Assembly
May 19-21, 2017
Assembly Meeting Materials- Assembly Reports

The schedule, agenda, action papers and items in **bold** will be the only items distributed ONSITE. Please review the materials ahead of the meeting and bring any hard copies of materials you would like to have during the meeting with you. Copies will not be available nor made in the Assembly Administration Office. We will have flash drives with the packet available for download onto your laptop and these will be available in the Assembly Administration Office.

Action items are highlighted.
PLEASE CLICK ON ITEM NUMBER TO VIEW THE ITEM IN THE PACKET

1. Remarks of the Board of Trustees
   - **1.A.1 Ratification of the APA Bylaws: *Will the APA Assembly vote to ratify the amendments to the APA bylaws and Operations (Ops) manual to reflect the new nomination and election process for the M/UR Trustee?***
   - 1.C Treasurer's Report

2. Report of the CEO and Medical Director

3. Report of the Speaker
   - 3.A General Report
   - 3.B Reports of the Meetings of the Board of Trustees
     - 3.B.1 Final Summary of Actions, December 2016
     - 3.B.2 Draft Summary of Actions, March 2017

4. Report of the Speaker-Elect
   - 4.A General Report
   - **4.B Report of the Joint Reference Committee**
     - **4.B.1 Retain 2007 Position Statement on Use of Stigma as a Political Tactic**
     - **4.B.2 Revised Position Statement: The Role of the Psychiatrist in the Long-Term Care Setting**
     - **4.B.3 Retire 2009 Position Statement: U.S. Military Policy of "Don't Ask, Don't Tell"**
     - **4.B.4 Retain 2006 Position Statement: Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health**
     - **4.B.5 Retain 2001 Position Statement: Discrimination Against International Medical Graduates**
     - **4.B.6 Retain 1999 Position Statement: Diversity**
     - **4.B.7 Retain 1994 Position Statement: Psychiatrists from Underrepresented Groups in Leadership Roles**
     - **4.B.8 Retain 1994 Position Statement: Resolution Opposing Any Restriction on the Number of IMGs Entering Graduate Medical Training**
     - **4.B.9 Revised 1978 Position Statement: Abortion**
     - **4.B.10 Retain 1977 Position Statement: Affirmative Action**

4.B.11 Retire 1976 Position Statement: 1976 Joint Statement on Antisubstitution Laws and Regulations
4.B.12 Retire 1993 Position Statement: Homicide Prevention and Gun Control (This item has been withdrawn by the Joint Reference Committee.)
4.B.13 Retain 1998 Position Statement: Misuse of Psychiatric Examinations and Disclosure of Psychiatric Records in Sexual Harassment Litigation
4.B.14 Retire 2001 Position Statement: Doctors Against Handgun Violence
4.B.15 Retain 2008 Adoption of AMA Statements on Capital Punishment
4.B.16 Retain 2010 Position Statement: No "Dangerous Patient" Exemption to Federal Psychotherapist-Patient Testimonial Privilege
4.B.17 Proposed Position Statement: Risk of Adolescents' Online Behavior
4.B.18 Proposed Position Statement: Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement
4.B.19 Proposed Position Statement: Legislative Attempts Permitting Pharmacists to Alter Prescriptions
4.B.20 Revised 2015 Position Statement: Use of the Concept of Recovery

5. Report of the Recorder
   - 5.A Draft Minutes of the November 4-6, 2016 Assembly Meeting
     - 5.A.1 Draft Summary of Assembly Actions, November, 2016
   - **5.B List of Members and Invited Guests**
   - 5.C Voting
     - 5.C.1 Voting Strength 2016-2017
     - 5.C.2 Voting Strength 2017-2018
     - **5.C.3 Audience Response System (ARS) Voting Instructions**
   - 5.D Reports of the Assembly Executive Committee (AEC) meetings
     - 5.D.1 Report of the AEC meetings, November 2016
     - 5.D.2 Draft Report of the AEC meeting, February, 2017

6. Report of the Rules Committee
   - **6.A Action Assignments and Reference Committee Rosters**
   - **6.B Consent Calendar**
   - **6.C Special Rules of the Assembly**

7. Reports from Assembly Committees – *Assembly Committees may submit reports onsite for onsite distribution*
   - 7.A Nominating Committee
   - 7.B Committee on Procedures
   - 7.C Awards Committee
   - 7.D Committee on Public & Community Psychiatry
   - 7.E Committee of Minority and Underrepresented Groups (*M/URs*)
   - 7.F Committee of Early Career Psychiatrists (*ECPs*)
   - 7.G Committee of Resident-Fellow Members (*RFMs*)
   - 7.H Committee of Representatives of Subspecialties and Sections (*ACROSS*)
   - 7.I Committee on Psychiatric Diagnosis and the DSM
   - 7.J Committee on Access to Care

7.K Committee on Maintenance of Certification

8. Reports from APA Councils
   - 8.A Council on Addiction Psychiatry
   - 8.B Council on Advocacy and Government Relations
   - 8.C Council on Children, Adolescents, and their Families
   - 8.D Council on Communications
   - 8.E Council on Geriatric Psychiatry
   - 8.F Council on Healthcare Systems and Financing
   - 8.G Council on International Psychiatry
   - 8.H Council on Medical Education and Lifelong Learning
   - 8.I Council on Minority Mental Health and Health Disparities
   - 8.J Council on Psychiatry and Law
   - 8.K Council on Psychosomatic Medicine
   - 8.L Council on Quality Care
     - 8.L.1: APA Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder: https://www.psychiatry.org/audguide
   - 8.M Council on Research

9. Standing Committees

10. Reports from Special Components
    - 10.A AMA APA Delegation

11. Reports from Area Councils
    - 11.A Area 1 Council
    - 11.B Area 2 Council
    - 11.C Area 3 Council
    - 11.D Area 4 Council
    - 11.E Area 5 Council
    - 11.F Area 6 Council
    - 11.G Area 7 Council

(*To view the action papers, please click on the action paper link provided in the materials email.*)

Item 2017A1 1.A.1
All Areas/Assembly Groups: Primary- Area 4, Secondary- RFMs
Assembly
May 19-21, 2017

REPORT OF THE BYLAWS COMMITTEE

***Chairperson**: Edythe P. Harvey, MD; **Members**: Esperanza Diaz, MD, Roger Peele, MD, Christopher Pelic, MD, Rudra Prakash, MD; **Administration**: Margaret C. Dewar, Chiharu Tobita; Colleen Coyle (APA General Counsel)*

At the December 2016 meeting, the Board of Trustees (BOT) voted to approve the recommendation of the Ad Hoc Work Group (WG) on MUR Trustee nominations and election process, chaired by Dr. Renee Binder:

"The WG was asked to make recommendations to improve the nomination and election process for the M/UR Trustee to ensure that the election process is fair and inclusive and in accordance with APA policies and procedures. The work group was asked to come up with processes that will accomplish the original goal of having an M/UR Trustee as a voting member of the Board of Trustees, i.e. increase the diversity on the Board of Trustees."

The Board of Trustees voted to approve the recommendations of the WG on MUR Trustee nominations and election process, with the edits below, and referred the issue to the Bylaws Committee with a request to draft appropriate bylaws language for consideration by the Board and the Assembly. The proposed amendments were approved by the Board of Trustees during its meeting in March 2017. The language will become final once it is ratified by the Assembly at the May 2017 meeting in San Diego, California.

[Bullet #1 Under Vetting Panel Considerations:]
The candidates' ability to voice issues of concern to all APA members as is required of all members of the APA BOT, but with particular ability to represent issues of concern of and to all M/UR psychiatrists and to our diverse and underserved populations of patients.

APA Bylaws Section 3.2. Nominating Procedures

All nominees must be voting members in good standing. ~~Area~~ Trustees are elected by a simple majority of the votes cast by voting members for such positions. The Nominating Committee shall report its nominations to the Board by November 1 for immediate dissemination to the members. Nominating petitions must be filed with the Secretary by November 15 for the nominee to be included on the ballot for the following year. Campaign materials for publication in Psychiatric News are due by November 15 ~~this deadline~~ from all candidates.

APA Bylaws Section 3.6. Minority/Underrepresented Representative Trustee

Candidates for Minority/Underrepresented Trustee must self-identify as a member of a minority/underrepresented group and shall be nominated either (a) by the Nominating Committee, which shall nominate at least two candidates for each position to be filled; or (b) by a petition signed by 400 or more members eligible to vote. ~~belong to their respective caucus by June 15 and shall be nominated by caucus vetting panels. Each vetting panel shall submit no more than one candidate to the Assembly Committee of Representatives of Minority/Underrepresented Groups. The Assembly Committee of Representatives of Minority/Underrepresented Groups shall submit two candidates and one alternate to the Nominating Committee~~

~~by September 15.~~ Nominating petitions and campaign materials must be submitted in accordance with the procedures set forth in Section 3.2. The Minority/Underrepresented Representative Trustee is eligible for election to two two-year terms.

Operations (OPS) Manual
Appendix F-6: Nominating Procedures for M/UR Trustee Candidates

1) Appointment of Vetting Panel. The President-Elect shall appoint a Vetting Panel including the Chairperson for the M/UR Trustee position in years in which there is to be an election for the M/UR Trustee seat on the Board of Trustees.
2) Composition of the Vetting Panel. The Vetting Panel shall have five members[1], including the Chairperson. The M/UR Committee of the Assembly shall make recommendations for three members and the Council on Minority Mental Health and Health Disparities shall make recommendations for two of the members.
3) Responsibility of the Vetting Panel. The Vetting Panel will review all nominations for the M/UR Trustee and recommend the names of two-three candidates and one alternate to the Nominating Committee.
4) In selecting candidates for the M/UR Trustee nomination, the Vetting Panel and the APA Nominating Committee shall consider:
a. The candidates' ability to represent issues of concern to all M/UR psychiatrists and to our diverse and underserved population of patients
b. The existing BOT composition in terms of M/UR representation with the goal of diversifying the composition of the BOT.
c. The M/UR affiliation of the previous M/UR Trustee with the goal of ensuring that all M/UR groups have a fair opportunity to participate in governance at the BOT level.
5) All voting members of the APA are eligible to vote for the M/UR Trustee in national elections.
~~1) The shall be a vetting panel for each M/UR Caucus, appointed by the Caucus Rep and consisting of three of its members who are not currently caucus officers or seeking APA office.~~
~~2) Each vetting panel shall determine its own method of selecting the final candidate from the caucus.~~
~~3) A new vetting panel will be established for every APA-wide election.~~
~~4) Psychiatric News, APA Headlines, M/UR Caucus e-mail lists, and other appropriate APA media shall issue calls for nominations.~~
~~5) Submissions shall be sent to the staff assigned to the National Nominating Committee no later than June 15th. That staff shall compile a packet of all proposed names (caucus-specific) and distribute the appropriate parts of it to the respective caucus vetting panels no later than July 15th. APA members should submit names to the staff of the National Nominating Committee (not directly to the M/UR Committee or to the caucuses, or to the vetting panels, so that the process can be appropriately organized and the names sent to the correct committees) at election@psych.org. Only caucus vetting panels can submit candidates to the M/UR Committee, which may not entertain proposals coming directly from sources other than a caucus vetting panel, e.g. from individuals.~~
~~6) The application for the person under consideration should include a bio sketch of no more than 300 words, a CV, and a completed Disclosure of Interest and Affiliation form.~~
~~7) All candidates must belong to their respective caucuses, i.e., in the database, by June 15th. Each Caucus vetting committee shall submit the name of no more than one candidate to the M/UR Committee no later than August 15th. The M/UR Committee shall then narrow the list of no more than 7 possible candidates down to no more than two candidates plus one alternate, in case either of the first two candidates declined to be named. The M/UR Committee shall then forward these suggestions to the APA Nominating Committee no later than September 15th, so that the APA Nominating Committee can submit its slate of nominees to the Board of Trustees by November 1st.~~

MUR TRUSTEE NOMINATION DEADLINES

~~June 15: Deadline for MUR Trustee nominations from membership~~
~~- Staff follows up with nominees to ensure the following criteria is met:~~
~~- Nominee is an active APA member~~
~~- Nominee is a Member of a Caucus~~
~~- Submit 300 word bio sketch (July 1 deadline)~~
~~- Submit CV (July 1 deadline)~~
~~- Submit a Disclosure of Interest & Affiliations Form (July 1 deadline)~~
~~July 15: Packet of Nominations distributed to seven caucus vetting panels (by respective caucus)~~
~~- Vetting panels review nominations and each submit one nominee to the MUR Committee~~
~~August 15: Deadline for vetting panels to submit nominations to the MUR Committee~~
~~- MUR Committee reviews nominations and suggests two candidates and one alternate~~
September 15: Deadline for MUR Committee to submit MUR Trustee candidates to the Nominating Committee
November 1: Nominating Committee announces slate of candidates including MUR Trustee candidates

[1] The Bylaws Committee suggested a firm number of five members rather than "up to five" members.

Operations (OPS) Manual
Appendix F-7: Guidelines for Petitions
Petitions for Nomination of Candidates

Section 3.6. Minority/Underrepresented Representative Trustee

~~Candidates for Minority/Underrepresented Trustee must belong to their respective caucus by June 15 and shall be nominated by caucus vetting panels. Each vetting panel shall submit no more than one candidate to the Assembly Committee of Representatives of Minority/Underrepresented Groups. The Assembly Committee of Representatives of Minority/Underrepresented Groups shall submit two candidates and one alternate to the Nominating Committee by September 15.~~ Candidates for the Minority/Underrepresented Representative Trustee must self-identify in APA's membership application as being a member of a minority or underrepresented group and shall be nominated either (a) by the Nominating Committee, which shall nominate at least two candidates for each position due to be filled; or (b) by a petition signed by 400 or more members eligible to vote. Nominating petitions and campaign materials must be submitted in accordance with the procedures set forth in Section 3.2. The Minority/Underrepresented Representative Trustee is eligible for election to two, two-year terms.

Operations (OPS) Manual
Chapter Two: Component Structure of the Association
A. Standing Committees

7. Nominating Committee
- Solicit suggestions for nominees from the district branches and from the membership via a notice in Psychiatric News inviting recommendations.
- Ask potential candidates to (1) submit a c.v. with emphasis on current professional activities; (2) sign APA's conflict of interest statement (instead of after official nomination); and (3) disclose to the committee whether there is an ethics complaint pending against them at either the district branch or national level (all above

information is held in confidence and reviewed by the Nominating Committee as its makes its final selection of candidates).

- Select at least two candidates for each of the following offices: President-Elect, Secretary or Treasurer in alternate years, Trustee at Large, (or Early Career Psychiatrist Trustee-at-Large every 3rd year), Minority/Underrepresented Representative Trustee (every other year) and Resident-Fellow Member Trustee Elect. ‡
- Secure the acceptance to serve, if elected, of each designated candidate.
- Report its nominations to the Board by November 1 for immediate dissemination to the members.
- In making nominations for any BOT position the Nominating Committee shall ensure that the BOT reflects the diversity of all of APA's members and shall strive to include candidates in the slate of nominees who are from minority and/or underrepresented groups.

ACTION: Will the APA Assembly vote to ratify the amendments to the APA bylaws and Operations (Ops) manual to reflect the new nomination and election process for the M/UR Trustee?

Item 2017A1 1.C
Assembly
May 19-21, 2017

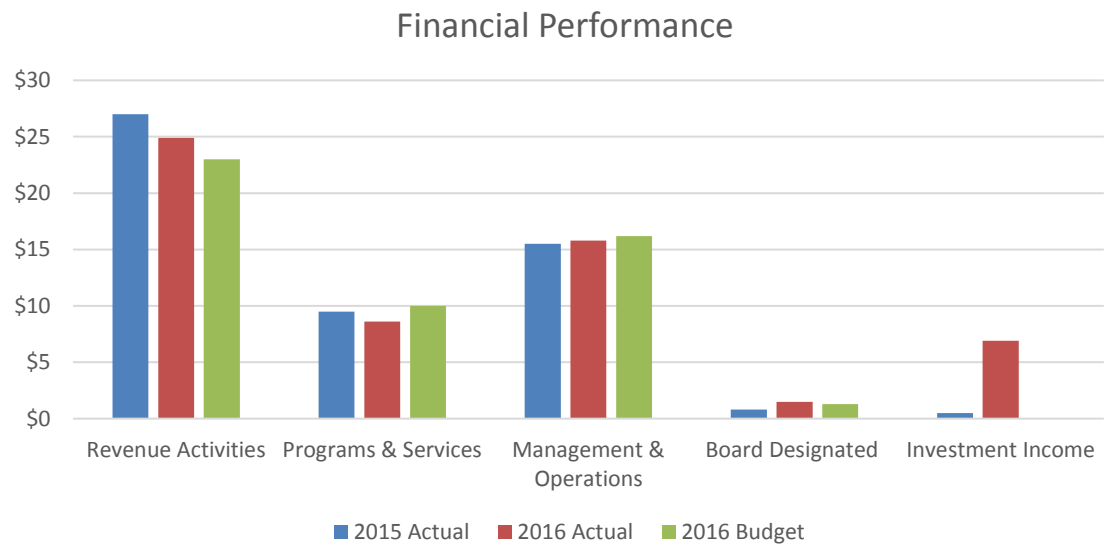
American Psychiatric Association

Treasurer's Report

For the Year Ended

December 31, 2016

For the year ended December 31, 2016 preliminary net income is $6.4 million, compared to $1.7 million in 2015, a difference of $4.7 million. The variance is mainly attributable to three things: 1) Investment income was $6.4 million higher than in 2015; 2) Lower Programs and Services expenses mainly attributable to vacancy savings; and 3) $2.5 million in lower net revenue offset the increased investment income and the reduced program expenses.



The $6.4 million in net income is significantly better than the ($4.5M) deficit that was budgeted. The $10.9 million variance is primarily attributable to three things: 1) Investment income is $6.8 million and was not budgeted; 2) Net income from DSM was $2.1 million higher than budgeted; and 3) $1.4 million in lower Programs & Services expenses generated $1.2 million in budget savings.

The following provides explanations for the significant financial statement variances:

DSM net income is $2.1M higher than budgeted based on lower than budgeted expenses. Expenses are lower than anticipated in the budget due to a reduction in the amortization expense for DSM development and purchase costs from $1.9M to $650K, as well as lower DSM publishing costs. The lower publishing costs is the result of lower book sales.

CME & Meetings net income is $192K lower than budgeted and is due to lower than anticipated attendance at IPS in Washington, DC as well as lower than anticipated education revenue due to expected grant funding that was not awarded.

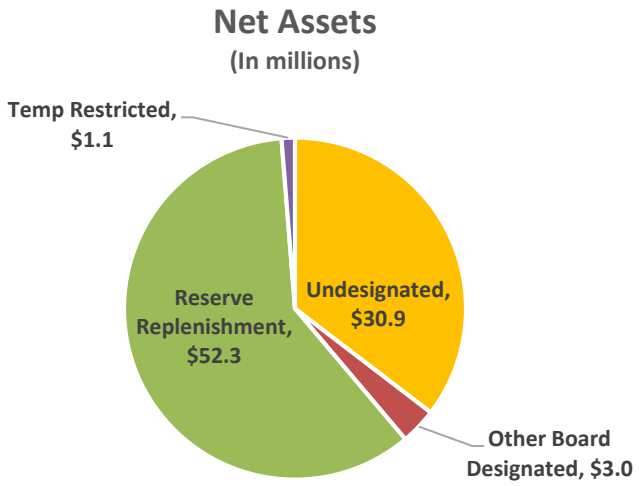
Policy, Programs & Partnerships net expense was $898K lower than budgeted due to vacancy savings as well as staff allocations to the Registry development. There were vacant positions in Research, Diversity and Health Equity, and Practice Management during 2016. Some of the positions were filled and others were eliminated based on a position by position evaluation. In addition, the administration leveraged internal resources to develop the mental health registry and thus the involved staff from Research, Membership and Legal charged a portion of their time to the registry instead of their normal cost centers.

Advocacy net expense is $344K lower than budgeted due to vacancy savings. There was a change in leadership of the department along with an evaluation of staffing requirements. The evaluation resulted in restructuring of some of the vacant positions.

Operations expense is $265K higher than budgeted based on the following: 1) Staff were given merit bonuses in 2016 instead of merit increases to slow expense growth in future budgets; and 2) The actual fringe benefits allocation was closer to the actual benefits costs; whereas, the budgeted projected allocated costs were significantly higher than the actual costs.

Governance expense is $664K lower than budgeted as the costs for the Assembly and the Board of Trustees were $195K and $371K lower than budget, respectively. In the Assembly budget, the savings came in the following three areas: Member travel $110K, Meeting costs $55K and Officer travel $30K. The budget projected that the additional representatives added to the assembly meetings would attend both meetings; however, most of the new attendees only came to the Fall meeting. In the Board of Trustees budget, the savings came from the following three areas: Member travel $240K, Meeting costs $80K and Officer travel $50K. The budget anticipated all Board of Trustee meetings would be a day and half and would include guests and speakers. Several of the meetings were shorter than projected and contained fewer guests, resulting in lower expenses.

The balance sheet remains strong with net assets of $87.3 million, cash of $7.3 million and investments of $88.0 million.



American Psychiatric Association
Statements of Financial Position
For the Years ended December 31, 2015 and 2016
(In thousands)

	12/31/2015	12/31/2016	Change
ASSETS			
Current Assets:			
Cash and Cash Equivalents	$ 14,067	$ 7,307	$ (6,760)
Accounts Receivable, Net	4,896	3,613	(1,283)
Grant Receivable, Net	27	44	17
Advances to Affiliates	358	423	65
Publications Inventory, Net	1,482	1,263	(219)
Prepaid Expenses and Other Current	517	1,255	738
Total Current Assets	21,347	13,905	(7,442)
Investments in Marketable Securities	73,216	88,028	14,812
Property and Equipment, Net	1,788	1,179	(609)
Intangible	2,600	2,600	-
Development Costs	9,137	8,216	(921)
TOTAL ASSETS	**$ 108,088**	**$ 113,928**	**$ 5,840**
LIABILITIES			
Current Liabilities:			
Accounts Payable and Accrued Expe	$ 5,553	$ 5,504	$ (49)
Dues Payable (DB & Other)	1,386	1,466	80
Deferred Revenue:			
Membership Dues	4,825	4,620	(205)
Journal Subscriptions	5,928	5,974	46
Other	4,406	4,672	266
Total Current Liabilities	22,098	22,236	138
Accrued Pension Liability	4,285	3,915	(370)
Deferred Rent Liability	856	479	(377)
TOTAL LIABILITIES	**27,239**	**26,630**	**(609)**
NET ASSETS			
Unrestricted, Undesignated	26,984	30,883	3,899
Unrestricted, Designated	53,214	55,296	2,082
Temporarily Restricted	651	1,119	468
ENDING BALANCE, NET ASSETS	**80,849**	**87,298**	**6,449**
TOTAL LIABILITIES AND NET ASSE	**$ 108,088**	**$ 113,928**	**$ 5,840**

American Psychiatric Association
Income Statement and Budget Monitor
For the Years ending December 31, 2015 and 2016
(In thousands)

	2015 Actual	2016 Actual	2015 vs. 2016	2016 Budget	Budget vs. Actual
Revenue Generating Activities					
Membership Dues & Programs	$ 9,613	$ 9,540	$ (137)	$ 9,468	$ 71
Publishing	3,956	3,204	(972)	3,355	(151)
DSM	9,346	8,054	(1,292)	5,930	2,124
CME & Meetings	3,781	4,039	230	4,231	(192)
Miscellaneous	341	38	(303)	1	38
	27,037	24,875	(2,474)	22,985	1,890
Programs & Services					
Policy, Programs & Partnership	(4,650)	(4,617)	33	(5,515)	898
Advocacy	(2,584)	(2,079)	506	(2,423)	344
Communications	(1,833)	(1,494)	339	(1,609)	114
Foundation Operations	(425)	(406)	19	(419)	13
	(9,492)	(8,596)	897	(9,966)	1,369
Management & Operations					
Operations	(12,171)	(12,639)	(155)	(12,374)	(265)
Governance	(3,270)	(3,115)	155	(3,779)	664
	(15,441)	(15,754)	-	(16,153)	399
Net Operating Income	2,104	525	(1,577)	(3,134)	3,658
Investment Income (net of contribut	520	6,891	6,371	-	6,891
Board Designated Spending	(827)	(1,470)	(642)	(1,273)	(196)
Temporarily Restricted Funds	(98)	498	596	(66)	564
Net Income	$ 1,699	$ 6,444	$ 4,748	$ (4,473)	$ 10,917
Board Funding					
Membership	(7)	(2)	6	(20)	19
State Advocacy	(654)	(1,060)	(406)	(1,003)	(57)
Registry	-	(400)	(400)	-	(400)
Legal - Anthem	(122)	-	122	(100)	100
Legal - Health Parity	(44)	(8)	36	(150)	142
	$ (827)	$ (1,470)	$ (642)	$ (1,273)	$ (196)

American Psychiatric Association
Income Statement and Budget Monitor
For the years ending December 31, 2015 and 2016

	2015 Actual	2016 Actual	2015 vs. 2016	2016 Budget	Budget vs. Actual
Revenue Generating Activities					
Membership Dues & Programs					
Revenue					
Membership Dues	9,870,364	9,595,309	(275,055)	9,785,000	(189,691)
Insurance Program	1,503,333	1,500,000	(3,333)	1,500,000	-
Membership Affinity Programs	91,243	80,373	(10,870)	95,000	(14,627)
APA Job Bank	893,015	972,287	79,272	1,000,000	(27,713)
List Sales	91,287	56,497	(34,790)	60,000	(3,503)
	12,449,242	12,204,466	(244,776)	12,440,000	(235,534)
Expense					
Membership Services	2,567,032	2,461,744	(41,875)	2,694,208	(232,464)
Membership Affinity Programs	18,850	5,200	(13,650)	13,650	(8,450)
APA Job Bank (membership)	59,824	66,039	6,215	67,100	(1,061)
Ethics/DB Relations	190,758	131,880	(58,878)	196,819	(64,939)
	2,836,464	2,664,863	(108,188)	2,971,777	(306,914)
Gross Margin	9,612,778	9,539,603	(136,588)	9,468,223	71,380
Publishing					
Revenue					
American Journal of Psychiatry	5,603,395	5,077,003	(526,392)	5,415,100	(338,097)
Journal of Psychiatric Services	964,054	854,188	(109,866)	951,600	(97,412)
Psychiatric News	4,017,145	4,166,821	149,676	3,614,300	552,521
Books	4,571,920	4,182,594	(389,326)	4,819,300	(636,706)
Focus Journal	1,195,518	1,163,623	(31,895)	1,212,900	(49,277)
Specialty Journals	297,969	271,166	(26,803)	316,800	(45,634)
Other	126,558	204,581	78,023	78,512	126,069
	16,776,559	15,919,976	(856,583)	16,408,512	(488,536)
Expense					
American Journal of Psychiatry	1,964,285	1,967,500	3,215	2,076,188	(108,688)
Journal of Psychiatric Services	680,220	674,326	(5,894)	725,027	(50,701)
Psych News	2,491,382	2,437,230	(12,098)	2,489,416	(52,186)
Books	1,680,903	1,514,354	(166,549)	1,368,471	145,883
Focus Journal	268,296	290,815	22,519	320,826	(30,011)
Specialty Journals	100,748	92,695	(8,053)	113,117	(20,422)
Other	7,840	117,575	109,735	228,861	(111,286)
Marketing & Production	5,627,060	5,621,249	172,900	5,731,278	(110,029)
	12,820,734	12,715,744	115,775	13,053,184	(337,440)
Gross Margin	3,955,825	3,204,232	(972,358)	3,355,328	(151,096)
DSM					
Revenue					
DSM IV	114,270	128,860	14,590	-	128,860
DSM 5	11,216,364	9,826,387	(1,389,977)	9,546,500	279,887
	11,330,634	9,955,247	(1,375,387)	9,546,500	408,747
Expense					
DSM IV	829	3,874	3,045	-	3,874
DSM 5 Publishing Costs	1,223,460	1,252,134	28,674	1,706,970	(454,836)
DSM 5 Development	760,192	644,754	(115,438)	1,909,300	(1,264,546)
	1,984,481	1,900,762	(83,719)	3,616,270	(1,715,508)
Gross Margin	9,346,153	8,054,485	(1,291,668)	5,930,230	2,124,255

	2015 Actual	2016 Actual	2015 vs. 2016	2016 Budget	Budget vs. Actual
CME & Meetings					
Revenue					
Annual Meeting	8,413,239	8,466,082	52,843	8,851,500	(385,418)
CME Products and Accreditation	315,958	247,604	(68,354)	485,000	(237,396)
Institute on Psychiatric Services	487,379	371,490	(115,889)	508,000	(136,510)
	9,216,576	9,085,176	(131,400)	9,844,500	(759,324)
Expense					
Annual Meeting	3,322,688	3,067,559	(255,129)	3,475,198	(407,639)
CME Products & Accreditation	403,068	398,290	(4,778)	257,059	141,231
Institute on Psychiatric Services	583,171	414,344	(168,827)	485,148	(70,804)
Office of Scientific Programs	356,819	346,598	(10,221)	529,708	(183,110)
Department of Meetings & Conventions	769,421	819,017	77,998	866,373	(47,356)
	5,435,167	5,045,808	(360,957)	5,613,486	(567,678)
Gross Margin	3,781,409	4,039,368	229,557	4,231,014	(191,646)
Miscellaneous					
Revenue	340,492	36,506	(303,986)	-	36,506
Total Revenue Generating Activities	27,036,657	24,874,194	(2,475,043)	22,984,795	1,889,399
Programs and Services					
Policy, Programs & Partnerships					
Revenue					
Policy, Programs, Partnerships	20,000	-	(20,000)	-	-
Practice Mgt & Delivery Systems Policy	108,546	60,432	(48,114)	163,500	(103,068)
SAN Grant	34,696	1,400,406	1,365,710	760,276	640,130
Diversity and Health Equity	-	-	-	40,000	(40,000)
	163,242	1,460,838	1,297,596	963,776	497,062
Expense					
Division of Policy, Programs, & Partnerships	324,939	288,022	(36,917)	347,935	(59,913)
Division of Education	750,437	896,765	146,328	974,509	(77,744)
Reimbursement Policy	1,325,212	1,331,659	6,447	1,090,609	241,050
Parity Enforcement & Implementation	114,238	165,487	51,249	526,401	(360,914)
Practice Mgt & Delivery Systems	727,386	755,883	28,497	1,021,143	(265,260)
SAN Grant	34,696	1,447,037	1,412,341	651,553	795,484
Research - Director's Office	842,199	821,069	(21,130)	1,191,677	(370,608)
Office of Diversity & Health Equity	694,237	372,076	(322,161)	675,106	(303,030)
	4,813,344	6,077,998	1,264,654	6,478,933	(400,935)
	(4,650,102)	(4,617,160)	32,942	(5,515,157)	897,997
Advocacy					
Revenue					
PAC	11,885	12,349	464	-	12,349
Advocacy Leadership Conference	15,100	-	(15,100)	-	-
	26,985	12,349	(14,636)	-	12,349
Expense					
APA PAC Operating Expenses	204,144	206,143	1,999	215,595	(9,452)
Division of Advocacy	111,781	147,593	35,812	-	147,593
Government Relations	2,075,207	1,538,819	(536,388)	2,032,059	(493,240)
Leadership Conference	39,318	-	(39,318)	-	-
CALF	181,000	198,340	17,340	175,200	23,140
	2,611,450	2,090,895	(520,555)	2,422,854	(331,959)
	(2,584,465)	(2,078,546)	505,919	(2,422,854)	344,308

	2015 Actual	2016 Actual	2015 vs. 2016	2016 Budget	Budget vs. Actual
Communications					
Revenue					
Let's Talk Facts	4,194	130	(4,064)	-	130
Marketing Sales	-	715	715	-	715
	4,194	845	(3,349)	-	845
Expense					
Communications & Public Affairs	1,435,754	1,039,539	(396,215)	1,185,538	(145,999)
Association Marketing	400,644	455,539	54,895	423,165	32,374
Let's Talk Facts	986	19	(967)	-	19
	1,837,384	1,495,097	(342,287)	1,608,703	(113,606)
	(1,833,190)	(1,494,252)	338,938	(1,608,703)	114,451
Foundation Operations					
Expense	(425,197)	(406,046)	19,151	(418,920)	12,874
Total Programs and Services	(9,492,954)	(8,596,004)	896,950	(9,965,634)	1,369,630
Governance and Operations					
Operations					
Expense					
Office of the CEO	(1,601,826)	(1,614,291)	(12,465)	(1,382,284)	(232,007)
Staff Strategic Planning	(8,038)	(88,062)	(80,024)	(25,000)	(63,062)
Finance and Administrative Services	(2,205,522)	(2,306,911)	(101,389)	(2,003,992)	(302,919)
Building Operations	(2,857,862)	(2,608,993)	248,869	(3,355,485)	746,492
Employee Benefits	(41,410)	-	41,410	789,261	(789,261)
Legal Office	(564,952)	(573,185)	(8,233)	(864,290)	291,105
Division of Operations	(412,173)	(471,080)	(58,907)	(505,975)	34,895
APA Answer Center	(120,888)	(127,648)	(6,760)	(154,446)	26,798
Human Resources	(823,527)	(885,819)	(62,292)	(736,209)	(149,610)
Information Technology	(3,793,613)	(4,322,646)	(529,033)	(4,408,269)	85,623
Organization Wide Expenses	258,829	359,953	413,704	272,509	87,444
	(12,170,982)	(12,638,682)	(155,120)	(12,374,180)	(264,502)
Governance					
Expense					
Assembly	(922,456)	(982,759)	(60,303)	(1,177,566)	194,807
Board, Operating	(707,050)	(533,555)	173,495	(903,966)	370,411
Standing Committees	(239,422)	(191,939)	47,483	(220,534)	28,595
Direct DB Support					-
DB Leadership	(265,316)	(284,549)	(19,233)	(303,000)	18,451
BD DB Infrastructure Grants	(14,502)	(8,283)	6,219	(40,283)	32,000
Components	(217,696)	(233,580)	(15,884)	(272,350)	38,770
Subsidiary Boards	(3,597)	-	3,597	-	-
Association Governance Office	(818,492)	(854,214)	(35,722)	(861,459)	7,245
Board Funds	(16)	(26,243)	(26,227)	-	(26,243)
Board Strategic Planning	(81,109)	-	81,109	-	-
	(3,269,656)	(3,115,122)	154,534	(3,779,158)	664,036
Total Governance and Operations	(15,440,638)	(15,753,804)	(586)	(16,153,338)	399,534
Board Designated Funding					
Membership	(7,005)	(1,500)	5,505	(20,000)	18,500
State Advocacy - Board designated	(653,664)	(1,060,119)	(406,455)	(1,002,752)	(57,367)
Registry	-	(400,019)	(400,019)	-	(400,019)
Legal - Anthem	(121,943)	-	121,943	(100,000)	100,000
Legal - Health Parity	(43,570)	(8,030)	35,540	(150,000)	141,970
	(826,182)	(1,469,668)	(643,486)	(1,272,752)	(196,916)

Report of the CEO and Medical Director to the APA Assembly

May 19-21, 2017

San Diego Convention Center
San Diego, California

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DIVERSITY

OTHER MEMBER UPDATES

EXECUTIVE SUMMARY

I am pleased to present the CEO and Medical Director's report for the APA President's year May 2016 – May 2017, which outlines the Administration's actions, activities, and accomplishments in the past year according to the APA's strategic initiatives below.

The APA Administration continues to implement the APA's strategic initiative objectives voted by the Board of Trustees within the organization's core areas:

- 1: Advancing the integration of psychiatry in the evolving health care delivery system through advocacy and education.
- 2: Supporting research to advance treatment and the best possible clinical care, as well as to inform credible quality standards; advocating for increased research funding.
- 3: Educating members, patients, families, the public, and other practitioners about mental disorders and evidence-based treatment options.
- 4: Supporting and increasing diversity within the APA; serving the needs of evolving, diverse, underrepresented and underserved patient populations; and working to end disparities in mental health care.

ISSUE SUMMARIES

ADVANCING PSYCHIATRY

American Health Care Act (AHCA): Republicans in the House of Representatives released the American Health Care Act (AHCA), draft legislation that was intended to repeal and replace the Affordable Care Act (ACA). APA responded with this press release within 24 hours on March 7 and then on March 16 encouraged members to contact his or her Representative through the APA Action Center to ensure the gains that have been achieved for individuals with mental illness and substance use disorders are preserved and expanded. On March 22, we sent a letter to Congressional leaders outlining APA's objections to the bill, which the Congressional Budget Office has estimated would eliminate coverage for some 24 million Americans, and encouraged members to express opposition to the AHCA with their Representatives. Your advocacy is working. The House of Representatives first postponed a scheduled vote on AHCA and then the bill was pulled from a floor vote. APA will continue to work with our mental health and other health coalitions to monitor any new legislation that will walk back mental health provisions as we achieve parity implementation. Thank you for your ongoing efforts.

Insurance Industry Mergers: On February 8, 2017, the United States District Court for the District of Columbia at the urging of the United States Department of Justice (DOJ), blocked the proposed merger of Anthem and Cigna. The Court's order makes it clear that Anthem argued that the supply-side efficiencies the merger would accomplish would include *reduction in provider rates*.

The opinion suggested that Anthem argued that the pressure the merger would place on providers would be beneficial to consumers in general and that Anthem's expert argued that providers are operating at comfortable margins well above their costs. DOJ argued that Anthem's use of market power to strong-arm providers would reduce the quality and availability of health care. This is the argument that APA made when it was invited by DOJ to discuss the impact the merger would have on mental health care.

The Court noted that one of Anthem's strategies would be to unilaterally invoke provisions in provider contracts that require physicians of facilities to extend Anthem's discounted fee schedule to Anthem's affiliates, but that even Anthem executives expressed doubts that "providers will take this lying down." The Court also noted that Anthem's approach of achieving savings through reduction in provider payments was different than Cigna's approach to cost savings through collaboration and value based care. "Cigna witnesses and providers have testified that effective collaboration requires more of the physicians and hospitals, and they expect to be paid for it, and the engagement with members to improve behaviors that can affect wellness requires an investment of resources on the part of the insurer." While Anthem sought expedited appeal of this decision, Cigna sued Anthem in Delaware for a declaration that the contract was terminated and it was entitled to its $1.85 billion breakup fee.

After the court prohibited their merger, the parties announced that they would not continue to pursue merger talks or appeal the decision.

42 CFR Part 2 Final Regulation: On January 18th, a final rule was published in the Federal Register Notice to update 42 CFR Part 2, Confidentiality of Substance Use Disorder Patient Records. The rule was initially scheduled to go into effect 30 days after its publication but was pushed to March 21 to give the Trump Administration time to review the rule. While the regulations make minor changes to align with the Health Insurance Portability and Accountability Act (HIPAA) in an effort to allow more Part 2 providers to take advantage of new models of care that promote value- and team-based care, the technological solutions needed to implement the final regulations are lacking. Until this issue is fully addressed, various components of the rule may continue to act as a barrier to integrated care efforts. APA is working with a coalition to promote legislation that will harmonize the updated rule with HIPAA regulations. For a summary of the final rule, visit the APA website.

Medicare Access and CHIP Reauthorization Act (MACRA): APA is developing resources, giving presentations, and providing frequent, ongoing assistance to APA members (and their practices) regarding Medicare's "Quality Payment Program." These resources and other activities are designed to help psychiatrists, especially those in solo and small practices, to understand and be successful in the new Merit-Based Incentive Payment System (MIPS) and to earn incentives for their participation in alternative payment models (APMs).

- **APA Payment Reform Toolkit:** A new "Payment Reform Toolkit" is now available with detailed fact sheets explaining the MIPS and APM incentives (under the Medicare Access and CHIP Reauthorization Act of 2015, or MACRA) and what these new programs mean for psychiatrists.
- The Toolkit is available at www.psychiatry.org/PaymentReform and includes separate fact sheets regarding final MACRA policies; the four MIPS performance categories (Quality, Cost, Improvement Activities, and Advancing Care Information/EHR use); and MACRA alternative payment model incentives.
- More resources are being developed to add to the Toolkit, based upon input from APA members, components, and District Branches (DBs). We will soon be adding a fact sheet with clear instructions on exactly how to avoid MIPS penalties in 2019 for the 2017 reporting year.
- **APA Payment Reform Webinar Series:** The APA presented a series of webinars which are now available for viewing by APA members, free of charge, on the APA Learning Center, at https://psychiatry.org/psychiatrists/education/apa-learning-center. These include highlights of the MACRA final polices, MIPS categories, and APM incentives. There is also a basic "Quality Reporting 101" webinar to introduce, or refresh, psychiatrists on the value and fundamentals of quality reporting.

Mental Health Parity: Parity compliance and enforcement efforts continue to focus on several priority areas of federal and state parity regulatory efforts:

1. Implementation of the White House Parity Task force recommendations;
2. Working with APA affiliates and insurance commissioners in those states which received Centers for Medicare and Medicaid Services (CMS) grant money to develop robust pre- and post- market parity compliance initiatives;
3. Working with HHS and DOL to develop the parity guidance and action plan requirements codified in Section 13001 of the Cures Act; and,
4. Educating APA affiliates about Medicaid parity compliance requirements currently ongoing given the federal October 2017 deadline for compliance.

Health Plan Network adequacy and provider reimbursement rates are a primary and consistent focus of APA's efforts respecting each of the key areas identified above. We have developed important data on these issues through numerous secret shopper surveys and will complete several more this summer. The information generated by these surveys has been highly useful in APA national and state discussions with state insurance commissioners and several state attorneys general and documenting the consequences for patients in accessing care. This will remain a priority activity going forward and includes a series of ongoing webinars with APA's state/DB affiliates. We are urging the federal authorities to specifically issue guidance on these issues and outline the boundaries of parity compliance and non-compliance. CMS issued mental health parity compliance grants to 20 states we have had extensive contact with these states and are working closely with DB staff to closely monitor state activity and be as involved as we can be with the respective state insurance authorities.

APA is developing specific language recommendations for the eventual federal guidance and action plan and is working closely with DOL and HHS to ensure that the eventual federal directives to health plans are substantive regarding documentation and transparency of compliance with the regulatory tests.

APA conducted a webinar for DB executives on Mental Health Parity and Addiction Equity Act (MHPAEA) compliance requirements and process for Medicaid plans. This will be a continuing series going forward and the expectation is there will be many issues to deal with especially once the states make public their documentation as to how parity compliance has been achieved for their Medicaid managed care arrangements, Medicaid expansion plans where applicable and CHIP programs.

Mental Health Reform and 21st Century Cures Act: In December 2016, the U.S. Congress overwhelmingly passed the 21st Century Cures Act (H.R. 34), an end-of-year healthcare package of bills with many mental health, substance use, and criminal justice provisions. The passage of H.R. 34 marks a major first step toward reforming the mental healthcare system in the United States and a culmination of a three-year bipartisan and bicameral effort, including APA's instrumental advocacy efforts. Thank you for your help contacting your Member of Congress!

The mental health provisions in the 21st Century Cures Act will:

- Facilitate improved coordination of fragmented federal mental health resources;
- Address the critical psychiatric and mental health clinical workforce shortages;
- Strengthen enforcement of mental health parity;
- Authorizes $4.8 billion over ten years to the National Institutes of Health, including $1.5 billion for the Brain Research Through Advancing Neurotechnologies (BRAIN) Initiative;
- Authorizes $1 billion over two years to combat the opioid epidemic; and

- Take steps to address criminalization of individuals with mental illness and continues support for mental health courts and crisis intervention teams.

With respect to mental health parity, the passage of H.R. 34 builds on MHPAEA and its extensions in the Affordable Care Act. Prior to 2010, individuals with bipolar disorder, schizophrenia, major depressive disorder, substance use disorders, and other mental health issues struggled to obtain insurance coverage to help them access care. Current law changed that by requiring coverage of necessary services to treat mental illness. Consequently, it has become less burdensome for Americans to access appropriate and evidence-based mental healthcare, thus improving their chance for healthier and more productive lives while reducing the stigma around mental illness. APA will continue to work with policymakers to ensure the promise of MHPAEA is achieved and that all of the mental health reform provisions in H.R. 34 are appropriately resourced and implemented.

HHS Proposes Rule to Stabilize Insurance Exchanges: On February 15, the Department of Health and Human Services released a proposed rule on The Patient Protection and Affordable Care Act; Market Stabilization to stabilize the individual health insurance markets. The proposal would also amend the minimum criteria for network adequacy that health plans must meet to be certified as qualified health plans (QHPs) under the Affordable Care Act (ACA) and provide more state control. APA raised concerns with the lack of transparency included in the rule to identify the criteria for states meeting network adequacy and emphasized the importance of ensuring network adequacy is compliant with the Mental Health Parity and Addiction Equity Act (MHPAEA).

Office of the National Coordinator (ONC) Clinician Playbook: The Office of the National Coordinator (ONC) for Health Information Technology launched a Health IT Playbook in late 2016. The APA was asked to review the playbook, provide feedback, and build out a behavioral health section. In response, we have sent the playbook to the Committee on Mental Health Information Technology (CMHIT) and a representative from the Area Councils to review and provide recommendations on what may be most useful to psychiatry. We are in the process of relaying the information to ONC and providing ongoing feedback on how to make it useful for the field. ONC plans to re-launch the playbook in the spring with the behavioral health section.

