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American Academy of Pediatrics
Section on Emergency Medicine Legislative Conference
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The American Academy of Pediatrics 19th Annual Legislative Conference was held March 30-April 1, 2008 at the Ritz-Carlton in Pentagon City, just outside of Washington, D.C. As a recipient of an advocacy scholarship from the SOEM, I was honored to represent our section in advocating for those without a political voice: children.

As a 3rd year fellow in the University of Louisville/Kosair Children's Hospital Pediatric Emergency Medicine fellowship, I had experienced legislative advocacy initially in 2006 during the annual pediatric emergency medicine fellows' conference. During that gathering, PEM fellows were introduced to advocacy with regards to the EMSC program, and we were led by SOEM faculty mentors in speaking to our congressional representatives regarding the importance of renewing EMSC legislation. In fact, my leader during that conference was Dr. Charles Macias, who I actually interacted with at this present conference as well.

A record number of pediatricians attended this year's legislative conference for advocacy, with over 120 participants in the 3-day event. Attendees represented the full spectrum of pediatrics, including pediatric residents, general pediatricians (both those in private practices and in academic centers), and various pediatric subspecialists.

Day one of the conference provided the building blocks for understanding and participating in child advocacy, as well as small group break-out sessions on topics such as child maltreatment, medical homes, and physician payments. AAP President Renee Jenkins, MD, along with representatives from the AAP Committees of Federal and State Government Affairs, outlined many legislative issues facing children today, with the focus on SCHIP.

SCHIP, or the State Children's Health Insurance Program, was developed with bipartisan support as part of the Balanced Budget Amendment of 1997 to reduce the number of low-income, uninsured children by expanding eligibility levels to those "working-poor" families with children who did not meet cut-off eligibility for Medicaid. Like Medicaid, the federal government matches state spending for SCHIP beneficiaries, but, unlike Medicaid, federal funds are capped and allocated to each state under SCHIP. In addition, the federal government pays an enhanced share for SCHIP (70%) compared to Medicaid (57%).

Over the past year, there has been a well-publicized political struggle to reauthorize SCHIP. Despite two versions of reauthorization passing both houses of Congress with bipartisan support, President Bush vetoed both bills, and attempts at overriding the vetoes were unsuccessful. In December 2007, Congress and President Bush extended SCHIP

through March 2009. This extension was designed to help preserve current programs, but the legislation does not add new funding and options for children's health coverage.

Following the attendees' introduction to and reinforcement of the current issues, the conference staged workshops involving negotiation skills, media training, message crafting, and coalition building. Mock congressional appointment in small groups provided scenarios anticipating our meetings with our elected officials later in the conference and instructed the participants in the skills of advocacy.

Despite the important issues addressed at the AAP Legislative conference, not all events were as serious as one might expect. An evening AAP "caucus" allowed the attendees to participate in an election caucus for historical presidential candidates with current presidential hopefuls' actual health care plans. Ironically, the most popular health care plan to the attendees was that of an anonymous Dennis Kucinich as played by Chester A. Arthur.

The final day of the conference included our visits to our respective congressional representatives. Instead of entering those hallowed halls with trepidation, our delegation felt well-prepared based on the work of our conference leaders. After meeting personally with an enthusiastic congressman who had voted for SCHIP reauthorization, our delegation met with the health staffers for both a senior senator and the Senate minority leader. Although these staffers did not match the congressman's initial affection for SCHIP legislation, our meetings were instructional and productive. In addition, our delegation provided contact information to all of our representatives so that we may serve as liaisons in any capacity with regards to children's health issues.

Overall, the 19th Annual AAP Legislative Conference served to further develop my advocacy skills that will be integral as I begin my career as a pediatric emergency physician. The contacts that I have developed on the local, state, and national levels (in both the medical and political arenas) from participation in this conference will serve me for a lifetime, and I am grateful to the AAP SOEM for their generosity in providing a scholarship to facilitate my attendance.