care system does not serve the needs of racial and ethnic minority communities.</p> <p>BACKGROUND</p> <ul style="list-style-type: none">• The COVID-19 pandemic amplified pre-existing mental health disparities in minority children and adolescents, including gaps in access to high quality mental health care.• Emergency Department visits for pediatric mental health care have disproportionately increased among minority children.• Minority youth are more likely to attempt suicide than their white peers and are less likely to receive adequate care for symptoms of anxiety, depression, and ADHD.• Due to a long history of poor medical treatment, minority communities are less likely to trust the medical care system.• Minority and rural communities are underrepresented in medicine, including in behavioral health care fields. <p>SOLUTIONS Research, education, and outreach programs that narrow the mental health quality and access gaps for racial and ethnic minority groups require federal investment. Similarly, investments in the recruitment, training and broader distribution of a more diverse and representative clinician workforce promotes a stronger and more culturally sensitive workforce.</p> <p>CONGRESSIONAL REQUESTS Expand, reauthorize, and appropriately fund minority scholarship and fellowship programs and support medical school efforts to provide diversity core competency curriculum.</p> <p>HOUSE: Thank you for supporting and advancing H.R. 1475, the Pursuing Equity in Mental Health Act, introduced by Reps. Bonnie Watson Coleman (D-NJ) and John Katko (R-NY).</p> <p>SENATE: Support S.1795, the Pursuing Equity in Mental Health Act, introduced by Sen. Robert Menendez (D-NJ), Cory Booker (D-NJ), and Catherine Cortez Masto (D-NV).</p> <p><i>The legislation would:</i></p> <ul style="list-style-type: none">• Expand programs to address racial and ethnic disparities in mental health through needed grants establishing interprofessional health care teams to provide behavioral health in largely minority communities;• Support the development of health professional core competencies to address racial and ethnic minority mental health disparities; and• Reauthorize and support the SAMHSA minority fellowship program, which seeks to place mental health providers, including child and adolescent psychiatrists, in communities where there are needs, giving child and adolescent psychiatrists, and others, the experience to support these communities going forward.

IMPROVING ACCESS TO CHILDREN'S BEHAVIORAL MENTAL HEALTH CARE: ACCESSING CHILD AND ADOLESCENT PSYCHIATRISTS

ISSUE: Children and their families do not have adequate access to high-quality, localized specialty child and adolescent behavioral health care.

BACKGROUND

- AACAP, the American Academy of Pediatrics, and the Children's Hospital Association jointly declared a national emergency in children's mental health October 2021.
- Over 80% of states and 90% of counties in the U.S. have a severe shortage of child and adolescent psychiatrists.
- On average, in the US, there are only 14 child and adolescent psychiatrists for every 100,000 children. A sufficient supply would be more than 47 child and adolescent psychiatrists for every 100,000 children.
- Child and adolescent psychiatrists are physicians uniquely trained to treat complex mental, behavioral, developmental, or emotional disorders and often serve as their patients' primary care physician.
- Child and adolescent psychiatrists expand access to behavioral healthcare in settings like pediatrician offices and schools through telemedicine consultation and collaborative care arrangements.

SOLUTIONS

Public and private insurance programs should support children's access to high quality and timely mental health care by covering the full range of evidence-based behavioral and developmental health care services, including care delivered via telemedicine, and by adequately reimbursing medical providers to provide that care.

IMPROVING ACCESS TO CHILDREN'S BEHAVIORAL MENTAL HEALTH CARE: ACCESSING CHILD AND ADOLESCENT PSYCHIATRISTS **REQUEST**

CONGRESSIONAL REQUEST: *Support integration of pediatric behavioral health care in all child-facing systems of care and reimbursement parity for the full continuum of pediatric mental health.*

HOUSE: *Support H.R. 7236, "Strengthen Kids' Mental Health Now Act," Introduced by Reps. Anna Eshoo (D-CA), Lisa Blunt Rochester (D-DE), and Brian Fitzpatrick (R-PA).*

This legislation would:

- *Support payment parity in Medicaid for pediatric mental health services, including for child and adolescent psychiatry services;*
- *Integrate pediatric behavioral health care across a wide range of child-facing systems/settings of care; and*
- *Recruit and retain a diverse, evidence-informed pediatric mental health workforce.*

SENATE: *HELP Committee Senators Bob Casey (D-PA) and Bill Cassidy (R-LA) are working on legislation to support improved access to pediatric mental health care by addressing Medicaid payment parity and expanding the child mental health workforce and its integration. AACAP supports legislation that mirrors bipartisan, comprehensive mental health legislation currently in the House – H.R. 7236.*

INCREASING THE CHILD AND ADOLESCENT PSYCHIATRY WORKFORCE

ISSUE: There are not enough child and adolescent psychiatrists to meet the growing demand for mental health subspecialty care for children and adolescents in the United States.

BACKGROUND

- 13-20% of US children have been diagnosed with a mental disorder; 15-25% of US children with a psychiatric disorder receive specialty care.
- The number of adolescents reporting poor mental health is increasing; 44% increase in youth who reported making a suicide plan since 2009.
- There are 14 child and adolescent psychiatrists for every 100,000 children in the United States; estimated need is 47 child and adolescent psychiatrists for every 100,000 children in the United States.
- 91% of U.S. counties have a severe shortage of child and adolescent psychiatrists.
- Child and adolescent psychiatrists complete four years of medical school, four years of residency, and a two-year fellowship, often incurring up to \$300,000 in student loan debt.

SOLUTIONS

- Investments in programs that incentivize physicians to specialize in child and adolescent psychiatry would build a child and adolescent psychiatry workforce sufficient to meet an increasing demand for pediatric mental health care.
- Student loan debt relief is an incentive strategy that encourages more medical students to pursue careers in child and adolescent psychiatry and enables new and existing psychiatrists to practice in areas currently underserved by specialty medical providers.