Scope of Practice: APA continues to work collaboratively with DBs on utilizing our Unsafe Prescribing toolkit, which coordinates lobbying, communications, and partnership strategies, as well as promoting alternatives to psychologist prescribing, including telepsychiatry utilization and integrated care.

APA is working closely with DBs in the following states to oppose psychologist prescribing legislation: Hawaii, New Jersey, New York, Ohio, Oregon, Texas, and Vermont. In addition, APA is weighing in on rulemaking proposals in both Illinois and Iowa, and is preparing for the Idaho rulemaking process. In addition, several DBs are weighing in on Advance Practice Registered Nurses' scope of practice proposals in the following states: Florida, Louisiana, Ohio, Oklahoma, Massachusetts, North Carolina, Pennsylvania, South Carolina, Tennessee, and Texas.

Comprehensive Addiction and Recovery Act (CARA): On July 22, 2016, the Comprehensive Addiction and Recovery Act was signed into law. Highlights of the new law include:

- Codifies a grant program at the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand access to life-saving opioid overdose reversal drugs (e.g., naloxone) by

supporting the purchase and distribution of opioid overdose reversal drugs and training for first responders and other key community sectors.

- Codifies a grant program at SAMHSA to support states in expanding access to addiction treatment services for individuals with an opioid use disorder, including evidence-based medication assisted treatment.
- Allows the Department of Health and Human Services (HHS) to provide grants to community organizations to develop, expand, and enhance recovery services and build connections between recovery networks, including physicians, the criminal justice system, employers, and other recovery support systems.
- Amends the Controlled Substances Act to expand access to medication-assisted treatment by authorizing nurse practitioners and physician assistants to prescribe buprenorphine; qualified NPs and PAs who become registered to prescribe buprenorphine in states that require prescription supervision by a physician must be supervised by a registered physician.
- Authorizes HHS to award grants to States and combinations of States to carry out a comprehensive opioid abuse response, including education, treatment, and recovery efforts, maintaining prescription drug monitoring programs, and efforts to prevent overdose deaths.
- Requires that the Food and Drug Administration (FDA) consult with advisory committees regarding new opioids or any changes to opioid labels for children.

APA is on record as supporting CARA. This legislation takes many important first steps towards battling the nationwide opioid use epidemic. With that said, these programs – both new and existing – must be properly funded in order to be fully effective.

Capitol Hill Briefings: APA sponsored two Capitol Hill briefings this past year with APA President Maria Oquendo, M.D., Ph.D. The first, held on December 14 was entitled "Suicide in America: Trends, Prevention and New Approaches." The American Foundation for Suicide Prevention cosponsored this event. The second, held on April 6 was entitled "The Opioid Crisis in America: Addiction, Access and Treatment." It was cosponsored by the American Society of Addiction Medicine. Both briefings featured expert presenters who offered compelling clinical, biological, research, and personal perspectives. Both briefings were well-attended by Capitol Hill staff and allied stakeholders.

Collaborative Care Model Training: As a part of the CMS Transforming Clinical Practice Initiative grant awarded to APA, the APA continues to train psychiatrists on the collaborative care model, as an additional practice model and a new income opportunity. Over 1,200 psychiatrists have been trained in the last 15 months. For those trained and interested in working in this model, we are now offering 12-week online learning collaboratives. We recently conducted a webinar about the model for primary care physicians and their staff focusing on how the model can help their practices be more productive. We also released new online training modules for primary care physicians to be trained in the model. We are beginning to offer joint psychiatrist and PCP training for DBs that are interested.

SAMHSA Announces Integrated Care Grants to States: As a result of the Cures Act, SAMHSA is now accepting applications for Promoting Integration of Primary and Behavioral Health Care grants totaling up to $110 million over five years. The purpose of these grants is to promote full integration and collaboration in clinical practice between primary and behavioral healthcare and promote services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, as well as related physical conditions and chronic diseases. We recently sent information to DB executives and encourage you to reach out to your state to recommend they apply. We are happy to help provide you with advocacy information on the importance of this integration.

Payment for Collaborative Care Model: Medicare began coverage and reimbursement on January 1, 2017, for a category of codes they have termed Behavioral Health Integration (BHI). Medicare approved temporary HCPCS codes (G0502, G0503, G0504) for use by primary care practices that are based upon the Collaborative Care Model (CoCM). This model is the only evidence-based model of its kind and was proven effective in more than 80 randomized control trials. Under these services, the primary healthcare provider employs a behavioral healthcare manager to provide ongoing care management for a caseload of patients with diagnosed mental health or substance use disorders. A consulting psychiatrist, who is paid directly by the primary care practice, provides the primary care practice with the benefit of his or her specialized expertise in treating such conditions, through regular case review and recommendations for treatment, medication adjustments, the need for specialty care, etc.

In addition, CMS added a fourth code, G0507, which describes general care management services of 20 minutes or more per month. These services require the following elements: an initial assessment and routine follow-up and monitoring including the use of validated rating scales; behavioral health care planning including the revision of the treatment plan for those not progressing; facilitating and coordinating other care (psychotherapy, etc.); and continuity of care with a designated member of the care team. These services can be billed by primary care physicians as well as specialists including psychiatrists, if all of the requirements are met.

All of these codes can be billed in non-facility and facility settings. CMS has released a fact sheet and a short list of FAQs on BHI services which can be found here.

Relative Value Units and Related Information Used in CY 2017 Final Rule

CPT[1]/ HCPCS	Status	Description	Total Non-Facility RVUs[2]	Total Facility RVUs[2]	Global	Total Non-Facility Payments (approx)	Total Facility Payments (approx)
G0502	A	Init psych care manag, 70min	3.98	2.51	XXX	$142.84	$90.08
G0503	A	Subseq psych care man,60mi	3.52	2.26	XXX	$126.33	$81.11
G0504	A	Init/sub psych care add 30 m	1.84	1.21	ZZZ	$66.04	$43.43
G0505	A	Cog/func assessment outpt	6.64	4.96	XXX	$238.30	$178.01
G0507	A	Care manage serv minimum 20	1.33	0.90	XXX	$47.73	$32.30

In other reimbursement news from CMS, they approved payment beginning in January 1, 2017 for a comprehensive cognitive and functional assessment (G0505) and have reversed a prior decision and are now paying for CPT codes that are billed when providing prolonged non-face-to-face services (prior

authorization, care coordination, etc.) for Medicare patients (prolonged evaluation and management services before and/or after direct patient care, 99358 and 99359).

Medication-Assisted Treatment for Opioid Use Disorders: Together with the American Academy of Addiction Psychiatry and the American Osteopathic Academy of Addiction Medicine, the APA submitted comments to the SAMHSA's proposed rule regarding an increase in the patient limits for qualified physicians to treat opioid use disorders with buprenorphine. Overall, we supported the proposal to increase the limit to 200 patients if the physician meets certain infrastructure, capacity, and reporting requirements. In addition, we recommended appropriate training, alternative pathways for rural providers to meet the 200-patient limit, reporting requirements for quality data collection, increased reimbursement, and training in residency programs.

APA has also engaged with the National Academy of Medicine (NAM) to create a paper which addresses the opioid crisis. Other notable participants include the American Medical Association (AMA), National Institute on Drug Abuse (NIDA), Department of Veterans Affairs, Johns Hopkins University, and Brigham and Women's Health Care.

Medication Access: The APA is participating in the AMA prior authorization coalition and supporting the Prior Authorization and Utilization Management Reform Principles. Led by state medical societies, the APA and DBs are advocating for prior authorization reform state legislation. APA and DBs participate in several state-based coalitions comprised of state provider and patient organizations focusing on increasing patient access to medication and reducing the administrative burden on physician practices. As a result of collaborative efforts, Illinois, Indiana, and other states have recently enacted laws requiring clinical review and a step therapy override process.

FAQ: Choosing an Electronic Health Records (EHR) System: Over the past decade, the successful incorporation of electronic health records (EHRs), e-prescribing tools, and various mobile health ("mHealth") related technologies into practice has become an increasingly common challenge for medical practitioners. The current EHR landscape encompasses a broad spectrum of products, which further complicates the task for physicians and practices who seek a system that suits their professional needs. In response to these developments, and in light of various Federal programs requiring the use of electronic systems, the APA has recently released a series of FAQs to provide guidance to psychiatrists who are looking to adopt an EHR into their practice. These FAQs cover a range of topics related to choosing an EHR and will be updated regularly by CMHIT.

Mobile App Evaluation Tool is Available on APA Website: APA's "Mobile App Evaluation Tool" is now live on psychiatry.org. The Tool is intended to address the expanding use of mobile health (mHealth) technology by providing structured guidance to psychiatrists on how to evaluate an app with respect to several functional domains, including privacy and security, clinical evidence base, ease of use, and interoperability.

New Content Added to the APA Telepsychiatry Toolkit: APA's "Telepsychiatry Toolkit" recently released its second major update since its launch in May 2016. The update features 12 new pages of content, bringing the total up to 33, including informational videos, topic summaries, and other resources. The video-based "Telepsychiatry Toolkit" is designed to help psychiatrists learn more about various aspects of telepsychiatry, including clinical training and policy considerations. As new topics emerge, more resource and information will be added to this toolkit.

Additionally, APA is actively engaged in developing a practice guideline with the American Telemedicine Association through its incoming president, Peter Yellowlees, M.D., M.B.B.S. a psychiatrist and member of APA. For more information visit psychiatry.org/Telepsychiatry.

At the state level, APA is working with DBs in several states in advocating for telepsychiatry legislation. The APA has promoted the AMA model telemedicine legislation.

SUPPORTING RESEARCH

APA Mental Health Registry (PsychPRO): In March 2016, the Board of Trustees approved development of the APA Mental Health Registry (PsychPRO). By automatically collecting and submitting quality reports, PsychPRO will help psychiatrists more easily meet their growing quality reporting requirements, including those in the new MACRA law and for MOC Part IV. During the past year, development of the registry has proceeded ahead of schedule and will allow PsychPRO to become an important asset for the profession. Currently, approximately 200 psychiatrists have already signed up, enough for PsychPRO to have applied for and successfully received certification from CMS to be a qualified registry in March 2017. This certification is important because it allows PsychPRO to meet participants' 2017 Merit-Based Incentive Payment System (MIPS) requirements, avert their current 4% financial penalty, and potentially qualify for a financial incentive. PsychPRO has implemented 25 MIPS measures covering a wide range of practices, including adult and child, which participants can choose to report on to gain the highest possible scores. Several large health systems have also now been successfully recruited, led by Sheppard Pratt Health System, the nation's largest private nonprofit provider of psychiatric and substance abuse services. Participation in PsychPRO of these systems, in addition to solo and small group practices, is a testament to the potential usefulness of the registry across a broad spectrum of settings in psychiatry. APA has also secured an agreement with the National Network of Depression Centers (NNDC) to encourage its more than 20 institutional members to join PsychPRO and to partner on national research efforts. PsychPRO will spur future research to develop better quality measures, as well as better ways to diagnose, treat and prevent psychiatric illnesses. For more information about the Registry, please go to www.psychiatry.org/psychiatrists/registry.

ICD-11 Proposed Transfer of Dementia Diagnoses: In late 2016, the APA learned that the World Health Organization (WHO) was proposing in its beta version of ICD-11, to transfer all of the diagnoses for Dementia from the Mental or Behavioural Disorders chapter into the chapter on Diseases of the Nervous System. The potential absence of these diagnoses in the Mental or Behavioural Disorder chapter could have precluded mental health professionals from providing and being reimbursed for necessary mental health services to patients with Dementia in the U.S. and other countries.

In response, Dr. Oquendo and I submitted a letter to WHO to formally protest the proposed changes. The APA letter pointed out that the proposed transfer is unprecedented and inconsistent with all earlier versions of ICD as well as DSM. Furthermore, the letter raised that failing to have the Dementia codes in the Mental or Behavioural Disorders section would have resulted in insurance companies refusing to reimburse patients and mental health professionals for appropriate diagnosis, psychological testing, psychosocial treatment, and psychopharmacological treatment of the cognitive and behavioral manifestations of these conditions.

The APA letter strongly requested the reintegration of Dementia diagnoses into the ICD-11 Mental and Behavioural Disorders chapter. The APA shared its letter of protest with approximately 20 national and international organizations, many of whom then also submitted letters to WHO to protest the proposed

changes for Dementia diagnoses in ICD-11. In response to the vigorous protest of the APA and its approximately 20 multi-disciplinary and international partners, all of the recommendations for the classification of the dementias as mental disorders were accepted by the WHO Joint Task Force on Mortality and Morbidity Statistics (posted on 4-1-17 at the ICD-11 beta site. Since this is still a beta version of the ICD-11 classification, it will not become final until approved by the World Health Assembly (tentatively scheduled for later this spring); in the meantime, the APA will continue to closely monitor the situation and respond quickly if this favorable outcome changes.

2017 Research Colloquium for Junior Psychiatrist Investigators: For the 2017 Research Colloquium for Junior Investigators, we will have 49 junior psychiatrists (mentees) – 28 from the U.S., 8 from Canada, and 13 from international countries, including Jamaica, Nigeria, Uganda, Peru, Argentina, Brazil, Mexico, China, Egypt, Spain, the Netherlands, France, and London.

In addition to the 41 core mentors who are senior researchers in the field of psychiatry, we have recruited 10 statistics/methodology mentors. In the past, mentees have mentioned how important it is to have mentors trained in statistics/methodology in addition to mentors whose expertise is in the field of psychiatry. As of March 2017, we have held two successful webinars to introduce mentees to mentors within their research track. We have scheduled two more webinars for the remaining research tracks.

The Foundation's R-13 grant application for partial support of the Colloquium which was submitted to NIDA in September 2016 was approved. This grant will support our efforts to expand the Research Colloquium to: 1) include pre- and quarterly post-colloquium webinars to enhance the junior investigators' mentorship experience; 2) include statistics/methodology mentors to enhance the mentorship experience and network pool for the mentees; and 3) increase our efforts to recruit junior investigators from traditionally underrepresented groups. The successful NIDA grant will cover the expenses for these expansions for the next 3 years (2017 – 2019) and begins as of April 2017.

We continue to partner with American College of Neuropsychopharmacology and Society of Biological Psychiatry on this important mentoring initiative. The 2017 Research Colloquium will be held on Sunday, May 21 at the San Diego Marriott Marquis and Marina, San Diego, Calif.

APA Foundation Psychiatric Research Fellowship: The APA Foundation Psychiatric Research Fellowship received applications from three well-deserving early career psychiatrists. A recipient was chosen that will design and conduct a health services/policy-related research study using national data housed at the APA.

Climate Change: APA's Board of Trustees having discussed that climate change is a global challenge which is affecting people across the world. The Board approved a position stating, "The American Psychiatric Association (APA) recognizes that climate change poses a threat to public health, including mental health. Those with mental health disorders are disproportionately impacted by the consequences of climate change. APA recognizes and commits to support and collaborate with patients, communities, and other healthcare organizations in efforts to mitigate the adverse health and mental health effects of climate change."

Proposals for Changes to DSM-5: The DSM Steering Committee has created a mechanism for the field to submit proposals for making changes to DSM-5. This mechanism has been made public for online submissions and is accessible at www.psychiatry.org/dsm5. The committee has formed five DSM review committees, made up of experts in various disorder areas. Once a proposal is received via the site, the

Steering Committee will review it and, if deemed appropriate, will send it to the applicable review committee for its appraisal. If approved, it will again be sent to the Steering Committee for review and recommendations. If approved by all bodies, text and criteria will be created and, once approved by APA's governance, incorporated into future editions of DSM-5.

EDUCATION

2017 Annual Meeting: The Scientific Program Committee selected over 450 sessions for the Annual Meeting in May 2017. The program includes 104 invited sessions connected with Dr. Oquendo's charge to diversify the program and to support her theme, "Prevention Through Partnerships." Additionally, APA will offer 30 in-depth courses and four master courses. Working with the U.S. Navy, the APA will also offer an EduTour to the Naval Medical Center San Diego Base Balboa. EduTour participants will learn about the delivery of medicine at sea aboard the USNS ship, Mercy, which is the lead ship of her class of hospital ships in the U.S. Navy. New this year, the APA will also be featuring an "Innovation Zone" in the exhibit hall where we seek to address the question of, "What comes next in mental health treatment technology?" The innovation zone will include speakers and demonstrations of new tools, including virtual reality, deep learning computing, and a shark-tank style hackathon.

Additionally, award-winning correspondent and ABC's 20/20 co-anchor Elizabeth Vargas has been confirmed as our Convocation speaker. Vargas will be interviewed by NIDA Director Nora Volkow, M.D., about her struggles with anxiety and alcohol abuse. Susannah Cahalan, author of *Brain on Fire: My Month of Madness*, will be speaking at the opening session. The Jacob K. Javits Public Service Award will be presented to Representative Tim Murphy, of Pennsylvania's 18th District, for his exceptional leadership in bringing comprehensive mental health reform to fruition on a bipartisan, bicameral partnership that was attached to another APA-supported bill, the 21st Century Cures Act (now law).

New Resource for Helping Members Navigate Maintenance of Certification (MOC): APA released a new resource to help members understand the changes occurring within the American Board of Psychiatry and Neurology's (ABPN's) maintenance of certification (MOC) program. The resource can be found online here.

Additionally, the APA and ABPN CEOs convened in February 2017 for their annual leadership meeting to discuss areas of concern, and additional ways to help the certification process be more relevant to the practice of psychiatry. The APA continues to advocate for: MOC requirements which are relevant to practice, ABPN fees which reflective of the cost of administering the MOC program, and reforming the MOC-3 10-year exam process. The MOC Caucus will be meeting at the Annual Meeting in San Diego.

Gun Violence: The APA joined the American Academy of Family Physicians (AAFP), American College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG), and American Academy of Pediatrics (AAP) on a video and statement on gun violence after the tragedy on Orlando. We also joined over 30 state and specialty organizations on a resolution asking AMA to advocate to remove the ban on research on gun violence. In addition, APA has engaged with AMA and the American Bar Association (ABA) focusing on the physician's role in preventing gun violence.

2017 IPS: Mental Health Services Conference: The Scientific Program Committee led by APA's President-elect Anita Everett, M.D., Michael Compton, M.D., M.P.H., Glenda Wrenn, M.D., is currently finalizing the program for New Orleans. The program consists of over 90 sessions focused on Dr. Everett's them of "Enhancing Access & Effective Care."

Course of the Month Promotion: In 2015, APA began a free continuing medical education (CME) opportunity for all APA members. A new, monthly online course was promoted to members, which they would be able to complete for Category 1 CME credits. To date, more than 5,000 individual course registrations.

New Online Learning Formats: APA working with AIMS Center and APA's policy division, has launched eight online learning collaboratives to provide technical assistance to psychiatrists trying to implement the Collaborative Care Model. This 12-week online experience is available to individuals who completed one of the APA's live or online Collaborative Care trainings. Participants receive CME, MOC-2, and MOC-4 credit for participating in the learning collaborative.

The Division of Education is currently beta testing a new spaced-learning paradigm in which learners will receive a self-assessment question per day via a mobile app and will be provided feedback and peer comparison based on their answers. This "1-minute a day" approach has proven popular with millennial learners. Based on the pilot, broader offerings will be available to the entire membership in mid-2017.

Joint Sponsorship Program for Continuing Medical Education (CME): In 2016, the APA's Board of Trustees approved an expansion of the Joint Sponsorship CME program. We are currently using the expanded program to support our affiliated groups, such as the Association of Directors of Medical Student Education in Psychiatry (ADMSEP), by providing low-cost CME accreditation for their annual meeting. In the last 12 months, we have seen increased participation by the DBs in this program and numerous applications for affiliate groups such as ADMSEP.

***Focus: The Journal of Lifelong Learning* Expanded Features in 2017:** The Division of Education is working with APA Publishing to launch several new features as part of *Focus: The Journal of Lifelong Learning*. While the journal will continue to provide a program of lifelong learning and offer MOC and CME credit for subscribers, new features are being added to the journal to broaden its perspective beyond a focus on a single topic per issue. New features include a section entitled *The Applied Armamentarium*, which focuses on changes in treatment; a column called the *21st Century Psychiatrist,* which focuses on changes in systems of care; and a *Year In Review* highlighting the most promising breakthroughs in the psychiatric literature. *Focus* is currently seeking submissions within the new sections.

DIVERSITY

Transgender Youth: On February 22, the Departments of Justice and Education issued guidance that eliminates protections for transgender youth in public schools, no longer allowing them to use restrooms corresponding with their gender identity. APA supports laws that protect the civil rights of transgender and gender variant individuals. The APA also opposes all public and private discrimination against transgender and gender variant individuals in such areas as healthcare, employment, housing, public accommodation, education, and licensing. The APA Position Statement on Discrimination Against Transgender and Gender Variant Individuals can be found here.

In addition, APA signed a brief to be filed with the US Supreme Court in *Gloucester Cty. Sch. Bd. v. G.G* at the request of the American Academy of Pediatrics. The case raises the issue of the treatment of transgender students in school facilities and concerns a transgender adolescent who has gender dysphoria. The *Amici* submitted this brief to inform the Court of the medical consensus regarding what it means to be transgender; the protocols for the treatment of gender dysphoria, which include living in accordance with one's gender identity in all aspects of life; and the predictable harms to the health and

well-being of transgender adolescents when they are excluded from restrooms that match their gender identity.

APA/APA Foundation (APAF) Fellowships: The 2017-19 application cycle for all eight APA/APAF Fellowships closed on January 30, 2017. Respective selection committees completed their selection processes by the end of March. The number of applications for funded fellowships received this year increased by 2% from last year, reflecting an upward trend since 2015 when new marketing strategies led to an initial 10% increase in applicants. Since the previous application cycle, there was a 100% increase in the number of applicants from Historically Black Colleges and Universities (HBCUs) to any of the 8 fellowship programs, including the Minority Fellowship Program (MFP). This is the highest number of HBCU applicants to our MFP since 2012.

For the first time in three years, all HBCUs with psychiatry residency programs (Howard University School of Medicine, Morehouse School of Medicine, and Meharry Medical School) are represented in the MFP applicant pool. This year's success was in part due to DDHE-targeted efforts, including webinars and in-person meetings involving HBCU leadership and trainees.

Educational Resource – Fellowship Toolkits: APA developed a new Guide to APA/APAF Fellowships with toolkits geared toward helping applicants, current APA/APAF fellows, and training directors with information on our fellowship programs, expectations, and the application process.

Pilot Program for Black Men Interested in Psychiatry: The Division of Diversity and Health Equity (DDHE) has a current partnership with Howard University Hospital Department of Psychiatry and Howard University Center for Pre-Professional Education to mentor more African American men who are interested in becoming psychiatrists. As a follow-up to the announcement of this new pilot program, three students from the program attended IPS Mental Health Services conference in Washington, D.C., and met with APA leadership.

Competent Care for Indigenous Patients: In August 2016, the Division of Diversity and Health Equity (DDHE) launched a CME course aimed at helping psychiatrists provide culturally competent care to indigenous patients. Indigenous individual communities experience significant health and mental health challenges, but are also capable of incredible resilience. Meanwhile, many indigenous people live in urban centers, rather than on reservations, making it important that psychiatrists are equipped to provide culturally competent care to this population. This module serves to review historical perspectives of Indigenous peoples, identify common diagnoses, and walk the learner through the cultural formulation, indigenous and non-indigenous interventions, and potential sources of strength resilience. Finally, the learner will apply the concepts through a case study using cultural formulation as a framework.

OTHER MEMBER UPDATES

Goldwater Rule: APA has received a number of inquiries from members on the Goldwater Rule. We, therefore, asked the Ethics Committee to review this rule. The Ethics Committee completed its review and reaffirmed its support behind the Goldwater Rule. APA issued a press release that includes the link to the Committee's opinion and APA's blog on Goldwater Rule.

The Wharf (APA's New Headquarters): Construction remains ahead of schedule on APA's new headquarters site in Southwest Washington, DC at the major new development known as The Wharf. The Board of Trustees voted in 2015 to lease new office space at the site with an option to purchase the space in 2020 at a fixed price set in 2015. The APA will occupy the top three floors of the office building located

at 800 Maine Avenue, SW. Construction remains on schedule with the APA expected to move in at the end of 2017.

Membership Update: At the end of 2016, total membership stood at 37,106, which is the highest level in 14 years. The following highlights that trend:

APA Membership

***Note that performance prior to 2010 could be inflated since psychiatrists and medical students were carried 12 to 18 months before being dropped for non-payment.**

APA membership increased by 1.7%, from 36,490 in 2015 to 37,106 in 2016.

Trends**:**

- A 9.6% increase (3,238 new members) in total membership from 2013 to 2016.
- Every segment of membership has increased, including the minority and underrepresented segments. The following self-reported numbers, listed by fastest growth, provide us with guidance about how these segments are trending. In some cases, they are outpacing general membership growth.
    - 17% increase in Women Psychiatrists members (2,135 new members) from 2013 through 2016.
    - 13% increase in African American Psychiatrists (161 new members) from 2013 through 2016.
    - 5% increase in Asian Psychiatrists (210 new members) from 2013 through 2016.
    - 2% increase in the number of Latino/Hispanic Psychiatrists members (35 new members) from 2013 through 2016.
    - 2% increase in the number of International Medical Graduate Psychiatrists (145 new members) from 2013 through 2016.

The APA Administration is grateful to the Board, Assembly, Area Councils, and DBs/SAs for the mutual support and collaborative work that was required to achieve these results.

Branding Update: Psychiatric News and its family of electronic news products are undergoing a comprehensive redesign to give Psychiatric News a sophisticated, fresh look that aligns with APA's new branding and further solidifies the newspaper's identification as APA's official and major means of communication with its members. The new design will be launched in May at APA's 2017 Annual Meeting.

Leadership Photo Directory Initiative: APA completed work on an online photo directory of APA's leaders. Over 216 component members and 224 Assembly members and DB executives participated. The directories are now available by going to psychiatry.org and either searching for "photo directory," or by clicking 'About APA' at the top of the page, then 'Meet our Organization' and then view either the Assembly or Component directories by clicking the 'Photo Directory' button within those sections. Member login is required.
Leadership photography will continue in 2017, with sessions planned at the June Board of Trustees meeting, and again at the Components and Assembly meetings.

Members who did not have their headshot taken can also participate by submitting a photo at this link: http://APAPsy.ch/SubmitAPhoto. Board members are encouraged to have an official portrait completed at the March or July meetings, to ensure consistency.

New Association Management Software: PA has upgraded its association management software so that the my.psychiatry.org portal is now much more intuitive and inclusive. Members may now use the portal to access their memberships, see payments and receipts, set profile and communication preference, and opt into and out of caucuses. The system will be available 24/7, and future phases will bring special content and visibility to donations to the APA PAC and APA Foundation.

District Branches/State Associations: I continue to have open, monthly calls with the DB executives to discuss emerging issues, best practices, and share information. This has been ongoing to increase collaboration and ensure an ongoing dialogue between the DB/SAs, State Regional Directors, and rest of the APA Administration. The following highlights the support APA provides to DBs/SAs to help them succeed:

- APA Membership provides the following functions for 71 of the 74 DBs/SAs:
    - Sends out dues notices
    - Collects the corresponding dues
    - Completes transfers between DBs
    - Creates and distribute recruitment and retention promotions
    - Tracks revenue and allocate funds to DBs/SAs
    - Pays the credit card fees for DBs/SAs for members on the monthly payment plan
- Directors and Officers Insurance coverage for DB/SA leadership
- DB Innovative, Expedited and Infrastructure Grants
- CALF Grants
- DB Executive Meeting at the Annual and November Assembly Meetings
- President/President-Elect Orientation at the Annual meeting
- District Branch Relation/Ethics Office
- IT Support
    - Includes DB Portal, Find a Psychiatrist, and websites for 14 of the smallest DBs
- State/DB Government Relations Support

The assistance provided above helps 95% of the DBs to substantially reduce financial costs while, at same time, building membership to increase revenue. Through these forums, DBs have identified and received the following: state legislative support; articles written by APA communications to include in revenue generating, DB newsletters; a Find A Psychiatrist platform; and assistance transitioning to a new website platform.

International Update: APA continues to identify and develop resources to meet growing interest in international psychiatry by U.S. psychiatrists and trainees and support opportunities for bilateral education and development between U.S. and non-U.S. psychiatrists and trainees through international engagement activities and programs aimed at increasing international participation and membership.

In response to increased interest in global mental health by physicians, APA developed a "Global Mental Health" webpage to serve as a clearing house of information and resources. It highlights the AJP series "Perspectives in Global Mental Health," which features patient case studies from different countries. The series, along with the APA Caucus on Global Mental Health and Psychiatry and anecdotal evidence of APA members connecting with relief organizations through APA's "International Humanitarian Opportunities" webpage, including opportunities to provide care to Syrian refugees, serves as a foundation and forum for discussion on global mental health and an opportunity to enhance relationships with international psychiatrists and organizations.

At the writing of this report, a group APA membership agreement with the South African Society of Psychiatrists (SASOP), which includes participation by over 50 South African psychiatrists, has been invoiced. This follows extensive coordination with SASOP leadership over the past year with an agreement finalized during the November 2016 WPA International Congress in Cape Town, South Africa, which featured attendance and participation in the scientific program by APA members, including Resident-Fellow Members from the Council on International Psychiatry. We are planning exhibits at the upcoming triennial World Psychiatric Association (WPA) World Congress of Psychiatry in Berlin, Germany, in the areas of membership recruitment and publishing exhibits of our books and journals. APA continues to coordinate communications with WPA representatives, including the recently established ECP Section, on APA updates and opportunities, including the benefits of distance learning through the APA Learning Center and professional development through APA meetings.

I look forward to our continued discussions and another year of the APA growing and enhancing our position in the healthcare field. I also look forward to seeing you at the Annual Meeting in San Diego.

Respectfully submitted,

Saul Levin, M.D., M.P.A.
CEO and Medical Director

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Assembly
May 19-21, 2017

Report of the Speaker

Daniel J. Anzia, MD
May, 2017

It has been a great honor and pleasure to have served this year as Speaker of the Assembly. The members of the APA owe a debt of gratitude to the members of the Assembly for their volunteer time and work effort. In recent years in the Assembly, I've witnessed the expansion of this time and effort not only in scheduled Assembly and Area meetings, but in year-round work on Assembly committees and work groups, on Association Councils and Committees, and in both the generation of ideas and initiatives and bringing them to fruition. For all of the Assembly members, this means time away from home, partners, and families, and time away from clinical practice. It also means finding extra time on weekends and at the end of long days for writing and communication with colleagues. Assembly members do this out of commitment to the APA, to its members, to our patients, and to our society. I extend my heartfelt thanks to all the Assembly members.

In this final report of mine as Speaker, I want to highlight a few of the Assembly's evolved "constitutional" roles within the American Psychiatric Association, with special emphasis on one.

- When changes to the Association's By-Laws are considered, these changes approved by the Board of Trustees are now usually ratified by the Assembly (representing the membership).
    - In the May, 2017 meeting, the Assembly will have considered proposed changes By-Laws related to the nomination and election of the Minority/Underrepresented (MUR) Trustee.
- Approval of Practice Guidelines for publication occurs first in the Assembly, then the Board.
    - In the May, 2017 meeting, the Assembly expects to have considered approval of a new Practice Guideline on the Pharmacological Treatment of Alcohol Use Disorder, and considered procedural modifications to enable electronic voting between scheduled meetings, to shorten the timetable and facilitate the process of our important Guideline development efforts.
- Through the shared governance functions of the Joint Reference Committee, and Assembly participation on all the Councils of the Association, the Assembly plays an important role in the oversight and facilitation of all the work expert APA members do within the Association.
- My special emphasis:
  All formal positions of the Association (Position Statements) are jointly approved by the Assembly and the Board of Trustees. Among notable recently approved Position Statements are these:
    - Medical Euthanasia (Addressed serious concerns about professional roles and ethics. The Assembly provided the impetus for this position statement.)
    - Treatment of Substance Use Disorders in the Criminal Justice System

- Out of Network Restrictions of Psychiatrists (Addressed payers refusing to pay for medications prescribed by out-of-network psychiatrists)
- Location of Civil Commitment Hearings (Advocates for court hearings in hospitals)

Among Position Statements that will have been considered by the May, 2017 Assembly:

- Pharmacists Substituting Medications with Similar Mechanisms of Action (Opposing this practice)
- Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement
- Use of the Concept of Recovery

Not only does the Assembly review and approve all Position Statements, it frequently provides the initiative for development of the statements. As examples, the Assembly has initiated these Position Statements currently in development:

- Screening and Treatment for Mental Health Disorders During Pregnancy and Postpartum
- Mental Health Parity for Individuals with Intellectual and Developmental Disability
- Treatment of Patients with Mental Disorders (addressing the need for medical training and expertise)

The Assembly also initiates ideas for the development of work activities of the APA administration, and joint work groups with the Board of Trustees.

During the past two years, ad hoc Assembly work groups have now been transformed into Assembly standing Committees on these issues of great concern to the APA membership:

- Maintenance of Certification
- Access to Care
- Nomenclature and the DSM

The Assembly takes seriously its role in facilitating communication between APA members and the District Branches and the national Association. We encourage all APA members to bring concerns and ideas to their District Branch Assembly Representatives and/or the Representatives of the other Assembly constituencies: Resident and Fellow Members, Early Career Psychiatrists, Minority and Underrepresented Groups, and the Representatives of Subspecialties and Sections. We're working to make all these Assembly members readily identifiable through the APA website. We know this isn't yet as easy as it could be. If you try to identify your representatives and don't succeed, please let the Assembly officers and the APA administration know!

I cannot say Thank You enough to all who have helped me do my best for the Association this year: Allison Moraske, Jessica Hopey, and Margaret Dewar and the rest of the APA Governance department, my fellow officers Dr. Theresa Miskimen, Assembly Speaker-Elect, and Dr. Bob Batterson, Assembly Recorder, my predecessors and mentors Drs. Glenn Martin, Jenny Boyer, Jim Nininger and the rest of the Assembly Executive Committee, APA President Dr. Maria Oquendo and all my colleagues on the

Board of Trustees, and CEO and Medical Director Dr. Saul Levin and his responsive and committed Administration. It's been a real treat being a part of this team.

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Assembly
May 19-21, 2017

AMERICAN PSYCHIATRIC ASSOCIATION
BOARD OF TRUSTEES

FINAL SUMMARY OF ACTIONS
December 10, 2016

Agenda Item #	**Title/Action** **Consent Calendar Items Notated by [cc]**	**Responsible Office/Component**
2.A	**Requests to Remove Items from the Consent Calendar** Items 5.B.1, 7.A.2, 7.A.6, 7.A.11, 9.A.4, 9.A.5, 9.A.10 were removed from the Consent Calendar.	Chief Operating Officer • Association Governance
2.B	**Approval of Items on the Consent Calendar** The Board of Trustees voted to approve the Consent Calendar as amended.	Chief Operating Officer • Association Governance
4.A.1	**Report of the CEO and Medical Director** The Board of Trustees voted to approve that APA support the name change from Psychosomatic Medicine to Consultation-Liaison Psychiatry, per the request of the Academy of Psychosomatic Medicine.	Chief of Policy, Programs, and Partnerships
4.A.2	**Report of the CEO and Medical Director** The Board of Trustees voted to direct the APA Administration to work with the incoming Trump Administration and incoming Congress to support and promote APA's mental health agenda.	Chief of Government Affairs
5.A	**Report of the Secretary** The Board of Trustees voted to approve the minutes of its October 9, 2016 Meeting. **[cc]**	Chief Operating Officer • Association Governance

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
5.B.1	**Conflict of Interest Committee Report** The Board of Trustees voted to approve the appointment of the following individuals to the Practice Guidelines Writing Group. Dr. Catherine Crone, Chairperson; Dr. George Keepers, Chairperson; Dr. Jeremy Kidd, member; Dr. John S. McIntyre, representative, Committee on Performance Measures; Dr. Blaire Uniacke, member.	Chief Operating Officer • Association Governance
5.B.2	**Conflict of Interest Committee Report** The Board of Trustees voted to approve the appointment of Dr. Dan Stein to the DSM Review Committee. **[cc]**	Chief Operating Officer • Association Governance
6.B	**Board Contingency Fund** The Board of Trustees voted to accept the report of the status of the Board Contingency Fund. **[cc]**	Chief Financial Officer • Finance & Business Operations Chief Operating Officer • Association Governance
6.C	**Presidential New Initiative Fund** The Board of Trustees voted to accept the report of the status of the President's New Initiative Funds for Dr. Binder, Dr. Oquendo, and Dr. Everett**. [cc]**	Chief Financial Officer • Finance & Business Operations Chief Operating Officer • Association Governance
6.D	**Assembly New Initiative Fund** The Board of Trustees voted to accept the status report of the Assembly's New Initiative Fund. **[cc]**	Chief Financial Officer • Finance & Business Operations Chief Operating Officer • Association Governance
7.A.1	**Joint Reference Committee Report** The Board of Trustees voted to approve the 2017 Benjamin Rush Lectureship Award nominee, George Makari, MD. **[cc]**	Chief Operating Officer • Association Governance Chief of Policy, Programs & Partnerships • Education

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
7.A.2	**Joint Reference Committee Report** The Board of Trustees voted to approve the 2017 Vestermark Award nominee, Sandra Sexson, MD.	Chief Operating Officer • Association Governance Chief of Policy, Programs & Partnerships • Education
7.A.3	**Joint Reference Committee Report** The Board of Trustees voted to approve the *2016 Irma Bland Award for Excellence in Teaching Residents* nominees. **[cc]** Aurelia N. Bizamcer, MD, MPH, PhD; Theddeus Iheanacho, MBBS; Nhan (Dennis) Le, MD; Leonardo Lopez, MD; David Lowenthal, MD; Siddhartha Nadkarni, MD; Justin Bradley White, MD; Daniel Becker, MD; Deborah Fried, MD; Eugene Friedberg, MD; Robert Mitchell, MD.	Chief Operating Officer • Association Governance Chief of Policy, Programs & Partnerships • Education
7.A.4	**Joint Reference Committee Report** The Board of Trustees voted to approve the 2016 *Nancy C.A. Roeske, MD Certificate of Recognition for Excellence in Medical Student Education* nominees. **[cc]** Joanna Bures, MD NYU School of Medicine; William Bogan Brooks, III, MD University of South Alabama; Travis J. Fisher, MD Medical College of Wisconsin; Michael Greenspan, MD Hofstra Northwell School of Medicine; David Hartman, MD Virginia Tech Carilion School of Medicine; Shashank Joshi, MD Stanford University; Venkata Kolli, MD Creighton University; Alexander Radnovich, MD, PhD Indiana University; David A Ross, MD, PhD Yale University; Kathlene Trello-Rishel, MD University of Texas Southwestern; Patrick Ying, MD NYU School of Medicine.	Chief Operating Officer • Association Governance Chief of Policy, Programs & Partnerships • Education
7.A.5	**Joint Reference Committee Report** The Board of Trustees voted to approve the 2016 *Jack Weinberg Award in Geriatric Psychiatry* nominee, Barry Reisberg, MD. **[cc]**	Chief Operating Officer • Association Governance Chief of Policy, Programs & Partnerships • Diversity & Health Equity

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
7.A.6	**Joint Reference Committee Report** The Board of Trustees voted to approve the 2016 *Bruno Lima Award in Disaster Psychiatry* nominees, Allan Dyer, MD and Maria C. Poor, MD.	Chief Operating Officer • Association Governance Chief Membership & RFM-ECP Officer • International Affairs
7.A.7	**Joint Reference Committee Report** The Board of Trustees voted to approve the 2016 *Human Rights Award* nominee, National Consortium of Torture Treatment Programs. **[cc]**	Chief Operating Officer • Association Governance Chief Membership & RFM-ECP Officer • International Affairs
7.A.8	**Joint Reference Committee Report** The Board of Trustees voted to approve the 2017 *Jacob Javits Award for Public Service* nominee, Rachel Levine, MD the Physician General of the Commonwealth of Pennsylvania. **[cc]**	Chief Operating Officer • Association Governance Chief of Government Affairs
7.A.9	**Joint Reference Committee Report** The Board of Trustees voted to approve the Action Paper on "Making Access to Treatment for Erectile Disorder Available under Medicare". **[cc]**	Chief Operating Officer • Association Governance
7.A.10	**Joint Reference Committee Report** The Board of Trustees voted to approve the Action Paper on "Access to Care Provided by the Department of Veterans Affairs". **[cc]**	Chief Operating Officer • Association Governance Chief of Government Affairs

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
7.A.11	**Joint Reference Committee Report** Will the Board of Trustees voted to approve the Joint American Academy of Child and Adolescent Psychiatry and American Psychiatric Association Autism Spectrum Disorder: Parents' Medication Guide? N.B. It was noted that the development of this *Autism Spectrum Disorder: Parents' Medication Guide* is a joint effort between the AACAP and the APA and both groups are approving the final language of the document as currently written. The Board of Trustees voted to refer this item back to the authors to work with the Office of Communications to make necessary grammatical changes, and that it then be referred back to the Board Executive Committee for a decision.	Chief Operating Officer • Association Governance Chief of Policy, Programs & Partnerships • Diversity & Health Equity
7.A.12	**Joint Reference Committee Report** The Board of Trustees voted to approve extending 'Conversations in Diversity' at 2017 APA Annual Meeting and IPS with an appropriate person to serve as facilitator.	Chief Operating Officer • Association Governance Chief of Policy, Programs & Partnerships • Diversity & Health Equity
7.A.13	**Joint Reference Committee Report** The Board of Trustees voted to add to the Operations Manual that the President-elect will seek recommendations from the leaders of the APA Caucuses, councils and committees and Assembly for appointments to ensure that those who serve on APA components represent the talents and diversity of the APA membership.	Chief Operating Officer • Association Governance Chief of Policy, Programs & Partnerships • Diversity & Health Equity

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
7.A.14	**Joint Reference Committee Report** Will the Board of Trustees approve that the Council on Minority Mental Health and Health Disparities, the Division of Diversity and Health Equity, and the Membership Committee lead an on-going, sustained multi-year, strategic planning effort? **The Board of Trustees voted to approve that the Council on Minority Mental Health and Health Disparities and the Membership Committee (along with the Administration) to bring forward a joint recommendation to the Board that includes a strategic plan that defines goals, how success will be measured, the pilot period, which leadership component is responsible for what deliverables, and the required resources.**	Chief Operating Officer • Association Governance Chief of Policy, Programs & Partnerships • Diversity & Health Equity

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
7.A.15	**Joint Reference Committee Report** Will the Board of Trustees create a BOT Ad Hoc Work Group on Bias? **The Board of Trustees voted to create a BOT Ad Hoc Work Group on Bias.** The Joint Reference Committee recommended that the feedback, suggestions and outcomes of Conversations in Diversity inform the development of a charge to a work group to address issues of diversity including implicit bias, perceived systematic racism and distrust in the APA. The JRC encouraged the inclusion of qualitative and quantitative measures to evaluate change that include the following: • Conversations in Diversity focused specifically on issues raised by our Minority and Under-Represented Caucuses and the Council on Minority Mental Health and Health Disparities. This work group should focus on all biases including: race/ethnicity, sexual orientation, gender identity, socioeconomic status, religion, nationality, differences of opinion, etc. • There has been significant attention placed on implicit/unconscious bias in medicine and interest in this has been augmented by the election this year and it impacts how members deal with each other and with patients • Workgroup charge should be focused on developing training materials on how to identify implicit bias and ways to handle it. The work group must work closely with DDHE and the Division of Education to develop a training program that DDHE/Education can use to provide training to members, district branches, various governance bodies and APA as a whole.	Chief Operating Officer • Association Governance Chief of Policy, Programs & Partnerships • Diversity & Health Equity
7.A.16	**Joint Reference Committee Report** The Board of Trustees voted to approve the Council on Psychiatry and Law's request to publish a longer version of the document *Why Should More Psychiatrists Participate in the Treatment of Patients in Jails and Prisons,* with leave for the Administration to make appropriate technical corrections.	Chief Operating Officer • Association Governance Chief of Government Affairs Council on Psychiatry and Law

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
7.A.17	**Joint Reference Committee Report** The Board of Trustees voted to approve the request to publish the APA Resource Document: *Assessment and Treatment of Gender Dysphoria and Gender Variant Patients: A Primer for Psychiatrists*.	Chief Operating Officer • Association Governance Chief of Policy, Programs & Partnerships • Reimbursement Policy Council on Quality Care
7.A.18	**Joint Reference Committee Report** The Board of Trustees voted to approve the restructure of the Steering Committee on Practice Guidelines into the Committee on Practice Guidelines as detailed in attachment #18, to begin in May 2017. **[cc]**	Chief Operating Officer • Association Governance Chief of Policy, Programs & Partnerships • Research
7.A.19	**Joint Reference Committee Report** The Board of Trustees voted to approve the creation of a Caucus on Positive Psychiatry under the Council on Geriatric Psychiatry. **[cc]**	Chief Operating Officer • Association Governance Chief of Policy, Programs & Partnerships • Diversity & Health Equity
8.A.1	**Finance & Budget Committee Report** **APA Operating Budget:** The Board of Trustees approved the 2017 Operating budget as proposed.	Chief Financial Officer • Finance & Business Operations
8.A.2	**Finance & Budget Committee Report** **Foundation Operating Budget:** The Board of Trustees approved the 2017 Foundation Operating Budget as proposed.	Chief Financial Officer • Finance & Business Operations
8.A.3	**Finance & Budget Committee Report** **APA Capital Budget:** The Board of Trustees approved the 2017 APA Capital Budget as proposed.	Chief Financial Officer • Finance & Business Operations