INCREASING THE CHILD & ADOLESCENT PSYCHIATRY WORKFORCE REQUEST

CONGRESSIONAL REQUEST: *Support student loan repayment programs for pediatric mental health providers, including child and adolescent psychiatrists.*

HOUSE: *Support H.R. 3150, introduced by Reps. John Katko (R-NY) and Grace Napolitano (D-CA), “Advance the Mental Health Professional Workforce Shortage Loan Repayment Act.”*

SENATE: *Support S. 1578, introduced by Sens. Tina Smith (D-MN) and Lisa Murkowski (R-AK), “Advance the Mental Health Professional Workforce Shortage Loan Repayment Act.”*

H.R. 3150/S.1578 would:

- *Require the Health Resources and Services Administration (HRSA) to establish a loan repayment program for mental health professionals, including child and adolescent psychiatrists, who work in designated workforce-shortage areas.*
- *Authorize up to \$250,000 in loan repayment for up to six years of full-time employment or one-sixth of an individual’s eligible loans for each year of service.*

IMPROVING EQUITY IN ACCESS TO CHILD AND ADOLESCENT PSYCHIATRY

ISSUE: *The current pediatric mental health care system does not serve the needs of racial and ethnic minority communities.*

BACKGROUND

- The COVID-19 pandemic amplified pre-existing mental health disparities in minority children and adolescents, including gaps in access to high quality mental health care.
- Emergency Department visits for pediatric mental health care have disproportionately increased among minority children.
- Minority youth are more likely to attempt suicide than their white peers and are less likely to receive adequate care for symptoms of anxiety, depression, and ADHD.
- Due to a long history of poor medical treatment, minority communities are less likely to trust the medical care system.
- Minority and rural communities are underrepresented in medicine, including in behavioral health care fields.

SOLUTIONS

Research, education, and outreach programs that narrow the mental health quality and access gaps for racial and ethnic minority groups require federal investment. Similarly, investments in the recruitment, training and broader distribution of a more diverse and representative clinician workforce promotes a stronger and more culturally sensitive workforce.

IMPROVING EQUITY IN ACCESS TO CHILD AND ADOLESCENT PSYCHIATRY REQUEST

CONGRESSIONAL REQUESTS: *Expand, reauthorize, and appropriately fund minority scholarship and fellowship programs and support medical school efforts to provide diversity core competency curriculum.*

HOUSE: *Thank you for supporting and advancing H.R. 1475, the Pursuing Equity in Mental Health Act, introduced by Reps. Bonnie Watson Coleman (D-NJ) and John Katko (R-NY).*

SENATE: *Support S.1795, the Pursuing Equity in Mental Health Act, introduced by Sen. Robert Menendez (D-NJ), Cory Booker (D-NJ), and Catherine Cortez Masto (D-NV).*

The legislation would:

- *Expand programs to address racial and ethnic disparities in mental health through needed grants establishing interprofessional health care teams to provide behavioral health in largely minority communities;*
- *Support the development of health professional core competencies to address racial and ethnic minority mental health disparities; and*
- *Reauthorize and support the SAMHSA minority fellowship program, which seeks to place mental health providers, including child and adolescent psychiatrists, in communities where there are needs, giving child and adolescent psychiatrists, and others, the experience to support these communities going forward.*

POLITICAL LANDSCAPE: 2022

FOCUS ON CHILDREN'S MENTAL HEALTH

- Election year politics – could be majority-shifting in House and/or Senate.
 - It's “tense” on Capitol Hill.
 - COVID issues such as mask mandates and children attending school are particularly politically-charged and should be avoided if possible. Example: masks/vaccines for children are “child abuse.”
- There are healthy bastions of bipartisanship, especially in mental health.
 - Mental Health – THE priority healthcare issue in Congress, White House, and the Administration.
 - More than 300 bills regarding mental health have been introduced this session.
- Conservatives, mainly Republicans, are greatly concerned about COST.
 - With an evenly divided Senate, mental health proposals that would increase government outlays are less likely to advance.
- AACAP is “at the table” formulating policy, focusing Congress on key legislation in priority issue areas, and engaging with key actors in Congress and the agencies.
 - This Legislative Conference is a key component of AACAP's power to influence what may be the most important debate on mental health in decades.

FIRST STEP: TELL THEM WHO YOU ARE, WHAT YOU DO

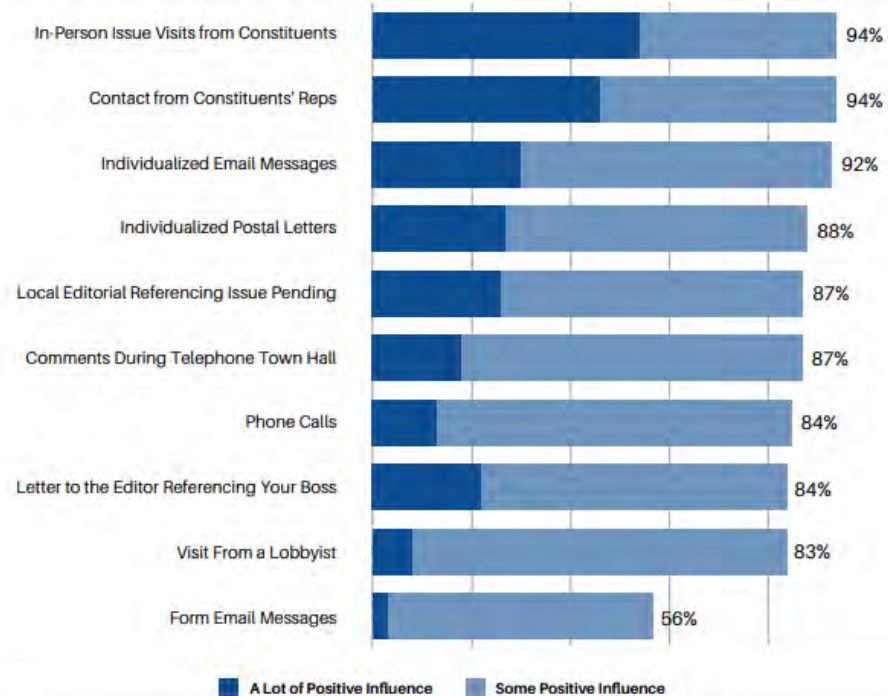
Child and Adolescent Psychiatrists are physicians who specialize in the treatment of childhood mental, emotional, developmental, and substance use disorders.