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
8.C.1	Membership Committee Report Will the Board of Trustees create an associate membership category that includes those that provide mental health services (e.g. PAs, NPs, social workers and primary care physicians) and ask the Bylaws Committee to work with the Membership Committee to draft necessary revisions to the Bylaws? **The Board of Trustees voted to support serious consideration, with input from the Assembly and District Branches/State Associations, regarding a pilot associate/affiliate or auxiliary category that includes those that provide psychiatric mental health services (PAs, NPs, social workers, and primary care physicians) and ask the Membership Committee to work with the Bylaws Committee to draft necessary provisional revisions of the bylaws and report back to the Board at its July, 2017 meeting.**	Chief Membership & RFM-ECP Officer • Membership General Counsel Chief Operating Officer • Association Governance
8.C.2	**Membership Committee Report** The Board of Trustees voted to approve the recommendation of the Membership Committee that the $30,000 for the DB/SA Competitive Grant funds be awarded as listed on page 2 of the committee's report. **[cc]**	Chief Membership & RFM-ECP Officer • Membership
8.C.3	**Membership Committee Report** The Board of Trustees voted that the Members listed in Attachment F be approved for Fellowship and Life Fellowship. **[cc]**	Chief Membership & RFM-ECP Officer • Membership
8.C.4	**Membership Committee Report** The Board of Trustees voted that the Members listed in Attachment G be approved for International Fellowship. **[cc]**	Chief Membership & RFM-ECP Officer • Membership
8.C.5	**Membership Committee Report** The Board of Trustees voted that the Members listed in Attachment H be advanced to Distinguished Fellow or Distinguished Life Fellow. **[cc]**	Chief Membership & RFM-ECP Officer • Membership

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
8.C.6	**Membership Committee Report** The Board of Trustees voted to approve the nominations listed in Attachment K for International Distinguished Fellow of the APA. **[cc]**	Chief Membership & RFM-ECP Officer • Membership
8.C.7	**Membership Committee Report** The Board of Trustees authorized dropping from APA membership the 53 Members listed in Attachment N for failure to meet the requirements of membership. **[cc]**	Chief Membership & RFM-ECP Officer • Membership
8.C.8	**Membership Committee Report** The Board of Trustees voted to approve the applicants listed in Attachment O for International Membership. **[cc]**	Chief Membership & RFM-ECP Officer • Membership
8.C.9	**Membership Committee Report** The Board of Trustees voted to approve the Membership Committee's recommendations on the dues relief requests as listed in Attachment P. **[cc]**	Chief Membership & RFM-ECP Officer • Membership
8.D.1	**Nominating Committee Report** The Board of Trustees voted to accept the report of the Nominating Committee as presented.	Chief Operating Officer • Association Governance
8.D.2	**Nominating Committee Report** The Board of Trustees voted to approve updates to Appendix F-7 Guidelines for Petitions in the APA Operations Manual (OPS Manual) as presented in the Nominating Committee report. **[cc]**	Chief Operating Officer • Association Governance
9.A.1	**Speaker's Report** The Board of Trustees voted to approve the Revised Position Statement: *Adolescent Substance Use*. **[cc]**	Chief Operating Officer • Association Governance

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
9.A.2	**Speaker's Report** The Board of Trustees voted to approve the Revised Position Statement: *Assuring the Appropriate Care of Pregnant and Postpartum Women with Substance Use Disorders*. **[cc]**	Chief Operating Officer • Association Governance
9.A.3	**Speaker's Report** The Board of Trustees voted to approve the Proposed Position Statement: *Treatment of Substance Use Disorders in the Criminal Justice System*. **[cc]**	Chief Operating Officer • Association Governance
9.A.4	**Speaker's Report** The Board of Trustees voted to approve the Proposed Position Statement: *Out of Network Restriction of Psychiatrists* with the following edits: **Issue:** **Managed care activities (and low reimbursement rates) have led ~~physicians~~ psychiatrists to drop out of networks and treat patients as nonparticipating providers.** **Some payers are implementing policies that prohibit payment for prescriptions ordered by non-participating psychiatrists.**	Chief Operating Officer • Association Governance
9.A.5	**Speaker's Report** Will the Board of Trustees vote to approve the Position Statement: *Abuse and Misuse of Psychiatry*? **The Board of Trustees voted to refer the Position Statement: *Abuse and Misuse of Psychiatry* back to the Joint Reference Committee.**	Chief Operating Officer • Association Governance
9.A.6	**Speaker's Report** The Board of Trustees voted to approve the Revised Position Statement: *Use of Psychiatric Institutions for the Commitment of Political Dissenters*. **[cc]**	Chief Operating Officer • Association Governance

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
9.A.7	**Speaker's Report** The Board of Trustees voted to approve the Proposed Position Statement: *Location of Civil Commitment Hearings*. **[cc]**	Chief Operating Officer • Association Governance
9.A.8	**Speaker's Report** The Board of Trustees voted to approve the Revised Position Statement: *Recognition and Management of HIV-Associated Neurocognitive Impairment and Disorders (HAND)*. **[cc]**	Chief Operating Officer • Association Governance
9.A.9	**Speaker's Report** The Board of Trustees voted to approve the Revised Position Statement: *Screening and Testing for HIV Infection*. **[cc]**	Chief Operating Officer • Association Governance
9.A.10	**Speaker's Report** Will the Board of Trustees vote to approve the Proposed Position Statement: *Mental Health and Climate Change*? **The Board of Trustees voted to refer the Proposed Position Statement: *Mental Health and Climate Change* back to Joint Reference Committee.** **[*Note: The BOT asks that the JRC review the document and provide more specifics, including the particular role of psychiatry/APA in addressing issues of climate change.*]**	Chief Operating Officer • Association Governance
9.A.11	**Speaker's Report** The Board of Trustees voted to approve the Proposed Position Statement: *Medical Euthanasia*. **[cc]**	Chief Operating Officer • Association Governance
11.B.1	**Distinguished Service Award Work Group Report** The Board of Trustees voted to approve the recommendation of the Distinguished Service Award Work Group to award the 2016 Distinguished Service Award to Carol Ann Bernstein, MD. **[cc]**	Chief Operating Officer • Association Governance

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
11.B.2	**Distinguished Service Award Work Group Report** Will the Board of Trustees vote to approve the recommendation of the Distinguished Service Award Work Group to award the 2016 Distinguished Service Award to Steven Edward Hyman, MD. **[cc]**	Chief Operating Officer • Association Governance
11.B.3	**Distinguished Service Award Work Group Report** The Board of Trustees voted to approve the recommendation of the Distinguished Service Award Work Group to award the 2016 Distinguished Service Award to Jeffrey Alan Lieberman, MD. **[cc]**	Chief Operating Officer • Association Governance
11.B.4	**Distinguished Service Award Work Group Report** The Board of Trustees voted to approve the recommendation of the Distinguished Service Award Work Group to award the 2016 Distinguished Service Award to Joseph Robert Mawhinney, MD. **[cc]**	Chief Operating Officer • Association Governance
11.B.5	**Distinguished Service Award Work Group Report** The Board of Trustees voted to approve the recommendation of the Distinguished Service Award Work Group to award the 2016 Organization Distinguished Service Award to American Association of Geriatric Psychiatry (AAGP). **[cc]**	Chief Operating Officer • Association Governance
11.C	**Board Work Group on M/UR Trustee Elections Report** The Board of Trustees voted to approve the recommendations of the WG on MUR Trustee Nominations and Election Process, with the edits below, and refer the issue to the Bylaws Committee with a request to draft appropriate bylaws language for consideration by the Board and the Assembly. [Bullet #1 Under Vetting Panel Considerations:] The candidates' ability to voice issues of concern to all APA members as is required of all members of the APA BOT, but with particular ability to represent issues of concern of and to all M/UR psychiatrists and to our diverse and underserved populations of patients.	Chief Operating Officer • Association Governance

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
13.A.1	**Conflict of Interest Committee Report** The Board of Trustees voted to approve the appointment of Benoit Mulsant, MD to DSM Review Committee as noted on the Conflict of Interest Report. **[cc]**	Chief Operating Officer • Association Governance
13.A.2	**Conflict of Interest Committee Report** The Board of Trustees voted to approve the appointments of the following individuals to the Practice Guidelines Writing Group on Eating Disorders as noted on the Conflict of Interest Report. **[cc]** Evelyn Attia, MD, Specialist Member; Robert Boland, MD, Core Member; J. Michael Bostwick, MD, Core Member; John Coverdale, MD, Core Member; Javier I. Escobar, MD, Core Member; Neville H. Golden, MD, Specialist Member; Maga Jackson-Triche, MD, Core Member; Laurie Manzo, M. Ed, RD, LDN, Specialist Member; Margherita Mascolo, MD, Specialist Member; Andreea L. Seritan, MD, Core Member.	Chief Operating Officer • Association Governance
14.A	**New Business** The Board of Trustees did not approve changing the Bylaws to allow the Resident-Fellow Member Trustee-Elect to vote.	
14.B	**New Business** The Board of Trustees voted to create a joint Board and Assembly Work Group to consider the merits of APA vendors undertaking specific funding of APA activities including the funding of benefits provided to members, with a report and recommendations to the Board and the Assembly at their next meetings.	

Item 2017A1 3.B.2
Assembly
May 19-21, 2017

AMERICAN PSYCHIATRIC ASSOCIATION
BOARD OF TRUSTEES

DRAFT SUMMARY OF ACTIONS
March 4-5, 2017

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
2.A	**Requests to Remove Items from the Consent Calendar** Items 5.A, 6.D, 7.A.3, and 7.A.7 were removed.	Chief Operating Officer • Association Governance
2.B	**Approval of Items on the Consent Calendar** The Board of Trustees voted to approve the Consent Calendar.	Chief Operating Officer • Association Governance
5.A	**Report of the Secretary** The Board of Trustees voted to approve the minutes of its December 10, 2016 meeting with the following amendment to section 4, Report of the CEO and Medical Director. Section 4- Report of the CEO and Medical Director Saul Levin, M.D., MPA Dr. Levin announced that as of January 1, 2017, CMS will be covering the collaborative care series of codes. APA has been active and involved in both the creation of these codes as well as their valuation. This action reflects a new, innovative payment methodology as well as an affirmative mechanism to improve quality, expand access and decrease costs. APA works to continue to educate and train members in delivering care under this model as well as to identify and resolve potential bottlenecks in the utilization of these codes and provision of care under this model.	Chief Operating Officer • Association Governance

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
6.B	**Board Contingency Fund** The Board of Trustees voted to accept the report of the status of the Board Contingency Fund. **[cc]**	Chief Financial Officer • Finance & Business Operations Chief Operating Officer • Association Governance
6.C	**Presidential New Initiative Fund** The Board of Trustees voted to accept the report of the status of the President's New Initiative Funds for Dr. Binder, Dr. Oquendo, and Dr. Everett**. [cc]**	Chief Financial Officer • Finance & Business Operations Chief Operating Officer • Association Governance
6.D	**Assembly New Initiative Fund** The Board of Trustees voted to accept the status report of the Assembly's New Initiative Fund.	Chief Financial Officer • Finance & Business Operations Chief Operating Officer • Association Governance
7.A.1	**Joint Reference Committee Report** The Board of Trustees voted that a position statement on the treatment of patients with mental disorders should be developed at this time.	Chief Operating Officer • Association Governance Chief of Policy, Programs & Partnerships Council on Health Care Systems & Financing
7.A.2	**Joint Reference Committee Report** The Board of Trustees voted to establish a Committee on Integrated Care under the Council on Healthcare Systems and Financing at an estimated annual yearly cost of $520.	Chief Operating Officer • Association Governance Chief of Policy, Programs & Partnerships Council on Health Care Systems & Financing

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
7.A.3	**Joint Reference Committee Report** The Board of Trustees voted to approve the revised charge (below) to the Committee on Reimbursement for Psychiatric Care. **Committee on Reimbursement for Psychiatric Care:** **Charge:** This committee is charged with advising and informing APA policy development and advocacy efforts regarding public and private sector reimbursement, with a particular focus on new payment models. The committee is tasked with helping to track emerging issues, trends and models that impact payment for and access to psychiatric care, as the U.S. health care system increasingly adopts value-based payment methodologies and other payment reforms. On behalf of the CHSF and the JRC, the committee: 1) lends it expertise on issues involving public and private sector reimbursement for psychiatrists, particularly new models of care; 2) informs APA policy development and advocacy with policymakers and payers about how policies should optimally be structured to ensure access to high-quality psychiatric care as well as adequate payment for psychiatrists; 3) helps inform, educate, and equip APA members with the information needed to manage these changes; and 4) monitors reimbursement methodology and payment for psychiatric treatment, both professional and hospital provided in inpatient, other non-office settings (e.g., partial hospital, nursing homes, etc.) and psychiatric treatment in community and multispecialty team based care models. It undertakes analytic, policy liaison and educational activities respecting those issues which are of major concern to the APA.	Chief Operating Officer • Association Governance Chief of Policy, Programs & Partnerships
7.A.4	**Joint Reference Committee Report** The Board of Trustees voted to approve renaming the Human Rights Award the Chester M Pierce Human Rights Award.	Chief Operating Officer • Association Governance Medical Director's Office • Diversity & Health Equity

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
7.A.5	**Joint Reference Committee Report** The Board of Trustees approved that a nominating Committee be established to manage the "Chester M. Pierce Human Rights Award" with the following representation. One Member from each of the following entities: Council on International Psychiatry Council on International Psychiatry, Fellow/ECP Council on Minority Mental Health and Health Disparities Council on Minority Mental Health and Health Disparities, Fellow/ECP Assembly Committee on Minority and Underrepresented Groups *Consultant*: Black Psychiatrists of America, President/Member (has to be an APA member) The President-elect will select the Committee Members from the APA bodies specified above and designate one member as the chair.	Chief Operating Officer • Association Governance Medical Director's Office • Diversity & Health Equity
7.A.6	**Joint Reference Committee Report** The Board of Trustees voted to approve the American Psychiatric Association's Platform and Strategy on Performance Measurement.	Chief Operating Officer • Association Governance Chief of Policy, Programs & Partnerships • Reimbursement Policy Medical Director's Office • Research
7.A.7	**Joint Reference Committee Report** The Board of Trustees voted to refer the revised Position Statement: *Abuse and Misuse of Psychiatry back to the Joint Reference Committee*.	Chief Operating Officer • Association Governance Chief Membership & RFM-ECP Officer • International Affairs

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
7.A.8	**Joint Reference Committee Report** The Board of Trustees voted to approve the proposed Position Statement: *Mental Health and Climate Change*. **[cc]**	Chief Operating Officer • Association Governance Chief Membership & RFM-ECP Officer • International Affairs
8.C.1	**Membership Committee Report** The Board of Trustees authorized dropping from APA membership the 29 members listed in Attachment H for failure to meet the requirements of membership. **[cc]**	Chief Membership & RFM-ECP Officer • Membership
8.C.2	**Membership Committee Report** The Board of Trustees authorized dropping from APA membership all members who have not paid 2017 APA dues by the deadline of March 31, 2017. **[cc]**	Chief Membership & RFM-ECP Officer • Membership
8.C.3	**Membership Committee Report** The Board of Trustees voted to approve the applicants listed in Attachment I for International Membership. **[cc]**	Chief Membership & RFM-ECP Officer • Membership
8.C.4	**Membership Committee Report** The Board of Trustees voted to approve the Membership Committee's recommendations on the dues relief requests as listed in Attachment J. **[cc]**	Chief Membership & RFM-ECP Officer • Membership
8.D.1	**Elections Committee Report** The Board of Trustees voted to approve implementing the new online APA petition system residing on a secure APA Governance website for the nomination process.	Chief Operating Officer • Association Governance
8.D.2	**Elections Committee Report** The Board of Trustees voted to refer the issue of voting/non-voting members of the Board of Trustees engaging in campaigning for any APA candidates to the Elections Committee for additional research.	Chief Operating Officer • Association Governance

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
8.E.1	**Tellers Committee Report** The Board of Trustees voted to approve the results of the 2017 Election.	Chief Operating Officer • Association Governance
8.E.2	**Tellers Committee Report** The Board of Trustees voted to approve APA administration to dispose the 2017 Election ballots immediately after the 2017 Annual Meeting.	Chief Operating Officer • Association Governance
8.G.1	**Bylaws Committee Report** The Board of Trustees voted to approve the amendments to the APA Bylaws and Operations (Ops) Manual to reflect the new nominations and election process for the M/UR Trustee.	Chief Operating Officer • Association Governance Assembly – May 2017
10.A.1	**APAF Report** The APA Board of Trustees voted to approve the APAF BOD recommendation of the appointment of Francisco Fernandez, M.D., to the APAF Board of Directors for a term of three years, commencing in May 2017. **[cc]**	Executive Director, APA Foundation
10.A.2	**APAF Report** The APA Board of Trustees voted to approve the APAF BOD recommendation of the appointment of Gabrielle Shapiro, M.D. to the APAF Board of Directors for a term of three years, commencing in May 2017. **[cc]**	Executive Director, APA Foundation
10.A.3	**APAF Report** The APA Board of Trustees voted to approve the APAF BOD recommendation to reappoint Owen Garrick, M.D., to the APAF Board of Directors for an additional term of three years, commencing in May 2017. **[cc]**	Executive Director, APA Foundation

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
10.A.4	**APAF Report** The APA Board of Trustees voted to approve the APAF BOD recommendation to reappoint Maureen O'Gara Hackett, to the APAF Board of Directors for an additional term of three years, commencing in May 2017. **[cc]**	Executive Director, APA Foundation
11.A.1	**Ad Hoc Work Group on Practice Guideline Development Timeline and Publication Process** The Board of Trustees voted to approve the revised conflict of interest vetting process as supported by the Work Group and the COI Committee (see page 8 of the Board Work Group Report for full process).	Chief of Policy, Programs & Partnerships • Practice Management & Delivery Systems Medical Directors Office • Research Chief Operating Officer • Association Governance
11.A.2	**Ad Hoc Work Group on Practice Guideline Development Timeline and Publication Process** The Board of Trustees voted to approve the revised Assembly approval process if the Assembly has agreed to review and approve the guidelines electronically (see page 9 for details of the Ad Hoc Work Group Report for details).	Chief of Policy, Programs & Partnerships • Practice Management & Delivery Systems Medical Director's Office • Research Chief Operating Officer • Association Governance

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
11.A.3	**Ad Hoc Work Group on Practice Guideline Development Timeline and Publication Process** The Board of Trustees approved the revised BOT approval process where the BOT will review and provide comments and vote on the guidelines electronically (see page 9 of the Ad Hoc Work Group report for details).	Chief of Policy, Programs & Partnerships • Practice Management & Delivery Systems Medical Director's Office • Research Chief Operating Officer • Association Governance
11.A.4	**Ad Hoc Work Group on Practice Guideline Development Timeline and Publication Process** The Board of Trustees voted to recommend to the Finance and Budget Committee that they discuss and make recommendations to the BOT through the FY2018 budget process regarding additional resources for practice guideline development.	Chief of Policy, Programs & Partnerships • Practice Management & Delivery Systems Medical Director's Office • Research Chief Financial Officer
11.C.1	**Ad Hoc Work Group on Review APA Relationship to Additional Funders** The Board of Trustee voted to refer the report of the Work Group on APA Relationships to Additional Funders back to the work group to continue to work on some specific outcomes and also asked the workgroup to consider APA grants to District Branches.	Office of the General Counsel

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
11.D.1	**Ad Hoc Work Group on Board of Trustees Psychiatric Work Force** The Board of Trustees voted to approve the charge of the Ad Hoc Work Group of the Board of Trustees Psychiatric Work Force as follows: Charge and Goals The APA BOT Psychiatric Workforce Work Group will work with an outside consultant to conduct a study to determine the number of psychiatrists needed in the United States. This study should review the existing models for calculating the number of psychiatrists required. Any assumptions (and their sources) used in the current study regarding the anticipated supply and demand for psychiatrists, should be clearly documented. The main analysis should determine the psychiatric workforce needed now for the United States, as a whole. The consultant should also conduct a series of sensitivity analyses around the main estimate for the entire U.S. currently, to determine how the number of psychiatrists needed may change in the future. For example, sensitivity analyses could document how correcting a maldistribution of the psychiatric workforce, will affect the number of psychiatrists needed in the U.S.; likewise, sensitivity analyses could demonstrate how various rates of uptake of integrated care and/or telepsychiatry in this country will impact the estimated psychiatric workforce required in the future. Finally, consideration should also be given to the numbers of psychiatric specialists needed, both currently as well as projecting forward.	Chief of Policy, Programs & Partnerships Medical Director's Office • Research Chief Operating Officer • Association Governance
11.E.1	**Ad Hoc Work Group on Board Designated and Non-Recurring Funds** The Board of Trustees voted to accept a change in the terminology in APA financial statements and reports to the Board of Trustees be changed from "Board Designated" to "Discretionary Initiatives – Board Approved".	Chief Financial Officer

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
EX.2.1	**WPA Zonal Representative Nominations** The Board of Trustees voted to approve that Michelle Riba, M.D., be nominated for WPA President-Elect in the 2017 WPA Election.	Chief Membership & RFM-ECP Officer • International Affairs
EX.2.2	**WPA Zonal Representative Nominations** The Board of Trustees voted to approve that Edmond Pi, M.D., be nominated for WPA Zone 2 (United States) Representative in the 2017 WPA Election.	Chief Membership & RFM-ECP Officer • International Affairs
EX.3.1	**Psychiatric Services Editorial Board Appointments** The Board of Trustees voted to approve the appointment of Ruth S. Shim, M.D., M.P.H., to the *Psychiatric Services* Editorial Board for a four-year term on the *Psychiatric Services* Editorial Board to expire in May 2021. **[cc]**	Chief Operating Officer • Publishing
EX.3.2	**Psychiatric Services Editorial Board Appointments** The Board of Trustees voted to approve the appointment of Hunter L. McQuistion, M.D., to the *Psychiatric Services* Editorial Board for a four-year term on the *Psychiatric Services* Editorial Board to expire in May 2021. **[cc]**	Chief Operating Officer • Publishing
EX.3.3	**Psychiatric Services Editorial Board Appointments** The Board of Trustees voted to approve the appointment of David W. Oslin, M.D., to the *Psychiatric Services* Editorial Board for a four-year term on the *Psychiatric Services* Editorial Board to expire in May 2021. **[cc]**	Chief Operating Officer • Publishing
EX.3.4	**Psychiatric Services Editorial Board Appointments** The Board of Trustees voted to approve the reappointment of T. Scott Stroup, M.D., to the *Psychiatric Services* Editorial Board for a four-year term to expire in May 2021. **[cc]**	Chief Operating Officer • Publishing

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
EX.3.5	**Psychiatric Services Editorial Board Appointments** The Board of Trustees voted to approve the reappointment of Regina Bussing, M.D., M.S.H.S., to the *Psychiatric Services* Editorial Board for a four-year term to expire in May 2021. **[cc]**	Chief Operating Officer • Publishing
EX. 4	**Board of Trustees Meetings:** The Board agreed to maintain its current schedule of in-person Board of Trustees meetings until further notice.	Chief Operating Officer • Association Governance

Item 2017A1 4.A
Assembly
May 19-21, 2017

Report of the Speaker-Elect
Theresa Miskimen, MD, DFAPA
May, 2017

I am pleased to report that the Assembly continued its robust contribution to the advancement of the tenets of the American Psychiatric Association during a most challenging year not only pertaining to the practice of medicine, but to social and political changes affecting our constituents and those we serve. Specifically, since our last meeting, the Assembly moved numerous Action Papers on topical issues such as:

- Mental Health Parity for Individuals with Intellectual and Developmental Disability
- Ending Childhood Poverty
- Confidentiality of Prescription Drugs Monitoring Programs
- Smart Guns as a Gun Safety Response to Gun Violence, a Public Health Hazard
- Standards for the Practice of Medicine Pertaining to the Treatment of Patients with Mental Disorder
- Towards the Universal Health Insurance in the USA

Further, the Assembly worked on developing, reviewing and/or revising various APA Position Statements. Among those subsequently approved by the Board of Trustees are the following:

- Medical Euthanasia
- Mental Health and Climate Change
- Adolescent Substance Abuse
- Assuring the Appropriate Care of Pregnant and Postpartum Women with Substance Use Disorders
- Treatment of Substance Use Disorders in the Criminal Justice System
- Out of Network Restriction of Psychiatrists
- Use of Psychiatric Institutions for the Commitment of Political Dissenters
- Location of Civil Commitment Hearings
- Recognition and Management of HIV-Associated Neurocognitive Impairment and Disorders
- Screening and Testing for HIV Infection

Regarding my activities as Speaker-Elect:
In collaboration with Dr. Everett, President-Elect and Chair of the JRC, we secured the role of Assembly members appointed to Councils as agents of bidirectional communication between the Assembly and the Councils. I focused my efforts on rapid communication with Authors of Action Papers when necessary to clarify content and work flow revisions in order to expedite the review and referral process. This year-long exchange, while more labor intensive, is responsive to previous requests for a more streamlined and efficient process. Dr. Batterson, Recorder, tracked all Action Papers for inclusion in his "What's Happened to my Action Paper" report to be distributed prior to the May 2017 meeting.

A group of APA and Assembly members, including Dr. Batterson, ASM Recorder, Dr. Pet, Assembly Representative, Rhode Island Psychiatric Society, and I, met with Dr. Faulkner, CEO of the ABPN, and other members of the ABPN to review MOC related member concerns including the yearly payment requirement of $175. This particular endeavor will continue to be addressed during my upcoming year as Speaker especially in view of the direct impact to the new generation of psychiatrists, the RFMs and ECPs. What better way to signal to them that the Assembly, as the deliberative body and voice of the APA, will bring forth to the ABPN the recommendations of our constituents as a value added of APA membership.

The Speaker, Dr. Anzia, and I sustained discussions with David Keen, APA's CFO, regarding the FY 2018 and 2019 budgets; a topic relevant to the Assembly as the collective APA looks to secure financial viability in going forward. With that in mind, the Assembly Executive Committee formed a budget subcommittee aimed at identifying cost containment measures while at the same time assuring the effective functioning of our group. One of the first work products of the subcommittee is the proposed travel policy to be discussed during the May 2017 Assembly.

In yet another example of the Assembly being recognized as a major governance contributor of our organization, the Board of Trustees voted to create a joint Board and Assembly Work Group to consider the merits of APA vendors undertaking specific funding of APA activities including the funding of benefits provided to members, with a report and recommendations to the Board and the Assembly at their respective May 2017 meetings.

This past year I was appointed to serve on the Ad hoc Work Group on Psychiatrist Wellbeing and Burnout chaired by Dr. Richard F. Summers. We are working on preliminary strategic planning, resource document and education efforts beyond RFMs and ECPs. In addition, I served on the Ad Hoc Work Group on M/UR Trustee Nominations and Elections Process chaired by Dr. Binder, Past APA President, which resulted in recommendation to refer the issue to the Bylaws Committee with a request to draft appropriate language for consideration by the Assembly during the May 2017 meeting.

I want to thank the Assembly, the APA Officers, the Board of Trustees, and the APA Administration for their support this past year. Lastly, I owe a debt of gratitude to Dr. Anzia, Speaker, Dr. Batterson, Recorder, and Past Speakers, Dr. Martin and Dr. Boyer for making this year as Speaker-Elect a most memorable one.

Respectfully submitted,

Theresa Miskimen, MD, DFAPA
Speaker-Elect Assembly

Joint Reference Committee
Report to Assembly
May 2017

The Joint Reference Committee (JRC) refers the following actions to the Assembly for consideration. **Click on item number to view the item in the report**. The draft summary of actions from February 2017 JRC meeting may be found as attachment #20.

Item 4.B.1 Retain 2007 Position Statement: Use of Stigma as a Political Tactic (JRCOCT168.B.3)

Will the Assembly retain the 2007 Position Statement: *Use of Stigma as a Political Tactic* and if approved, forward it to the Board of Trustees for consideration?

Rationale: The Council on Advocacy and Government Relations reviewed the Position Statement and agreed that the intent of the statement is applicable to the current political atmosphere and recommends that it be retained as written.

Item 4.B.2 Revised Position Statement: Role of the Psychiatrist in Long Term Care Setting (JRCOCT168.E.1)

Will the Assembly approve the revised Position Statement: *Role of the Psychiatrist in Long Term Care Setting* and if approved, forward it to the Board of Trustees for consideration?

Rationale: There was a consensus of the Council on Geriatric Psychiatry that the 2003 Position Statement *Consensus Statement on Improving the Quality of Mental Health Care in U.S. Nursing Homes: Management of Depression and Behavioral Symptoms Associated with Dementia* was outdated and not useful. A revised position statement, useful for the APA leadership, especially related to advocacy was developed.

N.B. If the revised position statement is approved, the 2003 position statement will be retired.

Item 4.B.3 Retire 2009 Position Statement: U.S. Military Policy of "Don't Ask Don't Tell" (JRCOCT168.I.8)

Will the Assembly retire the 2009 Position Statement: *U.S. Military Policy of "Don't Ask Don't Tell"* and if retired, forward it to the Board of Trustees for consideration?

Rationale: The Federal Government repealed the 'Don't Ask Don't Tell' act in 2011 and, in June 2013, the Defense of Marriage Act was overturned by the Supreme Court. The position statement was reviewed by the Council on Minority Mental Health and Health Disparities.

Item 4.B.4 Retain 2006 Position Statement: Resolution against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health (JRCJOCT168.I.13)

Will the Assembly retain the 2006 Position Statement: *Resolution against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health* and if retained, forward it to the Board of Trustees for consideration?

Rationale: The Council on Minority Mental Health and Health Disparities states that the position statement is still relevant and should be retained.

Item 4.B.5 Retain 2001 Position Statement: Discrimination Against International Medical Graduates (JRCJOCT168.I.14)

Will the Assembly retain the 2001 Position Statement: *Discrimination Against International Medical Graduates* and if retained, forward it to the Board of Trustees for consideration?

Rationale: The Council on Minority Mental Health and Health Disparities states that the position statement is still relevant and should be retained.

Item 4.B.6 Retain 1999 Position Statement: Diversity (JRCJOCT168.I.15)
Will the Assembly retain the 1999 Position Statement: *Diversity* and if retained, forward it to the Board of Trustees for consideration?

Rationale: The Council on Minority Mental Health and Health Disparities states that the position statement is still relevant and should be retained.

Item 4.B.7 Retain 1994 Position Statement: Psychiatrists from Underrepresented Groups in Leadership Roles (JRCOCT168.I.17)

Will the Assembly retain the 1994 Position Statement: *Psychiatrists from Underrepresented Groups in Leadership Roles* and if retained, forward it to the Board of Trustees for consideration?

Rationale: The Council on Minority Mental Health and Health Disparities states that the position statement is still relevant and should be retained.

Item 4.B.8 Retain 1994 Position Statement: Resolution Opposing Any Restriction on the Number of IMGs Entering Graduate Medical Training (JRCOCT168.I.18)

Will the Assembly retain the 1994 Position Statement: *Resolution Opposing Any Restriction on the Number of IMGs Entering Graduate Medical Training* and if retained, forward it to the Board of Trustees for consideration?

Rationale: The Council on Minority Mental Health and Health Disparities states that the position statement is still relevant and should be retained.

Item 4.B.9 Revised 1978 Position Statement: Abortion (JRCOCT168.I.19)

Will the Assembly approve the revised 1978 Position Statement: *Abortion* and if approved, forward it to the Board of Trustees for consideration?

Rationale: The Council on Minority Mental Health and Health Disparities states that the position statement is still relevant, however; the supported references have been updated.

N.B. If the revised position statement is approved, the 1978 PS *Abortion* will be retired.

Item 4.B.10 Retain 1977 Position Statement: Affirmative Action (JRCOCT168.I.20)

Will the Assembly retain 1977 Position Statement: *Affirmative Action* and if retained, forward it to the Board of Trustees for consideration?

Rationale: The Council on Minority Mental Health and Health Disparities states that the position statement is still relevant and should be retained.

Item 4.B.11 Retire 1976 Position Statement: Joint Statement on Antisubstitution Laws and Regulations (JRCOCT168.J.4)

Will the Assembly retire the 1976 Position Statement: *Joint Statement on Antisubstitution Laws and Regulations* and if retired, forward it to the Board of Trustees for consideration?

Rationale: The Council on Psychiatry and Law reviewed the 1976 *Joint Statement on Antisubstitution Laws and Regulations*. The Council felt the position paper was old, no longer relevant and should be retired.

Item 4.B.12 ~~Retire 1993 Position Statement: Homicide Prevention and Gun Control (JRCOCT168.J.5)~~

~~**Will the Assembly retire 1993 Position Statement: *Homicide Prevention and Gun Control* and if retired, forward it to the Board of Trustees for consideration?**~~

~~Rationale: The 2014 Position Statement: *Firearm Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services* includes language supportive of gun control and outlines steps for gun control. Therefore, it is confusing and potentially contradictory to retain the 1993 Position Statement.~~

THIS ITEM HAS BEEN WITHDRAWN BY THE JRC.

Item 4.B.13 Retain 1998 Position Statement: Misuse of Psychiatric Examinations and Disclosure of Psychiatric Records in Sexual Harassment Litigation (JRCOCT168.J.6)

Will the Assembly retain 1998 Position Statement: *Misuse of Psychiatric Examinations and Disclosure of Psychiatric Records in Sexual Harassment Litigation* and if retained, forward it to the Board of Trustees for consideration?

Rationale: The Council on Psychiatry and Law reviewed the 1998 Position Statement on *Misuse of Psychiatric Examinations and Disclosure of Psychiatric Records in Sexual Harassment Litigation*. The Council felt the position statement should be retained as the document is still relevant.

Item 4.B.14 Retire 2001 Position Statement: Doctors Against Handgun Violence (JRCOCT168.J.7)

Will the Assembly retire the 2001 Position Statement: *Doctors Against Handgun Violence* and if retired, forward it to the Board of Trustees for consideration?

Rationale: The Council on Psychiatry and Law reviewed the 2001 Position Statement on *Doctors Against Handgun Violence*. The Council felt the position statement should be retired. The statement was incorporated in the 2014 Position Statement on *Firearm Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services.*

Item 4.B.15 Retain 2008 Position Statement: Adoption of AMA Statements of Capital Punishment (JRCOCT168.J.8) (Please see attachment #15)

Will the Assembly retain 2008 Position Statement: *Adoption of AMA Statements of Capital Punishment* and if retained, forward it to the Board of Trustees for consideration?

Rationale: The Council on Psychiatry and Law reviewed the 2008 Position Statement *Adoption of AMA Statements of Capital Punishment*. The Council felt the position statement should be retained as the document is still relevant.

Item 4.B.16 Retain 2010 Position Statement: No "Dangerous Patient" Exception to Federal Psychotherapist-Patient Testimonial Privilege (JRCOCT168.J.9)

Will the Assembly retain 2010 Position Statement: *No "Dangerous Patient" Exception to Federal Psychotherapist-Patient Testimonial Privilege* and if retained, forward it to the Board of Trustees for consideration?

Rationale: The Council on Psychiatry and Law reviewed the 2010 Position Statement on *No "Dangerous Patient" Exception to Federal Psychotherapist-Patient Testimonial Privilege*. The Council felt the position statement should be retained as the document is still relevant.

Item 4.B.17 Proposed Position Statement: Risk of Adolescents' Online Behavior (JRCFEB178.C.1)

Will the Assembly approve the proposed Position Statement: *Risk of Adolescents' Online Behavior* and if approved, forward it to the Board of Trustees for consideration?

Item 4.B.18 Proposed Position Statement: Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement (JRCFEB178.I.1)

Will the Assembly approve the proposed Position Statement: *Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement* and, if approved, forward it to the Board of Trustees for consideration?

Item 4.B.19 Proposed Position Statement: Legislative Attempts Permitting Pharmacists to Alter Prescriptions (JRCFEB178.L.3; JRCJUNE166.9; ASMMAY1612.I)

Will the Assembly approve the proposed Position Statement: *Legislative Attempts Permitting Pharmacists to Alter Prescriptions* and if approved, forward it to the Board of Trustees for consideration?

Item 4.B.20 Revised 2015 Position Statement: Use of the Concept of Recovery (JRCFEB178.M.1)

Will the Assembly vote to approve the revised 2015 Position Statement: Use of the Concept of Recovery and if approved, forward it to the Board of Trustees for consideration?

Rationale: The Council was asked to consider a revision to the position statement from members of the Arkansas Psychiatric Association.

N.B. if the revised position statemen is approved the 2015 version of the position statement will be retired.

Item 2017A1 4.B.1
Consent Calendar
Back-up (if removed): Reference Committee #5
Assembly
May 19-21, 2017

Position Statement on Use of Stigma as a Political Tactic

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

ISSUE:
In several instances in recent years, the fact that a political candidate has consulted a psychiatrist at some time has been exploited by the candidate's opposition to undermine public confidence in the candidate. This political tactic is, to a significant extent, based on lack of knowledge and understanding, a lack that has stigmatized people with mental and emotional disorders for ages.

Mental and emotional disorders occur with wide variety in degree of impairment and in duration, much as physical illnesses do. Thus, in the complicated process of assessing fitness for public office, psychiatric illness of consultation or treatment should be evaluated realistically, in the same way other medical illnesses or treatments are. We consider it particularly unreasonable to hold a history of consultation or treatment against anyone.

POSITION:
The American Psychiatric Association a) holds that a history of mental illness, or consultation or treatment for mental illness or mental distress, does not disqualify qualified people from any political office and b) deplores political tactics that discredit candidates by exploiting misguided prejudices about psychiatric illness and emotional distress.

Authors:
Council on Advocacy and Government Relations

Item 2017A1 4.B.2
Consent Calendar
Back-up (if removed): Reference Committee #2
Assembly
May 19-21, 2017

Position Statement on the Role of the Psychiatrist in the Long-Term Care Setting

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

REIVSED POSITION:

1. Patients residing in LTC settings with psychiatric disorders are more likely to have better quality outcomes with access to expert diagnosis and treatment. (Moak 1990)
2. Psychiatrists, especially geriatric psychiatrists, have the training to provide expert diagnosis and treatment; however the supply of psychiatrists is insufficient to meet the demand for services
3. The complex interplay of physical disability, mental illness and behavioral difficulties in the LTC patient calls for a comprehensive treatment plan. Psychiatrists with geriatric expertise are ideally suited to work with interprofessional teams and provide consultative, collaborative, and/or supervisory services that permit service delivery to a greater number of patients.
5. Mental health problems in LTC include a wide scope of severe cognitive impairment, behavioral dysregulation, intellectual disabilities, delirium, mood disorders and chronic mental illnesses such as schizophrenia. Consequently, pharmacologic management that includes appropriate use of psychotropic medications and knowledge of relevant pharmacologic interactions is an essential part of quality LTC services.
6. The complexity of medical comorbidities in LTC requires that psychotropic medication prescribing is managed carefully, ideally involving a psychiatrist with training or continuing education in geriatric-specific conditions.
7. <u>Interprofessional collaboration in LTC care, including involvement of the medical director and primary care providers in a systematic way, enhances a facility's ability to deliver high quality patient-centered care. Particularly important is the educational role that the psychiatrist can play in teaching non-psychiatric clinical personnel about early recognition, differential diagnosis and treatment options related to common psychiatric conditions in LTC settings.</u>
8. Medication management as part of a patient-centered approach to behavioral symptoms can be effective; however the use of psychotropic medications in LTC has been controversial. The following considerations are important:
    a. Despite incomplete evidence about their safety and effectiveness, there are circumstances in which it is appropriate to use medications to treat behavioral disturbances in persons with delirium and dementia. These include, but are not limited to, circumstances in which:
        i. Agitation and/or aggression endanger the patient or others and the behavioral disturbance is not responsive to other treatments, including psychosocial interventions;

ii. Delusions and/or hallucinations cause persistent distress and do not respond to other treatments.
iii. Patients have psychiatric conditions (e.g., schizophrenia, bipolar disorder, major depression) for which these medications are indicated.

b. Good medical practice includes the following:
i. Discussion and documentation in the medical record of the purposes and potential side effects of behavioral and pharmacological interventions with the patients themselves and/or the appropriate surrogate decision-makers to obtain consent, and to document these discussions in the medical record;
ii. Frequent monitoring of residents for evidence of effectiveness and side effects;
iii. Use the lowest effective doses when medications are employed;
iv. Consideration of tapering and/or discontinuing these medications when the target symptoms remit;
v. If the decision is made to taper or discontinue medications, residents must be closely monitored for evidence of relapse.

Fick DM, Kolanowski AM, Hill NL, Yevchak A, DiMeglio B, Mulhall PM Using Standardized Case Vignettes to Evaluate Nursing Home Staff Recognition of Delirium and Delirium Superimposed on Dementia. Ann Longterm Care. 2013 Sep 1;21(9).

Hurtado DA, Sabbath EL, Ertel KA, Buxton OM, Berkman LF Racial disparities in job strain among American and immigrant long-term care workers. Int Nurs Rev. 2012 Jun;59(2):237-44. doi: 10.1111/j.1466-7657.2011.00948.x. Epub 2011 Dec 7.

IOM Report: http://www.nationalacademies.org/hmd/Reports/2012/The-Mental-Health-and-Substance-Use-Workforce-for-Older-Adults/Report-Brief.aspx#sthash.sacsDOKe.

Moak GS.Improving quality in psychogeriatric treatment. Psychiatr Clin North Am. 1990 Mar;13(1):99-111.

Seitz D, Purandare N and David Conn, Prevalence of psychiatric disorders among older adults in long-term care homes: a systematic review International Psychogeriatrics 22 (07) November 2010, pp 1025-1039

Selbaek G, Engedal K, Bergh S., The Prevalence and Course of Neuropsychiatric Symptoms in Nursing Home Patients with Dementia, A Systematic Review. JAMDA 14(2013) pp 161-169.

The American Psychiatric Association Practice Guideline on the Use of Antipsychotics to Treat Agitation or Psychosis in Patients With Dementia (1st ed., Vol. 1). (2016). http://dx.doi.org/10.1176/appi.books.9780890426807

Authors:
Council on Geriatric Psychiatry

Background on Issue: [N.B. will not be part of the final Position Statement]

There is a high prevalence of psychiatric disorders among persons residing in long-term care (LTC) facilities, particularly among patients suffering from major neurocognitive disorders. Among these patients, a remarkable 82% are estimated to suffer from neuropsychiatric symptoms and/or behaviors. This includes an estimated 28% with depressive disorders, 32% with agitation, 22% with psychosis and 36% with apathy (Selbaek 2013). Depression and anxiety are among the most common primary psychiatric disorders. Older adults with other major mental illnesses such as schizophrenia are also increasingly likely to reside in long-term care (Seitz 2010). The occurrence of acute and subacute delirium is common and often unrecognized, particularly when delirium is superimposed on an underlying dementia. (Fick, 2013)

Historically in the US, there has been significant diversity among the workforce in the long term care setting, especially nursing homes. The direct care workforce in the nursing home is typically comprised of a wide range of differences in race, immigration status, ethnicity, gender identity and sexual orientation, while the U.S. demographic of the nursing home patient population has lagged considerably and tends to be substantially less diverse. This may result in significant language, culture, and class differences between individuals working in LTC compared to those who reside there. These differences can lead to misunderstandings and misinterpreting both behaviors and language, and has been shown to increase job strain among non-white direct care workers (Hurtado 2012).

LTC patients with psychiatric disorders typically have multiple medical comorbidities that complicate treatment. Consequently, these patients are likely to have better outcomes when receiving care by specialized clinicians who have the appropriate psychiatric expertise. Psychiatrists, especially geriatric psychiatrists, have the training to provide such expert diagnosis and treatment; however the supply of geriatric psychiatrists is profoundly insufficient to meet the demand for services.

The scope of workforce deficit in geriatric psychiatry is daunting in view of the aging demographic, a recent report by the Institute of Medicine (2012) notes that at least 5.6 million to 8 million older adults in America have one or more mental health conditions. The report concludes that “The breadth and magnitude of inadequate workforce training and personnel shortages have grown to such proportions, that no single approach, nor a few isolated changes in disparate federal agencies or programs, can adequately address the issue. Overcoming these challenges will require focused and coordinated action by all.”

Item 2017A1 4.B.3
Consent Calendar
Back-up (if removed): Reference
Committee #4
Assembly
May 19-21, 2017

APA Official Actions

Position Statement on U.S. Military Policy of "Don't Ask, Don't Tell"

Approved by the Assembly, November 2009
Approved by the Board of Trustees, December 2009

"Policy documents are approved by the APA Assembly and Board of Trustees…These are…position statements that define APA official policy on specific subjects…" – *APA Operations Manual*.

WHEREAS:

Whereas current APA policy opposes…"exclusion and dismissal from the armed services on the basis of sexual orientation", and

Whereas APA policy stated …"It is important that psychiatrists appreciate and help others to understand the emotional consequences of irrational employment discrimination based on gender or sexual orientation", and

Whereas The "don't ask, don't tell" policy has resulted in an atmosphere at times akin to a witch hunt accompanied by anxiety, depression and fear borne by gay service members dedicated to serving their country, and

Whereas APA policy …called "on all international health organizations, psychiatric organizations, and individual psychiatrists to urge the repeal in their own countries of legislation that penalizes homosexual acts by consenting adults in private"… and … called "on these organizations and individuals to do all that is possible to decrease the stigma related to homosexuality where and whenever it may occur", and

Whereas over 24 countries now have no ban on gay service members in their militaries, including such countries as Canada, Australia, Britain, France and Israel, which is the clearest evidence that openly gay service does not undermine unit cohesion or the military mission, and

Whereas it is estimated that 65,000 gay and lesbian service members currently serve in the military, and

Whereas since 1993, with the beginning of the "don't ask, don't tell" policy, over 12,300 highly trained and needed troops have been removed with costs of discharging and replacing these troops being over $350 million, and

Whereas those gay and lesbian service members who were discharged could lose their education and retirement benefits, including health and mental health services that all other discharged troops can use, therefore

BE IT RESOLVED:

That in furtherance of the APA's existing policy which opposes exclusion and dismissal from the armed services on the basis of sexual orientation, the APA opposes and urges abandonment of the "don't ask, don't tell" policy.

Item 2017A1 4.B.4
Consent Calendar
Back-up (if removed): Reference Committee #4
Assembly
May 19-21, 2017

Position Statement: Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

POSITION:
The American Psychiatric Association recognizes that racism and racial discrimination adversely affect mental health by diminishing the victim's self-image, confidence, and optimal mental functioning. Racism also renders the perpetrator unprepared for the 21st century society that is becoming increasingly multicultural and global. Racism and racial discrimination are two of the factors leading to mental health care disparities. Further, the APA strongly opposes all forms of racism and racial discrimination that adversely affect mental health. Therefore, the APA believes that attempts should be made to eliminate racism and racial discrimination by fostering a respectful appreciation of multiculturalism and diversity. The APA and its members should be mindful of the existence and impact of racism and racial discrimination in the lives of patients and their families, in clinical encounters, and in the development of mental health services. In addition, the APA supports enhanced member and public education about impacts of racism and racial discrimination, advocacy for equitable mental health services for all patients, and further research into the impacts of racism and racial discrimination as an important public mental health issue.

Authors:
Council on Minority Mental Health and Health Disparities

Item 2017A1 4.B.5
Consent Calendar
Back-up (if removed): Reference Committee #4
Assembly
May 19-21, 2017

Position Statement on Discrimination Against International Medical Graduates

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

POSITION:
It is APA Policy not to discriminate against physicians based on their country of medical education. Furthermore, the American Psychiatric Association strongly encourages all medical journals, electronic media and web sites not to accept advertising that discriminates against IMGs based solely on the country of their medical education.

Authors:
Council on Minority Mental Health and Health Disparities

Item 2017A1 4.B.6
Consent Calendar
Back-up (if removed):Reference Committee #4
Assembly
May 19-21, 2017

Position Statement on Diversity

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

POSITION:
Cultural diversity includes issues of race, sex, language, age, country of origin, sexual orientation, religious/spiritual beliefs, social class, and physical disability. Cultural diversity also includes knowledge about cultural factors in the delivery of mental health care and in patient health-related behavior.

Despite efforts to increase cultural diversity among psychiatrists, data from the AAMC and other sources indicate the serious continued under-representation of certain ethnic minority groups among U.S. medical students, medical school facilities and departments of psychiatry and practicing clinicians. Some ethnic minority clinicians have been found to treat ethnic minority socio-economically impoverished populations at a substantially greater rate than non-minority clinicians.

Therefore, the American Psychiatric Association supports the development of cultural diversity among its membership and within the field of psychiatry (including in under-graduate and graduate medical education, in faculty education, in research, in psychiatric administration, and in clinical practice) in order to prepare psychiatrists to better serve a diverse U.S. population.

Authors:
Council on Minority Mental Health and Health Disparities

Item 2017A1 4.B.7
Consent Calendar
Back-up (if removed): Reference Committee #4
Assembly
May 19-21, 2017

Position Statement on Psychiatrists from Underrepresented Groups in Leadership Roles

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

POSITION:
An increase in the representation of women, minority, and under-represented-group psychiatrists in leadership roles is in the interest of the profession, science, patients, and the public and is a priority of the American Psychiatric Association.

Authors:
Council on Minority Mental Health and Health Disparities

Item 2017A1 4.B.8
Consent Calendar
Back-up (if removed): Reference Committee #4
Assembly
May 19-21, 2017

Position Statement: Resolution Opposing Any Restriction on the Number of IMGs Entering Graduate Medical Training

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

Issue:
The contribution of International Medical Graduates to psychiatric practice is incalculable. This is particularly true for severely mentally ill patients being treated in inner city hospitals, state hospitals, prison, etc. An arbitrary ceiling on the number of International Medical Graduates in graduate medical training will have a devastating impact on delivery of mental health care in the years to come.

POSITION:
Therefore be it resolved, that the American Psychiatric Association firmly opposes any such restriction on the number of International Medical Graduates entering into graduate medical training.

Authors:
Council on Minority Mental Health and Health Disparities

Item 2017A1 4.B.9
Reference Committee #2
Assembly
May 19-21, 2017

Position Statement on Abortion

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

Issue:
Quality studies suggest few differences between women who had abortions and their respective comparison groups in terms of mental health sequelae.[i] Evidence fails to support opinions that link abortion to mental health problems as opposed to pre-existing and co-occurring risk factors.[ii]

In contrast, emotional and medical consequences of unwanted pregnancies are both profound and disturbing. From a mental health perspective, unwanted pregnancies may lead to long-standing life distress and disability; the children of unwanted pregnancies are at higher risk for abuse, neglect, mental illness, and deprivation. Studies have noted mothers of unwanted children suffer higher rates of depression and anxiety. Other complications of unwanted pregnancies may include post-partum psychiatric disorders. Medically and psychiatrically, unwanted pregnancies may lead to other problems for the family as a unit. For example, the rate of maternal mortality in Texas spiked from 18.6 deaths per 100,000 live births in 2010 to more than 30 per 100,000 in 2011 and remained over 30 per 100,000 through 2014, according to a study in the medical journal *Obstetrics and Gynecology*.[iii,iv] Experts linked the spike in maternal death to decreased access to family planning clinics and abortion.[v] Medical complications of unwanted pregnancies include the adverse effects of a mother's necessary psychotropic medication on a fetus, which cannot ~~be underestima~~ted always be predicted.[vi]

Finally, violence against women escalates during unwanted pregnancies and in the post-partum period. This affects millions of families, increasing risk for depression and posttraumatic stress disorder.[vii] Each of the above-noted consequences creates its own unintended ripple effect.

POSITION:
Because of these considerations, and in the interest of public welfare, the American Psychiatric Association 1) opposes all constitutional amendments, legislation, and regulations curtailing family planning and abortion services to any segment of the population; 2) reaffirms its position that abortion is a medical procedure in which physicians should respect the patient's right to freedom of choice – psychiatrists may be called on as consultants to the patient or physician in those cases in which the patient or physician requests such consultation to expand mutual appreciation of motivation and consequences; and 3) affirms that the freedom to act to interrupt pregnancy must be considered a medical and mental health imperative with major social and mental health implications.

Authors:
~~This~~The original statement was approved by the Assembly of District Branches at its October 15, 1978 meeting and by the Board of Trustees at its December 10, 1977 meeting. ~~This final~~ That draft was drawn up by a subcommittee appointed by the Reference Committee to collate an Area I Action Paper and information provided by the Committee on Women, the Council on National Affairs, the Council on Children, Adolescents, and Their Families, and the American Academy of Child Psychiatry. In September 2016, the Council on Minority Mental Health and Health Disparities edited the position statement to include cultural perspectives and updated available evidence.

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[i] Charles, Vignetta et al, "Abortion and long-term mental health outcomes: a systematic review of the evidence**:" ScienceDirect;** Volume 78, Issue 6, December 2008, Pages 436–450.

[ii] Major et al, "Abortion and mental health: Evaluating the evidence." American Psychologist, Vol 64(9), Dec 2009, 863-890. http://dx.doi.org/10.1037/a0017497

[iii] Jervis, Rick, "Texas' maternal death rates top most industrialized countries." USA Today, September 10, 2016, accessed: http://www.usatoday.com/story/news/health/2016/09/10/texas-maternal-mortality-rate/90115960/

[v] MacDorman, Marian; "Recent Increases in the U.S. Maternal Mortality Rate, Disentangling Trends from Measurement Issues," Obstetrics and Gynecology; Vol. 128, No. 3, September 2016, Pages 447-455.

[vi] Lithium, valproate, and tegretol, for example, are all listed as pregnancy category D, or unsafe; evidence of risk that may in certain clinical situations be justifiable.

[vii] Kendall-Tackett, Kathleen; "Violence Against Women and the Perinatal Period: The Impact of Lifetime Violence and Abuse on Pregnancy, Postpartum, and Breastfeeding;" Impact Factor: 3.191 | Ranking: Social Work 1 out of 41 | Family Studies 2 out of 43 | Criminology & Penology 3 out of 57. Accessed 9/13/2016 at: http://tva.sagepub.com/content/8/3/344.short

Item 2017A1 4.B.10
Consent Calendar
Back-up (if removed): Reference Committee #4
Assembly
May 19-21, 2017

Position Statement on Affirmative Action

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

POSITION:

There is a continuous need to increase the number of minority psychiatrists: the American Psychiatric Association has consistently demonstrated its commitment to the principle of affirmative action as reflected in its efforts of recruitment and training of minority psychiatrists. APA has previously developed and instituted policies recognizing and supporting the special mental health issues of minority populations; however, there are serious threats to affirmative action programs that have facilitated the following endeavors: APA reaffirms these commitments and policies by 1) issuing a public statement drawing attention to the potential deleterious effects that such threats pose to the delivery of health services to minority groups; 2) actively participating with other professional and educational groups to assure continued recruitment and training of minority candidates in medical disciplines; and 3) further exploring and developing, through its appropriate components, mechanisms to assure continued implementation of these commitments.

Authors:
Council on Minority Mental Health and Health Disparities

Item 2017A1 4.B.11
Consent Calendar
Back-up (if removed):
Reference Committee #3
Assembly
May 19-21, 2017

APA Document Reference No. 730002

Joint Statement on Antisubstitution Laws and Regulations
POSITION STATEMENT

Approved by the Board of Trustees, February 1973

"Policy documents are approved by the APA Assembly and Board of Trustees…These are … position statements that define APA official policy on specific subjects…" -- *APA Operations Manual.*

The American Medical Association asked APA to join other organizations in approving this joint statement. As of the end of March 1973, 11 organizations,[1] including APA and AMA, had approved this statement.

THE PURPOSE OF THIS statement is to affirm the support of the participating organizations for the laws, regulations, and professional traditions that prohibit the unauthorized substitution of drug products.

Traditionally, physicians, dentists, and pharmacists have worked cooperatively to serve the best interests of patients. Productive cooperation has been achieved through mutual respect, as well as through a common concern for the ideals of public service. This mutual respect has been reflected, in part, by joint support over the years for the adoption and enforcement of laws and regulations specifically prohibiting unauthorized substitution and encouraging joint discussion and selection of the supply source of drug products. The basic principles of medical, dental, and pharmaceutical practice are thus utilized and preserved in the interests of patient welfare.

The antisubstitution laws have not obstructed enhancement of the professional status of pharmacy any more than they have, in and of themselves, guaranteed absolute protection from unsafe drugs or have freed physicians, dentists, and pharmacists from their responsibilities to patients. As a practical matter, however, such laws and regulations encourage interprofessional communications regarding drug product selection and assure each profession of the opportunity to exercise fully its expertise in drug usage to the patients' advantage.

Physicians and dentists should be urged to increase the frequency and regularity of their contacts with pharmacists in selecting quality drug products, recognizing that economies to patients can be improved through such communication and taking into account the patients' needs. The pharmacists' knowledge of the chemical characteristics of drugs, their mode of action, toxic properties, and other characteristics that assist in making drug selection decisions should be utilized to the fullest extent practicable by physicians and dentists in serving their patients.

Since drug product selection entails knowledge derived from clinical experience, the physician's role in product selection remains primary and does not permit delegation of decisions requiring medical judgment. A broader role in therapy will evolve for pharmacists as improved understanding and cooperation between the two professions continue to grow.

There has been no evidence that convincing reasons exist to modify or to repeal existing laws and regulations prohibiting the unauthorized substitution of one drug product for the drug product specified by a prescriber. It is our belief that such laws and regulations merit the joint support of the medical, dental, and pharmaceutical professions and of the pharmaceutical industry.

[1]The organizations are; the American College of Obstetricians and Gynecologists, the American College of Physicians, the American Academy of Neurology, the American College of Allergists, the American Dental Association, the American College of Cardiology, the American Academy of Dermatology, the American Academy of Family Physicians, the American Academy of Pediatrics, the American Medical Association, and the American Psychiatric Association.

The American Psychiatric Association is a national medical specialty society, founded in 1844, whose 36,500 physician members specialize in the diagnosis and treatment of mental and emotional illnesses including substance use disorders.

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Item 2017A1 4.B.13
Consent Calendar
Back-up (if removed): Reference Committee #1
Assembly
May 19-21, 2017

Position Statement on Misuse of Psychiatric Examinations and Disclosure of Psychiatric Records in Sexual Harassment Litigation

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

POSITION:
The American Psychiatric Association recognizes that fair adjudication sometimes requires disclosure of psychiatric records or compulsory psychiatric examinations of parties in civil litigation. Such disclosures or examinations may be appropriate, for example, in cases in which a plaintiff claims to have suffered a psychiatric illness as a result of the defendant's illegal conduct. While permitting disclosure of records or compulsory psychiatric examinations, however, the legal system must also provide adequate safeguards to assure that this process is not used inappropriately as a means of deterring aggrieved individuals from vindicating their legal rights.

In recent years, it appears that plaintiffs who have sought damages for sexual harassment in the workplace under federal and state civil rights laws have sometimes been required to disclose psychiatric records or submit to compulsory psychiatric examinations even though they have not alleged that they suffered a diagnosable mental disorder, and even though they have indicated no intention of presenting testimony of a mental health professional in support of their claims. Instead, the defendant's request for disclosure of psychiatric records or a compulsory psychiatric examination in these cases has been predicated solely on a desire to assess the plaintiff's credibility or motivation for filing a sexual harassment complaint. The American Psychiatric Association believes that mandatory disclosure of psychiatric records and/or compulsory psychiatric examinations under these circumstances constitute an abuse of psychiatry because these practices impose an unreasonable burden on the privacy of plaintiffs in sexual harassment litigation, and inevitably deter people who are unwilling to pay this price from seeking to vindicate their legal rights.

When plaintiffs claim diagnosable mental conditions as a result of the alleged harassment and compulsory psychiatric examination is required or psychiatric testimony is admitted into sexual harassment litigation, the psychiatrists involved must adhere to the ethical standards of their profession.

Authors:
Council on Psychiatry and Law

Position Statement on Doctors Against Handgun Violence

Approved by the Board of Trustees, October 2001

"Policy documents are approved by the APA Assembly and Board of Trustees…These are…position statements that define APA official policy on specific subjects…" – *APA Operations Manual*.

The Board approved the first four (4) intervention/action items (excerpted below) from a position statement by Doctors Against Handgun Violence. (www.doctorsagainsthandguninjury.org).

- **Action: To promote public safety, collect comprehensive data on handgun related injuries.**

We need the kind of epidemiologic data that can only come from a state-based, federally funded, national database. This database should include information about all homicides, suicides, and unintentional deaths and injuries by specific weapon type as well as information about the individuals involved (absent personal identifiers), geographic location, circumstances, point of purchase, date and so on. In short, we need a level of detail comparable to that collected for motor vehicle fatalities and sufficient for policy analysis.

- **Action: To promote public safety, handguns should be treated as a consumer product.**

Dealing with handguns the same way we do other products would lead to the incorporation of already developed safety features that can reduce unintentional injury as well as promoting new safety designs.

- **Action: To promote public safety, consistent requirements regarding the sale and distribution of handguns should be applied to persons at risk of harming themselves or others.**

  Based on the evidence now available, we advocate the three steps identified below. But we also believe that proof of their benefits should be required. If documenttation of value is not forthcoming, consideration should be given to restoring the status quo ante.

Expand the Brady background checks to gun shows.
Current law makes the purchase and/or have possession of weapons by certain classes of people illegal. While gun dealers with Federal Firearms Licenses (FFLs) are required to conduct background checks prior to a sale, other sellers are not required to do so. As a result proscribed persons can still purchase weapons from them without impediment. By uniformly requireing a background check for the commercial sale of firearms, we can reduce inappropriate sales and decrease the risk of handgun injuries.

Support a limitation on the number of guns that can be purchased during a given time period.
Diversion of weapons from the legal market to a secondary market, where criminals and other unauthorized persons can purchase them, contributes to handgun misuse and injury. Limitations on volume purchases can prevent straw purchases (the lawful procurement of firearms by an authorized individual with the intent to sell them to unauthorized persons), thereby reducing the number of criminals and proscribed persons with guns and, as a result, diminish the number of handgun injuries.

Restore the waiting period between the time an individual purchases a weapon and the time s/he takes possession of it.
Data demonstrate that both homicide and suicide are often "acts of passion" and if the means to commit the act are not immediately available, the passion may ebb and death and injury may be avoided.

- **Action: To promote public safety, we support aggressive enforcement of current laws against illegal possession, purchase and sale of handguns**.

Just as strict enforcement of blood alcohol levels has reduced drunk driving, consistent prosecution of illegal possession or sale of guns can deter such behavior. Aggressive enforcement of the law can prevent those who have guns illegally from using them, and reduce the number of guns circulating in the secondary market. As a result, injuries are likely to be reduced.

Item 2017A1 4.B.15
Consent Calendar
Back-up (if removed): Reference Committee #5
Assembly
May 19-21, 2017

Position Statement on Capital Punishment: Adoption of AMA Statements on Capital Punishment

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POSITION:

AMA Policy E-2.06 Capital Punishment

An individual's opinion on capital punishment is the personal moral decision of the individual. A physician, as a member of a profession dedicated to preserving life when there is hope of doing so, should not be a participant in a legally authorized execution. Physician participation in execution is defined generally as actions which would fall into one or more of the following categories: (1) an action which would directly cause the death of the condemned; (2) an action which would assist, supervise, or contribute to the ability of another individual to directly cause the death of the condemned; (3) an action with could automatically cause an execution to be carried out on a condemned prisoner.

Physician participation in an execution includes, but it not limited to, the following actions: prescribing or administering tranquilizers and other psychotropic agents and medications that are part of the execution procedure; monitoring vital signs on site or remotely (including monitoring electrocardiograms); attending or observing an execution as a physician; and rendering of technical advice regarding the execution. In the case where the method of execution is lethal injection, the following actions by the physician would also constituted physician participation in execution: selecting injecting sites; starting intravenous lines as a port for lethal injection device; prescribing, preparing, administering, or supervising injection drugs or their doses or types; inspecting, testing, or maintaining lethal injection devices; and consulting with or supervising lethal injection personnel.

The following action do not constitute physician participation in execution: (1) testifying as to medical history and diagnoses or mental state as they relate to competence to stand trial, testifying as to relevant medical evidence during trial, testifying as to medical aspects of aggravating or mitigating circumstances during the penalty phase of a capital case, or testifying as to medical diagnoses as they related to the legal assessment of competence for execution; (2) certifying death, provided that the condemned has been declared dead by another person; (3) witnessing an execution in a totally nonprofessional capacity; (4) witnessing an execution at the specific voluntary request of the condemned person, provided that the physician observes the execution in a nonprofessional capacity; and (5) relieving the acute suffering of a condemned person while awaiting execution, including providing tranquilizers at the specific voluntary request of the condemned person to help relieve pain or anxiety in anticipation of the execution.

Physicians should not determine legal competence to be executed. A physician's medical opinion should be merely one aspect of the information taken into account by a legal decision maker such as a judge or hearing officer. When a condemned prisoner has been declared incompetent to be executed, physicians should not treat the prisoner for the purpose of restoring competence unless a commutation order is issued before treatment begins. The task of reevaluating the prisoner should be performed by an independent physician examiner. If the incompetent prisoner is undergoing extreme suffering as a result of psychosis or any other illness, medical intervention intended to mitigate the level of suffering is ethically permissible. No physician should be compelled to participate in the process of establishing a prisoner's competence or be involved with treatment of an incompetent, condemned prisoner if such activity is contrary to the physician's personal beliefs. Under those circumstances, physicians should be permitted to transfer care of the prisoner to another physician.

Organ donation by condemned prisoners is permissible only if (1) the decision to donate was made before the prisoner's conviction, (2) the donated tissue is harvested after the prisoner has been pronounced dead and the body removed from the death chamber, and (3) physicians do not provide advice on modifying the method of execution for any individual to facilitate donation.

Authors:
American Medical Association

Issues July 1980. Updated June 1994 based on the report "Physician Participation in Capital Punishment," adopted December 1992, (JAMA, 1993: 270: 365-368); updated June 1996 based on the report "Physician Participation in Capital Punishment: Evaluations of Prisoner Competence to be Executed: Treatment to Restore Competence to be Executed," adopted in June 1995; Updated December 1999; and Updated June 2000 based on the report "Defining Physician Participation in State Executions," adopted June 1998.

Item 2017A1 4.B.16
Consent Calendar
Back-up (if removed): Reference Committee #5
Assembly
May 19-21, 2017

Position Statement on No "Dangerous Patient" Exemption to Federal Psychotherapist-Patient Testimonial Privilege

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

POSITION:
It is the position of the American Psychiatric Association that there should be no "dangerous patient" exception to the federal psychotherapist-patient privilege.

Author:
Council on Psychiatry and Law

Note that the background information is not considered part of the Position Statement

Background for Position Statement on No "Dangerous Patient" Exemption to Federal Psychotherapist-Patient Testimonial Privilege

Reviewed by the Joint Reference Committee – October 2016

Background:

(2010) This document was developed by the Council on Psychiatry and Law with special recognition to Robert Weinstock, MD, Debra Pinals, MD, Paul Appelbaum, MD and Richard Bonnie, LLB.

In its landmark 1996 decision in *Jaffee v. Redmond*, the US Supreme Court established a federal psychotherapist-patient privilege (i.e. a right for patients to preclude testimony in federal courts by mental health professionals about information that patients communicated to them in confidence). In this decision, the Court recognized the importance of the privilege in encouraging treatment, and of its being predictable, so that patients can anticipate the degree of protection that their confidential information will receive. The Court rejected the use of a balancing test weighing the value of the testimony against the value of maintain the privilege in each case, because of its inherent unpredictability. However, in a footnote in *Jaffee*, the court said, "Although it would be premature to speculate about most future developments in the federal psychotherapist privilege, we do not doubt that there are situations in which the privilege must give way, for example, if a serious threat of harm to the patient or to others can be averted only by means of a disclosure by the therapist."

The federal circuit courts are split as to the meaning of this footnote. Two federal circuits have interpreted this footnote to mean that there is a federal "dangerous patient exception" to privilege, i.e., that the privilege does not apply when patient is believed to present a danger to other people. However, two other federal circuits have found that there is no such "dangerous patient" exception to privilege. Since the federal circuit courts are split on this issue, it is likely that the US Supreme Court eventually will hear a case to resolve the conflict.[1]

Supporters of an exception to the privilege when patients are believed to be dangerous to others usually base their arguments on the need to protect public safety. However, existence of a privilege – which is limited to the judicial setting – does not preclude therapist from acting to prevent violence by their patients, including by disclosing otherwise confidential information, when a threat arises. Indeed, most states have adopted some version of a duty for therapists to act in this way. By contrast, cases in which the federal government has sought to call mental health professional to testify about statements made

by their patients (or to introduce healthcare records containing those statements) have typically involved criminal prosecutions occurring well after the therapeutic encounter and that are designed to determine guilt and punishment for the patient's past behavior.[2]

All 50 states have adopted some form of psychotherapist-patient privilege. The value of these state privileges would be undermined if there were a "dangerous patient" exception to the privilege in federal courts – as the US Supreme Court itself recognized in *Jaffee v. Redmond* – since patients would remain uncertain about the scope of legal protection for their communications in treatment.

At first glance, it might seem appropriate to recognize an exception to privilege in those rare situations in which testimony in federal court may be sought to prevent a future danger. However, such testimony would rarely, if ever, really be needed to avert a future danger, and opening up this possibility has led to an absence of evidentiary privilege after all danger has passed, leaving its real application to determinations of guilt and punishment. Moreover, it appears that the exception to the privilege, once found, has not been limited to situations of future danger. When a "dangerous patient" exception to privilege is found because the patient was dangerous at an earlier time, courts have found that there is no privilege at a later criminal trial when punishment and not prevention of future danger is the real concern.[3]

Allowing a "dangerous patient" exception to privilege will seriously undermine the privilege itself, which is a critical element in assuring patients that information they share will be held in confidence and not used to punish them in subsequent court proceedings. Since patients' openness in treatment can be a prerequisite to resolving the problems leading to potential violence, any impediment to such openness resulting from uncertainty as to whether a privilege exists would limit the ability of treatment to resolve such problems. As such, it potentially could increase the danger to society. When an acute danger to other persons exists, every jurisdiction has exceptions to confidentiality that permit or require disclosures (or allow compulsory hospitalization) to protect victims and to prevent violence. These preventive interventions do not depend on curtailing the state's psychotherapist-patient privilege.

In sum, the problems and dangers created by a "dangerous patient" exception to the federal psychotherapist-patient privilege outweigh any possible advantages.

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1. It seems likely that the footnote was intended simply to acknowledge that psychiatrists and other mental health professionals are permitted or required by state law, as well as by ethical norms of their professions, to disclose otherwise confidential information when necessary to prevent harm to the patient or others. In such cases, the obligation to preserve *confidentiality* "must give way" to the need to prevent harm. A testimonial *privilege* would be implicated, if at all, only in judicial proceedings aiming to avert impending harm, such as civil commitment hearings. If so understood, the footnote was not intended to open the door to an exception to the federal psychotherapist-patient privilege in any subsequent judicial proceedings, and certainly not in a criminal prosecution.
2. The federal privilege does not have any practical application in proceedings for civil commitment since these almost always occur in state courts.
3. California, which has a "dangerous patient" exception to its psychotherapist-patient privilege (Section 1024 of the California Evidence Code), and the federal jurisdictions that have found a "dangerous patient" exception to the federal privilege have held that the privilege disappears if at any time in the past the patient was dangerous. Danger at the time of trial is not even a relevant consideration. In the California Supreme Court decision in (*People v Wharton,* 53 Cal. 3d 522 (1991)), a patient feared harming his girlfriend, and the therapists warned the victim. When the patient subsequently killed the victim, the

Court found no evidentiary privilege at a later criminal trial because the patient had been considered dangerous by the therapists in the past with disclosure necessary prior to the murder. Since the patient had confessed the murder to the police, the therapist's testimony at trial was not necessary for conviction, but was used for the sole purpose of proving premeditation and thereby establishing a necessary legal predicate for a death sentence. The patient was found guilty of first-degree murder with special circumstances and sentenced to death. The California Supreme Court allowed the testimony of the therapists on the basis of a dangerous patient exception to privilege, given that the patient previously had been considered dangerous. This case illustrates the ultimate result of this line of reasoning in that concerns expressed by a patient in treatment can be used at a later trial for punitive purposes alone. Such risk of confiding in a therapist in jurisdictions with such a privilege exception cannot possibly instill trust in treatment by potentially dangerous patients.

Item 2017A1 4.B.17
Reference Committee #2
Assembly
May 19-21, 2017

Position Statement on the Risks of Adolescents' Online Behavior

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ISSUE:
In recent years, adolescents have become increasingly invested in social media and online activities. A recent Pew Research Center survey found that 92% of teens reported going online daily, and 24% were online "almost constantly."[1] In addition, 71% of teens reported using more than one social networking site. On social media sites, teens frequently share copious personal information including their full names, photographic likenesses, schools, and locations. Communicating and sharing personal information online exposes adolescents to many risks including cyberbullying, legal consequences from sexting, and exposure to online predators. Additional inadvertent personal and social consequences can be exceptionally distressing such as poorly-thought-out posts being read by unintended people, individual posts "going viral" through unwelcome reposting by others and even private photos being accessible to college admissions officers and other unintended audiences which could impact their plans for the future. Furthermore, the increase in online activity and online bullying has become a looming safety concern in this population. Negative online exposure can have detrimental effects on the physical and mental health of teenagers causing depression, anxiety, increased suicidal thoughts and even reports of completed teen suicide in some cases.

These increases in online activity and social media use have widespread legal ramifications in the adolescent population. Although adolescents under the age of 18 are neither recognized in the law as adults, nor understood in psychiatry to have the fully developed capacity of adults, they easily enter into online contracts to be able to use social media.[2] Teens' legal ability to access social media sites and share their personal information falls under contract law. When any individual clicks "I agree" on the terms of service of a website, that person is entering a legal contract with the website. In these cases, contracts between adolescents and websites are being upheld in courts. [2] Despite laws in many jurisdictions that recognize that teens are incapable of contracting the same way as adults and void their non-online contracts or allow them to be voided, courts are upholding online contracts between teens and online service providers.

In many other legal areas and in adolescent psychiatry, teens are recognized as developmentally immature when compared to adults. The growing body of research demonstrates that, compared to adults, adolescents act more impulsively, overvalue short-term rewards and undervalue long-term consequences, and are more vulnerable to peer pressure. Many laws serve to protect youth from the risks of their immaturity, including prohibiting them from entering contracts, marrying without parental consent, purchasing alcohol and tobacco, and owning firearms. Such protection is not, however, applied to teens' online activity.

Currently children under age 13 have legal protection under a limited federal law, the Children's Online Privacy Protection Act (COPPA), which requires websites to obtain parental permission before collecting children's information.[3] This law, however, applies only to children under age 13. Adolescents ages 13-17 are free to enter contracts with online service providers and post as much personal information as they wish. Some individual states have enacted laws to try to protect teens from the risks of online posting. For example, California has an "eraser button" law that requires websites to allow users under age 18 to be able to delete their posts.[2] This is an imperfect solution, however. Many people could have read a post and forwarded it to many others, or it could even have gone viral, before the teen deleted it.

With insufficient legal protection for adolescents posting online, the role of protecting teens from the risks of their own immature online decision-making largely falls to parents. According to another recent Pew survey, parents are doing some monitoring of their teens online, but consistent monitoring does not appear to be the norm.[1] Many parents are unaware and/or uneducated about the risks of their children's online activity.

APA POSITION:

It is the position of The American Psychiatric Association to:

1) **Encourage psychiatrists to address social media use and its risks in their work with adolescents:**
   a. **Incorporate an evaluation of adolescents' social media use, and online behaviors as a whole, into their and assessment procedures and treatment plans.**
   b. **Ask families about the social media policy in the home and urge them to agree upon a social media policy that allows for parental monitoring and for communication between parents and teens about how they post.**
   c. **Encourage their adolescent patients to "pause before you post," discuss with them the risks they can face from posting online, and work with them on problem-solving around their online decision-making**
2) **Work to educate the public and the health care community about the legal status of adolescents' online participation, the insufficiency of the laws to protect them, and the need for increased monitoring by parents of adolescents' online activities**
3) **Support further research into adolescents' online risk-taking behaviors, the consequences they are facing of immature online decision-making, and strategies to increase adolescents' thoughtful consideration of their online posting**
4) **Support legislative efforts to provide increased protection for adolescents posting online**

AUTHORS:

Council on Children, Adolescents and Their Families
Caitlin R. Costello, MD
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Item 2017A1 4.B.18
Reference Committee #1
Assembly
May 19-21, 2017

Position Statement: Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

Issue:
An unprecedented level of migration due to a variety of socio-political and economic factors has marked the 21st century. Currently, 65.3 million persons worldwide have been forcibly displaced by armed conflict, political oppression, starvation, or other catastrophes (1). While people who are displaced both within and out of countries can demonstrate high levels of resiliency, they can also experience disabling posttraumatic disorders or other consequences that adversely impact medical, psychological, social, and spiritual well-being. These consequences can range from demoralization to various sequelae involving simple and complex trauma complicated by the migratory journey and resettlement process. Perpetuating factors can include limited access to basic services, including appropriate medical and mental health care, legal and financial stressors, as well as discrimination faced in the host community, all of which can contribute to poorer mental health outcomes. These migration-related and post-migration stressors can produce demoralization, grief, loneliness, loss of dignity, and feelings of helplessness as normal syndromes of distress that impede refugees from living healthy and productive lives (2, 3, 4).

Position:
American psychiatrists have broad skill sets for relieving suffering inflicted upon immigrants and refugees by displacement from and within their home countries and can provide direct psychotherapeutic and psychosocial interventions, as well as programmatic leadership, for the care of persons suffering posttraumatic symptoms and other migration-related syndromes of distress (5, 6, 7, 8, 9, 10).

The American Psychiatric Association (APA) supports the following:

1. The treatment of all immigrants, refugees and displaced persons with dignity and respect during all stages of the migratory process.

2. The development of partnerships between health and mental health providers, communities, elected officials, social and spiritual groups, immigration and customs enforcement (ICE) detention centers, and the asylum evaluation process, to address gaps in providing comprehensive, appropriate, and culturally competent care for these patients.

3. The identification of patients who have unidentified or unmet mental health needs and intervention when appropriate.

4. The appropriate training of psychiatrists to improve competency in delivering trauma-informed and culturally competent care to diverse immigrant, refugee, and displaced populations.

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Background Information on the Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement

American psychiatrists have broad skill sets for relieving suffering inflicted upon immigrants and refugees by displacement from their home countries. Currently, 65.3 million persons worldwide have been forcibly displaced by armed conflict, political oppression, starvation, or other catastrophes (1). Since 1975, 3 million refugees have arrived in the U.S., 40% of whom have been children (2, 3). Approximately 44% of U.S. refugees have reported torture (4). Psychiatrists have skills for biopsychosocial assessment and treatment that can discriminate among the differing needs for mental health services and psychiatric care presented by different displaced persons, including migrants, immigrants, refugees, torture-survivors, and political asylees. Psychiatric treatment is needed for refugees suffering symptoms of posttraumatic stress disorder (PTSD), dissociative disorders, and depression as psychiatric illnesses precipitated by the traumatic events that propelled flight from home countries (5). However, recent studies have found migration-related and post-migration stressors - such as unsafe or crowded living conditions, social isolation, stigma, and inadequate schools for children - to have adverse effects of equivalent magnitude to initial traumatic events in their activation of PTSD and depression (6, 7, 8). These migration-related and post-migration stressors can produce demoralization, grief, loneliness, loss of dignity, and feelings of helplessness as normal syndromes of distress that impede refugees from living healthy and productive lives (6, 7, 8). Psychiatrists can provide direct psychotherapeutic and psychosocial interventions, as well as programmatic leadership, for humanistic care of persons suffering normal syndromes of distress (9, 10, 11, 12, 13, 14). In summary, psychiatrists have roles in the care of immigrants, refugees, and displaced persons that include: (1) assessing the differing needs for psychiatric treatment and mental health services among immigrants, refugees, and other displaced persons; (2) assessing and treating both psychiatric illnesses and normal syndromes of distress that are a consequence of forced displacement and stresses of migration; and (3) implementing resilience-building strategies that can strengthen mental health of refugees, both as individuals and as refugee communities.

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Item 2017A1 4.B.19
Consent Calendar
Back-up (if removed): Reference Committee #2
Assembly
May 19-21, 2017

Position Statement on Legislative Attempts Permitting Pharmacists to Alter Prescriptions

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

Issue:
In 2013, the Arkansas legislature passed an act that enables prescribers to "authorize the pharmacist to substitute a *therapeutically equivalent drug",* and this act modified the definition of "therapeutically equivalent," striking out the requirement for pharmaceutical equivalence and, instead, allowing for drug products "from the same *therapeutic class*." Additionally, the act defines "therapeutic class" as "a group of similar drug products that have the same or similar mechanisms of action and are used to treat a specific condition. Further, the act specified that the "pharmacist shall send notice of the substitution to the prescriber in writing or by electronic communication within twenty-four (24) hours AFTER the drug is dispensed to the patient." There are vast inter-individual differences in genetics and biology. Medications may be lumped together and described as a "therapeutic class," but which are not therapeutically equivalent as there are frequently significant differences in metabolic pathways, drug interactions, multiple receptor actions and adverse reactions. This act enables prescribers in Arkansas to authorize pharmacists to substitute medications with similar mechanisms of action, with dosages determined by the pharmacist, and with notification to (*and not necessarily in consultation with*) the prescriber after the drug has already been dispensed. Amongst other concerns, this practice is not consistent with the doctrine of Informed Consent.

POSITION:
The American Psychiatric Association opposes legislative attempts at any level of government that would permit pharmacists, when presented with a prescription for a pharmaceutical product, to dispense a medication containing a different pharmaceutical moiety but which is of the same therapeutic and/or pharmacological class (therapeutic substitution). Physician's prescriptions should not be overruled or substituted without prior physician approval and should recognize patient preference.

Authors:
Council on Quality Care

Item 2017A1 4.B.20
Consent Calendar
Back-up (if removed): All Areas/Assembly Groups: Primary- Area 5, Secondary- ECPs
Assembly
May 19-21, 2017

Position Statement on Use of the Concept of Recovery

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The American Psychiatric Association endorses and strongly affirms the application of the concept of recovery to the comprehensive care of chronically ~~and persistently~~ mentally ill adults, including the concept of resilience in seriously emotionally disturbed children. The concept of recovery emphasizes a person's capacity to have hope and lead a meaningful life, and suggests that treatment can be guided by attention to life goals and ambitions. It recognizes that patients often feel powerless or disenfranchised, that these feelings can interfere with initiation and maintenance of mental health and medical care, and that the best results come when patients feel that treatment decisions are made in ways that suit their cultural, spiritual, and personal ideals. It focuses on wellness and resilience and encourages patients to participate actively in their care, particularly by enabling them to help define the goals of psychopharmacologic and psychosocial treatments.

The concept of recovery has a long history in medicine and its principles are important in the management of all chronic disorders. The concept of recovery enriches and supports medical and rehabilitation models. By applying the concept of recovery as well as rehabilitation techniques and by encouraging other mental health professionals to adopt the concept of recovery, psychiatrists can enhance the care of all clinical populations served within the community based and other public sector mental health and behavioral health systems.

The concept of recovery values include maximization of 1) each patient's autonomy based on that patient's desires and capabilities, 2) patient's dignity and self-respect, 3) patient's acceptance and integration into full community life, and 4) resumption of normal development. The concept of recovery focuses on increasing the patient's ability to successfully cope with life's challenges, and to successfully manage their symptoms. The application of the concept of recovery requires a commitment to a broad range of necessary services and should not be used to justify a retraction of resources.

The concept of recovery is predicated on a partnership between psychiatrist, other practitioners, and patient in the construction and direction of all services aimed at maximizing hope and quality of life.

Author:
Council on Research

Joint Reference Committee
February 12-13, 2017
DRAFT SUMMARY OF ACTIONS

As of March 1, 2017

JRC Members Present:
Anita Everett, MD: JRC Chairperson: APA President-elect (stipend); receives income Federal Government @ SAMHSA (The roles will be kept separate - Dual relationship)
Theresa Miskimen, MD: stipend for Speaker-elect; income from Rutgers UBHC; State of NJ - psychiatrist leading the involuntary medication panel review for three state hospitals
Altha Stewart, MD: APA Secretary; Full time faculty from University of Tennessee Health Science Center, Small consulting contract with WNBA
James Batterson, MD: Full time faculty Children's Mercy Hospital; receives funding from Pfizer (sertraline) and Psyadon Pharmaceuticals through the hospital.
Lama Bazzi, MD: receives income from Maimonides Medical Center; forensic private practice.
Glenn Martin, MD: Immediate Past Speaker; receives income from the Icahn School of Medicine at Mt. Sinai; receives income from private practice; Medical Director of Information Exchange in Queens. Human Subjects Director for Mt. Sinai; private practice.
Saul Levin, MD, MPA: CEO/Medical Director – APA salary; Chair of the APAF Board of Directors.
Nina Vasan, MD: APAF Leadership Fellow; Resident; Consulting for McKinsey; book royalties, Stanford PGY 4 and Harvard Business School.

Invited Guest: Rahn K. Bailey, MD – Candidate for President-elect. Chair of Psychiatry at Wake Forest; Chairperson of the APA Membership Committee

JRC Administration:
Margaret Cawley Dewar – Director, Association Governance
Laurie McQueen, MSSW – Associate Director, Association Governance

APA Administration:

Yoshie Davison, MSW	Chief of Staff
Jon Fanning, MS, CAE	Chief, Membership and RFM-ECP Officer
Kristin Kroeger	Chief, Policy, Programs, & Partnerships
Ranna Parekh, MD, MPH	Director, Division of Diversity & Health Equity
Shaun Snyder, JD, MBA	Chief Operating Officer

N.B: *When a **LEAD** Component is designated in a referral it means that all other entities to which that item is referred will report back to the **LEAD** component to ensure that the LEAD component can submit its report as requested in the JRC summary of actions*.