- Child and adolescent psychiatrists are medically trained in adult and pediatric psychiatry.
- Child and adolescent psychiatrists treat patients across many stages of life and in a wide variety of treatment systems including healthcare, social service, and school systems.
- Child and adolescent psychiatrists regularly consult with primary care providers, school mental health providers and social service professionals to support wider access to specialty behavioral healthcare.

YOUR VOICE REALLY MATTERS

Figure 7 | Influence of Advocacy Strategies to Washington Office on Undecided Member

If your Member/Senator has not already arrived at a firm decision on an issue, how much influence might the following advocacy strategies directed to the *Washington office* have on his/her decision?



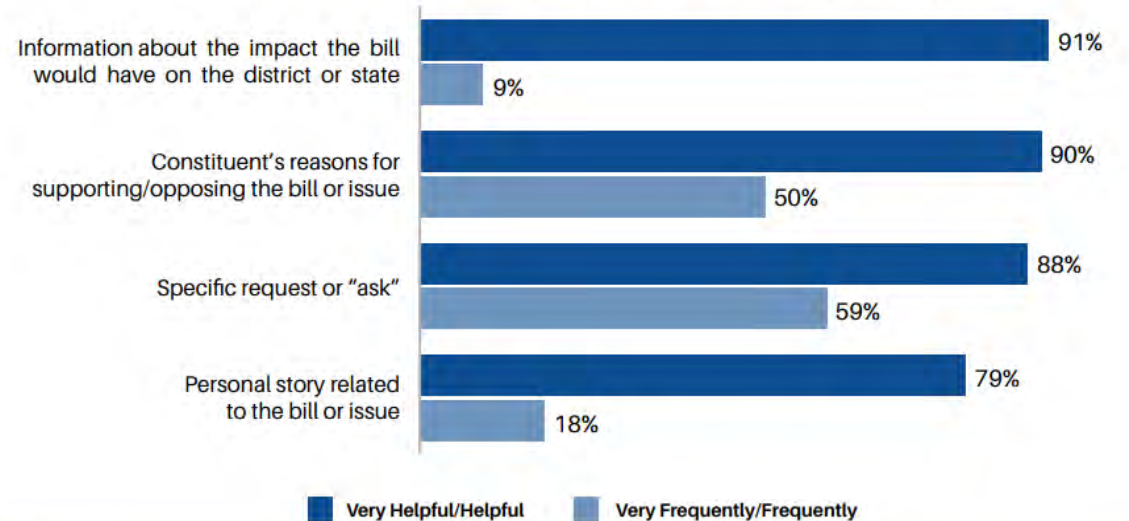
(n = 190-192)

Source: "Citizen-Centric Advocacy: The Untapped Power of Constituent Engagement," Congressional Management Foundation, 2017. <https://www.congressfoundation.org/citizen-centric-advocacy-2017>

Published in: *The Future of Citizen Engagement: Rebuilding the Democratic Dialogue*, Congressional Management Foundation, 2021.

Figure 6 | Frequency versus Helpfulness of Specific Information in Constituent Advocacy

How helpful is it for messages from constituents to include the following?
How frequently do messages from constituents include the following?



(n = 198-207)

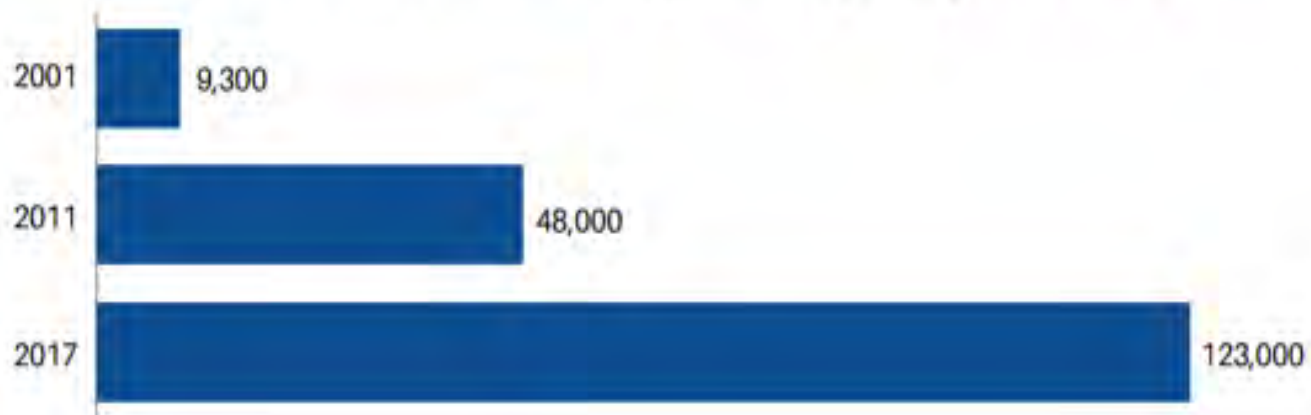
Source: "Citizen-Centric Advocacy: The Untapped Power of Constituent Engagement," Congressional Management Foundation, 2017. <https://www.congressfoundation.org/citizen-centric-advocacy-2017>

Published in: *The Future of Citizen Engagement: Rebuilding the Democratic Dialogue*, Congressional Management Foundation, 2021.

KNOW YOUR AUDIENCE: BUSY AND RELATIVELY YOUNG

Figure 4 | Rising Constituent Communications Volume in One House Office

Increase in Annual Constituent Messages from Sample Congressional District



Source: Congressional Management Foundation. Data collected from the Members of Congress representing a single House district at select points in time. Increase is representative of data collected from other House offices and indicative of the overall increase in constituent messages to the House of Representatives through various channels. Published in: *The Future of Citizen Engagement: Rebuilding the Democratic Dialogue*, Congressional Management Foundation, 2021.



AGE OF HILL STAFFERS – 2017-2019

LOBBYING BEST PRACTICES

- DO: Determine before the call who will lead: Constituent of the Member is best.
- DO: Introduce the group as AACAP PHYSICIANS.
- DO: Make introductions short and sweet. You are a physician serving what kinds of patients and where?
- DO: Get to know the staffer: Ask them questions about their boss' highest legislative priorities regarding mental health/care for children.
- DO: Tell anecdotes that are directly relevant to each bill you're discussing.
- DO: Mind the time, you will have a total of 20 minutes for the entire call.

TELL THE AUDIENCE WHAT YOU'RE GOING TO SAY, SAY IT; THEN TELL THEM WHAT YOU'VE SAID.

- DALE CARNEGIE -



LOBBYING BEST PRACTICES

- DO use the one pagers while on the calls. It's also ok to follow up with answers to questions you can't answer during the call.
- DO be pleasant and kind, even when a staffer appears combative, uncaring, or uncooperative.
- ONLY ONE MAJOR NO-NO: DO NOT talk about campaign contributions, AACAP's Political Action Committee, attending any political events, volunteering on campaigns, or anything related to elections.
- HAVE FUN, YOU GOT THIS!



Be Brief.
Be Brilliant.
Be Gone.

ACCESS LEGISLATION

SUPPORT H.R. 7236, “STRENGTHEN KIDS’ MENTAL HEALTH NOW ACT.”

- **GOAL:** *Support integration of pediatric behavioral health care in all child-facing systems of care and reimbursement parity for the full continuum of pediatric mental health.*
- **LEADS:** House Energy and Commerce Health Subcommittee Chairwoman Anna Eshoo (D-CA), Reps. Brian Fitzpatrick (R-PA), Lisa Blunt Rochester (D-DE)
- Legislation expands the availability of mental, emotional, and behavioral health services under the Medicaid program.
- **IN HOUSE ONLY; Senator Bob Casey (D-PA) working on companion bill**

HOUSE Co-sponsors

Eshoo, Anna [D-CA]
Fitzpatrick, Brian K. [R-PA]
Blunt Rochester, Lisa [D-DE]
Bacon, Don [R-NE]
Barragan, Nanette Diaz [D-CA]
Butterfield, G. K. [D-NC]
Dean, Madeleine [D-PA]
Dingell, Debbie [D-MI]
Hayes, Jahana [D-CT]
Higgins, Brian [D-NY]
Houlahan, Chrissy [D-PA]
Scanlon, Mary Gay [D-PA]
Swalwell, Eric [D-CA]
Watson Coleman, Bonnie [D-NJ]
Wild, Susan [D-PA]

WORKFORCE LEGISLATION

SUPPORT H.R. 3150/S. 1578, “ADVANCE THE MENTAL HEALTH PROFESSIONAL WORKFORCE SHORTAGE LOAN REPAYMENT ACT.”

- **GOAL:** *Support student loan repayment programs for pediatric mental health providers, including child and adolescent psychiatrists.*
- **LEADS:**
 - **HOUSE:** John Katko (R-NY), Grace Napolitano (D-CA)
 - **SENATE:** Tina Smith (D-MN), Lisa Murkowski (R-AK)
- Legislation requires the Health Resources and Services Administration to establish a loan repayment program for mental health professionals who work in designated workforce-shortage areas.
- **IN BOTH HOUSE AND SENATE**

HOUSE Co-sponsors

Katko, John [R-NY]
Napolitano, Grace [D-CA]

Axne, Cynthia [D-IA]
Delgado, Antonio [D-NY]
Fitzpatrick, Brian K. [R-PA]
Gottheimer, Josh [D-NJ]
Harder, Josh [D-CA]
Kilmer, Derek [D-WA]
Lee, Susie [D-NV-]
Neguse, Joe [D-CO]
Phillips, Dean [D-MN]
Pingree, Chellie [D-ME]
Suozi, Thomas R. [D-NY-]
Trone, David J. [D-MD]
Van Drew, Jefferson [R-NJ]

SENATE Co-sponsors

Smith, Tina [D-MN]
Murkowski, Lisa [R-AK]

Kelly, Mark [D-AZ]
Rosen, Jacky [D-NV]
Shaheen, Jeanne [D-NH]

DIVERSITY, EQUITY, AND INCLUSION LEGISLATION

SUPPORT H.R. 1475/S. 1795, "PURSUING EQUITY IN MENTAL HEALTH ACT."

- **GOAL:** Expand, reauthorize, and appropriately fund minority scholarship and fellowship programs and support medical school efforts to provide diversity core competency curriculum.
- **LEADS**
 - **SENATE:** Bob Menendez (D-NJ), looking for a Republican co-lead
 - **HOUSE:** Bonnie Watson Coleman (D-NJ), John Katko (R-NY),
 - Legislation would expand programs to address racial and ethnic disparities in mental health through grants supporting behavioral health care teams in areas of a high proportion of minority groups.
- **IN HOUSE AND SENATE.** See House Co-Sponsors on next slide

SENATE Co-sponsors

Bob Menendez (D-NJ)

Bennet, Michael F. [D-CO]

Blumenthal, Richard [D-CT]

Booker, Cory A. [D-NJ]

Carper, Thomas R. [D-DE]

Cortez Masto, Catherine [D-NV]

Heinrich, Martin [D-NM]

Lujan, Ben Ray [D-NM]

Murphy, Christopher [D-CT]

Padilla, Alex [D-CA]

Rosen, Jacky [D-NV]

Smith, Tina [D-MN]

Stabenow, Debbie [D-MI]

Warren, Elizabeth [D-MA]

HOUSE CO-SPONSORS

Bonnie Watson Coleman [D-NJ]

Katko, John [R-NY]

Axne, Cynthia [D-IA]

Barragan, Nanette Diaz [D-CA]

Bass, Karen [D-CA]