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
2	Review and Approval of the Summary of Actions from the October 2016 Joint Reference Committee Meeting **Will the Joint Reference Committee approve the draft summary of actions from the October 2016 meeting?**	The Joint Reference Committee approved the draft summary of actions from the October 2016 meeting.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Laurie McQueen	Association Governance
3	**CEO/Medical Director's Office Report** Update on Referral			
3.1	No action required Referral Update: Joint Consensus Statement: Diagnosing Schizophrenia in Skilled Nursing Centers (JRCOCT168.E.2; JRCJAN166.15 ASMMAY1612.S) (please see item 3) The Joint Reference Committee referred this item to the APA President and the CEO/Medical Director to sign on to this issue as it is consistent with current APA Practice Guidelines. In addition, the Joint Reference Committee refers this issue back to the Council on Geriatric Psychiatry to develop a formal position statement on diagnosing schizophrenia in skilled nursing centers. Status: Via the CEO's Office, the APA signed on to Joint Summary Statement from American Health Care Association. The Division of Policy, Programs, and Partnerships and DDHE are working on a rollout plan. The Council on Geriatric Psychiatry is discussing the need to develop a position statement on diagnosing schizophrenia in skilled nursing centers.	The Joint Reference Committee thanked the CEO/Medical Director for the update on the referral.		n/a
6	**Report of the Assembly** – Theresa Miskimen, MD			

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.1	<u>All Prescribers, not just Physicians, shall be Subject to Open Payments</u> (ASMNOV16A12.A) (Please see attachment 1) The action paper asks that the APA engage with the American Medical Association and the American Osteopathic Association to pursue regulatory change such that non-physician providers are included along with physicians in the Open Payments reporting and database. **Will the Joint Reference Committee refer the action paper All Prescribers, not just Physicians, shall be Subject to Open Payments to the appropriate Component(s) for input or follow-up?**	The Joint Reference Committee referred the action paper to the Council on Healthcare Systems and Financing (LEAD), the Department of Government Relations and the APA AMA Delegation. A report to the Joint Reference Committee is requested by the deadline for the June 2017 meeting.	Kristin Kroeger Amanda Grimm Ariel Gonzalez, JD Kristin Kroeger Becky Yowell	Council on Healthcare Systems and Financing (LEAD) Department of Government Affairs APA AMA Delegation Report to the JRC – June 2017 (Deadline June 5, 2017)
6.2	<u>Return of Interest for ABPN Continuous Pathways Payments</u> (ASMNOV1612.B) (Please see attachment 2) The action paper asks that as part of the APA's efforts to have ABPN change its requirements for MOC, APA additionally demand credit for the interest on the monies deposited towards the ten-year examination fee be returned to the psychiatrist either directly or in the form of an appropriate discount on the examination fee. **Will the Joint Reference Committee refer the action paper Return of Interest for ABPN Continuous Pathways Payments to the appropriate Component(s) for input or follow-up?**	The Joint Reference Committee referred the action paper to the APA Leadership via the CEO/Medical Director for integration into the annual discussions between the APA and the ABPN.	Saul Levin, MD, MPA	CEO/Medical Director's Office

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.3	Continuity of Care (ASMNOV1612.C) (Please see attachment 3) The action paper asks that the Council on Quality Care explore options such as a position statement or resource document to encourage timely communication between inpatient and outpatient teams, including both general medical and psychiatric facilities. **Will the Joint Reference Committee refer the action paper Continuity of Care to the appropriate Component(s) for input or follow-up?**	The Joint Reference Committee referred the action paper to the Council on Healthcare Systems and Financing (LEAD) and then to the Council on Quality Care (Secondary). A report to the Joint Reference Committee is requested by the deadline for the June 2017 meeting.	Kristin Kroeger Amanda Grimm Samantha Shugarman	Council on Healthcare Systems and Financing (LEAD) Council on Quality Care (Secondary) Report to the JRC – June 2017 (Deadline June 5, 2017)
6.4	Towards Universal Health Insurance in the United States (ASMNOV1612.D) (Please see attachment 4) Action paper asks: 1. That the APA collaborate with the AMA on its newly adopted resolution to assess various models of healthcare finances including single payer models and universal healthcare and to include data from other developed countries which employ these models; 2. That to facilitate this action, the issue will be referred to the Council on Health Care Systems and Financing and the AMA Delegation of the APA; 3. That a status report will be delivered by the Council on Health Care Systems and Financing and the AMA Delegation of the APA at the May 2017 meeting of the APA Assembly. **Will the Joint Reference Committee refer the action paper Towards Universal Health Insurance in the United States to the appropriate Component(s) for input or follow-up?**	The Joint Reference Committee referred the action paper to the Council on Healthcare Systems and Financing (LEAD) and to the APA AMA Delegation (Secondary). The Assembly requested a report back at the November 2017 meeting. It was noted by APA Administration that the APA AMA Delegation and the AMA are aware of this issue.	Kristin Kroeger Amanda Grimm Kristin Kroeger Becky Yowell	Council on Healthcare Systems and Financing (LEAD) APA AMA Delegation Report to the Assembly – November 2017 (Deadline September 18, 2017)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.5	Improving the Confidentiality of Prescription Drug Monitoring Programs (ASMNOV1612.G) (Please see attachment 5) The action paper asks that the American Psychiatric Association study the variations in the PDMPs to ensure that they are consistent with current federal regulations, and to make recommendations to improve the PDMP system with special attention to ensure the appropriate confidentiality of patient records. **Will the Joint Reference Committee refer the action paper Improving the Confidentiality of Prescription Drug Monitoring Programs to the appropriate Component(s) for input or follow-up?**	The Joint Reference Committee referred the action paper to the Council on Healthcare Systems and Financing (LEAD), Council on Addiction Psychiatry, Council on Psychiatry and Law and the Committee on Mental Health Information Technology. It was noted in the action paper comments that the Department of Government Relations proposed working a baseline study of all 50 states and the District of Columbia to identify the variations among states regarding confidentiality of patient records The Council on Addiction Psychiatry has clarified that the current regulation interpretation is that information from an Opioid Treatment Program (OTP) cannot be included in the PDMPs. The JRC would like to see an articulation of this issue that includes the pros and cons of including information from an OTP be entered into PDMP. Ultimately a position statement on this would be helpful. (Please also see item 8.A.1 on page 17 of this report) A report to the Joint Reference Committee is requested by the deadline for the June 2017 meeting.	Kristin Kroeger Amanda Grimm Bea Eld Alison Crane Nathan Tatro	Council on Healthcare Systems and Financing (LEAD) Council on Addiction Psychiatry Council on Psychiatry and Law Committee on Mental Health Information Technology Report to the JRC – June 2017 (Deadline June 5, 2017)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.6	<u>APA Position Statement on Screening and Treatment for Mental Health Disorders During Pregnancy and Postpartum</u> (ASMNOV1612.I0) (Please see attachment 6) The action paper asks: That the APA develop and announce a position statement recommending: 1) The need for screening and subsequent treatment for mood and anxiety disorders during pregnancy and the postpartum period. 2) The need to address the higher rates of these disorders in low-income women from minority groups. **Will the Joint Reference Committee refer the action paper APA Position Statement on Screening and Treatment for Mental Health Disorders During Pregnancy and Postpartum to the appropriate Component(s) for input or follow-up?**	The Joint Reference Committee referred the action paper the Council on Research (LEAD), the Council on Minority Mental Health and Health Disparities, the Council on Quality Care, and the Assembly Committee on Women. The JRC recommends that the Council on Research develop a position statement to address this. The JRC refers the 2009 APA Resource Document to the Council. *The management of depression during pregnancy: a report from the American Psychiatric Association and the American College of Obstetricians and Gynecologists* Published in final edited form as: Obstet Gynecol. 2009 September; 114(3): 703–713. doi:10.1097/AOG.0b013e3181ba0632 A report to the Joint Reference Committee is requested by the deadline for the June 2017 meeting.	Philip Wang, MD, DrPh Jennifer Shupinka Ranna Parekh, MD, MPH Omar Davis Kristin Kroeger Samantha Shugarman Ranna Parekh, MD, MPH Chair/ASM Cmte on Women	Council on Research (LEAD) Council on Minority Mental Health and Health Disparities Council on Quality Care Assembly Committee of Women Report to the JRC – June 2017 (Deadline June 5, 2017)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.7	Exhibitor-Funded Scholarships for Consumer Presenters at Annual Meetings (ASMNOV1612.J) (Please see attachment 7) The action paper asks: • That a relevant component of the APA or APA Foundation develop a program, at no cost to the APA, to fund a voluntary exhibitor-funded scholarship program intended to defray some or all of the travel, hotel, and registration expenses of consumer presenters who speak at one of the two APA annual meetings; • That exhibitors who voluntarily donate to the scholarship program be recognized in program materials; may not place any conditions on such donations; may not influence the choice of consumer presenter in any manner; and that all such donated funds be pooled such that no speaker would be associated with any specific contributor; • That consumer presenters must adhere to the requirements specified of all presenters; and • That necessary additional expenses incurred by the program be kept to a minimum and be paid out of the pool of donated funds. **Will the Joint Reference Committee refer the action paper Exhibitor-Funded Scholarships for Consumer Presenters at Annual Meetings to the appropriate Component(s) for input or follow-up?**	The Joint Reference Committee was very favorable to the idea of a designated fund that would support attendees of limited means to be able to participate in APA's Annual meetings. The Joint Reference Committee referred the action paper to the American Psychiatric Foundation and the APA Administration via the CEO/Medical Director's Office.	Daniel Gillison Saul Levin, MD, MPA	American Psychiatric Foundation CEO/Medical Director's Office APA Administration

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.8	<u>Standards for the Practice of Medicine Pertaining to the Treatment of Patients with Mental Disorders</u> (ASMNOV1612.L) (Please see attachment 8) The action paper asks that: 1. The APA will publicly reaffirm its position that the medical treatment of psychiatric illnesses, including the prescription of psychotropic medication, requires a biologically based medical education and supervised clinical training; 2. Individuals practicing medicine, including those who prescribe medication, should be licensed and regulated by governmental boards with expertise and experience in the practice of medicine. **Will the Joint Reference Committee refer the action paper Standards for the Practice of Medicine Pertaining to the Treatment of Patients with Mental Disorders to the appropriate Component(s) for input or follow-up?**	The Joint Reference Committee referred the action paper to the Board of Trustees to determine if a position statement on the treatment of patients with mental disorders should be developed at this time. The Joint Reference Committee discussed how this action paper relates to psychologist prescribing issues and the APA's stance on the issue. Currently the APA does not have an official position statement on psychologist prescribing. See also item 8.B.1 on page 18 of this report.	Shaun Snyder, JD, MBA Margaret Dewar Ardell Lockerman	**Board of Trustees – March 2017** (Deadline February 15, 2017)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.9	Smart Guns as a Gun Safety Response to Gun Violence, a Public Health Hazard (ASMNOV1612.M) (Please see attachment 9) The action paper asks: • That the American Psychiatric Association (APA) support smart gun technology as one piece of a solution to gun violence, and, be it further • Resolved, that the APA delegation to the American Medical Association (AMA) take this issue to the AMA, and, be it further • Resolved, that the Council on Advocacy and Government Relations and the Council on Psychiatry and the Law review the issues involved and, if so identified, make any additional recommendations to the APA Board of Trustees. **Will the Joint Reference Committee refer the action paper Smart Guns as a Gun Safety Response to Gun Violence, a Public Health Hazard to the appropriate Component(s) for input or follow-up?**	The Joint Reference Committee referred this action paper to the Council on Advocacy and Government Relations and APA AMA Delegation. A report to the Joint Reference Committee is requested by the deadline for the June 2017 meeting.	Ariel Gonzalez, JD Deana McRae Kristin Kroeger Becky Yowell	Council on Advocacy and Government Relations APA AMA Delegation Report to the JRC – June 2017 (Deadline June 5, 2017)

6.10	Protecting the Seriously Mentally Ill Incarcerated Individuals (ASMNOV1612.N) (Please see attachment 10) The action paper asks: 1. That the American Psychiatric Association advocate for an increased number of psychiatrists to provide needed care and treatment for incarcerated individuals, moving towards compliance with the American Psychiatric Association's guideline of 1 FTE psychiatrist for every 150-200 patients with a severe mental illness in prison settings and 1 FTE psychiatrist for every 75-100 patients with a severe mental illness in jail settings. 2. That our AMA delegation advocate at the AMA House of Delegates for an increased number of Primary Care Physicians and Psychiatrists to provide needed care and treatment for detained individuals in correctional facilities. 3. That the APA strongly oppose policies that permit psychologists or pharmacists to prescribe medications in correctional settings. 4. That the APA advocate for psychiatrists to be leaders of multidisciplinary mental health treatment teams in correctional institutions, such as mental health integrated and collaborative care. 5. That the APA collaborate with AADPRT and Public and Community Psychiatry, and Forensic Psychiatry Fellowship Programs to advocate for increased exposure, training and experience in correctional psychiatry in order to increase the number of psychiatrists working in correctional settings. **Will the Joint Reference Committee refer the action paper Protecting the Seriously Mentally Ill Incarcerated Individuals to the appropriate Component(s) for input or follow-up?**	The Joint Reference Committee referred the action paper to the CEO/Medical Director's office. A report to the Joint Reference Committee is requested by the deadline for the June 2017 meeting.	Saul Levin, MD, MPA	CEO/Medical Director's Office Report to the JRC – June 2017 (Deadline June 5, 2017)

6.11	Ending Childhood Poverty (ASMNOV1612.O) (Please see attachment 11) The action paper asks: • That the American Psychiatric Association join with other organizations in acknowledging the detrimental effects of childhood poverty on cognitive and emotional development, self-esteem, academic and vocational achievement, and overall mental and physical health in both childhood and through adulthood; and • That the American Psychiatric Association, in its educational, advocacy, and legislative efforts, make it a priority to partner on an ad hoc basis with other allies and organizations (such as the American Academy of Pediatrics, Children's Defense Fund, First Focus, National Immigration Law Center, Community Action Partnership) to advance relevant issues and/or legislation designed to reduce and eliminate childhood poverty in America; and • That the American Psychiatric Association encourage and support its Areas and District Branches to partner with their local community groups, organizations, and legislators to raise awareness of the impact of childhood poverty on early childhood and brain development and lifetime well-being, including economic stability and mental health; and • That the Board of Trustees establish an ad hoc Workgroup on Ending Childhood Poverty to coordinate such efforts, with particular emphasis on reducing the lifetime consequences on mental health due to early childhood poverty. **Will the Joint Reference Committee refer the action paper Ending Childhood Poverty to the appropriate Component(s) for input or follow-up?**	The Joint Reference Committee referred the action paper to the Council on Children, Adolescents, and Their Families (LEAD), the Council on Minority Mental Health and Health Disparities, and Council on Advocacy and Government Relations. A report to the Joint Reference Committee is requested by the deadline for the June 2017 meeting.	Ranna Parekh, MD, MPH Tatiana Claridad Omar Davis Ariel Gonzalez, JD Deana McRae	Council on Children, Adolescents, and Their Families (LEAD) Council on Minority Mental Health and Health Disparities Council on Advocacy and Government Relations Report to the JRC – June 2017 (Deadline June 5, 2017)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.12	Mental Health Parity for Individuals with Intellectual and Developmental Disability (IDD) (ASMNOV1612.P) (Please see attachment 12) The action paper asks: • That the American Psychiatric Association develop a position statement supporting mental health parity for individuals with IDD. • That the American Psychiatric Association join with other allies and organizations to prioritize the educational, access to care, advocacy, and legislative efforts needed to assure that all individuals with IDD receive appropriate mental healthcare consistent with established mental health parity rights. **Will the Joint Reference Committee refer the action paper Mental Health Parity for Individuals with Intellectual and Developmental Disability (IDD) to the appropriate Component(s) for input or follow-up?**	The Joint Reference Committee referred the action paper to the Council on Healthcare Systems and Financing (LEAD), Council on Children, Adolescents, and Their Families, and the Council on Advocacy and Government Relations. A report to the Joint Reference Committee is requested by the deadline for the June 2017 meeting.	Kristin Kroeger Amanda Grimm Ranna Parekh, MD, MPH Tatiana Claridad Ariel Gonzalez, JD Deana McRae	Council on Healthcare Systems and Financing (LEAD) Council on Children, Adolescents, and Their Families Council on Advocacy and Government Relations Report to the JRC – June 2017 (Deadline June 5, 2017)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.13	<u>Task Force on Fighting Discrimination</u> (ASMNOV1612.R) (Please see attachment 13) Action paper 2016A2 12.R asks: 1) That the Board of Trustees quickly appoint a Task Force on Fighting Discriminatory laws and policies, due to their deleterious effects on mental health, with the following charges: A) Develop a strategic plan to fight discrimination by state and federal legislative and other policy making bodies. B) Help the APA and state associations to quickly respond to discrimination issues. C) Help the state associations to share their knowledge base and collaborate with each other. D) Advise the Board of Trustees about funding for the above. E) Collaborate with the Council on Advocacy and Government Relations and the Division of Government Relations. 2) That the Board of Trustees consider converting this Task Force to a permanent committee in the future, under the Council on Advocacy and Government Relations. **Will the Joint Reference Committee refer the action paper Task Force on Fighting Discrimination to the appropriate Component(s) for input or follow-up?**	The Joint Reference Committee referred the action paper to Dr. Levin for referral to the appropriate APA Administration to develop a one page fact sheet that elucidates the process and response mechanism for these types of issues. In its discussion, the Joint Reference Committee thought that it would be efficient for the Board of Trustees/APA Administration to empanel a quick response group to craft language that could be messaged by the Division of Communications. A report to the Joint Reference Committee is requested by the deadline for the June 2017 meeting.	Saul Levin, MD, MPA Tanya Bradsher	CEO/Medical Director's Office APA Administration FYI – Division of Communications & Public Affairs Report to the JRC – June 2017 (Deadline June 5, 2017)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.14	<u>DB Involvement of Residents and Early Career Psychiatrists Involved with Psychiatry at the National Level</u> (ASMNOV1612.V) (Please see attachment 14) The action paper asks: That the APA: • Revise the APA fellowship application process to incorporate formal introduction by the APA of all applicants to their relevant District Branch leadership for the purpose of engagement, but not awardee or candidate selection. • Explore additional ways to encourage residents and early career psychiatrists who get involved with psychiatry at the national level through the Assembly and APA fellowships and other programs to regularly connect with their local district branches at the same time. **Will the Joint Reference Committee refer the action paper DB Involvement of Residents and Early Career Psychiatrists Involved with Psychiatry at the National Level to the appropriate Component(s) for input or follow-up?**	The Joint Reference Committee referred the action paper to the Membership Committee and requested that they review the paper's request and develop a process to notify the District Branches of individuals in the DB who have engaged in the APA via fellowships. It was noted that the District Branch Executives, in addition to the District Branch Presidents, are important points of contact for engaging individuals at the DB level. A report to the Joint Reference Committee is requested by the deadline for the June 2017 meeting.	Jon Fanning, MS, CAE Stephanie Auditore	Membership Committee Report to the JRC – June 2017 (Deadline June 5, 2017)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.15 Revised 3/1	Retire Position Statement: Confidentiality of Medical Records: Does the Physician Have a Right to Privacy Concerning His or Her Own Health Records? (1981) (JRCJUNE168.J.1; ASMNOV164.B.8) (Please see attachment 15) The Assembly did not approve the retirement of the Position Statement: Confidentiality of Medical Records: Does the Physician Have a Right to Privacy Concerning His or Her Own Health Records? (1981) as the Assembly felt that a new position statement on this issue was required before retiring the statement. **Will the Joint Reference Committee refer the Position Statement: Confidentiality of Medical Records: Does the Physician Have a Right to Privacy Concerning His or Her Own Health Records? (1981) to the appropriate Component(s) for input or follow-up?**	The JRC referred the action paper to the Council on Medical Education and Lifelong Learning (LEAD), Council on Psychiatry and Law and the Ethics Committee to draft a new position statement on this topic. A report to the Joint Reference Committee is requested by the deadline for the June 2017 meeting.	Tristan Gorrindo, MD Kirsten Moeller Alison Crane Colleen Coyle	Council on Medical Education and Lifelong Learning (LEAD) Council on Psychiatry and Law Ethics Committee Report to the JRC – June 2017 (Deadline June 5, 2017)
7	**Council Assessments**			
7.A	Council on Minority Mental Health and Health Disparities	The Joint Reference Committee thanked the Council for their work on behalf of the APA. The council is asked to prioritize its work for the year and provide dates by which the tasks will be completed.	Ranna Parekh, MD, MPH Omar Davis	Council on Minority Mental Health and Health Disparities Update to the JRC – on or before June 2017 (Deadline June 5, 2017)
7.B	Council on Children, Adolescents, and Their Families	The Joint Reference Committee thanked the Council for their work on behalf of the APA. The council is asked to prioritize its work for the year and provide dates by which the tasks will be completed.	Ranna Parekh, MD, MPH Tatiana Claridad	Council on Children, Adolescents, and Their Families Update to the JRC – on or before June 2017 (Deadline June 5, 2017)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
7.C	Council on Medical Education and Lifelong Learning	The Joint Reference Committee thanked the Council for their work on behalf of the APA. The council is asked to prioritize its work for the year and provide dates by which the tasks will be completed	Tristan Gorrindo, MD Kristen Moeller	Council on Medical Education and Lifelong Learning Update to the JRC – on or before June 2017 (Deadline June 5, 2017)
8.A	**Council on Addiction Psychiatry** Please see item 8.A for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.A.1	No action required <u>Referral Update: Improving the Efficacy of Prescription Drug Monitoring Programs</u> (JRCJUNE166.12; ASMMAY1612.P) The Council again reviewed the action paper, which advocates that that Opioid Treatment Programs (OTPs) report dispensed or prescribed methadone and buprenorphine to PDMPs. At the request of the JRC, Council reviewed the paper again and reconsidered the recommendations previously submitted. After full consideration, the Council reaffirms its original recommendations on this matter. The Substance Abuse and Mental Health Services Administration issued guidance to OTPs in 2011 indicating that the confidentiality requirements of 42CFR Part 2 limit OTPs to accessing PDMP information; they are not permitted to report information to it. Similar guidance was provided to OTPs by the American Association for the Treatment of Opioid Dependence (AATOD). The Council has had additional discussions with APA's Division of Government Relations as well as the AATOD President. The Joint Commission standards for opioid treatment programs were also reviewed. It believes that current accreditation standards for OTPs appropriately call for patients to receive education and training on potential drug interactions. It also believes that no further modifications to 42CFR be sought. Note: Revised regulations on 42CFR Part 2 were released by SAMHSA the week of January 16. Though there has been insufficient time to complete an in-depth review of them, it does not appear that there is any change that would permit OTPs to report to prescription drug monitoring programs.	The Joint Reference Committee referred this item back to the Council on Addiction Psychiatry and requested that they develop a one page document detailing the pros and cons of the asks of the action paper and to draft proposed position statement on the issue. Doing so would provide the JRC, and other APA entities, with the information necessary to adequately deliberate on the topic. The Joint Reference Committee would like to stimulate a broader discussion on this topic, on the pros and cons, the emerging field, and where the APA may currently stand or want to position itself, regardless of the current regulations and laws. A report to the Joint Reference Committee is requested by the deadline for the June 2017 meeting.	Kristin Kroeger Bea Eld	Council on Addiction Psychiatry Report to the JRC – June 2017 (Deadline June 5, 2017)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.B	**Council on Advocacy and Government Relations** Please see item 8.B for the Council's report, a summary of current activities and informational items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		n/a
8.B.1	No action required <u>Referral Update: Position Statement: Hospital Privileges for Psychologists</u> The Council on Advocacy and Government Relations reviewed the Position Statement on Hospital Privileges for Psychologists as directed by the JRC. In September, the Council agreed the intent of the position statement is still applicable to the organization's policy. Members are in the process of amending the statement's language to encompass current issues surrounding prescribing privileges of non-physician practitioners and when ready, will forward the revised statement to the Joint Reference Committee.	The Joint Reference Committee thanked the Council for its update on the referral of the action to revise the position statement on hospital privileges for psychiatrists.		n/a
8.C	**Council on Children, Adolescents, and Their Families** Please see item 8.C for the Council's report, a summary of current activities, and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		n/a
8.C.1	<u>Proposed Position Statement: Risk of Adolescents' Online Behavior</u> (please see attachment 5) **Will the Joint Reference Committee recommend that the Assembly approve the proposed Position Statement: Risk of Adolescents' Online Behavior and if approved, forward it to the Board of Trustees for consideration**?	The Joint Reference Committee recommended that the Assembly approve the proposed Position Statement: *Risk of Adolescents' Online Behavior* and if approved, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD, MBA Margaret Dewar Allison Moraske	Assembly – May 2017 (Deadline March 30, 2017)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.D	**Council on Communications** Please see item 8.D for the Council's report, a summary of current activities, and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		
8.E	**Council on Geriatric Psychiatry** Please see item 8.E for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		
8.F	**Council on Healthcare Systems and Financing** Please see item 8.F for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		
8.F.1	Proposed Position Statement: Out of Pocket Costs a Significant Barrier to Care for Patients with Serious and Recurrent Disabling Mental Disorders (JRCJUNE166.10; ASMMAY1612.J) (Please see item 8.F, page 7) **Will the Joint Reference Committee recommend that the Assembly approve the Proposed Position Statement: Out of Pocket Costs a Significant Barrier to Care for Patients with Serious and Recurrent Disabling Mental Disorders and if approved, forward it to the Board of Trustees for consideration?**	The Joint Reference Committee did not approve the position statement and referred it back to the Council on Healthcare Systems and Financing. The JRC requested that the position be rewritten to be clear and concise and state what the APA stands for rather than what the APA will do. A report to the Joint Reference Committee is requested by the deadline for the June 2017 meeting.	Kristin Kroeger Amanda Grimm	Council on Healthcare Systems and Financing Report to the JRC – June 2017 (Deadline June 5, 2017)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.F.2	Request for Component: Committee on Integrated Care (Please see item 8.F, page 8-9) **Will the Joint Reference Committee recommend that the Board of Trustees establish a Committee on Integrated Care under the Council on Healthcare Systems and Financing with a standard composition at an annual yearly cost of $520?** Please note that a charge for the proposed Committee is included within the Council's report.	The Joint Reference Committee recommended that the Board of Trustees establish a Committee on Integrated Care under the Council on Healthcare Systems and Financing at an estimated annual yearly cost of $520. It is anticipated that the committee member's tenures would begin immediately after the May 2017 Annual Meeting.	Shaun Snyder, JD, MBA Margaret Dewar Ardell Lockerman	**Board of Trustees – March 2017** (Deadline February 15, 2017)
8.F.3	Revised Charge: Committee on Reimbursement for Psychiatric Care (Please see item 8.F, page 10) **Will the Joint Reference Committee recommend that the Board of Trustees approve the revised charge to the Committee on Reimbursement for Psychiatric Care?**	The Joint Reference Committee recommended that the Board of Trustees approve the revised charge to the Committee on Reimbursement for Psychiatric Care.	Shaun Snyder, JD, MBA Margaret Dewar Ardell Lockerman	**Board of Trustees – March 2017** (Deadline February 15, 2017)
8.F.4 Revised 3/1	Proposed Position Statement: Patient Bill of Rights: What to Expect When Seeking Behavioral Health Treatment (Please see item 8.F, page 11) **Will the Joint Reference Committee recommend that the Assembly approve the proposed Position Statement: Patient Bill of Rights: What to Expect When Seeking Behavioral Health Treatment and if approved, forward it to the Board of Trustees for consideration?** N.B., if the proposed position statement is approved, the 2007 PS: Endorsement of Principles for the Provision of Mental Health and Substance Abuse Treatment Services: A Bill of Rights.	The Joint Reference Committee referred the action to the Council on Healthcare Systems and Financing to work together with the participating organizations and advocacy organizations of the original statement to reach consensus on the newly drafted statement. The Joint Reference Committee agreed that the original document needs to be updated and advocated that a revised statement would be strengthened were it to come from a consensus of mental health organizations, led by the APA. A report to the Joint Reference Committee is requested by the deadline for the June 2017 meeting.	Kristin Kroeger Amanda Grimm Saul Levin, MD, MPA	Council on Healthcare Systems and Financing CEO/Medical Director's Office APA Administration Report to the JRC – June 2017 (Deadline June 5, 2017)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.G	**Council on International Psychiatry** Please see item 8.G for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		
8.G.1	Rename the Human Rights Award **Will the Joint Reference Committee recommend that the Board of Trustees approve renaming the Human Rights Award the Chester M. Pierce Human Rights Award?**	The Joint Reference Committee recommended that the Board of Trustees approve renaming the Human Rights Award the Chester M Pierce Human Rights Award.	Shaun Snyder, JD, MBA Margaret Dewar Ardell Lockerman	**Board of Trustees – March 2017** (Deadline February 15, 2017)
8.G.2	Request for Component: Chester M. Pierce Human Rights Award Committee **Will the Joint Reference Committee recommend that the Board of Trustees approve the creation of the Chester M. Pierce Human Rights Award Committee under the Council on International Psychiatry with the composition as defined in item 8.G, attachment #3 and the President-elect will appoint the chairperson of the Committee at an estimated annual cost of $520?** (please see attachment 3)	The Joint Reference Committee recommended that the Board of Trustees approve that a nominating Committee be established to manage the "Chester M. Pierce Human Rights Award" with the following representation: 1. Council on International Psychiatry, Member 2. Council on International Psychiatry, Fellow/ECP 3. Council on Minority Mental Health and Health Disparities, Member 4. Council on Minority Mental Health and Health Disparities, Fellow/ECP 5. Assembly Black Psychiatrists Caucus, Member 6. Assembly Black Psychiatrists Caucus, Fellow/ECP Consultant: 7. Black Psychiatrists of America, President/Member (has to be an APA member) The President-elect will select the Committee Members from the APA bodies specified above and designate one member as the chair.	Shaun Snyder, JD, MBA Margaret Dewar Ardell Lockerman Ranna Parekh, MD, MPH	**Board of Trustees – March 2017** (Deadline February 15, 2017) FYI – Division of Diversity and Health Equity

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.H	**Council on Medical Education and Lifelong Learning** Please see item 8.H for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		
8.H.1	No action required <u>Referral Update: Performance in Practice Certification by American Psychiatric Association</u> (JRCJUNE166.1; ASMMAY1612.A) Since the Council provided information to the JRC on this item in October 2016, CMS has published a final rule and formally listed 92 Clinical Practice Improvement Activities (CPIA) as options for the MACRA/Merit Based Incentive Payment System (MIPS) program, many of which clinicians may already be doing in their practice. Of the listed activities, APA will provide or will provide several qualifying activities: Learning Collaborative participation as part of the CMS Transforming Clinical Practice Initiative; Participation in a Qualified Clinical Data Registry; Completion of training and receipt of approved waiver for provision opioid medication-assisted treatments; and qualifying MOC part IV activities for those participating in Maintenance of Certification.	The Joint Reference Committee thanked the Council for the update on the action paper.		n/a
8.I	**Council on Minority Mental Health and Health Disparities** Please see item 8.I for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.I.1	Proposed Position Statement: Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement (JRCJUNE166.4; ASMMAY1612.D) please see attachment 1) **Will the Joint Reference Committee recommend that the Assembly approve the proposed Position Statement: Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement, and if approved, forward it to the Board of Trustees for consideration?**	The Joint Reference Committee recommended that the Assembly approve the proposed Position Statement: *Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement*, and if approved, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD, MBA Margaret Dewar Allison Moraske	Assembly – May 2017 (Deadline March 30, 2017)
8.I.2	Referral Update: Joint Statement on Conversion Therapy (JRCJUNE166.21; ASMMAY1612.Z) The JRC referred action paper U.S. Joint Statement on Conversion Therapy to the Council for discussion and feedback. The Council discussed the statement and requested member send their additional responses via email. The Council supported the action paper with the only suggestion to consider saying this statement applies across the lifespan.	The Joint Reference Committee thanked the Council for their feedback that the statement should apply across the lifespan. The final joint statement will be reviewed by the JRC and once approved by the Joint Reference Committee; the statement will be referred to Dr. Levin, APA CEO/Medical Director, for potential implementation of the APA signing onto the statement. A report to the Joint Reference Committee is requested by the deadline for the June 2017 meeting.	Saul Levin, MD, MPA Ranna Parekh, MD, MPH Omar Davis	CEO/Medical Director's Office APA Administration Council on Minority Mental Health and Health Disparities Report to the JRC – June 2017 (Deadline June 5, 2017)
8.J	**Council on Psychiatry and Law** Please see item 8.J for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		
8.K	**Council on Psychosomatic Medicine** Please see item 8.L for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.L	**Council on Quality Care** Please see item 8.L for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		
8.L.1	APA Platform and Strategy on Performance Measurement (please see item 8.L, page 4) **Will the Joint Reference Committee recommend that the Board of Trustees approve the American Psychiatric Association's Platform and Strategy on Performance Measurement?**	The Joint Reference Committee recommended that the Board of Trustees approve the American Psychiatric Association's Platform and Strategy on Performance Measurement.	Shaun Snyder, JD, MBA Margaret Dewar Ardell Lockerman	**Board of Trustees – March 2017** (Deadline February 15, 2017)
8.L.2	No action required Referral Update: Position Statement: Mental Health Hotlines (JRCJUNE166.3; ASMMAY1612.C) The Council has concluded that there is minimal information on such uniform standards. However, the Council members agree that some form of guidelines do already exist by at least two reputable entities and the Council supports the endorsement of these guidelines.	The Joint Reference Committee thanked the council for the update on this referral. Questions that arose during the discussion was whether there were standards or guidelines for mental health apps and could the council consider this also, given that the focus was on telephone hotlines. Additionally, it was thought that having standards for the creation of hotlines and the training of hotline staff would be beneficial.	Kristin Kroeger Samantha Shugarman	Council on Quality Care Report to the JRC – June 2017 (Deadline June 5, 2017)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.L.3	No action required <u>Referral Update: Pharmacists Substituting Medications with Similar Mechanisms of Action</u> (JRCJUNE166.9; ASMMAY1612.I) In October 2016, the Council was asked to redraft a position statement on pharmacists substituting medications with "similar mechanisms of action" and include in the statement generic and biosimilar medications. During the Council's December 2016 conference call, members agreed they will not include a "generics and biosimilar statement" in their updated position statement as it is "not considered of value within the current statement." The JRC asked that the Council determine why the AMA utilized the term "moiety" in their policy statement "Therapeutic and Pharmaceutical Alternatives by Pharmacists". It was determined that "moiety," defined as "the molecule or ion which is responsible for the physiological or pharmacological action of the drug or chemical substance" is the most accurate term to describe the action expressed in the action paper.	The Joint Reference Committee recommended that the Assembly approve the proposed Position Statement: *Pharmacists Substituting Medications with Similar Mechanisms of Action* and if approved, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD, MBA Margaret Dewar Allison Moraske	Assembly – May 2017 (Deadline March 30, 2017)
8.M	**Council on Research** Please see item 8.M for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.M.1	Revised Position Statement: Use of the Concept of Recovery (Please see item 8.M, page 1) **Will the Joint Reference Committee recommend that the Assembly approve the Revised Position Statement: Use of the Concept of Recovery and if approved, forward it to the Board of Trustees for consideration?** N.B. if the revised position statemen is approved the 2015 version will be retired.	The Joint Reference Committee recommended that the Assembly approve the revised Position Statement: *Use of the Concept of Recovery* and if approved, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD, MBA Margaret Dewar Allison Moraske	Assembly – May 2017 (Deadline March 30, 2017)
9	**Other Reports**			
9.1	Revised Position Statement: Abuse and Misuse of Psychiatry In December 2016, the Board of Trustees referred the Assembly action 9.A.5 Position Statement on Abuse and Misuse of Psychiatry back to the Joint Reference Committee for additional revisions. (Please see attachment 9.1) **Will the Joint Reference Committee recommend that the Board of Trustees approve the Revised Position Statement Abuse and Misuse of Psychiatry?**	The Joint Reference Committee recommended that the Board of Trustees approve the revised Position Statement: *Abuse and Misuse of Psychiatry*.	Shaun Snyder, JD, MBA Margaret Dewar Ardell Lockerman	**Board of Trustees – March 2017** (Deadline February 15, 2017)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
9.2	Proposed Position Statement on Mental Health and Climate Change In December 2016, the Board of Trustees referred the Assembly action 9.A.10 Position Statement: Mental Health and Climate Change back to the Joint Reference Committee for revision and clarification.) **The JRC is asked to review the document and provide more specifics, including the particular role of psychiatry/APA in addressing issues of climate change and make a recommendation to the Board of Trustees.** (Please see attachment 9.2 for the BOT's comments and the draft position statement	The Joint Reference Committee recommended that the Board of Trustees approve the proposed Position Statement: *Mental Health and Climate Change*. The Assembly Executive Committee discussed and approved the proposed position statement at their meeting on February 12, 2017.	Shaun Snyder, JD, MBA Margaret Dewar Ardell Lockerman	**Board of Trustees – March 2017** (Deadline February 15, 2017)
New Business	Addressing the Impact of Environmental Toxins on Neurodevelopment and Behavior (JRCJUNE15XXX; ASMMAY1512.T) The action papers asked that the APA establish a Work Group comprised of researchers and clinicians knowledgeable in the area of the neuro-developmental and behavioral effects of environmental toxins to advise the Division of Education. That the Assembly of the APA requests that the APA Division of Education develop an educational plan aimed at educating the general membership of the APA on the scientific, clinical and regulatory aspects of the neuro-developmental and behavioral effects of environmental toxins.	In June 2015, the Joint Reference Committee referred the action paper to the Council on Children, Adolescents, and Their Families (LEAD) and the Council on Medical Education and Lifelong Learning. The Council on Children, Adolescents and their Families determined that the scope of a document would be limited to lead and alcohol. The Joint Reference Committee referred the action paper to the Assembly to convene a group of Assembly members and other relevant experts, in consultation with APA councils, to prepare a resource document for the Joint Reference Committee's consideration. A report to the Joint Reference Committee is requested by the deadline for the October 2017 meeting.	Shaun Snyder, JD, MBA Margaret Dewar Allison Moraske	Assembly Report to the JRC – October 2017 (Deadline XXXX, 2017)

Next Joint Reference Committee Meeting: **June 17, 2017** Report/Action Deadline: **June 5, 2017**

Draft Minutes of a Meeting of the Assembly
American Psychiatric Association
Omni Shoreham Hotel, Washington, DC
November 4-6, 2016

Welcome and Introductions

Dr. Daniel Anzia, Speaker of the Assembly, called the 85th meeting of the Assembly of the American Psychiatric Association (APA) to order on November 4, 2016, at the Omni Shoreham in Washington D.C. Dr. Anzia and the other Assembly officers welcomed the new members of the Assembly.

1. Remarks of the Board of Trustees

Report of the APA President

Dr. Maria Oquendo, APA President addressed the Assembly. Dr. Oquendo outlined a plan that the APA is working on to develop the practice guidelines on a more accelerated timeline which would also make them easier to update. She completed her remarks by taking questions from the Assembly.

Report of the APA President-Elect

Dr. Anita Everett, APA President-Elect, began her remarks by highlighting the valuable work the Assembly does for the APA. Dr. Everett updated the Assembly on some actions taken at the JRC. She also noted a new product, *Autism Spectrum Disorder Parents Medical Guide*, which is a document created jointly by the APA's Council on Children, Adolescents, and their Families and the *Academy of Child and Adolescent Psychiatry*. Once the document has been approved by the Board of Trustees, it will be available on the APA website.

Dr. Everett outlined some of the key issues she will focus on during her presidency. These include access to psychiatric treatment and making the APA become the "go-to" place for all members throughout their careers, as well as the treatment of early psychosis.

1.C Report of the APA Treasurer

Dr. Bruce Schwartz, Treasurer, presented his report to the Assembly. Through August 31, 2016, the APA's net income is $11.5 million, compared with $8.3 million at August 31, 2015. The annual budget is $4.5 million, which includes the registry and state advocacy spending. The net assets are $92.3 million compared to $80.8 million last year.

Membership revenue is $10.8 million, non-DSM publishing is $10.8 million and CME revenue is $8.6 million. Dr. Schwartz completed his report by updating the Assembly on the APA's investment portfolio and the positive health of the APA/APAF reserves which are at $141.2 million.

2. Report of the Chief Executive Officer and Medical Director

Dr. Saul Levin, CEO and Medical Director, addressed the Assembly. Dr. Levin began his remarks by thanking the Assembly and its leadership for their hard work. He also acknowledged the hard work of the APA Administration. Dr. Levin noted that the APA has been working with the White House parity task force to address discriminatory prior authorization requirements and unfair utilization reviews which resulted in higher denial rates for mental health services. APA will be helping members prepare for payment reform because of the Medicare Access and CHIP Reauthorization Act (MACRA) legislation.

With the election for President of the United States taking place shortly, the APA is planning to reach out to the incoming President's transition team to ensure that mental health issues are addressed properly.

Dr. Levin announced that the APA's registry, pending trademark approval, will be called *PsychPro* (Psychiatry Patient Registry Online). Dr. Levin also announced that through the TCPI SAN Grant, which teaches collaborative care to psychiatrists, APA has exceeded its goal of training 500 psychiatrists by 62%, training 800 psychiatrists. The APA was recently awarded funding for a second year with a goal of training an additional 1,000 psychiatrists.

To provide APA membership with an online photo directory of its leaders, the APA will host headshot studios at the Assembly meeting. Dr. Levin encouraged the Assembly to have their professional photographs taken at the meeting.

Dr. Levin concluded his remarks by updating the Assembly on the upcoming move to a new APA headquarters building in Washington, DC.

4. Report of the Speaker-Elect

Dr. Theresa Miskimen, Speaker-Elect, referred the Assembly to the Joint Reference Committee Summary of Actions and Draft Actions Report (4.A and 4.B).

5. Report of the Recorder

Dr. James R. Batterson, Recorder, determined if a quorum was present by asking if representatives from the following District Branches were in attendance: Colorado Psychiatric Society, Michigan Psychiatric Society, Mid-Hudson Psychiatric Society, Minnesota Psychiatric Society, Nebraska Psychiatric Society, Northern New York District Branch, Psychiatric Medical Association of New Mexico, Puerto Rico Psychiatric Society, Society of Uniformed Services Psychiatrists, and Washington Psychiatric Society. Colorado Psychiatric Society, Michigan Psychiatric Society, Mid-Hudson Psychiatric Society, Minnesota Psychiatric Society, Northern New York District Branch, Society of Uniformed Services Psychiatrists, and Washington Psychiatric Society had representation at the meeting. Hearing no further responses from the named District Branches, Dr. Batterson declared a quorum of the Assembly.

Dr. Batterson referred to his report in Section 5, items A-C, of the backup materials. He asked that the Assembly approve the minutes of the May 13-15, 2016 Assembly meeting (5.A).

Action: Will the Assembly vote to approve the minutes of its May 13-15, 2016 Meeting?

The Assembly voted to approve the May 2016 Assembly Minutes.

6. Report of the Rules Committee

Dr. Glenn Martin, Chair of the Assembly Rules Committee, referred the Assembly to the Rules Committee report and explained the role of the Rules Committee. Item 6.A included the action assignments to reference committees and other Assembly groups. Dr. Martin presented Item 6.B, the consent calendar, and asked if any member of the Assembly wished to remove an item. Items 4.B.8 and 12.V were removed from the consent calendar.

Action: Will the Assembly vote to approve the Consent Calendar with items 4.B.8 and 12.V removed.

The Assembly voted to approve the Consent Calendar with items 4.B.8 and 12.V removed.

Dr. Martin presented Item 6.C, Special Rules of the Assembly. These are the usual rules governing debate in the Assembly. The Rules Committee moved that the Assembly adopt the *Special Rules of the Assembly* for this meeting.

Action: Will the Assembly vote to adopt the Special Rules of the Assembly for this meeting?

The Assembly voted to adopt the *Special Rules of the Assembly* for the November 2016 meeting.

7. Reports from Assembly Committees

7.A Nominating Committee

Dr. Glenn Martin, Chair of the Nominating Committee, thanked the committee members for their work and also thanked all members who expressed interest in running for Assembly office. The candidates for 2017-2018 are:

Speaker-Elect:

James R. Batterson, M.D., Area 4

James Polo, M.D., Area 7

Recorder:

Steven Daviss, M.D., Area 3

Paul O'Leary, M.D., Area 5

A motion was made from the floor to close nominations as follows:

Action: Will the Assembly vote to accept the candidates for the 2017-2018 Assembly election?

The Assembly voted to accept the candidates for the 2017-2018 Assembly election.

7.B Committee on Procedures

The Committee brought the following items forward to the Assembly for approval.

Action: Will the Assembly vote to approve the proposed language to incorporate the approved Action Paper 12.DD: *Allow Deputies to Vote* in the Procedural Code of the Assembly?

The Assembly voted to approve the proposed language to incorporate the approved Action Paper 12.DD: *Allow Deputies to Vote in the Procedural Code of the Assembly*.

Action: Will the Assembly vote to approve the proposed language to incorporate the approved Assembly Committee on Access to Care in the Procedural Code of the Assembly?

The Assembly voted to approve the proposed language to incorporate the approved Assembly Committee on Access to Care in the Procedural Code of the Assembly.

Action: Will the Assembly vote to approve the proposed language to incorporate the liaison language for both the Assembly Committee on Access to Care and the Assembly Committee on Public and Community Psychiatry since their issues overlap?

The Assembly voted to approve the proposed language to incorporate the liaison language for both the Assembly Committee on Access to Care and the Assembly Committee on Public and Community Psychiatry in the Procedural Code of the Assembly since their issues overlap.

Action: Will the Assembly vote to approve the proposed language to incorporate the approved Assembly Committee on Maintenance of Certification (MOC) in the Procedural Code of the Assembly?

The Assembly voted to approve the proposed language to incorporate the approved Assembly Committee on Maintenance of Certification (MOC) in the Procedural Code of the Assembly.

Action: Will the Assembly vote to approve the proposed language to incorporate the approved action paper *12.T: Election of Assembly Officers* in the Assembly in the Procedural Code of the Assembly, making the election of Assembly Officers based on a majority of votes with each voting member of the Assembly casting one vote?

The Assembly **did not approve** the proposed language to incorporate the approved action paper *12.T: Election of Assembly Officers* in the Assembly in the Procedural Code of the Assembly,

making the election of Assembly Officers based on a majority of votes with each voting member of the Assembly casting one vote.

8. Reports from APA Councils

APA Council Reports may be found in the backup materials.

9. Reports from APA Standing Committees

There were no reports submitted from APA Standing Committees for this meeting.

10. Reports from Special Components

Reports may be found in the backup materials.

Report from the American Psychiatric Association Political Action Committee [APA*PAC*]

Dr. Paul O'Leary, Member, APA*PAC,* presented a report to the Assembly. He announced that 86% of eligible members of the Board of Trustees, 100% of the Assembly Executive Committee, and 71% of the Assembly have contributed to the APA*PAC*. He also provided a breakdown by Area. Dr. O'Leary noted that the APA*PAC* allows the APA's advocacy efforts with Congress to be more effective. For the 2015-2016 election cycle, the APAPAC contributed $410,500 to Congress; $190,000 to Democrats and $220,500 to Republicans. The Congressional Advocacy Network is the APA's political grassroots program, which was developed to help train and energize a national network of psychiatrist who will commit the communicate and build personal relationships with their members of Congress and speak on behalf of APA on issues facing mental health care. Dr. O'Leary concluded his remarks by asking members of the Assembly to contribute to the APAPAC and to do so early in 2017 to help the APA's ongoing advocacy efforts.

Report from the American Psychiatric Association Foundation

Dr. Saul Levin, MPA, (Chairperson of the APAF Board of Directors and Chief Executive Officer and Medical Director of APA) and Daniel Gillison, Jr., (Executive Director of APAF) reported on the recent activities of the American Psychiatric Association Foundation (APAF). Dr. Levin announced that the APAF Board of Directors is currently working on strategic initiative planning and has hired a firm to assist them in this process. The APAF is currently evaluating its programs to ensure reflects the needs of the members. The APAF is also looking into optimizing its fund raising and how it educates and engages APA members.

Mr. Gillison highlighted some of the current programs of the American Psychiatric Association Foundation, including *Typical or Troubled, The Partnership for Workplace Mental Health* and the Stepping Up Summit. He noted that the Assembly's contributions to the Foundation have increased from 27% in 2015 to 44%, with that number expected to rise after the Assembly meeting. He encouraged the Assembly to continue to contribute and to also encourage members of their District Branches and Areas to contribute as well.

Dr. Levin and Mr. Gillison concluded their report by answering some questions from the audience.

11. Reports from Area Councils

Reports from Area Councils may be found in the backup materials.