Blumenauer, Earl [D-OR]

Blunt Rochester, Lisa [D-DE]

Bush, Cori [D-MO]

Butterfield, G. K. [D-NC]

Carson, Andre [D-IN]

Chu, Judy [D-CA]

Clarke, Yvette D. [D-NY]

Cleaver, Emanuel [D-MO]

Cohen, Steve [D-TN]

Cárdenas, Tony [D-CA]

Davis, Danny K. [D-IL]

Dean, Madeleine [D-PA]

DeGette, Diana [D-CO]

DeSaulnier, Mark [D-CA]

Evans, Dwight [D-PA]

Fitzpatrick, Brian K. [R-PA]

Grijalva, Raúl M. [D-AZ]

Hastings, Alcee L. [D-FL]

Hayes, Jahana [D-CT]

Higgins, Brian [D-NY]

Jackson Lee, Sheila [D-TX]

Jayapal, Pramila [D-WA]

Johnson, Eddie Bernice [D-TX]

Johnson, Henry C. "Hank," Jr. [D-GA]

Jones, Mondaire [D-NY]

Kelly, Robin L. [D-IL]

Lawrence, Brenda L. [D-MI]

Lawson, Al, Jr. [D-FL]

Lee, Barbara [D-CA]

Lowenthal, Alan S. [D-CA]

Malinowski, Tom [D-NJ]

McCollum, Betty [D-MN]

Meeks, Gregory W. [D-NY]

Moore, Gwen [D-WI4]

Napolitano, Grace F. [D-CA]

Neguse, Joe [D-CO]

Norton, Eleanor Holmes [D-DC]

Omar, Ilhan [D-MN]

Payne, Donald M., Jr. [D-NJ]

Pressley, Ayanna [D-MA]

Raskin, Jamie [D-MD]

Roybal-Allard, Lucille [D-CA]

Rush, Bobby L. [D-IL]

San Nicolas, Michael F. Q. [D-GU]

Scanlon, Mary Gay [D-PA]]

Sires, Albio [D-NJ-8]

Smith, Adam [D-WA-9]

Thompson, Bennie G. [D-MS-2]

Tlaib, Rashida [D-MI]

Tonko, Paul [D-NY]

Trone, David J. [D-MD]

Vargas, Juan [D-CA]

Vela, Filemon [D-TX]

Velazquez, Nydia M. [D-NY]

Wasserman Schultz, Debbie [D-FL]

Wild, Susan [D-PA]

Williams, Nikema [D-GA]

Wilson, Frederica S. [D-FL]

ROLE PLAY, POLICY REVIEW, LOBBYISTS' INSIGHTS

- DIVERSITY, EQUITY, AND INCLUSION

Justin Schreiber, DO and Jennifer Dorr, DO

- WORKFORCE

Suzanne Don, MD and Robert Holloway, MD

- ACCESS

Christopher Rogers, MD and Melvin Oatis, MD

SOAPBOX

**VIRTUAL
MEETING
LOGISTICS**

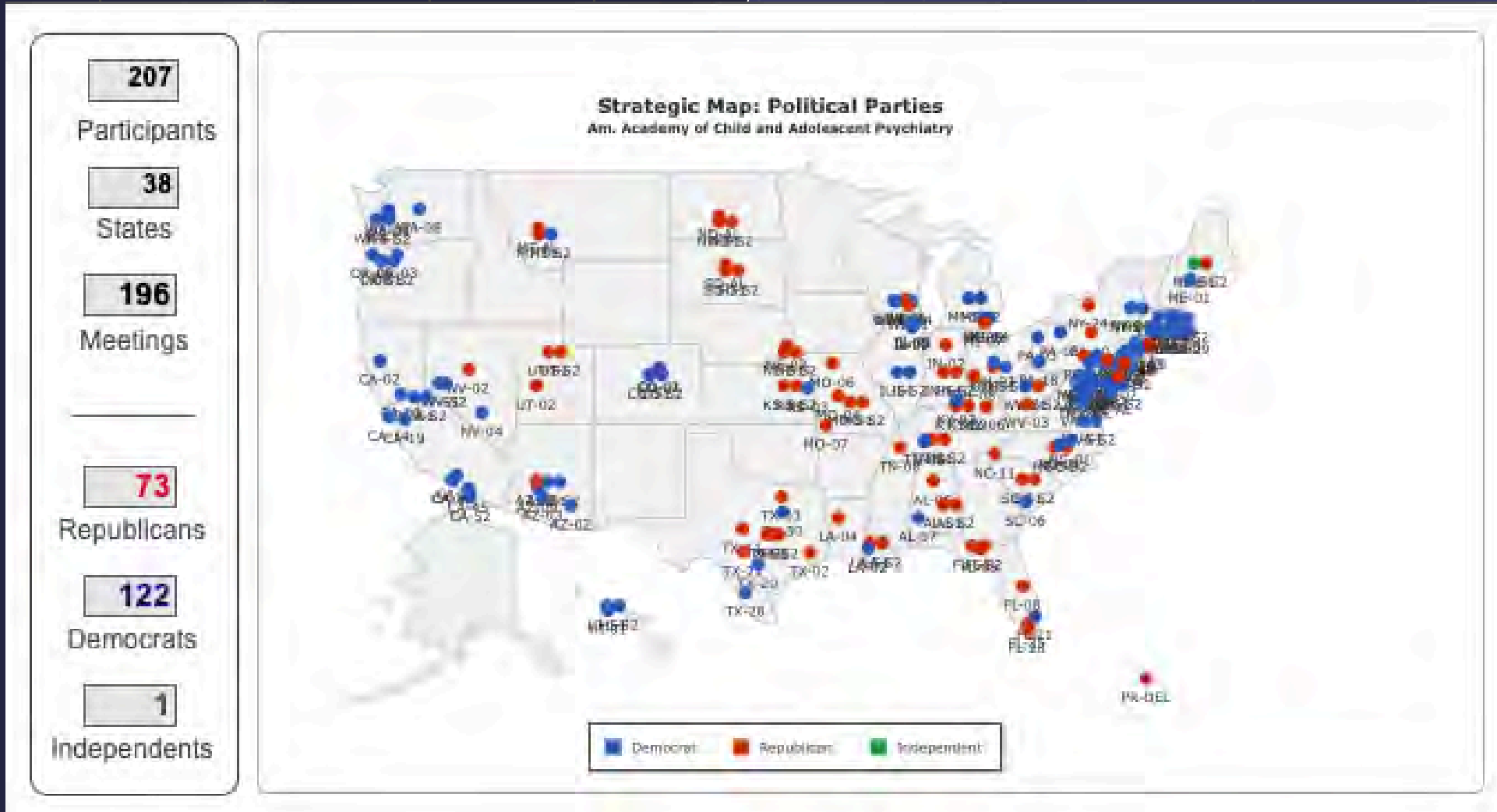
2022

"No person is an island."

117th US Congress, Second Session

CONGRATULATIONS!

STRATEGIC MAP



The Mobile Tool

Not an App; just a website.

sboxmobile.com

sboxmobile.com

2022

WORKS ON ANY BROWSER

Mobile Tool Log-In

www.sboxmobile.com

soapbox[®]
CONSULTING

Welcome to

Soapbox Mobile[®]

Type your Mobile Code in the box below, then press the Get Schedule button.

QQ756179

GET SCHEDULE

- ✓ Reminders
- ✓ Updates (day-of-event)

PUSH NOTIFICATIONS

Soapbox can send you text notifications on the DAY OF THE EVENT if a meeting on your schedule changes. To take advantage of this feature, please enter your cell phone number below.

(Your schedule is always current here on the Soapbox Mobile Tool.)

Mobile Phone Number:

(509) 863-4321

SAVE SETTINGS

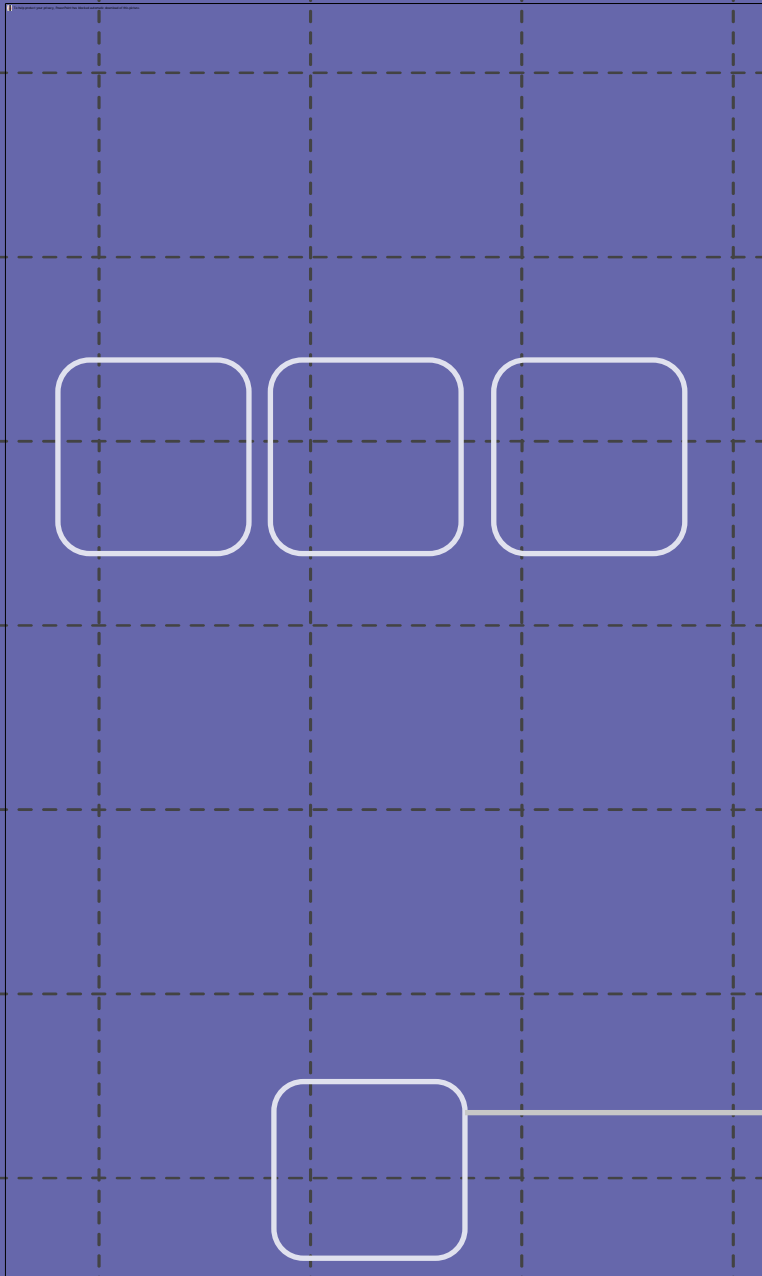
Main Navigation Screen

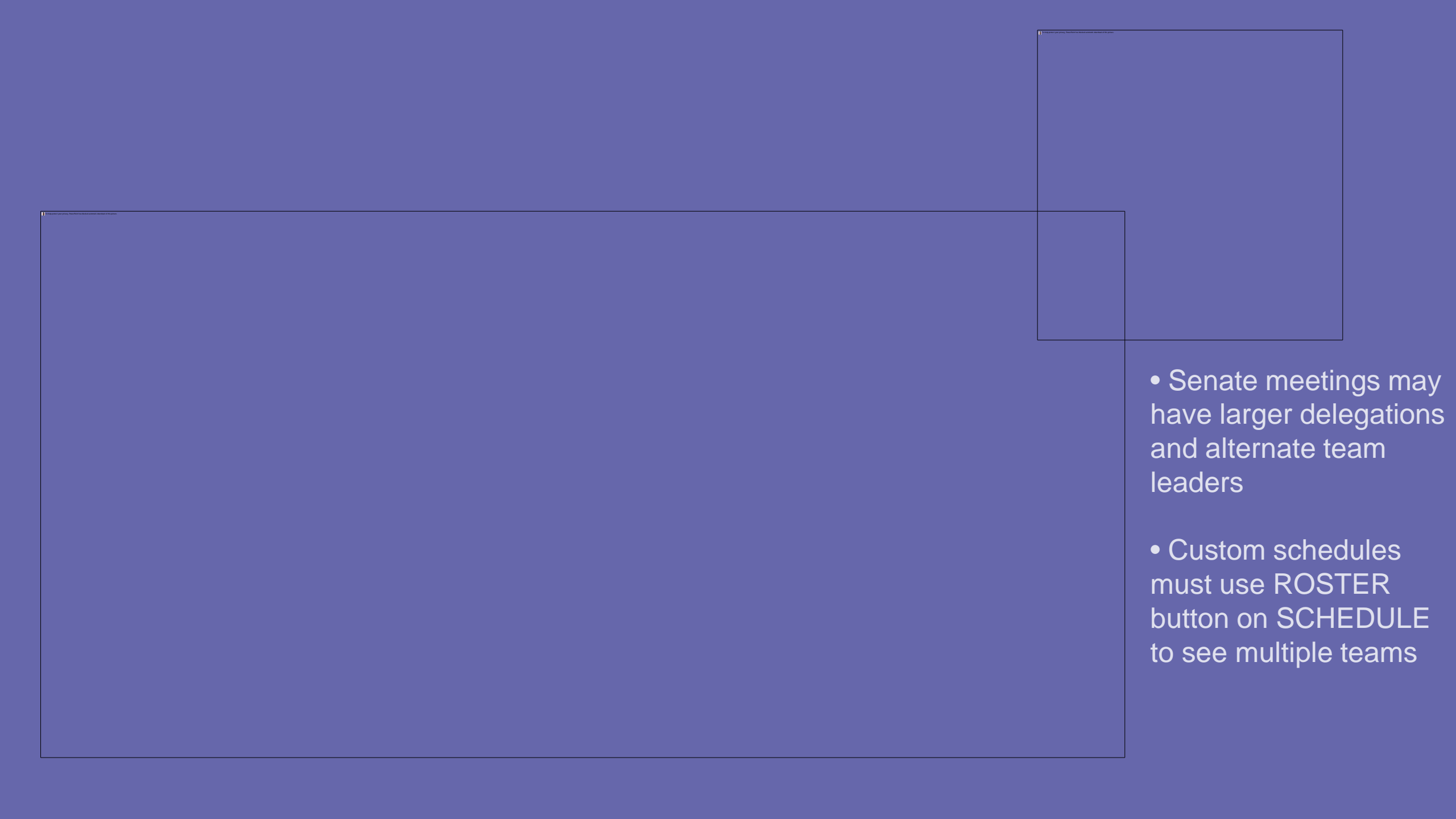
The Mobile Tool stays accurate in real-time.

Please use it – meeting times often change.

(202) 362-5910

Please CALL for live assistance on day-of-event and during practice sessions





- Senate meetings may have larger delegations and alternate team leaders

- Custom schedules must use ROSTER button on SCHEDULE to see multiple teams

Test individual schedule note.

Your Virtual Practice Room Link:

<https://us02web.zoom.us/j/87136499204?pwd=K3pBbHppYnVPY0VvcTVSRFlwREdaZz09>

Your Virtual Call-In and PIN (if link not available):

Phone: (301) 715-8592 Meeting ID: 871 3649 9204 Meeting Passcode: 503866

Important!

Do not share or post links or call-in information.

A team leader or staff may choose to end the webinar if unknown parties show up.

MEETING: 2:30 PM – Sen. Roy Blunt (MO-S-R) [Ldr]

With whom did you conference call?(Member/Staff/or both) If staffer, please give name

What issues did you cover in the meeting?

Did the Member (or staff) ask any questions? (Please note any questions to which HRC should respond)

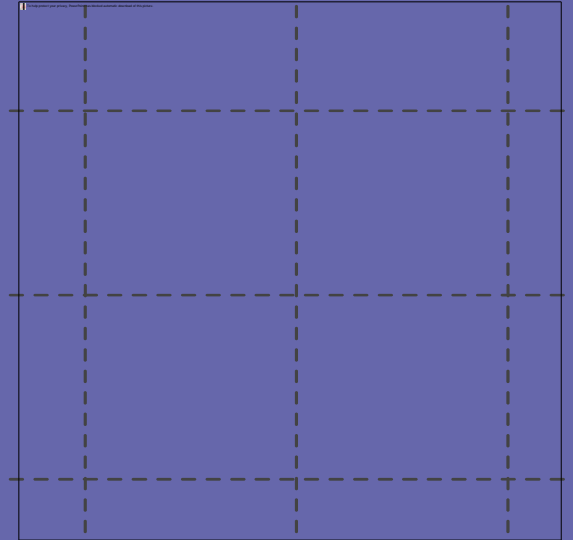
Were there any commitments made by you or the Congressional office? (Please note who made them & any dates for response)

What was the tone of the meeting? Were there any particular problems, information needs or advice that would help move this Member on the issues or help in future lobbying?