12. Action Papers

Please refer to the Summary of Assembly actions.

13. Unfinished Business

Please refer to the Summary of Assembly actions.

14. New Business

Please refer to the Summary of Assembly actions.

Adjournment - The meeting adjourned at 11:00 am on Sunday, November 6, 2016.

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Respectfully submitted,
James R. Batterson, MD
Assembly Recorder

Assembly
November 4-6, 2016
Washington, D.C.

DRAFT SUMMARY OF ACTIONS

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 4.B.1	Revised Position Statement: *Adolescent Substance Use*	The Assembly voted, on its Consent Calendar, to approve the Revised Position Statement: *Adolescent Substance Use*.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 4.B.2	Revised Position Statement: *Assuring the Appropriate Care of Pregnant and Postpartum Women with Substance Use Disorders*	The Assembly voted, on its Consent Calendar, to approve the Revised Position Statement: *Assuring the Appropriate Care of Pregnant and Postpartum Women with Substance Use Disorders*.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 4.B.3	Proposed Position Statement: *Treatment of Substance Use Disorders in the Criminal Justice System*	The Assembly voted, on its Consent Calendar, to approve the Proposed Position Statement: *Treatment of Substance Use Disorders in the Criminal Justice System*.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 4.B.4	Proposed Position Statement: *Out of Network Restriction of Psychiatrists*	The Assembly voted, on its Consent Calendar, to approve the Proposed Position Statement: *Out of Network Restriction of Psychiatrists*.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 4.B.5	Retain the Position Statement: *Identification of Abuse and Misuse of Psychiatry*	The Assembly voted to **combine** the Position Statements: *Identification of Abuse and Misuse of Psychiatry* and *Abuse and Misuse of Psychiatry* into a single position statement per the recommendation of the Joint Reference Committee.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 4.B.6	Retain the Position Statement: *Abuse and Misuse of Psychiatry*	The Assembly voted to **combine** the Position Statements: *Identification of Abuse and Misuse of Psychiatry* and *Abuse and Misuse of Psychiatry* into a single position statement per the recommendation of the Joint Reference Committee.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 4.B.7	Revised Position Statement: *Use of Psychiatric Institutions for the Commitment of Political Dissenters*	The Assembly voted, on its Consent Calendar, to approve the Revised Position Statement: *Use of Psychiatric Institutions for the Commitment of Political Dissenters*.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 4.B.8	Retire Position Statement: *Confidentiality of Medical Records: Does the Physician Have a Right to Privacy Concerning His or Her Own Health Records? (1981)*	The Assembly **did not approve** the retirement of the Position Statement: *Confidentiality of Medical Records: Does the Physician Have a Right to Privacy Concerning His or Her own Health Records (1981)* as the Assembly felt that a new position statement on this issue was required before retiring the statement.	Joint Reference Committee, February 2017
2016 A2 4.B.9	Proposed Position Statement: *Location of Civil Commitment Hearings*	The Assembly voted, on its Consent Calendar, to approve the Proposed Position Statement: *Location of Civil Commitment Hearings*.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 4.B.10	Revised Position Statement: *Recognition and Management of HIV-Associated Neurocognitive Impairment and Disorders (HAND)*	The Assembly voted, on its Consent Calendar, to approve the Revised Position Statement: *Recognition and Management of HIV-Associated Neurocognitive Impairment and Disorders (HAND)*.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 4.B.11	Revised Position Statement: *Screening and Testing for HIV Infection*	The Assembly voted, on its Consent Calendar, to approve the Revised Position Statement: *Screening and Testing for HIV Infection*.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 4.B.12	Proposed Position Statement: *Mental Health and Climate Change*	The Assembly voted, on its Consent Calendar, to approve the Proposed Position Statement: *Mental Health and Climate Change*.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 5.A	Will the Assembly vote to approve the minutes of the May 13-15, 2016, meeting?	The Assembly voted to approve the Minutes & Summary of Actions from the May 13-15, 2016 Assembly meeting.	Chief Operating Officer • Association Governance

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 6.B	Will the Assembly vote to approve the Consent Calendar?	Items 2016A2, 4.B.8 and 12.V were removed from the consent calendar. The Assembly approved the consent calendar as amended.	Chief Operating Officer • Association Governance
2016 A2 6.C	Will the Assembly vote to approve the Special Rules of the Assembly?	The Assembly voted to approve the Special Rules of the Assembly.	Chief Operating Officer • Association Governance
2016 A2 7.A	The Assembly voted to accept the report of the Nominating Committee.	The Assembly voted to accept the report of the Nominating Committee. The slate of candidates for the May 2017 Assembly election is as follows: *Speaker-Elect*: James R. Batterson, M.D., Area 4 James Polo, M.D., Area 7 *Recorder*: Steven Daviss, M.D., Area 3 Paul O'Leary, M.D., Area 5	Chief Operating Officer • Association Governance
2016 A2 7.B.1	Will the Assembly vote to approve the proposed language to incorporate the approved *Action Paper 12.DD: Allow Deputies to Vote* in the Procedural Code of the Assembly?	The Assembly voted to approve the proposed language to incorporate the approved *Action Paper 12.DD: Allow Deputies to Vote* in the Procedural Code of the Assembly.	Chief Operating Officer • Association Governance
2016 A2 7.B.2	Will the Assembly vote to approve the proposed language to incorporate the approved Assembly Committee on Access to Care in the Procedural Code of the Assembly?	The Assembly voted to approve the proposed language to incorporate the approved Assembly Committee on Access to Care in the Procedural Code of the Assembly.	Chief Operating Officer • Association Governance

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 7.B.3	Will the Assembly vote to approve the proposed language to incorporate the liaison language for both the Assembly Committee on Access to Care and the Assembly Committee on Public and Community Psychiatry since their issues overlap?	The Assembly voted to approve the proposed language to incorporate the liaison language for both the Assembly Committee on Access to Care and the Assembly Committee on Public and Community Psychiatry in the Procedural Code of the Assembly since their issues overlap.	Chief Operating Officer • Association Governance
2016 A2 7.B.4	Will the Assembly vote to approve the proposed language to incorporate the approved Assembly Committee on Maintenance of Certification (MOC) in the Procedural Code of the Assembly?	The Assembly voted to approve the proposed language to incorporate the approved Assembly Committee on Maintenance of Certification (MOC) in the Procedural Code of the Assembly.	Chief Operating Officer • Association Governance
2016 A2 7.B.5	Will the Assembly vote to approve the proposed language to incorporate the approved action paper *12.T: Election of Assembly Officers* in the Assembly in the Procedural Code of the Assembly, making the election of Assembly Officers based on a majority of votes with each voting member of the Assembly casting one vote?	The Assembly **did not approve** the proposed language to incorporate the approved action paper *12.T: Election of Assembly Officers* in the Assembly in the Procedural Code of the Assembly, making the election of Assembly Officers based on a majority of votes with each voting member of the Assembly casting one vote.	Chief Operating Officer • Association Governance
2016 A2 12.A	All Prescribers, not just Physicians, Shall be Subject to Open Payments	The Assembly voted, on its Consent Calendar, to approve action paper 2016A2 12.A, which asks that the APA engage with the American Medical Association and the American Osteopathic Association to pursue regulatory change such that non-physician providers are included along with physicians in the Open Payments reporting and database.	Joint Reference Committee, February 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 12.B	Return of Interest for ABPN Continuous Pathways Payments	The Assembly voted to approve action paper 2016A2 12.B, which asks that as part of the APA's efforts to have ABPN change its requirements for MOC, APA additionally demand credit for the interest on the monies deposited towards the ten-year examination fee be returned to the psychiatrist either directly or in the form of an appropriate discount on the examination fee.	Joint Reference Committee, February 2017 Office of the CEO and Medical Director
2016 A2 12.C	Continuity of Care	The Assembly voted to approve action paper 2016A2 12.C, which asks that the Council on Quality Care explore options to encourage timely communication between inpatient and outpatient teams, including both general medical and psychiatric facilities, such as, a position statement or resource document.	Joint Reference Committee, February 2017
2016 A2 12.D	Towards Universal Health Insurance in the United States	The Assembly voted to approve action paper 2016A2 12.D, which asks: 1. That the APA collaborate with the AMA on its newly adopted resolution to assess various models of healthcare finances including single payer models and universal healthcare and to include data from other developed countries which employ these models; 2. That to facilitate this action, the issue will be referred to the Council on Health Care Systems and Financing and the AMA Delegation of the APA; 3. That a status report will be delivered by the Council on Health Care Systems and Financing and the AMA Delegation of the APA at the May 2017 meeting of the APA Assembly.	Joint Reference Committee, February 2017
2016 A2 12.E	Regulation of Alcohol at the Federal Level	The action paper was withdrawn by the author.	N/A
2016 A2 12.F	APA as the Premier Provider of Psychiatric and Mental Health Information	The action paper was withdrawn by the author.	N/A

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 12.G	Improving the Confidentiality of Prescription Drug Monitoring Programs	The Assembly voted to approve action paper 2016A2 12.G, which asks that the American Psychiatric Association study the variations in the PDMPs to ensure that they are consistent with current federal regulations, and to make recommendations to improve the PDMP system with special attention to ensure the appropriate confidentiality of patient records.	Joint Reference Committee, February 2017
2016 A2 12.H	Exercise: Too Little, Too Much	The action paper was withdrawn by the author.	N/A
2016 A2 12.I	APA Position Statement on Screening and Treatment for Mental Health Disorders During Pregnancy and Postpartum	The Assembly voted, on its Consent Calendar, to approve action paper 2016A2 12.I, which asks: That the APA develop and announce a position statement recommending: 1) The need for screening and subsequent treatment for mood and anxiety disorders during pregnancy and the postpartum period. 2) The need to address the higher rates of these disorders in low-income women from minority groups.	Joint Reference Committee, February 2017
2016 A2 12. J	Exhibitor-Funded Scholarships for Consumer Presenters at Annual Meeting	The Assembly voted to approve action paper 2016A2 12.J, which asks: That a relevant component of the APA or APA Foundation develop a program, at no cost to the APA, to fund a voluntary exhibitor-funded scholarship program intended to defray some or all of the travel, hotel, and registration expenses of consumer presenters who speak at one of the two APA annual meetings: That exhibitors who voluntarily donate to the scholarship program be recognized in program materials; may not place any conditions on such donations; may not influence the choice of consumer presenter in any manner; and that all such donated funds be pooled such that no speaker would be associated with any specific contributor; That consumer presenters must adhere to the requirements specified of all presenters; and That necessary additional expenses incurred by the program be kept to a minimum and be paid out of the pool of donated funds.	Joint Reference Committee, February 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 12.K	Survey to Determine Maintenance of Certification Status of APA Members	The Assembly did not approve action paper 2016A2 12.K.	N/A
2016 A2 12.L	Standards for the Practice of Medicine Pertaining to the Treatment of Patients with Mental Disorders	The Assembly voted, on its Consent Calendar, to approve action paper 2016A2 12.L, which asks that: 1. The APA will publicly reaffirm its position that the medical treatment of psychiatric illnesses, including the prescription of psychotropic medication, requires a biologically based medical education and supervised clinical training; 2. Individuals practicing medicine, including those who prescribe medication, should be licensed and regulated by governmental boards with expertise and experience in the practice of medicine.	Joint Reference Committee, February 2017
2016 A2 12.M	Smart Guns as a Gun Safety Response to Gun Violence, a Public Health Hazard	The Assembly voted to approve action paper 2016A2 12.M, which asks: That the American Psychiatric Association (APA) support smart gun technology as one piece of a solution to gun violence, and, be it further Resolved, that the APA delegation to the American Medical Association (AMA) take this issue to the AMA, and, be it further Resolved, that the Council on Advocacy and Government Relations and the Council on Psychiatry and the Law review the issues involved and, if so identified, make any additional recommendations to the APA Board of Trustees.	Joint Reference Committee, February 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 12.N	Protecting the Seriously Mentally Ill Incarcerated Individuals	The Assembly voted to approve action paper 2016A2 12.N, which asks: 1. That the American Psychiatric Association advocate for an increased number of psychiatrists to provide needed care and treatment for incarcerated individuals, moving towards compliance with the American Psychiatric Association's guideline of 1 FTE psychiatrist for every 150-200 patients with a severe mental illness in prison settings and 1 FTE psychiatrist for every 75-100 patients with a severe mental illness in jail settings. 2. That our AMA delegation advocate at the AMA House of Delegates for an increased number of Primary Care Physicians and Psychiatrists to provide needed care and treatment for detained individuals in correctional facilities. 3. That the APA strongly oppose policies that permit psychologists or pharmacists to prescribe medications in correctional settings. 4. That the APA advocate for psychiatrists to be leaders of multidisciplinary mental health treatment teams in correctional institutions, such as mental health integrated and collaborative care. 5. That the APA collaborate with AADPRT and Public and Community Psychiatry, and Forensic Psychiatry Fellowship Programs to advocate for increased exposure, training and experience in correctional psychiatry in order to increase the number of psychiatrists working in correctional settings.	Joint Reference Committee, February 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 12.O	Ending Childhood Poverty	The Assembly voted to approve action paper 2016A2 12.O, which asks: That the American Psychiatric Association join with other organizations in acknowledging the detrimental effects of childhood poverty on cognitive and emotional development, self-esteem, academic and vocational achievement, and overall mental and physical health in both childhood and through adulthood; and That the American Psychiatric Association, in its educational, advocacy, and legislative efforts, make it a priority to partner on an ad hoc basis with other allies and organizations (such as the American Academy of Pediatrics, Children's Defense Fund, First Focus, National Immigration Law Center, Community Action Partnership) to advance relevant issues and/or legislation designed to reduce and eliminate childhood poverty in America; and That the American Psychiatric Association encourage and support its Areas and District Branches to partner with their local community groups, organizations, and legislators to raise awareness of the impact of childhood poverty on early childhood and brain development and lifetime well-being, including economic stability and mental health; and That the Board of Trustees establish an ad hoc Workgroup on Ending Childhood Poverty to coordinate such efforts, with particular emphasis on reducing the lifetime consequences on mental health due to early childhood poverty.	Joint Reference Committee, February 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 12.P	Mental Health Parity for Individuals with Intellectual and Developmental Disability (IDD)	The Assembly voted to approve action paper 2016A2 12.P, which asks: That the American Psychiatric Association develop a position statement supporting mental health parity for individuals with IDD. That the American Psychiatric Association join with other allies and organizations to prioritize the educational, access to care, advocacy, and legislative efforts needed to assure that all individuals with IDD receive appropriate mental healthcare consistent with established mental health parity rights.	Joint Reference Committee, February 2017
2016 A2 12.Q	World Psychiatric Association Representation in the APA Assembly	The action paper was withdrawn by the author.	N/A
2016 A2 12.R	Task Force on Discrimination	The Assembly voted to approve action paper 2016A2 12.R, which asks: 1) That the Board of Trustees quickly appoint a Task Force on Fighting Discriminatory laws and policies, due to their deleterious effects on mental health, with the following charges: A) Develop a strategic plan to fight discrimination by state and federal legislative and other policy making bodies. B) Help the APA and state associations to quickly respond to discrimination issues. C) Help the state associations to share their knowledge base and collaborate with each other. D) Advise the Board of Trustees about funding for the above. E) Collaborate with the Council on Advocacy and Government Relations and the Division of Government Relations. 2) That the Board of Trustees consider converting this Task Force to a permanent committee in the future, under the Council on Advocacy and Government Relations.	Joint Reference Committee, February 2017
2016 A2 12.S	Extension of Eligibility for the Ronald A. Shellow Award to all Voting Members of the Assembly	The Assembly voted, on its Consent Calendar, to approve action paper 2016A2 12.S, which asks that the eligibility criteria for the Ronald A. Shellow Award be extended to include all voting members of the Assembly.	Assembly Executive Committee, February 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 12.T	Assembly to Study the Creation of APA Minority Branches	The action paper was withdrawn by the author.	
2016 A2 12.U	Presidential Appointments to the Council on Minority Mental Health and Health Disparities	The action paper was withdrawn by the author.	
2016 A2 12.V	DB Involvement of Residents and Early Career Psychiatrists Involved with Psychiatry at the National Level	The Assembly voted to approve action paper 2016A2 12.V, which asks: That the APA: 1) Revise the APA fellowship application process to incorporate formal introduction by the APA of all applicants to their relevant District Branch leadership for the purpose of engagement, but not awardee or candidate selection. 2) Explore additional ways to encourage residents and early career psychiatrists who get involved with psychiatry at the national level through the Assembly and APA fellowships and other programs to regularly connect with their local district branches at the same time.	Joint Reference Committee, February 2017
2016 A2 12.W	APA Assembly Plenary Sessions to be Limited to Business of Assembly	The action paper was withdrawn by the author.	N/A
2016 A2 12.X	Equity in Voting in Election of Assembly Officers	The action paper was withdrawn by the author.	N/A
2016A2 14.A.1	Proposed Position Statement: *Medical Euthanasia*	The Assembly voted, as a new business item, to approve the Proposed Position Statement: *Medical Euthanasia*.	Board of Trustees, December 2016

MEMBERS AND INVITED GUESTS
ASSEMBLY
May 19-21, 2017
As of 4-21

ASSEMBLY EXECUTIVE COMMITTEE

Speaker	Daniel Anzia, M.D.
Speaker-Elect	Theresa Miskimen, M.D.
Recorder	James R. Batterson, M.D.
Immediate Past Speaker	Glenn Martin, M.D.
Past Speaker	Jenny L. Boyer, M.D. , J.D., PhD
Parliamentarian	James Nininger, M.D.
Area 1 Representative	A. Evan Eyler, M.D., MPH
Area 1 Deputy Representative	Manuel Pacheco, M.D.
Area 2 Representative	Seeth Vivek, M.D.
Area 2 Deputy Representative	Jeffrey Borenstein, M.D.
Area 3 Representative	Joseph Napoli, M.D.
Area 3 Deputy Representative	William Greenberg, M.D.
Area 4 Representative	Bhasker Dave, M.D.
Area 4 Deputy Representative	Kenneth Busch, M.D.
Area 5 Representative	Laurence Miller, M.D.
Area 5 Deputy Representative	Philip Scurria, M.D.
Area 6 Representative	Joseph Mawhinney, M.D.
Area 6 Deputy Representative	Barbara Weissman, M.D.
Area 7 Representative	Craig F. Zarling, M.D.
Area 7 Deputy Representative	Charles Price, M.D.
M/UR Representative	Linda Nahulu, M.D.
RFM Representative	Matthew Kruse, M.D.
ECP Representative	Mark Haygood, D.O., MS
ACROSS Representative	Eric Plakun, M.D.
CEO and Medical Director	Saul Levin, M.D., MPA

DISTRICT BRANCH REPRESENTATIVES

Area 1

Connecticut Psychiatric Society
John M. De Figueiredo, M.D., Representative
Reena Kapoor, M.D., Representative
Brian Keyes, M.D. ,Representative

Maine Association of Psychiatric Physicians
Andres Abreu, M.D, Representative
James Maier, M.D., Representative

Massachusetts Psychiatric Society
Patrick Aquino, M.D., Representative
John Bradley, M.D., Representative
Gary Chinman, M.D., Representative
Michelle Durham, M.D., MPH, Representative
Marshall Forstein, M.D., Representative

New Hampshire Psychiatric Society
Robert Feder, M.D., Representative
Isabel Norian, M.D., Representative

Ontario District Branch
Leslie Kiraly, M.D., Representative
Katalin Margittai, M.D., Representative
Renata Villela, M.D., Representative

Quebec & Eastern Canada District Branch
Vincenzo Di Nicola, M.D., Representative
Judy Glass, M.D., Representative

Rhode Island Psychiatric Society
Paul Lieberman, M.D., Representative
L. Russell Pet, M.D., Representative

Vermont Psychiatric Association
Lisa Catapano-Friedman, M.D., Representative
TBD, Representative

Area 2

Bronx District Branch
Robert Neal, M.D., Representative

Brooklyn Psychiatric Society, Inc.
Ramaswamy Viswanathan, M.D., DSc, Representative

Central New York District Branch
Marvin Koss, M.D., Representative

Genesee Valley Psychiatric Association
Aaron Satloff, M.D., Represenative (*Friday, May 19 & Saturday, May 20, 2017*)
Elizabeth J. Santos, M.D., for Aaron Satloff, M.D., Represenative (*Sunday, May 21, 2017*)

Greater Long Island Psychiatric Society
Lisa Bogdonoff, M.D., Representative
Frank Dowling, M.D., Representative
Meenatchi Ramani, M.D., Representative

Mid-Hudson Psychiatric Society
Carlos F. Valle Clemente, M.D., for Leon Krakower, M.D., Representative

New York County District Branch
David Roane, M.D., Representative
Gabrielle Shapiro, M.D., Representative
Shabnam Shakibaie Smith, M.D., Representative
Felix Torres, M.D., Representative
Henry Weinstein, M.D., Representative

New York State Capital District Branch
Edmond Amyot, M.D., Representative

Northern New York District Branch
Colleen Livingston, M.D., Representative

Queens County Psychiatric Society
Adam Chester, D.O., Representative

West Hudson Psychiatric Society
Nigel Bark, M.D., Representative

Psychiatric Society Of Westchester County, Inc
Richard Altesman, M.D., Representative

Western New York Psychiatric Society
Norma Panahon, M.D., Representative

Area 3

Psychiatric Society of Delaware
Gerard Gallucci, M.D., Representative
Ranga Ram, M.D., Representative

Maryland Psychiatric Society, Inc
Steven Daviss, M.D., Representative
Annette Hanson, M.D., Representative
Robert Roca, M.D., MPH, Representative

New Jersey Psychiatric Association
Lily Arora, M.D., Representative
Charles Blackinton, M.D., Representative
Charles Ciolino, M.D., Representative

Pennsylvania Psychiatric Society
Mary Anne Albaugh, M.D., Representative
Sheila Judge, M.D., Representative
Melvin Melnick, M.D., Representative
Daniel Neff, M.D., for Kenneth M. Certa, M.D., Representative
Manuel Reich, D.O., Representative

Washington Psychiatric Society
Constance Dunlap, M.D., Representative
Elizabeth Morrison, M.D., Representative
Eliot Sorel, M.D., Representative

Area 4

Illinois Psychiatric Society
Jeffrey Bennett, M.D. Representative
Linda Gruenberg, D.O., Representative
James MacKenzie, D.O., for Shastri Swaminathan, M.D., Representative
Jagannathan Sririvansaraghavan, M.D., Representative

Indiana Psychiatric Society
Michael Francis, M.D., Representative
Brian Hart, M.D., Representative

Iowa Psychiatric Society
Carver Nebbe, M.D., Representative
Robert Smith, M.D., Representative

Area 4 (*continued*)

Kansas Psychiatric Society
Donald Brada, M.D., Representative
Matthew Macaluso, D.O., Representative

Michigan Psychiatric Society
Lisa MacLean, M.D., Representative
Vasilis Pozios, M.D., Representative
Michele Reid, M.D., Representative

Minnesota Psychiatric Society
Dionne Hart, M.D., Representative
Maria Lapid, M.D., Representative

Missouri Psychiatric Association
James Fleming, M.D., Representative
Sherifa Iqbal, M.D., Representative

Nebraska Psychiatric Society
Praveen Fernandes, M.D., Representative
Syed Qadri, M.D., Representative

North Dakota Psychiatric Society
Gabriela Balf-Soran, M.D., Representative
Monica Taylor-Desir, M.D., Representative

Ohio Psychiatric Physicians Association
Karen Jacobs, D.O., Representative
Eileen McGee, M.D., Representative
Suzanne Sampang, M.D., Representative
James Wasserman, M.D., Representative

South Dakota Psychiatric Association
William Fuller, M.D., Representative
Timothy Soundry, M.D., Representative

Wisconsin Psychiatric Association
Clarence Chou, M.D., Representative
Michael Peterson, M.D., PhD, Representative

Area 5

Alabama Psychiatric Society
Daniel Dahl, M.D., Representative
Paul O'Leary, M.D., Representative

Arkansas Psychiatric Society
Molly Gathright, M.D., Representative
Eugene Lee, M.D., Representative

Florida Psychiatric Society
John Bailey, D.O., Representative
Debra Barnett, M.D., Representative
Louise Buhrmann, M.D., Representative
Cassandra Newkirk, M.D., PC, Representative

Georgia Psychiatric Physicians Association, Inc
Howard Maziar, M.D., Representative
Joe L. Morgan, M.D., Representative
Sultan Simms, M.D., Representative

Kentucky Psychiatric Medical Association
Mary Helen Davis, M.D., Representative
Mark Wright, M.D., Representative

Louisiana Psychiatric Medical Association
Mary Fitz-Gerald, M.D., Representative
Mark Townsend, M.D., Representative

Mississippi Psychiatric Association, Inc
Maxie Gordon, M.D., Representative
Sudhakar Madakasira, M.D, Representative

North Carolina Psychiatric Association
Samina Aziz, M.D., Representative
Debra Bolick, M.D., Representative
Stephen Buie, M.D., Representative

Oklahoma Psychiatric Physicians Association
Harold Ginzburg, M.D., Representative
Shreekumar Vinekar, M.D., Representative

Puerto Rico Psychiatric Society
Sarah Huertas-Goldman, M.D., Representative
Michael Woodbury-Farina, M.D., Representative

Area 5 (continued)

South Carolina Psychiatric Association
Rachel Houchins, M.D., Representative
Edward Thomas Lewis, III, M.D., Representative

Tennessee Psychiatric Association
Valerie Arnold, M.D., Representative
James Kyser, M.D., Representative

Texas Society of Psychiatric Physicians
Debra Atkisson, M.D., Representative
A. David Axelrad, M.D, Representative
Daryl Knox, M.D., Representative
J. Clay Sawyer, M.D., Representative

Society of Uniformed Services Psychiatrists
Elspeth Ritchie, M.D., Representative
James West, M.D., Representative

Psychiatric Society of Virginia, Inc
Rizwan Ali, M.D., Representative
Adam Kaul, M.D., Representative
John Shemo, M.D., Representative

West Virginia Psychiatric Association
Erica Arrington, M.D., Representative
T.O. Dickey, M.D., Representative

AREA 6

Central California Psychiatric Society
Robert McCarron, D.O., Representative

Northern California Psychiatric Society
Peter Forster, M.D., Representative
Adam Nelson, M.D., Representative
Zena Potash, M.D., for Robert Cabaj, M.D., Representative
Raymond Reyes, M.D., Representative

Orange County Psychiatric Society
Richard Granese, M.D., Representative

San Diego Psychiatric Society
Maria Tiamson-Kassab, M.D., Representative

Area 6 (continued)

Southern California Psychiatric Society
David Fogelson, M.D., Representative
Lawrence Gross, M.D., Representative
Larry Lawrence, M.D., Representative
Mary Ann Schaepper, M.D., Representative

Area 7

Alaska Psychiatric Association
John Pappenheim, M.D., Representative
Alexander von Hafften, M.D., Representative

Arizona Psychiatric Society
Payam Sadr, M.D., Representative
Aaron Wilson, M.D., Representative

Colorado Psychiatric Society
Alexis Giese, M.D., Representative
Patricia Westmoreland, M.D., for L. Charolette Lippolis, D.O., MPH, Representative

Hawaii Psychiatric Medical Association
Iqbal Ahmed, M.D., Representative
Leslie Gise, M.D., Representative

Idaho Psychiatric Association
Zachary Morairty, M.D., Representative
James G. Saccomando Jr., M.D., Representative

Montana Psychiatric Association
Eric Arzubi, M.D., Representative
Joan Green, M.D., Representative

Nevada Psychiatric Association
David Carlson, M.D., for Philip Malinas, M.D., Representative
Dodge Slagle, D.O., Representative

Psychiatric Medical Association of New Mexico
Brooke Parish, M.D., Representative
Reuben Sutter, M.D., Representative

Oregon Psychiatric Association
Amela Blekic, M.D., Representative
Annette Matthews, M.D., Representative

Area 7 (continued)

Utah Psychiatric Association
Jason Hunziker, M.D., Representative
Stamatios Dentino, M.D., Representative

Washington State Psychiatric Association
Ray Hsiao, M.D., Representative
Matthew Layton, M.D., PhD, Representative
James Polo, M.D., Representative

Western Canada District Branch
Ian Forbes, M.D., Representative
Adeyinka Marcus, M.D., Representative
TBD, M.D., Representative

Wyoming Association of Psychiatric Physicians
Stephen Brown, M.D., Representative
O'Ann Fredstrom, M.D., Representative

EARLY CAREER PSYCHIATRISTS (ECP) REPRESENTATIVES

Area 1
Gwendolyn Lopez-Cohen, M.D., Representative
Simha Ravven, M.D., Deputy Representative

Area 2
Anil Thomas, M.D., Representative
Maria Bodic, M.D., Deputy Representative

Area 3
Rahul Malhotra, M.D., Representative
Baiju Gandhi, M.D., Deputy Representative

Area 4
Jacob Behrens, M.D., Representative
John Korpics, M.D., Deputy Representative

Area 5
Mark Haygood, D.O.,* Representative
Jessica Coker, M.D., Deputy Representative

Area 6
Lawrence Malak, M.D., Representative
Jessica Thackaberry, M.D., Deputy Representative

Area 7
Jason Collison, M.D., Representative
Jacqueline Calderone, M.D., Deputy Representative

* Also listed with the Assembly Executive Committee

MINORITY/ UNDERREPRESENTED GROUPS

American Indian, Alaska Native and Native Hawaiian Psychiatrists
Linda Nahulu, M.D.,* Representative
Mary Roessel, M.D., Deputy Representative

Asian-American Psychiatrists
Francis Sanchez, M.D., Representative
Kimberly Yang, M.D., Deputy Representative

Black Psychiatrists
Rahn Bailey, M.D., Representative
Steven Starks, M.D., Deputy Representative

Hispanic Psychiatrists
Jose De La Gandara, M.D., Representative
Oscar Perez, M.D., Deputy Representative

International Medical Graduate Psychiatrists
Antony Fernandez, M.D., Representative
Sarit Hovav, M.D., Deputy Representative

LGBTQ Psychiatrists
Ubaldo Leli, M.D., Representative
David A. Tompkins, M.D., Deputy Representative

Women Psychiatrists
Maureen Van Niel, M.D., Representative
TBD, M.D., Deputy Representative

* Also listed with the Assembly Executive Committee

RESIDENT-FELLOW MEMBER (RFM) REPRESENTATIVES

Area 1
Rebecca Allen, M.D., MPH, Representative
Daniella Palermo, M.D., Deputy Representative

Area 2
Jeremy Kidd, M.D., MPH, Representative
Shiby Abraham, M.D., Deputy Representative

Area 3
Jessica Abellard, M.D., Representative
Nazanin Silver, M.D., MPH, Deputy Representative

Area 4
Matthew Kruse, M.D., *Representative
Spencer Gallner, M.D., Deputy Representative

Area 5
Hannah Scott, M.D., Representative
Stephen Marcoux, M.D., Deputy Representative

Area 6
Jonathan Serrato, M.D., Representative
Darinka Aragon, M.D., Deputy Representative

Area 7
Robert Mendenhall, D.O, Representative
David Braitman M.D., Deputy Representative

Resident-Fellow Member (RFM) Mentor
Sarit Hovav, M.D.

* Also listed with the Assembly Executive Committee

ASSEMBLY COMMITTEE OF REPRESENTATIVES OF SUBSPECIALTIES & SECTIONS (ACROSS)

Area 1

Academy of Psychosomatic Medicine
David Gitlin, M.D.

American Academy of Psychoanalysis
Eric Plakun, M.D.*

Area 2

American Academy of Child & Adolescent Psychiatry
Warren Ng, M.D.

American Group Psychotherapy Association
C. Deborah Cross, M.D.

Area 3

American Association of Psychiatric Administrators
Barry Herman, M.D.

American Society for Adolescent Psychiatry
Richard Ratner, M.D.

Southern Psychiatric Association
Mark Komrad, M.D.

Area 4

American Academy Addiction Psychiatry
David Lott, M.D.

American Academy of Clinical Psychiatrists
Donald Black, M.D.

American Academy of Psychiatry & Law
Cheryl Wills, M.D.

American Association of Community Psychiatrists
Michael Flaum, M.D.

American Psychoanalytic Association
Prudence Gourguechon, M.D.

American Association for Social Psychiatry
Beverly Fauman, M.D.

Area 5

AGLP: The Association of LGBTQ Psychiatrists
Margery Sved, M.D.

Senior Psychiatrists, Inc
Jack Bonner, M.D.

Area 6

American Association for Geriatric Psychiatry
Daniel Sewell, M.D.

Area 7

American Association for Emergency Psychiatry
Kimberly Nordstrom, M.D., JD

Association of Family Psychiatrists
Gregory Miller, M.D.

* Also listed with the Assembly Executive Committee

PRIVILEGED GUESTS OF THE ASSEMBLY

BOARD OF TRUSTEES OFFICERS

President	Maria Oquendo, M.D., Ph.D
President-Elect	Anita Everett, M.D.
Secretary	Altha Stewart, M.D.
Treasurer	Bruce Schwartz, M.D.

AREA TRUSTEES

Area 1	Jeffrey Geller, M.D., MPH
Area 2	Vivian Pender, M.D.
Area 3	Roger Peele, M.D.
Area 4	Ronald Burd, M.D.
Area 5	R. Scott Benson, M.D.
Area 6	Melinda Young, M.D.
Area 7	Jeffrey Akaka, M.D.

TRUSTEES

Trustee	Renée Binder, M.D.
Trustee	Paul Summergrad, M.D.
Trustee	Jeffrey Lieberman, M.D.
Trustee-at-Large	Richard Summers, M.D.
ECP Trustee-at-Large	Lama Bazzi, M.D.
RFM Trustee	Stella Cai, M.D.
RFM Trustee-Elect	Uchenna Okoye, M.D., MPH
M/UR Trustee	Gail Robinson, M.D.

FELLOWS

APA/SAMHSA/Diversity Fellow	Hector Colon-Rivera, M.D.
APA/Leadership Fellow	Jeremy Kidd, M.D., MPH
APA Public Psychiatry Fellow	Rachel Robitz, M.D.
Minority Fellow	TBD

DISTRICT BRANCH PRESIDENTS, PRESIDENTS-ELECT & EXECUTIVES

standing invitation

PAST SPEAKERS OF THE ASSEMBLY

Glenn Martin, M.D.*	2015-2016
Jenny L. Boyer, M.D., JD, PhD*	2014-2015
Melinda Young, M.D.	2013-2014
R. Scott Benson, M.D.	2012-2013
Ann Marie T. Sullivan, M.D.	2011-2012
Bruce A. Hershfield, M.D.	2010-2011
Gary S. Weinstein, M.D.	2009-2010
Ronald Burd, M.D.	2008-2009
Jeffrey Akaka, M.D.	2007-2008
Michael Blumenfield, M.D.	2006-2007
Joseph Ezra V. Rubin, M.D.	2005-2006
James E. Nininger, M.D.*	2004-2005
Prakash N. Desai, M.D.	2003--2004
Albert Gaw, M.D.	2002–2003
Nada Stotland, M.D., MPH	2001–2002
R. Michael Pearce, M.D.	2000–2001
Alfred Herzog, M.D.	1999–2000
Donna Marie Norris, M.D.	1998–1999
Jeremy Allan Lazarus, M.D.	1997–1998
Roger Dale Walker, M.D.	1996–1997
Richard Kent Harding, M.D.	1995–1996
Norman A. Clemens, M.D.	1994–1995
Richard M. Bridburg, M.D.	1993–1994
G. Thomas Pfaehler, M.D.	1991–1992
Edward Hanin, M.D.	1990–1991
Gerald H. Flamm, M.D.	1989–1990
John S. McIntyre, M.D.	1988–1989
Irvin M. Cohen, M.D.	1987–1988
Roger Peele, M.D.	1986–1987
Fred Gottlieb, M.D.	1984–1985
Harvey Bluestone, M.D.	1983–1984
Lawrence Hartmann, M.D.	1981–1982
Melvin M. Lipsett, M.D.	1980–1981
Robert O. Pasnau, M.D.	1979–1980
Robert J. Campbell, III, M.D.	1978–1979
Daniel A. Grabski, M.D.	1977–1978
Irwin N. Perr, M.D.	1976–1977
Miltiades L. Zaphiropoulos, M.D.	1975–1976
Harry H. Brunt, Jr., M.D.	1971–1972
John S. Visher, M.D.	1970–1971
Robert S. Garber, M.D.	1963–1964
Mathew Ross, M.D.	1956–1957

* Also listed with Assembly Executive Committee

Voting Strength by State for the
November 2016 and May 2017
Assembly Meeting

The Assembly shall be composed of Representatives selected by the District Branches/State Associations; a Representative and Deputy Representative from each Minority/Underrepresented Group; a Resident-Fellow Member Representative and Deputy Representative from each Area; an Early Career Psychiatrist Representative and Deputy Representative from each Area; a Representative from each Assembly Committee of Representatives of Subspecialties and Sections (*formerly AAOL*); and the Assembly Executive Committee.

At its May 2015 meeting, the Assembly approved the APA Assembly Reorganization. Each state will have Assembly Reps according to a formula below.

The Central Office will use the report that was run on December 31, 2015 to determine the voting strength for the November 2016 and May 2017 meeting.

District Branch Representatives are eligible to be apportioned according to the following formula:

Numbers of Voting Members	Reps
450 or less*	2
451-900	3
901-1350	4
1351-1800	5
1801 or more	6

*California and New York District Branches have 1 Representative for District Branches with 450 or less, with the larger District Branches using the above formula.

District Branch/State Association (alphabetical order)	Voting Strength	# Reps
Alabama Psychiatric Physicians Association	250	2
Alaska Psychiatric Association	66	2
Arizona Psychiatric Society	390	2
Arkansas Psychiatric Society	127	2
Bronx District Branch	147	1
Brooklyn Psychiatric Society, Inc.	302	1
Central California Psychiatric Society	391	1
Central New York District Branch	129	1
Colorado Psychiatric Society	427	2
Connecticut Psychiatric Society	691	3
Delaware, Psychiatric Society of	107	2
Florida Psychiatric Society	1117	4
Genesee Valley Psychiatric Association	152	1
Georgia Psychiatric Physicians Association, Inc	624	3
Greater Long Island Psychiatric Society	497	3
Hawaii Psychiatric Medical Association	169	2
Idaho Psychiatric Association	52	2
Illinois Psychiatric Society	971	4
Indiana Psychiatric Society	337	2

District Branch/State Association (alphabetical order)	Voting Strength	# Reps
Iowa Psychiatric Society	168	2
Kansas Psychiatric Society	205	2
Kentucky Psychiatric Medical Association	265	2
Louisiana Psychiatric Medical Association	307	2
Maine Association of Psychiatric Physicians	166	2
Maryland Psychiatric Society, Inc	673	3
Massachusetts Psychiatric Society	1531	5
Michigan Psychiatric Society	735	3
Mid-Hudson Psychiatric Society	60	1
Minnesota Psychiatric Society	432	2
Mississippi Psychiatric Association, Inc	150	2
Missouri Psychiatric Association	442	2
Montana Psychiatric Association	52	2
Nebraska Psychiatric Society	152	2
Nevada Psychiatric Association	155	2
New Hampshire Psychiatric Society	133	2
New Jersey Psychiatric Association	846	3
New Mexico, Psychiatric Medical Association of	159	2
New York County Psychiatric Society	1773	5
New York State Capital District Branch	150	1
North Carolina Psychiatric Association	847	3
North Dakota Psychiatric Society	48	2
Northern California Psychiatric Society	1014	4
Northern New York District Branch	40	1
Ohio Psychiatric Physicians Association	943	4
Oklahoma Psychiatric Physicians Association	228	2
Ontario District Branch	838	3
Orange County Psychiatric Society	247	1
Oregon Psychiatric Physicians Association	401	2
Pennsylvania Psychiatric Society	1436	5
Puerto Rico Psychiatric Society	135	2
Quebec & Eastern Canada District Branch	388	2
Queens County Psychiatric Society	254	1
Rhode Island Psychiatric Society	241	2
San Diego Psychiatric Society	336	1
South Carolina Psychiatric Association	381	2
South Dakota Psychiatric Association	80	2
Southern California Psychiatric Society	978	4
Tennessee Psychiatric Association	309	2
Texas Society of Psychiatric Physicians	1204	4
Uniformed Services Psychiatrists, Society of	332	2
Utah Psychiatric Association	164	2
Vermont Psychiatric Association	104	2
Virginia, Psychiatric Society of	586	3
Washington Psychiatric Society	862	3
Washington State Psychiatric Association	497	3
West Hudson Psychiatric Society	103	1
West Virginia Psychiatric Association	190	2
Westchester County, Psychiatric Society of	392	1

District Branch/State Association (alphabetical order)	Voting Strength	# Reps
Western Canada District Branch	502	3
Western New York Psychiatric Society	139	1
Wisconsin Psychiatric Association	392	2
Wyoming Association of Psychiatric Physicians	24	2

Voting Strength by State for the
November 2017 and May 2018
Assembly Meeting

The Assembly shall be composed of Representatives selected by the District Branches/State Associations; a Representative and Deputy Representative from each Minority/Underrepresented Group; a Resident-Fellow Member Representative and Deputy Representative from each Area; an Early Career Psychiatrist Representative and Deputy Representative from each Area; a Representative from each Assembly Committee of Representatives of Subspecialties and Sections (*formerly AAOL*); and the Assembly Executive Committee.

At its May 2015 meeting, the Assembly approved the APA Assembly Reorganization. Each state will have Assembly Reps according to a formula below.

The Central Office will use the report that was run on December 30, 2016 to determine the voting strength for the November 2017 and May 2018 meeting.

District Branch Representatives are eligible to be apportioned according to the following formula:

Numbers of Voting Members	Reps
450 or less*	2
451-900	3
901-1350	4
1351-1800	5
1801 or more	6

*California and New York District Branches have 1 Representative for District Branches with 450 or less, with the larger District Branches using the above formula.

District Branch/State Association (alphabetical order)	Voting Strength	# Reps
Alabama Psychiatric Physicians Association	250	2
Alaska Psychiatric Association	64	2
Arizona Psychiatric Society	409	2
Arkansas Psychiatric Society	129	2
Bronx District Branch	175	1
Brooklyn Psychiatric Society, Inc.	300	1
Central California Psychiatric Society	397	1
Central New York District Branch	123	1
Colorado Psychiatric Society	430	2
Connecticut Psychiatric Society	664	3
Delaware, Psychiatric Society of	103	2
Florida Psychiatric Society	1233	4
Genesee Valley Psychiatric Association	148	1
Georgia Psychiatric Physicians Association, Inc	650	3
Greater Long Island Psychiatric Society	483	3
Hawaii Psychiatric Medical Association	167	2
Idaho Psychiatric Association	54	2
Illinois Psychiatric Society	1014	4
Indiana Psychiatric Society	338	2

District Branch/State Association (alphabetical order)	Voting Strength	# Reps
Iowa Psychiatric Society	181	2
Kansas Psychiatric Society	219	2
Kentucky Psychiatric Medical Association	268	2
Louisiana Psychiatric Medical Association	312	2
Maine Association of Psychiatric Physicians	154	2
Maryland Psychiatric Society, Inc	691	3
Massachusetts Psychiatric Society	1514	5
Michigan Psychiatric Society	732	3
Mid-Hudson Psychiatric Society	61	1
Minnesota Psychiatric Society	445	2
Mississippi Psychiatric Association, Inc	150	2
Missouri Psychiatric Association	432	2
Montana Psychiatric Association	51	2
Nebraska Psychiatric Society	156	2
Nevada Psychiatric Association	169	2
New Hampshire Psychiatric Society	129	2
New Jersey Psychiatric Association	853	3
New Mexico, Psychiatric Medical Association of	165	2
New York County Psychiatric Society	1777	5
New York State Capital District Branch	148	1
North Carolina Psychiatric Association	858	3
North Dakota Psychiatric Society	50	2
Northern California Psychiatric Society	1024	4
Northern New York District Branch	38	1
Ohio Psychiatric Physicians Association	961	4
Oklahoma Psychiatric Physicians Association	229	2
Ontario District Branch	738	3
Orange County Psychiatric Society	246	1
Oregon Psychiatric Physicians Association	422	2
Pennsylvania Psychiatric Society	1410	5
Puerto Rico Psychiatric Society	134	2
Quebec & Eastern Canada District Branch	351	2
Queens County Psychiatric Society	244	1
Rhode Island Psychiatric Society	237	2
San Diego Psychiatric Society	349	1
South Carolina Psychiatric Association	385	2
South Dakota Psychiatric Association	77	2
Southern California Psychiatric Society	999	4
Tennessee Psychiatric Association	317	2
Texas Society of Psychiatric Physicians	1219	4
Uniformed Services Psychiatrists, Society of	365	2
Utah Psychiatric Association	160	2
Vermont Psychiatric Association	108	2
Virginia, Psychiatric Society of	585	3
Washington Psychiatric Society	868	3
Washington State Psychiatric Association	533	3
West Hudson Psychiatric Society	107	1
West Virginia Psychiatric Association	192	2
Westchester County, Psychiatric Society of	375	1

District Branch/State Association (alphabetical order)	Voting Strength	# Reps
Western Canada District Branch	481	3
Western New York Psychiatric Society	142	1
Wisconsin Psychiatric Association	397	2
Wyoming Association of Psychiatric Physicians	20	2

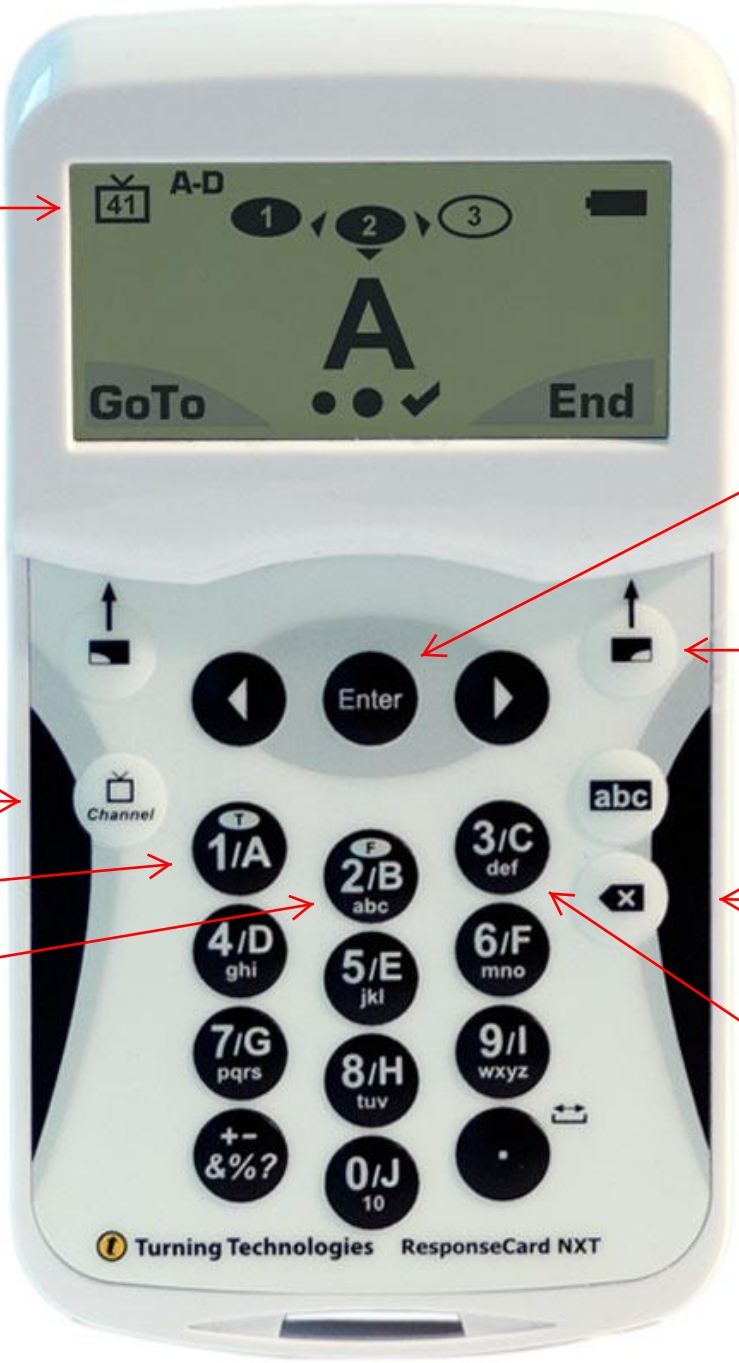
Item 2017A1 5.C.3

Voter Instructions for "Standing Vote" with ARS devices

*Before voting, please make sure that your clicker/response card/ARS device is on "**Channel 41**".*

Please turn on your clicker by pressing "Enter". The Channel should be displayed on the top left corner of the screen.

To change the Channel, please press the "Channel" button, enter the numbers "4" and "1", and then confirm your entry by pressing the button on top right corner (which will be displayed as "OK"). Once the Channel is changed, you should see a checkmark ✓ on the bottom of the screen.



To submit your vote:

- Press "A" for Yes, "B" for No, and "C" for Abstain.
- Press "Enter" button to submit your vote.

<u>Please note</u>: You can enter/submit your vote as many times as you want, but the system will only accept one response per one device. The last response entered/submitted will be recorded as the final vote.

Assembly Executive Committee

FINAL REPORT

Friday, November 4, & Sunday, November 6, 2016

Omni Shoreham, Washington, DC

Daniel Anzia, MD, Speaker
Theresa Miskimen, MD, Speaker-Elect
James R. Batterson, MD, Recorder
James Nininger, MD, Parliamentarian
A. Evan Eyler, MD, Area 1 Rep
Manuel Pacheco, MD, Area 1 Dep Rep
Seeth Vivek, MD, Area 2 Rep [A]
Jeffrey Borenstein, MD, Area 2 Dep Rep
Joseph Napoli, MD, Area 3 Rep
William Greenberg, MD, Area 3 Dep Rep
Bhasker Dave, MD, Area 4 Rep
Kenneth Busch, MD, Area 4 Dep Rep
Laurence Miller, MD, Area 5 Rep
Philip Scurria, MD, Area 5 Dep Rep
Joseph Mawhinney, MD, Area 6 Rep
Barbara Weissman, MD, Area 6 Dep Rep
Craig Zarling, MD, Area 7 Rep
Charles Price, MD, Area 7 Dep Rep
Linda Nahulu, MD, M/UR Rep [A]
Matthew Kruse, MD, RFM Rep
Mark Haygood, D.O., ECP Rep
Eric Plakun, MD, ACROSS Rep
Glenn Martin, MD, Immediate Past Speaker
Jenny Boyer, MD, JD, PhD, Past Speaker
Saul Levin MD, MPA, CEO and Medical Director

Guests:
A. David Axelrad, MD, Chair, Assembly Committee on Procedures (*Friday*)
Mary Roessel, MD, for Linda Nahulu, MD, Chair, M/UR Committee (*Sunday*)
Shelia Judge, MD, for Area 3 (Drs. Napoli & Greenberg) (*Sunday*)

Administration:
Margaret Cawley Dewar, Director of Association Governance
Allison Moraske, Senior Governance Specialist, Assembly
Tanya Bradsher, Chief Communications Officer (*Sunday*)
Yoshie Davison, Chief of Staff
David Keen, Chief Financial Officer
Kristin Kroeger, Chief of Policy, Programs, and Partnerships (*Sunday*)
Shaun Snyder, JD, Chief Operating Officer (*Sunday*)
Judson Wood, JD, Special Assistant to the CEO and Medical Director (*Friday*)

Friday, November 4, 2016

1. **Call to Order and Opening Remarks** — *Dr. Anzia*
   Dr. Anzia welcomed the Assembly Executive Committee and guests to the meeting. The members then introduced themselves and disclosed any potential conflicts of interest.

2. **Approval of Report of AEC meeting, July 2016**
   MOTION APPROVED: The AEC voted to accept the report of the Assembly Executive Committee from July 2016.

3. **Remarks from the Speaker-Elect** — *Dr. Miskimen*
Dr. Miskimen gave an update on the October 2016 JRC meeting. Dr. Miskimen explained that Dr. Anzia set up a conference call with the Assembly Officers and the Chief Financial Officer of the APA, David Keen, to review the Assembly's 2017 draft budget. She noted this was helpful for future Assembly and APA budget planning.

4. **Remarks from the Recorder** — *Dr. Batterson*
Dr. Batterson distributed the action paper tracking document, "What's Happened to My Action Paper" prior to the Assembly meeting. He explained that his plan is to continue to clean up the document, to narrow the focus of the document to include only items that require tracking.

5. **Remarks from the CEO and Medical Director** — Dr. Levin
Dr. Levin began his remarks by thanking Drs. Anzia, Miskimen and Batterson for their hard work and support. He noted that the APA will be helping members prepare for payment reform because of the Medicare Access and CHIP Reauthorization Act (MACRA) legislation. Dr. Levin announced that the APA's registry, pending trademark approval, will be called *PsychPro*. The APA plans to reach out to the transition team of the newly elected President-Elect to ensure that mental health issues are taken into consideration. Dr. Levin also announced that through the TCPI SAN Grant, which teaches collaborative care to psychiatrists, APA has exceeded its goal of training 500 psychiatrists by 62%, training 800 psychiatrists. The APA was recently awarded funding for a second year with a goal of training an additional 1,000 psychiatrists. To provide APA membership with an online photo directory of its leaders, the APA will host headshot studios at the Assembly meeting. Dr. Levin encouraged the AEC to have their professional photographs taken at the meeting and encourage others to do so as well.

6. **Review of Assembly Agenda** — *Dr. Anzia*
The AEC reviewed the Assembly agenda. Dr. Anzia noted that the are 24 action papers, 12 position statements, and one new business item. In addition, the Assembly Committee on Procedures will be presenting several amendments to the *Procedural Code of the Assembly*. Dr. Anzia adjusted the agenda to have Reference Committees 1, 2, 5 and, time permitting, 4 present on Saturday, followed by the report of the Procedures Committee. Reference Committees 4 (*if needed*) and 3 will present on Sunday morning.

7. **Reports of Assembly Component Chairs**

A. Rules Committee — *Dr. Martin*
Dr. Martin reviewed the work of the Rules Committee prior to the Assembly meeting. He noted that the majority of items from the JRC (position statements) had been placed on the draft consent calendar along with some action papers that the Rules Committee felt were appropriate for the consent calendar.

B. Awards Committee — *Dr. Boyer*
Dr. Boyer announced that the Assembly Profile of Courage Award will not be given this year as the committee did not receive any nominations.

C. Committee on Procedures — *Dr. Axelrad*
Dr. Axelrad, Chair, outlined the actions coming from the Committee on Procedures. Dr. Anzia reminded the Area Representatives/Deputy Representatives to review and discuss the report and actions of the Committee on Procedures at its Area Council meetings on Saturday morning as the Assembly will be voting on these actions Saturday afternoon during the third plenary session.

D. Assembly Nominating Committee — *Dr. Martin*
Dr. Martin stated that the Assembly Nominating Committee will be meeting Friday evening to finalize the

slate of candidates for the Speaker-Elect and Recorder positions. The slate will be announced Saturday morning during the second plenary session, with the opportunity to nominate candidates from the floor.

Sunday, November 6, 2016

8. **Review of Assembly Business and Actions** — Drs. Anzia, Miskimen and Batterson
The AEC reviewed the passed Assembly actions and the draft action assignments.

JRC Items: The Assembly voted to approve all the position statements submitted by the JRC except for item 4.B.8: *Confidentiality of Medical Records: Does the Physician Have the Right to Privacy Concerning His or Her Own Health Records (1981)*. The Assembly felt that a new position statement on this issue is required before retiring the statement. This will be submitted to the JRC for action by the appropriate APA component(s).

Committee on Procedures: Dr. Anzia noted that after reviewing action paper *12.CC: Increasing the Opportunity for Involvement of RFMs and ECPs in Assembly* which asks the Procedures Committee to create a uniform application process for all RFM and ECP Dep Rep positions, the Committee on Procedures has requested that the AEC facilitate the development of the application process for the ECPs and RFMs. Dr. Anzia will add this to the agenda for the February 2017 AEC meeting and may form a small work group of Drs. Haygood and Kruse to draft some suggestions for the AEC to review and discuss in February. APA Administration noted that the approval of action item 7.B.1 the rule change to allow Deputy Representatives to vote, will require ordering additional electronic voting clickers.

Action Papers: The AEC reviewed the approved action papers, noting that most approved action papers will be forwarded to the JRC for review at its meeting in February. Action paper *12.S: Extension of Eligibility of the Ronald A. Shellow Award to all Voting Members of the Assembly* will be reviewed and discussed by the AEC at its February meeting.

9. **Assembly Budget**
Dr. Anzia explained how the APA budget is developed, specifically the Assembly budget. He noted that, using the APA's budget formula, it costs approximately $2,000 for a member to attend two Area Council meetings however the current block grant amount (**$187,550**) averages to about $1,000 per member. For some areas, this is sufficient but for others, it is not enough which has led some areas having financial difficulties.

MOTION APPROVED: The Assembly Executive Committee voted to approve a one-time infusion of funds in the amount of $15,000 from the Assembly Contingency Fund to the Area 5 Council Block Grant.

The AEC will discuss the Area Council block grants and Assembly budget in greater detail at its meeting in February.

10. **Discussion of February 2017 AEC Meeting**
The AEC discussed the large number of action papers (**8**) that were withdrawn by the author/authors at the meeting. There was concern that the author(s) of the withdrawn papers were either discouraged by negative feedback given at the Reference Committee meetings or did not realize that papers could be reviewed and edited prior to submission by the action paper deadline. Dr. Batterson will be reaching out to the authors of the withdrawn papers to ask why the papers were withdrawn and will present this information to the AEC in February.

Dr. Martin requested that the AEC discuss the process of members signing on as a "co-author" of an action paper. He suggested that one or two Assembly members be listed as the author(s) while others can be identified as supporters, sponsors, or something similar.

Additional suggested agenda items included:

- Additions and changes to the Assembly Work Groups
- Area Council Block Grants
- Assembly Metrics
- Substitution process for the Assembly meetings
- ATC Travel Management issues

11. **Upcoming Area Council Meetings**

Area 1: March 11, 2017, Boston, Massachusetts
Area 2: March 25, 2017, Queens, New York
Area 3: March 4-5, 2017, Location TBD
Area 4: TBD
Area 5: TBD
Area 6: TBD
Area 7: March 3-4, Salt Lake City, Utah

12. **New Business/Other Issues**

MOTION APPROVED: The Assembly Executive Committee voted to continue the Assembly Work Group on Assembly-Foundation Initiatives.

13. **Next Meeting**: **February 10-12, 2017, location: Westin La Paloma Resort & Spa, Tucson, Arizona**

14. **Adjournment**

American Psychiatric Association
Assembly Executive Meeting
Westin La Paloma Resort & Spa
Tucson, Arizona
February 10-12, 2017
Draft Report

Assembly Executive Committee Members:

Daniel Anzia, MD, Speaker
Theresa Miskimen, MD, Speaker-Elect
James R. Batterson, MD, Recorder
James Nininger, MD, Parliamentarian
A. Evan Eyler, MD, Area 1 Rep
Manuel Pacheco, MD, Area 1 Dep Rep
Seeth Vivek, MD, Area 2 Rep [A]
Jeffrey Borenstein, MD, Area 2 Dep Rep (*via speakerphone*)
Joseph Napoli, MD, Area 3 Rep
William Greenberg, MD, Area 3 Dep Rep
Bhasker Dave, MD, Area 4 Rep
Kenneth Busch, MD, Area 4 Dep Rep
Laurence Miller, MD, Area 5 Rep [A]
Philip Scurria, MD, Area 5 Dep Rep
Joseph Mawhinney, MD, Area 6 Rep
Barbara Weissman, MD, Area 6 Dep Rep
Craig Zarling, MD, Area 7 Rep
Charles Price, MD, Area 7 Dep Rep
Linda Nahulu, MD, M/UR Rep
Matthew Kruse, MD, RFM Rep
Mark Haygood, DO, ECP Rep
Eric Plakun, MD, ACROSS Rep
Glenn Martin, MD, Immediate Past Speaker
Jenny L. Boyer, MD, JD, PhD, Past Speaker
Saul Levin, MD, MPA, CEO and Medical Director

Governance Administration:
Margaret Cawley Dewar, Director of Association Governance
Jessica Hopey, Senior Governance Coordinator
Allison Moraske, Senior Governance Specialist, Assembly

APA Administration:
Yoshie Davison, MSW, Chief of Staff
Jon Fanning, MS, CAE, Chief Membership and RFM-ECP Officer
David Keen, CPA, Chief Financial Officer
Kristin Kroeger, Chief of Policy, Programs, and Partnerships
Ranna Parekh, MD, MPH, Director, Division of Diversity and Health Equity
Shaun Snyder, JD, MBA, Chief Operating Officer

Call to Order of the Assembly Executive Committee – *Daniel Anzia, MD*

- Introductions

Dr. Anzia welcomed the AEC to Tucson and had everyone introduce themselves and disclose any potential conflicts of interest.

- Approval of the November, 2016 AEC Report

MOTION APPROVED: The Assembly Executive Committee voted to approve the report of the Assembly Executive Committee from the November, 2016 meetings.

- Additions to the Agenda

The AEC reviewed the meeting agenda. It was requested that the AEC discuss the options for Allied Organizations to sign on to APA statements (*Dr. Levin stated he would include this information in his report*), the process for including action paper co-authors, and have a follow up report from the Recorder on the number of withdrawn action papers at the November, 2016 Assembly meeting.

Report from the Speaker – *Daniel Anzia, MD*

Dr. Anzia highlighted some of the actions from the December, 2016 Board of Trustees meeting. He noted that the Board voted to have the Council on Minority Mental Health and Health Disparities and the Membership Committee (along with the Administration) bring forward a joint recommendation to the Board that includes a strategic plan. The Board also approved the creation of a Board of Trustees Ad Hoc Work Group on Bias, the 2017 APA budget (as recommended by the Finance and Budget Committee), and changes to the M/UR Trustee election process.

Report from the Speaker-Elect – *Theresa Miskimen, MD*

Dr. Miskimen gave a brief review of the actions from the October, 2016 Joint Reference Committee meeting. She explained that the JRC continues to work on expediting action papers through the JRC and to the components for review and possible implementation. Dr. Miskimen noted that the JRC will meet immediately after the AEC meeting and will be reviewing a number of items from the Assembly, including fourteen action papers and one position statement. There were also two position statements (*Mental Health and Climate Change* & *Abuse and Misuse of Psychiatry*) which were referred back to the JRC by the Board of Trustees for additional review and possible revision.

Report from the Recorder – *James R. Batterson, MD*

Dr. Batterson reviewed the draft summary of actions from the November 2016 Assembly meeting. He announced that he will be sending out a revised "What Happened to My Action Paper" document which will focus on the incomplete actions from past Assembly meetings. Dr. Mawhinney requested an update on an action paper he submitted which was approved by the Assembly in November, 2013 titled "APA Workforce Initiative". Dr. Levin noted that the majority of the items requested in the action paper are high priorities of the APA and are actively being worked on by the APA. Dr. Mawhinney asked that the APA communicate the work of the APA on access to care to the APA members to ensure the message is received at the grassroots level.

Report from the APA CEO and Medical Director – *Saul Levin, MD, MPA*

Dr. Levin began his report by thanking the AEC for its hard work and introducing the members of the APA Administration in attendance at the meeting. Dr. Levin announced that registration for the Annual Meeting in San Diego is strong, with 4,229 professional attendees registered so far and 70% of the exhibit space sold. Dr. Levin provided an update on **PsychPRO**, the APA's newly formed registry. The APA has recruited individual members as well as health systems to participate in the registry. Additional information about the registry, including an FAQ document, is available on the APA website at: http://www.psychiatry.org/psychiatrists/registry.

In addition to the registry, the APA has continued its efforts to improve member resources. This includes:

- An FAQ on EHRs and information on mobile health apps (http://www.psychiatry.org/psychiatrists/practice/mental-health-apps)
- A Medicare Access and CHIP Reauthorization Act (MACRA) toolkit (http://www.psychiatry.org/psychiatrists/practice/practice-management/coding-reimbursement-medicare-and-medicaid/payment-reform/toolkit/macra-101)
- Webinars with the District Branches/State Associations on network adequacy

- The APA has trained 3,500 psychiatrists to date on collaborative care through the TCPI SAN Grant.

Dr. Levin explained that the ICD is currently under revision (ICD-11) and that this revision includes a potential change in the categorization of dementia that would categorize it as belonging to the field of neurology instead of psychiatry. He noted that sixteen health organizations have written to the World Health Organization (WHO) to protest, in the hope that this change will be overturned.

Dr. Levin concluded his report by discussing the recent Presidential election and transition. Dr. Levin stressed that the APA has to work with the current Administration to ensure that the APA's issues and concerns are addressed. At its meeting in December, the Board of Trustees voted to direct the APA Administration to work with the incoming Trump Administration and incoming Congress to support and promote APA's mental health agenda. Dr. Levin requested that the AEC, as leaders of the Areas and District Branches, help in getting this message out to the membership. He also noted that the Allied Organizations are encouraged to join APA messages and positions.

Associate Membership Category Discussion

Jon Fanning, CAE, Chief Membership & RFM-ECP Officer, presented a report on the associate membership category currently under consideration by the Membership Committee and Board of Trustees. He explained that in 2013, "a Work Group of the Membership Committee considered establishing an associate membership category for individuals not eligible for full membership, but who work in an allied profession and have interest in or support the mission and vision of the APA." Some advantages of the associate membership category include increasing APA membership and revenue and supporting and promoting the integrated/collaborative care model. Some of the concerns expressed were the assumption that the APA would change its policies or activities based on the affiliate members and dual membership requirements with regards to the District Branches/State Associations. The report noted that since the associate members will not be able to hold leadership positions nor have voting privileges, there is no opportunity for these members to change policies or positions. Regarding the District Branches/State Associations, this membership category would be considered an "opt in" by the APA and the DB/SAs would make the decision as to whether or not they wished to participate. The AEC discussed the issue at length and were generally not in support of adding an associate membership category at this time.

Practice Guidelines: Vision, Infrastructure, Schedules, and Approval Processes

Dr. Anzia outlined the current review and approval process for the APA Practice Guidelines. He noted that the new goal of the Steering Committee on Practice Guidelines is to produce approximately three guidelines per year, with potentially some shorter guidelines in between, with a maximum of five guidelines per year. Dr. Anzia remarked that this will be a challenge for a number of steps in the approval process, including the review and approval by the Assembly. Suggestions for streamlining the process included: revising the Conflict of Interest (COI) Committee procedure for vetting authors, having Assembly members be more involved in the early review process, and the option of having the Assembly approval be completed electronically instead of only at the in-person Assembly meetings twice a year.

The AEC discussed the report from the Committee and gave additional suggestions for streamlining the approval process.

MOTION APPROVED: The Assembly Executive Committee voted (1) to reaffirm the role of the Assembly in reviewing and approving Practice Guidelines, and (2) to collaborate in developing a new mechanism for expeditious and timely review of the Practice Guidelines by the Area Councils, District Branches/State Associations, ACROSS, ECP, M/UR, and RFM Committees, and (3) allow for the Assembly to consider electronic voting between convened meetings to accelerate the approval process.

Review of Action Papers Assigned to the AEC

Action paper 12.S: *Extension of Eligibility for the Ronald A. Shellow Award to all Voting Members of the Assembly* was assigned to the Assembly Executive Committee for review and implementation.

MOTION APPROVED: The Assembly Executive Committee voted to modify the criteria eligibility for the Ronald Shellow Award to be the following:

1. Assembly member attending his or her final Assembly meeting or within one year after departure from the Assembly;
2. Five or more continuous years as a voting member in the Assembly;
3. Past Speakers of the Assembly are not eligible

[N.B.: Members will not be funded to attend the Assembly meeting.]

MOTION APPROVED: The Assembly Executive Committee voted to approve having the new criteria of the Ronald Shellow Award adopted immediately.

MOTION APPROVED: The Assembly Executive Committee voted to allow the Ronald Shellow Award for 2016 being awarded at the May 2017 Assembly meeting.

Action paper 12.CC: *Increasing the Opportunity for Involvement of Resident Fellow Members (RFMs) and Early Career Psychiatrists (ECPs) in the APA Assembly* was assigned to the AEC in May, 2016 and referred to the Assembly Committee on Procedures for review. In its report to the Assembly in November, 2016, the Committee asked the AEC to facilitate the development of the application process for the ECPs and RFMs. Dr. Anzia requested that the Chairs of the ECP and RFM Committees draft an application process for the ECPs and RFMs. The Chairs developed an application process which was reviewed and discussed by the AEC.

MOTION APPROVED: The Assembly Executive Committee voted to approve the Area Assembly ECP Deputy Representative and Area Assembly RFM Deputy Representative application requirements as outlined below with a review of the process by the AEC at is next two winter meetings.

Area Assembly ECP Deputy Representative application requirements include:

1. Passport/headshot-style photo
2. CV
3. Letter of Recommendation from an active APA member
4. Letter of Intent/Essay of not more than 500 words
5. The candidate must be an active member of the APA in good standing or have applied for APA membership prior to application submission (membership status could be pending at the time the application was submitted).
6. The candidate must have 4 years remaining as an ECP (in order to complete the full term).
7. Submission deadline: **February 20 at 11:59 pm of each year**. **All applications should be emailed to the current Area ECP Representative by the deadline.** Only complete applications will be accepted for review.
8. The candidate will be chosen no later than the Assembly Meeting in May of each year.

Side note (*no need to include on website*):
All completed applications will be sent (by the ECP Representative) to the Area selection committee chair for review. It is the responsibility of the ECP Representative to contact the selected candidate and all other candidates (including appreciation by phone and/or email of all candidates not selected). It is the responsibility of the ECP Representative to disseminate to the Area the call for applications using listservs, phone calls, etc.

Area Assembly RFM Deputy Representative application requirements include:

1. Passport/headshot-style photo
2. CV
3. Letter of Recommendation from an active APA member
4. Letter of Intent/Essay of not more than 500 words
5. The candidate must be an active member of the APA in good standing or have applied for APA membership prior to application submission (membership status could be pending at the time the application was submitted).
6. Letter from current training director and/or future training director (in the setting of transition to fellowship during tenure) indicating the candidate will be permitted to attend official Assembly business.
7. The candidate must have 2 years remaining as a RFM (in order to complete the full term).
8. Submission deadline: **February 20 at 11:59 pm of each year**. **All applications should be emailed to the current Area RFM Representative by the deadline.** Each RFM Representative has a dedicated area ACORF email address. Only complete applications will be accepted for review.
9. The candidate will be chosen no later than the Assembly Meeting in May of each year.

Side note (*no need to include on website*):
All completed applications will be sent to the Area selection committee chair for review. It is the responsibility of the RFM Representative to contact the selected candidate and all other candidates (including appreciation by phone and/or email of all candidates not selected). It is the responsibility of the RFM Representative to disseminate to the Area the call for applications using listservs, phone calls, etc.

Assembly Budget Review with 2016 Actuals

The Assembly reviewed the 2017 Assembly budget and the 2016 actuals. Dr. Anzia explained that the Assembly budget for 2017 has been reduced by $50,000. While specific line items do not have to be identified to reduce the budget by $50,000, it was stressed that the Assembly must stay within the allotted budgeted amount of **$1,086,660**. It was noted that the Assembly did not spend the full budgeted amount for lodging and travel for 2016 and it may be a place where the reduction can be absorbed however the biggest Assembly expense, the November Assembly, occurs towards the end of the year. The AEC discussed some other areas where the $50,000 can be removed, including removing the funding for the Board of Trustees to attend the November Assembly (approximately $15,000), and credit for unused Assembly Officer travel stipends. The AEC reviewed the current Area Council block grants and noted that the block grant formula needs to be reviewed and revised to more accurately reflect the costs associated with the Areas funding two meetings a year.

Report of AEC Work Group on Area Council Finances

The AEC Work Group on Area Council Finances met immediately following the recess of the AEC meeting Friday, February 10th. The Work Group discussed methods of budget management for the Area Councils and presented its report to the AEC.

MOTION APPROVED: The Assembly Executive Committee voted to approve the methods of budget management for the Area Council meetings as outlined below:

Methods of Budget Management:

1. Members must use the APA's travel agency to book travel at least three weeks (**21 days**) in advance of the meeting. Members may not use the travel agency for booking within 3 weeks of the meeting. Members who book within 3 weeks before the meeting must pay their own charges and will only be reimbursed up to the median flight costs for that Area Council meeting.

2. Hotel rooms must be booked by the stated hotel deadline using the Area Council room block. Hotel reservations that are booked after the stated deadline will be reimbursed only up to the Area's negotiated room block rate.
3. Travel reimbursements should be submitted within 10 business days after the meeting. Reimbursements submitted a month or more after the meeting will not be processed.
4. For extraordinary circumstances, the Area Representative and Deputy Representative, in conjunction with APA Administration, may make exception to these rules.
5. If an Area's expenses, without the inclusion of travel and lodging, exceeds the allocated block grant, then points 1 and 2 of this policy will not apply.

Assembly Meetings: Travel Policy Discussion

The AEC discussed formalizing a travel policy for the November Assembly meeting.

MOTION APPROVED: The Assembly Executive Committee voted to approve that the following points below will be applied to the November Assembly meeting:

1. Members must use the APA's travel agency to book travel at least three weeks (**21 days**) in advance of the meeting. Members may not use the travel agency for booking within 3 weeks of the meeting. Members who book within 3 weeks of the meeting must pay their own charges and will only be reimbursed up to the median flights costs for that Assembly meeting.
2. Hotel rooms must be booked by the stated hotel deadline using the Assembly room block. Hotel reservations that are booked after the stated deadline will be reimbursed only up to the Assembly's negotiated room block rate.
3. Travel reimbursements should be submitted within 10 business days after the meeting. Reimbursements submitted a month or more after the meeting will not be processed.
4. For extraordinary circumstances, the Speaker, in conjunction with the APA Administration, may make exceptions to these rules.

Preliminary Discussion of the May 19-21, 2017 Assembly

The AEC discussed the May 2017 Assembly meeting. Dr. Anzia noted that the Speaker's Call for Action Papers is the following:

1) "Advancing the integration of psychiatry in the evolving health care system by…..meeting the educational needs of members throughout their careers…."
2) "Educating….other practitioners about mental disorders and evidence-based treatment options."
The APA already invests extensive resources and talent in meeting these needs. It's important that we inform ourselves about what has already been done or is currently being done. Having this background in mind, please consider:

- How the Assembly and the APA might foster awareness and increase utilization, by members and non-members alike, of all the educational resources already in existence and development;
- How the Assembly and the APA might identify and produce new resources in education that would be of most use to non-psychiatric physicians, and to psychiatrists engaged with them in integrated and collaborative care, in advancing effective and efficient psychiatric care.

The AEC reviewed the draft schedule. It was requested that the AEC notify Governance staff of <u>any changes</u> to the schedule (e.g., time, attendance, cancellations) well in advance of the meeting as changes made after a certain point (at least 4 **business days**) incur a cost. Dr. Plakun requested the Sunday morning ACROSS Committee meeting be added back on the schedule. The ECP and RFM Chair requested additional meeting time on Saturday

morning to have the committees review and discuss the reports of the Reference Committees. It was suggested that the Assembly Committees meet from 8:00 AM- 8:30 AM, followed by the Area Council meetings from 8:30 AM- 10:30 AM. A revised schedule will be drafted and shared with the AEC for review.

New Business

Action Paper Format:

The AEC discussed the process of members signing on as a co-author of an action paper. The AEC determined that "authors" should be restricted to individuals who have a substantial role in drafting the action paper. As such, a "sponsor" section will be added and this will be the list of Assembly members who have asked to be "co-authors".

Withdrawn Papers:

There were a large number of action papers (8) that were withdrawn by the author/authors at the November 2016 Assembly meeting. There was concern that the author(s) of the withdrawn papers were either discouraged by negative feedback given at the Reference Committee meetings or did not realize that papers could be reviewed and edited prior to submission by the action paper deadline. Dr. Batterson followed up with the authors of the withdrawn papers and reported that none of the authors felt discouraged by the process and in fact appreciated the feedback given at the meeting. It was suggested that this be something the AEC keeps track of in the future.

Update from the Division of Diversity and Health Equity:

Dr. Ranna Parekh, Director, Division of Diversity and Health Equity gave a brief update on the activities of the Division. At the fall, 2016 meeting of the Council on Minority Mental Health and Health Disparities, there were concerns raised/assumptions made about the number of (racial/ethnic) minorities in the APA. As a result, the Board of Trustees is forming an Ad Hoc Work Group on Bias to create training/ educational tools on bias awareness and bias mitigation. These tools will likely address unconscious/implicit bias and conscious biases and how sometimes they affect a psychiatrists' assessment/diagnosis and treatment of patients and how psychiatrists interact with each other. These resources are part of a larger catalogue/continuum of educational offerings around cultural competency. Many leader groups will be involved, including Council on Minority Mental Health and Health Disparities, the Membership Committee as well as APA Leadership, District Branches/State Associations, APA Administration, with specific strategies and metrics for each entity. It is hoped that these strategies will help to increase MUR membership and enhance value in APA to minority members. Dr. Parekh requested that anyone interested in helping to contact her directly.

Position Statement on Mental Health and Climate Change:

At its meeting in December 2016, the Board of Trustees voted to refer the Position Statement on Mental Health and Climate Change back to the Joint Reference Committee, requesting that the JRC review the document and provide more specifics, including the particular role of psychiatry/APA in addressing issues of climate change. Members of the JRC on the AEC requested that the AEC review and discuss the revised Position Statement to determine if the AEC/Assembly agrees with the revised statement.

MOTION APPROVED: The Assembly Executive Committee voted to approve the revised position statement on Mental Health and Climate Change.

Adjournment

Upcoming Meetings:

Assembly, May 19-21, 2017, San Diego, California
Assembly Executive Committee, July 2017 (Date and Location TBD)
Assembly, November 3-5, 2017, Washington, DC

Rules Committee Report

Draft Action Assignments – as of 5/1/17

Reference Committee Rosters

Reference Committee 1 — Advancing Psychiatric Care

Meets: Friday, May 19, 2017, 3:00 PM-6:00 PM, Room 10, Upper Level, San Diego Convention Center

Presents: 2nd Plenary — Saturday, May 20, 2017, 10:30 AM- 12:00 noon

Roster:

Richard Altesman, M.D., Area 2, CHAIR
Lisa Catapano-Friedman, M.D., Area 1
Constance Dunlap, M.D., Area 3
Prudence Gourguechon, M.D., Area 4
Debra Barnett, M.D., Area 5
Richard Granese, M.D., Area 6
Annette Matthews, M.D., Area 7
Jeremy Kidd, M.D., RFM
John Korpics, M.D., ECP
Steven Starks, M.D., M/UR
Mark Komrad, M.D., ACROSS

Assignments: 4.B.13, 4.B.14, 4.B.18, 12.A, 12.B, 12.C

cc	~~2017A1 4.B.12~~	~~Retire 1993 Position Statement: Homicide Prevention and Gun Control~~ **WITHDRAWN BY THE JRC**
cc	2017A1 4.B.13	Retain 1998 Position Statement: Misuse of Psychiatric Examinations and Disclosure of Psychiatric Records in Sexual Harassment Litigation
cc	2017A1 4.B.14	Retire 2001 Position Statement: Doctors Against Handgun Violence
	2017A1 4.B.18	Proposed Position Statement: Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement
	2017A1 12.A	Involuntary Psychiatric Commitment for Individuals with Substance Use Disorders
	2017A1 12.B	Limiting Scope of Practice for Nurse Practitioners and the Opposition of Psychologists Prescribing
	2017A1 12.C	Simplification of Electronic Medical Records and Billing Codes

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Reference Committee 2 — Advancing Psychiatric Knowledge and Research

Meets: Friday, May 19, 2017, 3:00 PM-6:00 PM, Room 9, Upper Level, San Diego Convention Center

Presents: 2nd Plenary — Saturday, May 20, 2017, 10:30 AM- 12:00 noon

Roster:

Mary Ann Schaepper, M.D., Area 6, CHAIR
Judy Glass, M.D., Area 1
Aaron Satloff, M.D., Area 2
William Greenberg, M.D., Area 3
Matthew Macaluso, M.D., Area 4
Adam Kaul, M.D., Area 5
Ian Forbes, M.D., Area 7
Nazanin Silver, M.D., RFM
Mirabela Bodic, M.D., ECP
Rahn Bailey, MD, M/UR
Beverly Fauman, M.D., ACROSS

Assignments: 4.B.2, 4.B.9, 4.B.17, 4.B.19, 12.D, 12.E, 12.F, 12.G

cc	2017A1 4.B.2	Revised Position Statement: The Role of the Psychiatrist in the Long-Term Care Setting
	2017A1 4.B.9	Revised 1978 Position Statement: Abortion
	2017A1 4.B.17	Proposed Position Statement: Risk of Adolescents' Online Behavior

cc	2017A1 4.B.19	Proposed Position Statement: Legislative Attempts Permitting Pharmacists to Alter Prescriptions
	2017A1 12.D	Adopting Neuroscience-based Nomenclature (NbN) for Medications
	2017A1 12.E	Revising the Nomenclature, Definition, and Clinical Criteria for Partial Hospitalization Program
	2017A1 12.F	APA Member Survey on Medical Aid in Dying as Option for End-of-Life Care
	2017A1 12.G	Providing Education and Guidance for the Use and Limitations of Pharmacogenomics in Clinical Practice

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Reference Committee 3 — Education& Lifelong Learning

Meets: Friday, May 19, 2017, 3:00 PM-6:00 PM, Room 8, Upper Level, San Diego Convention Center

Presents: 3rd Plenary — Saturday, May 20, 2017, 2:15 PM- 4:15 PM

Roster:

Jacob Behrens, M.D., ECP, CHAIR
Gary Chinman, M.D., Area 1
Adam Chester, D.O., Area 2
Sheila Judge, M.D., Area 3
Robert Smith, M.D., Area 4
Varun Choudhary, M.D., Area 5
Robert McCarron, MD, Area 6
Iqbal Ahmed, M.D., Area 7
Spencer Gallner, M.D., RFM
David A. Tompkins, M.D., M/UR
Jack Bonner, M.D., ACROSS

Assignments: 4.B.11, 12.H, 12.I, 12.J, 12.K, 12.L

cc	2017A1 4.B.11	Retire 1976 Position Statement: 1976 Joint Statement on Antisubstitution Laws and Regulations
cc	2017A1 12.H	Expanding Access to Psychiatry Subspecialty Fellowships
	2017A1 12.I	Educational Strategies to Improve Mental Illness Perceptions of Medical Students
	2017A1 12.J	Educational Strategies to Improve Mental Illness Perceptions of Non-psychiatric Physicians
	2017A1 12.K	Fostering Medical Student Interest and Training in Psychiatry: The Importance of Medical Student Clerkships
	2017A1 12.L	Requesting the APA Draft a Position Statement on Prescription Drug Monitoring Programs (PDMPs)

Reference Committee 4 — Diversity & Health Disparities

Meets: Friday, May 19, 2017, 3:00 PM-6:00 PM, Room 7B, Upper Level, San Diego Convention Center

Presents: 4th Plenary — Sunday, May 21, 2017, 8:00 AM - 11:30 AM

Roster:

Sherifa Iqbal, M.D., Area 4, CHAIR
Reena Kapoor, M.D., Area 1
Felix Torres, M.D., Area 2
Lily Arora, M.D., Area 3
Samina Aziz, M.D., Area 5
Jonathan Serrato, M.D., Area 6
James Saccomando, M.D., Area 7
Robert Mendenhall, M.D., RFM
Jacqueline Calderone, M.D., ECP
Mary Roessel, M.D., M/UR
Gregory Miller, M.D., ACROSS

Assignments: 4.B.3, 4.B.4, 4.B.5, 4.B.6, 4.B.7, 4.B.8, 4.B.10, 12.M. ,12.N, 12.O

cc	2017A1 4.B.3	Retire 2009 Position Statement: U.S. Military Policy of “Don’t Ask, Don’t Tell”

cc	2017A1 4.B.4	Retain 2006 Position Statement: Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health
cc	2017A1 4.B.5	Retain 2001 Position Statement: Discrimination Against International Medical Graduates
cc	2017A1 4.B.6	Retain 1999 Position Statement: Diversity
cc	2017A1 4.B.7	Retain 1994 Position Statement: Psychiatrists from Underrepresented Groups in Leadership Roles
cc	2017A1 4.B.8	Retain 1994 Position Statement: Resolution Opposing Any Restriction on the Number of IMGs Entering Graduate Medical Training
cc	2017A1 4.B.10	Retain 1977 Position Statement: Affirmative Action
	2017A1 12.M	Juvenile Solitary Confinement
	2017A1 12.N	Addressing Physician Burnout, Depression, and Suicide—Within Psychiatry and Beyond
	2017A1 12.O	Health Care Is a Human Right

Reference Committee 5 —- Membership & Organization

Meets: Friday, May 19, 2017, 3:00 PM-6:00 PM, Room 7A, Upper Level, San Diego Convention Center

Presents: 4th Plenary — Sunday, May 21, 2017, 8:00 AM - 11:30 AM

Roster:

David Gitlin, M.D., ACROSS, CHAIR
Paul Lieberman, M.D., Area 1
Ramaswamy Viswanathan, M.D., DSc, Area 2
Melvin Melnick, M.D., Area 3
Brian Hart, M.D., Area 4
Edward Thomas Lewis, III, M.D., Area 5
Peter Forster, M.D., Area 6
James Polo, M.D., Area 7
Jessica Abellard, M.D., RFM
Gwendolyn Lopez-Cohen, M.D., ECP
Francis Sanchez, M.D., M/UR

Assignments: 4.B.1, 4.B.15, 4.B.16, 12.P, 12.Q, 12.R, 12.T, 12.U

cc	2017A1 4.B.1	Retain 2007 Position Statement on Use of Stigma as a Political Tactic
cc	2017A1 4.B.15	Retain 2008 Adoption of AMA Statements on Capital Punishment
cc	2017A1 4.B.16	Retain 2010 Position Statement: No “Dangerous Patient” Exemption to Federal Psychotherapist-Patient Testimonial Privilege
	2017A1 12.P	Making Access to the Voting Page a Default Action During Elections
	2017A1 12.Q	Dues Relief for District Branch Members from the Commonwealth of Puerto Rico
	2017A1 12.R	Streamlining the Application Process for Former APA Members
	~~2017A1 12.S~~	~~Connecting Psychiatrists to Volunteer Opportunities~~ **WITHDRAWN BY THE AUTHOR**
	2017A1 12.T	APA Referendum Voting Procedure
	2017A1 12.U	November Assembly Dates

Area Council and Assembly Group Action Assignments

Assignments: **1.A.1, 4.B.20, 8.L.1**

2017A1 1.A.1 Ratification of the APA Bylaws: Will the APA Assembly vote to ratify the amendments to the APA bylaws and Operations (Ops) manual to reflect the new nomination and election process for the M/UR Trustee?
All Areas/Assembly Groups: Primary – Area 4, Secondary – RFMs
NOTE: This will be voted on during the 3rd plenary, Saturday, May 20, 2017, 2:15 PM-4:15 PM

cc 2017A1 4.B.20 Revised 2015 Position Statement: Use of the Concept of Recovery
All Areas/Assembly Groups: Primary – Area 5, Secondary – ECPs
NOTE: This will be voted on during the 4th plenary, Sunday, May 21, 2017, 8:00 AM-11:30 AM

2017A1 8.L.1 APA Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder
All Areas/Assembly Groups: Primary – Area 1, Secondary – ACROSS
NOTE: This will be voted on during the 3rd plenary, Saturday, May 20, 2017, 2:15 PM-4:15 PM

Assembly Rules Committee
DRAFT Consent Calendar

To provide time for discussion and debate on many issues on the agenda, the Assembly has approved using a Consent Calendar at its meetings. Placement on the Consent Calendar does not imply that an issue is not of prime interest or importance, but rather that it is perceived to be non-controversial, routine, for information (perhaps to another component), or an administrative matter.

When the Consent Calendar if brought to the floor of the Assembly, any member may request removal of any item for debate, for individual action, or for information.

The remaining items are voted on en bloc. Items removed are then taken up in the order in which they appear on the agenda schedule.

A. Does any member of the Assembly wish to remove any item from the Consent Calendar?
B. Will the Assembly vote to approve the remaining items on the Consent Calendar?

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cc #1	**2017A1 4.B.1**	Retain 2007 Position Statement on Use of Stigma as a Political Tactic If removed: **Reference Committee #5**
cc#2	**2017A1 4.B.2**	Revised Position Statement: The Role of the Psychiatrist in the Long-Term Care Setting If removed: **Reference Committee #2**
cc#3	**2017A1 4.B.3**	Retire 2009 Position Statement: U.S. Military Policy of "Don't Ask, Don't Tell" If removed: **Reference Committee #4**
cc#4	**2017A1 4.B.4**	Retain 2006 Position Statement: Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health If removed: **Reference Committee #4**
cc#5	**2017A1 4.B.5**	Retain 2001 Position Statement: Discrimination Against International Medical Graduates If removed: **Reference Committee #4**
cc#6	**2017A1 4.B.6**	Retain 1999 Position Statement: Diversity If removed: **Reference Committee #4**
cc#7	**2017A1 4.B.7**	Retain 1994 Position Statement: Psychiatrists from Underrepresented Groups in Leadership Roles If removed: **Reference Committee #4**

cc#8	**2017A1 4.B.8**	Retain 1994 Position Statement: Resolution Opposing Any Restriction on the Number of IMGs Entering Graduate Medical Training If removed: **Reference Committee #4**
cc#9	**2017A1 4.B.10**	Retain 1977 Position Statement: Affirmative Action If removed: **Reference Committee #4**
cc#10	**2017A1 4.B.11**	Retire 1976 Position Statement: 1976 Joint Statement on Antisubstitution Laws and Regulations If removed: **Reference Committee #3**
cc#11	**2017A1 4.B.13**	Retain 1998 Position Statement: Misuse of Psychiatric Examinations and Disclosure of Psychiatric Records in Sexual Harassment Litigation If removed: **Reference Committee #1**
cc#12	**2017A1 4.B.14**	Retire 2001 Position Statement: Doctors Against Handgun Violence If removed: **Reference Committee #1**
cc#13	**2017A1 4.B.15**	Retain 2008 Adoption of AMA Statements on Capital Punishment If removed: **Reference Committee #5**
cc#14	**2017A1 4.B.16**	Retain 2010 Position Statement: No "Dangerous Patient" Exemption to Federal Psychotherapist-Patient Testimonial Privilege If removed: **Reference Committee #5**
cc#15	**2017A1 4.B.19**	Proposed Position Statement: Legislative Attempts Permitting Pharmacists to Alter Prescriptions If removed: **Reference Committee #2**
cc#16	**2017A1 4.B.20**	Revised 2015 Position Statement: Use of the Concept of Recovery If removed: **All Areas/Assembly Groups: Primary- Area 5, Secondary- ECPS**
cc#17	**2017A1 12.H**	Expanding Access to Psychiatry Subspecialty Fellowships (see action paper packet) If removed: **Reference Committee #3**

Item 2017A1 6.C
Assembly
May 19-21, 2017

Special Rules of the Assembly

1) There will be a maximum of three minutes for each presentation during debate.