Upload a photo of the meeting (optional):

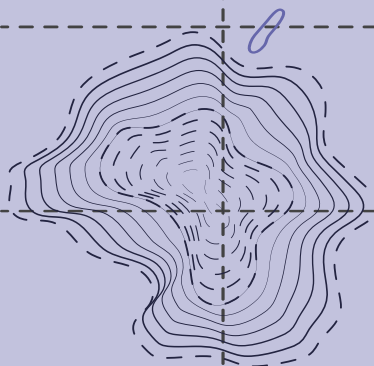
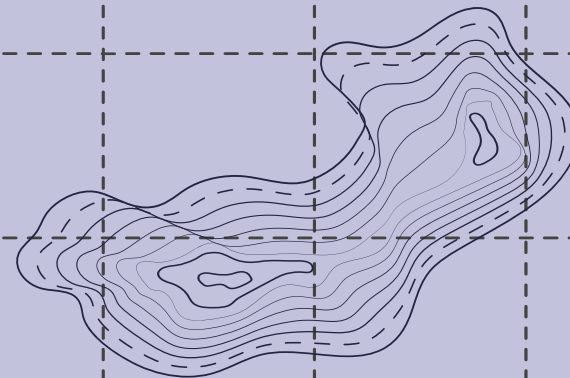
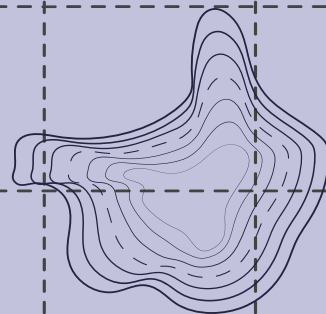
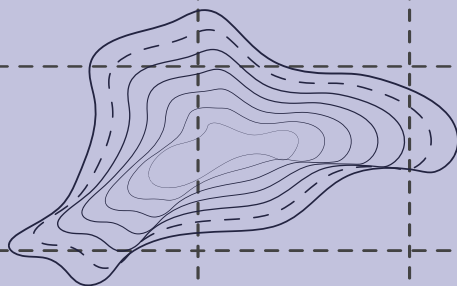
No file chosen

SUBMIT



ZOOM

You've probably used it before. :)



Download Zoom

Once you install Zoom Client, click **Launch Meeting** below

By clicking "Launch Meeting", you agree to our [Terms of Service](#) and [Privacy Statement](#)

Launch Meeting

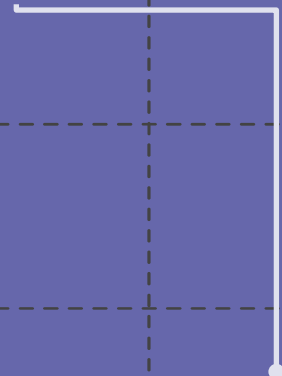
Don't have Zoom Client installed? [Download Now](#)

If you haven't done so already.

Zoom Interface



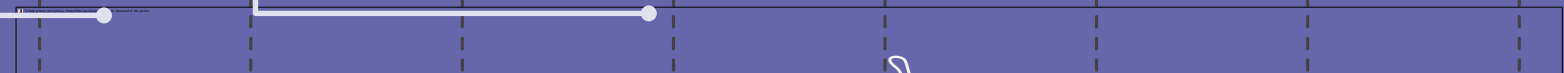
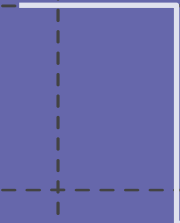
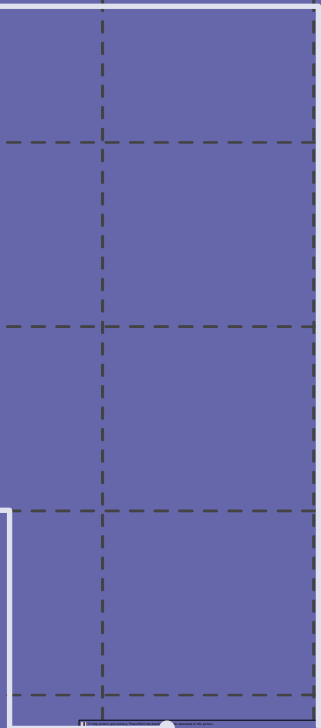
Control screen layout here.



Participant names and chat interface.

Press here to chat/text with others
(Be careful. "To: Everyone" includes staff and Members.)

Control your audio and video here.





PRACTICE SESSIONS *SESSIONS*

Meet with your team

Meet Your Team

www.sboxmobile.com

Your Practice Room link is in the orange box.

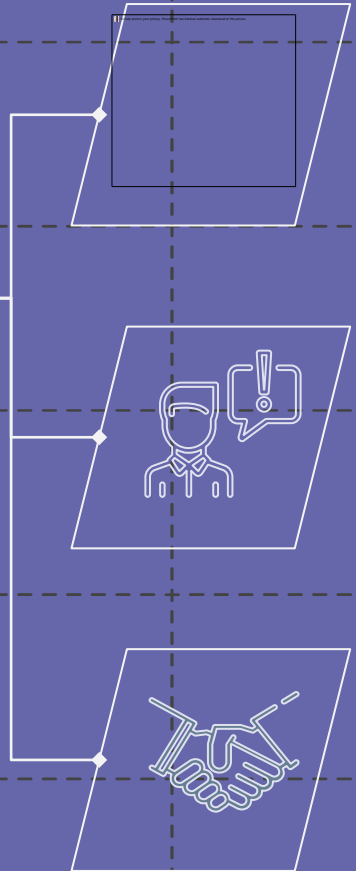
HOME > SCHEDULE

LEGEND

One Link (FULL STATE DELEGATION):
Go here to organize/review the
Senate meeting and House meetings.

VIRTUAL TIPS

- Never talk about elections or contributions in a legislative meeting.
- Stay on message. Time is limited.
- Manage your noise and environment.
- Staff may choose to join meeting by phone (be gracious.)
- Never (ever) videotape or record these meetings.
- Follow up or they might forget.
- Meetings were requested on the hour. If you have a meeting on the half hour, you will tell the staffer of the 1st meeting that you are happy to keep the meeting to 25 minutes. Staffers find this offer charming.
- Call Soapbox on another line if staff or Member is more than 10 minutes late. (Everyone else should stay in the meeting space)





Enjoy Your Day

THANK YOU

117th US Congress
Second Session

2022

WRAP UP

- JOIN US ON MAY 11
- AWARD PRESENTATIONS
- HILL VISITS/DEBRIEF – May 11: 5pm-6pm
 - Key Intelligence Gathered
 - GREAT meetings
 - New Relationships
 - Important Follow-up
 - Lessons Learned