2) The author or presenter has priority in making statements.

3) The Speaker will attempt to solicit a balance of pros and cons.

4) The Speaker will entertain a motion for the question when it is felt that there has been sufficient debate, both positive and negative on the motion.

5) A Reference Committee model is being used as an alternative to Area Council review for some Action Papers. The Rules Committee will select the papers to be processed in this way. The Reference Committee will be selected by the Speaker from nominees submitted by the Area Councils, the ECP Committee, the RFM Committee, the M/UR Committee, and the ACROSS Committee, to equalize participation as much as possible. Council Chairs may be appointed as non-voting participants in the Reference Committees. The Reference Committees may modify or combine Action Papers. Their recommended actions will be distributed in time for discussion in the Area Council meetings before being brought to the floor.

6) Presenters of reports should be limited to spelling out clearly the title and identification of the report, giving a short summary of the salient points if necessary, calling for action if indicated, and being available for questions from the floor.

7) New Business should be kept to a minimum, particularly if the issue is already reflected in another Action Paper on the Agenda that was emailed before the meeting.

8) The author will move his or her paper. The Reference Committee will give a report of recommendations to approve, not approve, amend, or otherwise act on the paper. If the Reference Committee proposes amendments, they will move them en bloc as an amendment by substitution, which does not require a second or acceptance by the author. The discussion will be on the amendment by substitution. Two additional levels of amendment will be permitted to this amendment by the Reference Committee. At the end of the discussion, if the Reference Committee's wording with any passed amendment fails, then discussion will revert to the original paper.

9) The question of direct referral of an Action Paper to the Board of Trustees will be divided and handled as a separate motion following passage of the Action Paper, even if direct referral is included in the Action Paper's "Be it Resolved." The Reference Committee's input regarding the direct referral motion will be taken into consideration. Debate on this motion will be limited as to timeliness and thus the appropriateness of a direct referral.

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Report of the Assembly Awards Committee
Jenny Boyer, MD, PhD, JD, Chairperson

The Assembly Awards Committee met via conference call to select the winners of the Assembly District Branch Best Practice Award, the 2016 Ronald A. Shellow Award[1] and the 2017 Ronald A. Shellow Award.

Assembly District Branch Best Practice Award
This award recognizes a District Branch for exemplary standard practices and/or innovative programs, with a special interest in practices and programs that hold potential for replication by others. **New York County Psychiatric Association** is the winner of 2017 District Branch Best Practice Award. This District Branch is being recognized for their programs related to their newsletters, meetings and special RFM and M/UR engagement efforts. **Honorable mentions were given to**, in alphabetical order, **Massachusetts Psychiatric Society**, for their innovative *Retirement Discussion Series*, and to **Northern California Psychiatric Society**, for their four-prong RFM engagement strategy.

Ronald A. Shellow Award
The Ronald A. Shellow Award is given to departing members of the Assembly who have served far beyond the general standards of service.

2017 Ronald A. Shellow Award
Laurence Miller, MD
Ramaswamy Viswanathan, MD, DMSc

2016 Ronald A. Shellow Award
David Scasta, MD

Additional awards of the Assembly

Resident-Fellow Member Mentor Award
This award is given to APA members who advocate for and mentor future psychiatrists. The Assembly Committee of Resident-Fellow Members select one member per Area each year. The 2017 awardees are:

Area 1: Vincenzo Di Nicola, MD, PhD
Area 2: Josie Olympia, MD
Area 3: Sheila Judge, MD
Area 4: Clarence Chou, MD
Area 5: Thomas Brown, MD
Area 6: Steve Koh, MD
Area 7: Dodge Slagle, DO

Assembly Award for Excellence in Service and Advocacy from the Women of the Assembly

The Assembly Women's Caucus honors a female member of the APA whose work exemplifies excellence in clinical mental health care combined with service to members of an underserved minority community.

The APA Women's Caucus selected **Ellen Haller, M.D.**, to be the 2017 recipient of this award. Dr. Haller has been a pioneer in the treatment of women and the LGBT community. She founded the Women's Care Mental Health clinic at UCSF and the LGBT clinic and is co-director of the Lesbian Health and Research Center. She also has been very involved with the Northern California Psychiatric Society and served as its President. In addition, she chaired the APA Committee on GLB issues and was on the APA Council on Minority Mental Health and Health Disparities.

Assembly Award for the District Branch and Area with the Highest Percentage of Voting

The award is intended to encourage APA members to participate in APA national elections and is based on voting data from the most recent national election.

The District Branch with the highest percentage of voting in the national election is the **Mid-Hudson Psychiatric Society** with **32%.**

The Area with the highest percentage of voting in the national election is **Area 2** with 24%.

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[1] The AEC voted to expand the eligibility criteria for the Ronald A. Shellow Award. Under the new criteria, nominations were accepted for Assembly members who departed after the May 2016 Assembly and for those who are attending their final Assembly meeting in May 2017.

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Report of the Council on Addiction Psychiatry

Highlights of recent activities the Council on Addiction Psychiatry follow.

Projects Aimed At Improving SUD Curriculum in General Psychiatry Programs

Representatives of the Councils on Addiction Psychiatry and Medical Education are leading an effort to identify and evaluate existing open source curriculum on substance use disorders. After identifying and evaluating more than 175 resources, the workgroup is developing educational toolkits that will be made available online for use by general psychiatry training programs. This effort is funded by the National Institute on Drug Abuse.

The President-Elect of the American Association of Directors of Psychiatric Residency Training (AADPRT) appointed an Addictions Task Force that is intended to improve the SUD training provided to residents and provide useful resources to training directors. The group includes representatives of APA, American Academy of Addiction Psychiatry, AACAP, and other stakeholder organizations. APA, AAAP, and AACAP members recently developed recommended Psychiatry Fellowship Training Milestones and Program Requirements in Substance-Related and Addictive Disorders for Child/Adolescent as well as Adult Psychiatry training programs.

Several Council members and Dr. Tristan Gorrindo presented a workshop at the recent AADPRT annual meeting. The highly interactive session focused on identifying strengths and deficits within general residency training programs as related to substance use disorders (SUD). Utilizing a resource document developed by the Council on Addiction Psychiatry, participants completed an inventory as to how their programs are addressing the recommended competencies within the resource document and developed personalized action plans. The workshop was well attended and well received.

Annual Meeting Research Tracks

The National Institute on Alcohol Abuse and Alcoholism will present more than a dozen Annual Meeting sessions that will bring the latest scientific findings in alcohol research to the practicing clinician. A highlight of the series will be a lecture by NIAAA's Director, George Koob, PhD, titled *The Dark Side of Compulsive Alcohol and Drug Seeking: The Neurobiology of Negative Emotional State*s. Additionally, the National Institute on Drug Abuse will present six sessions focused on chronic pain.

Collaborations with other Councils

The council is working with other APA components to address several Assembly Action Papers. Workgroups will conduct necessary research and draft position statements related to Prescription Drug Monitoring Programs and involuntary treatment of individuals with substance use disorder.

Providers' Clinical Support System for Medication Assisted Treatment (MAT)

APA is a partner organization in this SAMHSA-funded collaborative program that is led by the American Academy of Addiction Psychiatry. APA contributes webinars on topics that augment

the waiver training required of clinicians who provide medication assisted treatment for Opioid Use Disorder.

APA will soon start working with one community health center in Pennsylvania to provide training, technical assistance, and clinical mentoring on MAT. The goal is to identify and attempt to resolve barriers and expand access to medication assisted treatment in an area of significant need. Similar implementation projects are being undertaken in 4 other States by other PCSS-MAT partner organizations. The project will be evaluated after the pilot phase and expanded to more clinical sites.

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COUNCIL ON ADVOCACY AND GOVERNMENT RELATIONS
ASSEMBLY REPORT, MAY 2017

Debra A. Pinals, M.D.,
Chairperson

The Council on Advocacy and Government Relations (CAGR) was established in May 2009, as part of the reorganization of APA councils and components. The Council was consolidated to include the charges of the Council on Advocacy and Public Policy, the former Committee on Government Relations, and the former Committee on Mental Health Care for Veterans and Military Personnel and their Families. The Council also absorbed some of the charges of the former Council on Social Issues and Public Psychiatry. The Committee on Advocacy and Litigation Funding was retained as a corresponding committee.

The Council continues to serve as the APA's coordinating body for all legislative and regulatory actions involving the federal and state governments. Activities include analyzing issues and anticipating needs for policies and strategic planning. Recent examples include the Council presenting recommendations in the development of member resource materials, assessment of proposed mental health reform provisions within the 21st Century Cures Act, and evaluating updated regulations to 42 CFR Part 2, Confidentiality of Substance Use Disorder Patient Records, while conferring with other Council members for their input. This report outlines the major activities and considerations of CAGR this year.

Passage of 21st Century Cures Legislation

The momentum continued to build throughout 2016 for Congressional action to enact meaningful reform to the federal government's management and financial support of mental health and substance use services. On November 30th, the House passed H.R. 34, the 21st Century Cures Act, a bipartisan package combining medical innovation and mental health reform measures. APA led a diverse coalition of allied stakeholders in strongly urging the Senate to act, with the intent to have the legislation signed into law before the end of the 114th session of Congress. In December, President Obama signed into law the 21st Century Cures Act. This bipartisan achievement aims to increase funding for medical research, speed the development and approval of experimental treatments and overhaul federal policy on mental health care. The package sailed through both chambers of Congress, due in no small part to the grassroots activities of our APA membership and hundreds of patient advocacy groups that worked in overdrive the past two years pushing the mental health reform to the finish line. The Council worked with APA staff in encouraging advocacy and in participating when asked in grass root efforts. The Council continues to work closely with the APA Administration for

political and policy recommendations to drive APA's agenda forward through enactment of the bipartisan comprehensive health measure.

Principles for the Provision of Mental Health and Substance Abuse Treatment Services: A Bill of Rights

The Council continued their work in amending APA's 1996 Endorsement of the Principles for the Provision of Mental Health and Substance Abuse (now Substance Use) Treatment Services. Nine major mental health professional organizations, including the American Psychiatric Association, American Nurses Association, and the American Psychological Association, developed the original statement to define a patient's bill of rights inclusive of the right to know: benefits available; extent of professional expertise; treatment options; contractual limitations; appeals and grievance procedures and guaranteed confidentiality. In conjunction with the Council on Healthcare Systems and Financing, the Council was tasked in the prior year with updating this significant policy model, providing substantive work for consideration by the Joint Reference Committee. This year, after engaging in discussion regarding the Bill of Rights document, the Council on Advocacy and Government Relations established a small work group to draft a revised document. A completed draft of a new statement was developed for the Joint Reference Committee. The daft reflects a patient-centered, shared-decision making approach to behavioral health care. The modified position statement was designed to be a useful resource for APA members as well as patient advocacy. The JRC has referred the draft for further review by the Council on Healthcare Systems and Financing.

Position Statement: Hospital Privileges for Psychologists

The Council commenced their work in amending APA's 2007 Position Statement on Hospital Privileges for Psychologists. The Council on Advocacy and Government Relations established a small work group to assess the original statement and draft a revised document to reflect the most effective way to maximize the complementary skill sets of all health care professionals by working within physician-led team-base care. The modified position statement will be sent from CAGR to the JRC and hopes to provide a useful resource for APA members as well as patient advocacy.

Collaboration with the Assembly

The Council continues to work cross-functionally with various APA departments and councils to facilitate change and the development of new policy, to tackle unmet mental health needs or address emerging needs in the mental health community.

Following the approval of the Board of Trustees, the Council identified advocacy mechanisms the organization could implement indicated in the Action Paper on "Making Access to Treatment for Erectile Disorder Available under Medicare". The authors of the paper will work closely with the Council and the Department of Government Relations toward executing next steps.

In the coming months, the Council will be undertaking the following action items.

Principles for Healthcare Reform for Psychiatry
Smart Guns as A Gun Safety Response to Gun Violence, A Public Health Hazard
Ending Childhood Poverty

Mental Health Parity for Individuals with Intellectual and Developmental Disability (IDD)

Development of APA Advocacy Training Tools

An overarching priority for the Council on Advocacy and Government Relations this year has been to strengthen APA's member advocacy efforts when addressing federal and state issues impacting psychiatry and our patients. The Council has established two work groups to develop advocacy resource tools for APA membership—to understand what advocacy means and the significance of advocating as health care professionals. One work group has developed a draft online training providing APA members with a comprehensive approach to advocating and effectively communicating with policymakers about issues of concern to mental health and field of psychiatry. The second work group drafted a white paper on the *Current State of Advocacy Teaching in Psychiatry Residency Training Programs*, highlighting various successful programs and urging APA to lead the effort to ensure that all psychiatry residents get excellent teaching and training in advocacy during their residency years. The Council deems advocacy as an important means of raising awareness on mental health issues, assuring that mental health is on the national agenda, and that APA's advocacy priorities on behalf of psychiatric medicine are advanced. The efforts of mental health advocates have directly influenced policy and legislation, and guided the development of service programs or initiatives. Above all, the concept of mental health advocacy consists of various actions aimed at changing the major structural and attitudinal barriers to achieving positive mental health outcomes in populations nationwide. The training tools being developed are designed to encourage membership to engage in advocacy efforts as a significant area for action in mental health policy, whether at the federal, state, or local level.

Scope of Practice

The Council, APA Administration, and APA membership continue to work in tandem to defeat unsafe prescribing legislative proposals across several states. Psychologists are aggressively seeking the ability to prescribe independently with minimal education and training, endangering patient safety. APA is effectively employing innovative strategies in opposition, while proactively promoting evidence-based alternatives to mental health access challenges, such as expansion of collaborative care models, tele psychiatry implementation, and parity enforcement. Through well-executed opposition campaigns, APA has deterred the introduction of psychologist prescribing legislation this session in 10 states, including Florida, Kentucky, Minnesota, and North Dakota. In addition, APA's successful grassroots efforts have stalled bills from advancing in New Jersey and New York. The rest of 2017 is expected to be just as eventful, with proposed legislation expected to be introduced in 7 states, as well as a bill to expand scope in New Mexico. The Council has been able to weigh in on CALF funding as well as policy impact of various approaches across states. The Council will continue to work in conjunction with APA Administration and District Branches to enhance strategic advocacy efforts aimed at stopping scope of practice legislation.

Committee on Advocacy and Litigation Funding (CALF) Grants

Originally created in 2002, and re-established in 2009, the Committee on Advocacy and Litigation Funding is charged with reviewing requests, typically from district branches and state associations, for

financial support of projects that involve legislation, litigation, and advocacy. The Committee makes recommendations regarding funding through the Council on Advocacy and Government Relations and the Joint Reference Committee to the Board of Trustees and programs coordinated activity by other APA components, District Branches, and State Associations. With increased legislative activity, the Council has worked with the APA Administration in ensuring support to eligible and approved DB/SAs as they seek to bolster their advocacy apparatus.

Congressional Action Network and Engage

The Congressional Advocacy Network (CAN) is APA's political grassroots network. Our Congressional Advocacy Network Advocates serve as "key contacts" for their members of Congress so that when a key issue comes up before the U.S. Congress (like Medicare and Medicaid reimbursement for physicians and comprehensive mental health reform), APA can quickly get its message to members of Congress. To date, there are over 160 APA members actively participating in the CAN program to engage with their Members of Congress to cultivate champions for mental health.

The Engage program is APA's new grassroots network, which allows APA members to efficiently communicate with their elected officials and make APA's voice heard in Congress and state legislatures. Since October of last year, more than 1500 APA members have participated in twelve "calls to action" and contacting Members of Congress via over 2700 emails and calls. The Council encourages APA members to continue these successful efforts in effectively battling bills that impact the mental health community. The Council has also begun to gather feedback from APA staff regarding the impact and reach of these social networking strategies for advocacy to continue to build on success.

The APA Political Action Committee (APAPAC)

The APA Political Action Committee (APAPAC) is governed by a Board of Directors that is composed of 13 APA members. Chaired by Corresponding Council member Charles Price, M.D., APAPAC is the bipartisan political voice of the APA and enables APA to invigorate its patient and professional advocacy activities by supporting candidates for federal office with political contributions. The APAPAC works to ensure the election of members of Congress who share mutual principles and goals with APA and who stand up for psychiatry's position during the legislative process. Another extremely significant role of the APAPAC is to educate other members of Congress as to why they should support positions vital to our patients and our profession.

In 2016 APAPAC had one of its most successful fundraising years on record, raising over $269,844. APAPAC also saw the average contribution rise from $154 in 2014 to $165 in 2016. In 2017 APAPAC is poised to meet and exceed 2016's fundraising success. To date, APAPAC has raised over $113,726. With an average participation rate of under 5% since 2008, APAPAC will focus on raising this percentage in 2017. This participation rate ranks among the lowest of all medical specialty PACs, and increasing the number is vital to the PAC's future success. Of eligible CAGR members, 100% contributed to the APAPAC in 2016. The CAGR Chair also attended PAC meetings and worked across the aisle with the CAGR chair. APAPAC's goal for individual contributors in 2017 is 1,825, which would be a 15% increase in participation and bring the participation rate above 5%. As of March 31, 2017, APAPAC has

received contributions from 597 individual donors (33% of the 1,825 goal).

Summary

The Council on Advocacy and Government Relations, in conjunction with the Department of Government Relations, provides valuable expertise on many of the critical issues impacting APA membership. Opportunities and challenges to advancing the legislative goals of the APA will continue through 2017. CAGR will continue to confer with other Councils on areas of their subject matter expertise to foster cross-Council coordination. CAGR also works with its Assembly Representative to have input and awareness of relevant Assembly actions. APA is well-positioned to work with the incoming Administration, as well as Congressional leadership on both sides of the aisle, particularly in the committees most relevant to our legislative agenda. As dynamic issues related to the practice of psychiatry have emerged and evolved over the last year, members of the Council have served as key advisers to the Department of Government Relations and the Board of Trustees on pressing national priorities impacting the field of psychiatry and the mental health community. CAGR has served as an active voice in conferring between membership and DGR staff to help foster the APA's advocacy agenda.

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Council on Children, Adolescents, and Their Families
REPORT TO THE ASSEMBLY

The work of the Council on Children, Adolescents, and Their Families is directed toward maximizing the effectiveness of APA in addressing the mental health needs of children, adolescents, and their families. Its charge is primarily carried out through position statements, APA-sponsored workshops, and collaborations with allied children and adolescent organizations.

The Council on Children, Adolescents, and Their Families reports that:

- The Council has submitted a Position Statement on Risks of Adolescents' Online Behavior to the Joint Reference Committee (JRC) on February 12th, 2017. The JRC recommended that the Assembly approve the proposed position statement and if approved, forward it to the Board of Trustees for consideration.
- The Council held a conference call on March 22, 2017 at 7:00 p.m. EST. The following items were discussed during the call: a subspecialty forum that will be held during the 2017 APA Annual Meeting, fellow announcements, review of the draft position statement on juvenile segregation, and the May meeting agenda.
- The Council is cross collaborating with various councils on issues that overlap with the Council's work and primary charge. The Council continues to work with the Council on Psychiatry and Law, Council on Communications, Council on Minority Mental Health and Health Disparities and the Council on International Psychiatry. The Council plans to work with the Council on Addictions as they explore ways in which to address new drugs of abuse.
- The Council continues to assess and revise existing APA Position Statements related to children, adolescents, and their families.
- The Council will meet in conjunction with the 2017 Annual Meeting in San Diego on Monday, May 22, 2:30PM-5:00 p.m. PT at the Marriott Marquis San Diego Marina, Salon F, Level 3.
- The Caucus on College Mental Health, which is supervised by the Council, will meet during the 2017 Annual Meeting on Friday, May 19th from 8:00 a.m. to 5:00 p.m. PT at the Marriott Marquis San Diego Marina, La Costa, Level 4.

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Council on Communications Report to APA Assembly

The Council on Communications is engaged in a number of activities aimed at supporting APA's mission by helping their colleagues in psychiatry become better communicators. A few of these efforts will be the subject of Council discussion at the Annual Meeting in San Diego. These topics include:

Social Media Training for Psychiatrists: Members of the Council have completed a video training webinar designed to help psychiatrists use social media responsibly within the bounds of medical ethics. The webinar is intended to help experienced social media users, as well as those who are new to it, and is available now on APA's Social Media Page on psychiatry.org.

Instructional videos: As part of a broader effort to help members with communications, Council members are also completing short videos that answer commonly asked questions from colleagues regarding social media and other communications issues. This is an ongoing effort.

Resident-Fellow Column in Psychiatric News: Resident-fellow members of the Council are collaborating with Psychiatric News staff on a regular column aimed at RFMs and Early Career Psychiatrists. A new column should be published in the coming weeks.

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Council on Geriatric Psychiatry

The Council on Geriatric Psychiatry focuses on the complex needs of older adults and work with other medical specialties to meet such needs. The Council recognizes that integration of care is vital to the well-being of our patients. The Council accomplishes its goals by implementing initiatives related to education, research, and clinical care in geriatric psychiatry.

Council is working on the following products:

Position Statement on Precepts of Palliative Care:
A workgroup consisting of volunteers from the Council on Geriatric Psychiatry and the Council on Psychosomatic Medicine is working on this statement. The final draft is ready for review by both the council. The statement is expected to be ready for submission to the Joint Reference Committee (JRC) by Fall 2017.

Position Statement on the Role of Psychiatrists in Long-term Care Settings- The JRC asked the council to review an old position statement entitled "Consensus Statement on Improving the Quality of Mental Health Care in US Nursing Homes: Management of Depression and Behavioral Symptoms associated with Dementia." The Council suggested retiring this position statement but strongly supported the need for a statement emphasizing the importance of high quality mental health care services in the long-term care (LTC) setting.
A workgroup consisting of council members drafted a new statement which was comprehensively reviewed by the Council in several meetings. The JRC has already approved the document. The statement will be presented to the Assembly for approval in May 2017.

Cultural Competency Curriculum for Geriatric:
In 2004, Council on Geriatric Psychiatry (then Council on Aging) developed a cultural competency curriculum (guide) to treat elderly patients of minority backgrounds. Dr. Maria Llorente who worked on the curriculum offered to work with DDHE to revise the document. An outlined draft was discussed during the Fall component meeting and was unanimously approved by the members.

Currently, workgroups consisting of senior council members, APA members, and APA/APAF Fellows are working on this resource. The guide will consist of 11 chapters focused on minority and underserved elderly population. As this report is being written, more than 80% of the content is ready for final review by the council during the APA Meeting in San Diego. The workgroup is expected to have the final draft by 2017 Fall component meeting.

Position Statement on Diagnosing Schizophrenia in Skilled Nursing Centers:
At the request of Kristin Kroeger, Chief – Policy, Programs and Partnerships of APA, the Council reviewed the statement prepared by external organizations on diagnosing schizophrenia in skilled nursing centers. The Council proposed extensive revisions, which were accepted by the other organizations (including American Health Care Association, American Association of Geriatric Psychiatrists, American Geriatric

Society etc.). The final statement was approved and endorsed by the APA President and the CEO/Medical Director.

Geriatric Awards:

A workgroup consisting of members of the council reviewed the applications received for two geriatric awards; Jack Weinberg Award in Geriatric Psychiatry and Hartford-Jeste Award for Future Leaders in Geriatric Psychiatry. The selected awardees include Dr. Barry Reisberg (Jack Weinberg Award) and Dr. Donovan Maust (Hartford- Jeste Award). The awards will be presented at the American Association of Geriatric Psychiatry (AAGP) Presidential Symposium on May 23, 2017 in San Diego.

Report of the
Council on Healthcare Systems and Financing
Harsh K. Trivedi, MD, MBA, Chair
Executive Summary

The Council on Healthcare Systems and Financing has focused their efforts on reviewing position statements, responding to action papers, and providing input on regulatory comments on a variety of matters. Additionally, considering the political transition and focus on health care reform changes within the new administration, the Council will be reviewing and revising their work plan to identify key priorities to on issues of mental health and substance use during the discussion of health reform.

Brief Summary of Council Activities and Items of Interest

The Council continues to work on several important issues, including:

1. The Council has reviewed several action papers and are currently working on identifying the next steps and drafting reports on these complex issues. These papers include the following:

    a. *ASMMAY1612.H: Third Party Coverage of Medication Found to Be Beneficial to an Individual Patient*
    Members of the Council are reviewing the current AMA policies on this issue. They will present their recommendations for next steps during the May 2017 in-person meeting.

    b. *ASMMAY15, ASMMAY1512.D: Developing an Access to Care Toolkit/Compendium of Access to Care Action Papers and Position Statements*
    The Council is actively working on compiling the position statements and other useful resources to be included in the toolkit in a user-friendly manner. Members of the APA administration are working with the Department of Communications on a web presence.

    c. *ASMMAY1612.J: Eliminate Out of Pocket Cost Barriers to Care for Patients*
    The Council drafted a position statement on out of pocket costs for patients. The position statement was presented to the JRC for their approval; however, the JRC referred the position statement back to the Council for further work. The Council will review the JRC action in May and determine next steps.

2. Members of the Council continue their review of position statements as prescribed by the governance protocols of the APA. The Council will be reviewing proposed revisions for select position statements at their May meeting.

3. Members of the Committee on RBRVS, Codes and Reimbursements have been heavily involved in the development and valuation of CPT codes to describe the work involved in providing collaborative care services for patients with psychiatric disorders. CMS has begun to pay for these services beginning January 1, 2017 using HCPCS codes; a full year earlier than waiting for the standard CPT/RUC process. CMS has also begun to pay for CPT codes 99358 and 99359 which describe non-face-to-face work done on behalf of the patient. Examples of the work that would be captured using these codes include: extensive record reviews, care coordination with other providers/agencies, and time spent securing prior authorization. There are several billing requirements (time reported is for work done on a given date; you cannot bill for time less than 30 minutes) which should be

reviewed prior to billing the service. The Committee will provide updates on this and other changes to CPT coding and documentation at their APA Annual Meeting workshop "Decrypting the Codes - An Interactive Case-Based Workshop to Demystify CPT Coding and Documentation for Psychiatrists."

4. The Workgroup on Integrated Care has finalized a white paper focused on general medical care for people with serious mental illness which is currently being reviewed by relevant components.

5. The Committee on Telepsychiatry submitted to present at APA's 2017 Annual Meeting and their content was accepted, with most of the Committee expected to serve as panelists. The workshop is titled, "Integrating successful Telepsychiatry models into psychiatric practice." The Committee has also recently grown its Telepsychiatry Toolkit, which now has 33 pages of content, including educational videos and other resources. Finally, the Committee is in the initial stages of coordinating with the American Telemedicine Association (ATA) to develop joint APA-ATA Guidelines on Telepsychiatry.

6. Parity Update

- Parity compliance and enforcement efforts continue to focus on several priority arenas of federal and state parity regulatory efforts:
  1) Implementation of the White House Parity Task force recommendations https://www.hhs.gov/sites/default/files/mental-health-substance-use-disorder-parity-task-force-final-report.pdf

  2) Working through the District Branches with APA affiliates and insurance commissioners in those states which received CMS grant money to develop robust pre- and post- market parity compliance initiatives http://dfs.ny.gov/about/cms_award_grant.pdf

  3) Working with HHS and DOL to develop the parity guidance and action plan requirements codified in Section 13001 of the Cures Act http://docs.house.gov/billsthisweek/20161128/CPRT-114-HPRT-RU00-SAHR34.pdf

  4) Educating APA affiliates about Medicaid parity compliance requirements currently ongoing given the Federal October 2017 deadline for compliance

- Health plan network adequacy and provider reimbursement rates are a primary and consistent focus of APA's efforts respecting each of the key areas identified above. We have developed important data on these issues through the conduct of numerous secret shopper surveys, including the District of Columbia, Sacramento, San Francisco, and Chicago, and anticipate several more this summer in Florida and Pennsylvania. The information generated by these surveys has been highly useful in APA national and state discussions with state insurance commissioners and several state attorneys general and documenting the inability of patients to access care. This will remain a priority activity going forward and includes a series of ongoing webinars with APA's state affiliates. We are urging the federal authorities to specifically issue guidance on these issues and outline the boundaries of parity compliance and non-compliance.

- Regarding the parity compliance grants which CMS issued to 20 states, we have had extensive contact with these states and are working closely with District Branch staff to closely monitor state activity and be as involved as we can be with the respective state insurance authorities.

- Respecting the Cures Act requirements, APA is developing a specific language recommendations for the eventual federal guidance and action plan and is working closely with DOL and HHS to ensure that the eventual federal directives to health plans are substantive regarding documentation and transparency of compliance with the regulatory tests.

- On the Medicaid parity front, a webinar on the compliance requirements and process was conducted for the District Branch staff. This will be a continuing series going forward and the expectation is there will be many issues to deal with especially once the states make public their documentation as to how parity compliance has been achieved for their Medicaid managed care arrangements, Medicaid expansion plans where applicable and CHIP programs.

- We updated the parity poster with the new HHS consumer website, created on the recommendation of the White House Task Force. It can be found here: https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Parity/Parity-Poster.pdf

Persons with specific questions or needing additional information should contact: Maureen Bailey at mbailey@psych.org.

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Council on International Psychiatry

The Council on International Psychiatry is focused on supporting opportunities for bilateral education and development between U.S. and non-U.S. psychiatrists and trainees through international engagement activities and programs aimed at increasing international participation and membership.

Education and Training

In late 2016, in coordination with APA leadership and staff, Council members reached out to international psychiatric organizations to participate in the APA **Research Colloquium for Junior Investigators**. International participation in the application process for the Colloquium, held each year at the APA Annual Meeting, increased from participation by four countries in 2016 (Brazil, Colombia, France, and Mexico) to thirteen countries in 2017 (Argentina, Brazil, China, Egypt, France, Jamaica, Mexico, Netherlands, Nigeria, Peru, Spain, Uganda, United Kingdom). Nominating organizations and institutions are responsible for funding participants who must also meet APA membership eligibility requirements.

Council members continue to identify and support opportunities for the development of quality abstracts on global mental health and international topics for presentation at the APA Annual Meeting and other international psychiatric meetings. Council members coordinate efforts with APA members, members of the Caucus on Global Mental Health and Psychiatry, domestic and international psychiatric organizations, and other relevant groups and individuals.

2017 APA Annual Meeting International Sessions

- "The Role of Culture in Mental Health and Mental Illness: An International Perspective"
- "Global Issues in Mental Health: Primary Care and School Mental Health, Ethics and Culture, and Migrant and Refugee Mental Health"
- "Refugee Psychiatry: Practical Tools for Building Resilience of Displaced Persons and Refugee Communities to Migration-Related Stressors"
- "Primary Care Psychiatry: Global Perspectives"
- "The United Nations, the APA's NGO Status and Current International Crises: What Can APA Members Do?"
- "Caring for Trafficked Persons: How Psychiatrists Can Utilize a Collaborative and Innovative Approach to Care for this Vulnerable Population"
- "MAANASI—Of Sound Mind—A Program by Women for Women: Mental Health of Six Million People on a Shoe String Budget"
- "Thinking Globally, Working Locally: Establishing and Maintaining Global Mental Health Training Programs in Low-Resource Countries"
- "Paving the Way to Improving Global Mental Health in High- and Low-Resource Countries"
- "Mentally Ill and Traumatized Populations in South Sudan: Community Outreach and Breath-Body-Mind Treatment for Impoverished States"
- "Opportunities for Psychiatrists in Global Health Engagement: Lessons Learned"
- "Building Human Capacity for Mental Health in Low- and Middle-Income Countries"

- "Global Mental Health and Substance Use Disorders: Relevant Today, Tomorrow and Always"
- "A Hippocratic Oath for Global Mental Health"

Council members are also coordinating abstract submissions for relevant upcoming international meetings including the 2017 WPA World Congress of Psychiatry which features the theme "Psychiatry of the 21st Century: Context, Controversies and Commitment."

Membership and Engagement

The Council works in coordination with the Membership Committee on membership initiatives. This includes participation in the APA International Member Welcome event at the APA Annual Meeting which welcomes new APA International Members, International Fellows, and International Distinguished Fellows, the later which are also recognized at the Convocation Ceremony, and provides an opportunity to network with colleagues from different countries and Council members.

The APA Caucus on Global Mental Health and Psychiatry, which reports to the Council, meets in-person during each APA Annual Meeting and, while Caucus membership is limited to APA members, attendance at the Caucus in-person meeting is open to all Annual Meeting attendees.

Currently, Council members are exploring engagement opportunities with presenters in the "International Poster Sessions" through a pilot program developed to (1) establish a network of engagement with international presenters, (2) provide an opportunity for professional development through dialogue with Council members on the presenter's research, and (3) identify potential opportunities for future collaboration and coordination.

Policy and Recognition

The Council reviews APA position statements and Assembly action papers addressing a range of issues impacting psychiatry. In particular, stemming from an Assembly Action Paper "Position Statement on Migrant and Refugee Crisis Around the World," Council members worked with members of the Council on Minority Mental Health and Health Disparities, the Council on Psychiatry and Law, and the Council on Children, Adolescents, and Their Families, on the cross-Council Work Group on Refugee Mental Health to develop a position statement on the **"Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement"** (see excerpt below) which is scheduled for Assembly review at the May 2017 meeting.

> "American psychiatrists have broad skill sets for relieving suffering inflicted upon immigrants and refugees by displacement from and within their home countries and can provide direct psychotherapeutic and psychosocial interventions, as well as programmatic leadership, for the care of persons suffering posttraumatic symptoms and other migration-related syndromes of distress."

The APA Board of Trustees accepted the Council's nomination for the **National Consortium of Torture Treatment Programs (NCTTP)** to receive the **2017 APA Human Rights Award**. NCTTP is a U.S. based network of programs which exists to advance the knowledge, technical capacities and resources devoted to the care of torture survivors living in the United States and acts collectively to prevent torture worldwide. NCTTP's

primary purpose is to foster the development of quality, specialized programs devoted to caring for survivors of torture. Member organizations share knowledge and expertise through regular communication and cooperation, building stronger individual organizations as well as a stronger network of care. The NCTTP provides a front line of care for refugees, political torture survivors, and children and families in ICE detention centers, which is lifesaving for many refugees lacking asylum status and currently excluded by statute from access to health services or legal employment. A number of APA members currently provide volunteer service to NCTTP programs as clinicians or through organizational leadership roles and provide pro bono psychiatric evaluations in support of refugees seeking political asylum. By providing health, mental health, legal assistance, and/or other support services to victims of torture, NCTTP member centers conduct their programs with the highest professional standards and research into treatment outcomes and evidence based practices is a strong value. Member centers can be found in 19 states and 28 cities in the United States including San Diego, CA. The award is schedule to be presented to the NCTTP Executive Committee, including the President and APA member, Dr. Lin Piwowarczyk at the workshop **"Refugee Psychiatry: Practical Tools for Building Resilience of Displaced Persons and Refugee Communities to Migration-Related Stressors"** during the 2017 APA Annual Meeting.

At their March 2017 meeting, the APA Board of Trustees approved a joint proposal from the Council on International Psychiatry, the Council on Minority Mental Health and Health Disparities, the Assembly Caucus of Black Psychiatrists, and the organization Black Psychiatrists of America, Inc. (BPA), to rename the Human Rights Award, the **Chester M. Pierce Human Rights Award**. The Board also approved the development of a joint nominating committee that features the Councils involved in the joint-proposal, the Assembly Committee of Representatives of M/UR Groups, and a consultant from the BPA.

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APA COUNCIL ON MEDICAL EDUCATION AND LIFELONG LEARNING
Report to the Assembly

The Council's purview covers issues affecting the continuum of medical education in psychiatry – from undergraduate medical education to lifelong learning and professional development of practicing physicians. The Council is a convening body for the allied educational organizations including AADPRT, ADMSEP, AACDP and the ABPN.

Information Items

APA Accreditation Status- The Council has General Oversight of the APA CME program in support of lifelong Learning. The American Psychiatric Association was awarded Accreditation with Commendation in November 2016 by the Accreditation Council for Continuing Medical Education (ACCME). APA's commendation status recognizes the efforts we are making around quality improvement, innovation, standardization, and partnership within our education program. ACCME introduced new criteria for commendation which will be phased in through 2018. The new criteria encourage and reward accredited CME providers for implementing best practices in pedagogy, engagement, evaluation, and change management and for focusing on generating meaningful outcomes. The new commendation criteria will recognize the achievements of organizations that advance interprofessional collaborative practice, address public health priorities, create behavioral change, show leadership, leverage educational technology, and demonstrate the impact of education on health care professionals and patients. In 2016, in its annual report to ACCME, APA reported 333 accredited activities including 57 jointly provided activities of District Branch partners.

Joint Sponsorship Pilot Program - With input from the Council on Medical Education and Lifelong Learning, APA has expanded the Joint Sponsorship program to Allied Associates, New Jersey District Branch of AACAP, ADMSEP, and Cohens Veterans network.

Launch of Learning Collaboratives as part of the Centers for Medicare and Medicaid Services (CMS) Transforming Clinical Practice Initiative (TCPI) Support and Alignment Network (SAN) Grant – APA is working with the AIMS Center to provide training and make practice connections for physicians interested in practicing in integrated care settings. A three month Learning Collaborative course project is underway with resource, geographical, and practice area cohorts. ABPN has approved participation in the Learning Collaborative program for MOC 2 and 4. Participation in Learning Collaboratives also qualifies as a MACRA/MIPS Improvement Activity.

Maintenance of Certification - The Council reviewed new material developed by Division of Education to demystify and support members through the MOC process and keep up with requirements, A Psychiatrists Guide to MOC is available on the APA website.

MACRA/MIPS Improvement Activities
The Council sought information from APA's Policy Division on MACRA/MIPS requirements. CMS has published a final rule and formally listed 92 Clinical Practice Improvement Activities (CPIA) as options for the MACRA/Merit Based Incentive Payment System (MIPS) program, many of which clinicians may already

be doing in their practice (external link to CMS Quality Payment Program Improvement Activities). Of the listed activities, APA provides or will provide several qualifying activities: Learning Collaborative participation as part of the CMS Transforming Clinical Practice Initiative; Participation in a Qualified Clinical Data Registry; Completion of training and receipt of approved waiver for provision of opioid medication-assisted treatments; and qualifying MOC part 4 activities for those participating in Maintenance of Certification.

The Council provided input on the APA response to Accreditation Council for Graduate Medical Education (ACGME) regarding common program requirements.
In November 2016, APA responded to the ACGME request for comment on common program requirements. The APA used this opportunity to underscore the importance of resident wellness. The APA asked that the ACGME consider requiring that programs inform residents of how to seek confidential mental health and substance use treatments services within their institutions and/or off-campus clinicians, and that the ACGME consider a formal wellness-focused curricular requirement.

A new ACGME requirement, beginning July 2017, mandates that all programs provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.

The Council weighed in on the APA response to ACGME resident Duty Hours. (Clinical Work and Education). The Accreditation Council for Graduate Medical Education announced that the cap on residents' duty hours would be set to 80 hours per week with shifts not lasting more than 28 hours, beginning July 1, 2017.

The Council followed Congress bill HR 6333 regarding accreditation of osteopathic residency training programs for purposes of GME payments under the Medicare program. The bill was "cleared from the books" at the end of the previous congress.

Update on Personal Learning Project Tool - The Council is working to develop an educational tool, *Personal Learning Project Tool*, based on the Canadian Model introduced at the 2016 Education Summit of the Council. The tool would provide members with a mechanism to earn CME credit and meet MOC requirements for self-directed learning projects directly related to practice and improvement. Members of the council had consensus regarding features of the tool: Record my clinical questions as part of practice based learning activity; Record my learning activities based on clinical practice; Document my practice based learning for MOC requirements. The Personal Learning Project activity could be published in FOCUS and credit would be documented through the online education center, education.psychiatry.org as a pilot program with next steps of building an app.

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Council on Minority Mental Health and Health Disparities
Report to the Assembly

The Council on Minority Mental Health and Health Disparities (CMMH/HD) advocates for minority and underserved populations and psychiatrists who are underrepresented within the profession and APA. CMMH/HD seeks to reduce mental health disparities in clinical services and research, which disproportionately affect women and minority populations. CMMH/HD aims to promote the recruitment and development of psychiatrists from minority and underrepresented groups both within the profession and in APA.

CMMH/HD reports the following:

M/UR Recruitment Strategy
CMMH/HD, Membership Committee, and APA's Membership Department and Division of Diversity and Health Equity (DDHE) are working to develop a strategy to better target M/UR groups in response to CMMH/HD's concern that the number of M/UR members is decreasing. The strategic plan will be presented to the Board of Trustee (BOT) for approval by Fall 2017.

M/UR Caucus Liaisons and Council Liaisons
To improve CMMH/HD's communication with M/UR Caucuses and other APA councils, CMMH/HD has appointed a liaison to each M/UR Caucus and APA council.

Liaisons assigned to M/UR Caucuses are to:
- Inform and solicit feedback from M/UR Caucuses about CMMH/HD initiatives
- Work with Caucuses in nominating process of the M/UR Awards
- Work with Caucuses in drafting and reviewing Action Papers, Position Statements, and abstracts for upcoming workshops, symposia, etc.

Liaisons assigned to other APA councils are to:
- Explore opportunities for CMMH/HD to work with other councils on joint initiatives

All liaisons were directed to contact APA M/UR Caucuses and other councils to inform them of their role.

Position Statements

CMMH/HD reviewed and voted to retain the following Position Statements:
- Affirmative Action (McMillan, M. et al. 1977)
- Discrimination Against International Medical Graduates (APA. 2001)
- Discrimination Against Persons with Previous Psychiatric Treatment (Council on Psychiatry and Law. 1977)
- Diversity (APA. 1999)
- Psychiatrists from Underrepresented Groups in Leadership Roles (Robinson, G. et al. 1994)
- Resolution against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health (Walker, S. et al. 2006)

- Resolution Opposing Restriction on Number of International Medical Graduates (IMGs) Entering Graduate Medical Training (APA. 1994)

CMMH/HD reviewed and revised the following Position Statements:

- Abortion (Futterman, E. et al. 1978)
- Prevention of Violence (APA. 2007)
- Religious Persecution and Genocide (APA. 1977)

CMMH/HD reviewed and retired the following Position Statement:

- US Military Policy of Don't Ask Don't Tell (2009)
- A workgroup consisting of members of the Board of Trustees, CMMH/HD, Council on Children, Adolescents and Their Families, and the Council on International Psychiatry was formed to develop a Position Statement on Human Trafficking. The Position Statement will be presented to the JRC for approval by June.
    - Workgroup members included:
        - Board of Trustees (Vivian Pender, M.D.)
        - CMMH/HD (Amy Gajaria, M.D., Carine Nzodom, M.D., Mary Roessel, M.D., and Ludmilla de Faria, M.D. [past member])
        - Council on International Psychiatry (Michelle Riba, M.D.)
        - Council on Children, Adolescents and Their Families (Carlos Fernandez, M.D.)

US Joint Statement on Conversion Therapy

In June 2016, The JRC requested that the CMMH/HD review and provide feedback to Action Paper, "U.S. Joint Statement on Conversion Therapy," (ASMMAY1612.Z). CMMH/HD supported the paper and suggested that the statement be applied across the lifespan, from childhood to adulthood. Authors of the Action Paper included David L. Scasta, M.D., James R. Batterson, M.D., and Eric Yarborough, M.D.

Educational Resources:

APA Toolkit: Stress and Trauma Related to the Political and Social Environment

CMMH/HD, DDHE, APA Communications, in collaboration with the Office of the Medical Director, is developing a toolkit and educational resource for patients, consumers, and providers in regard to stress and trauma related to the current state of the political and social environment in U.S. The toolkit aligns with CMMH/HD's mission of creating resources that focuses on diversity and inclusion. A workgroup was formed to develop this resource.

Renaming the APA Human Rights Award to the Chester M. Pierce Human Rights Award

The idea was brought forward by the members of the Council on International Psychiatry, CMMH/HD and the Caucus of Black Psychiatrists (BPA). The objective of this proposal is to recognize Dr. Pierce's contributions to the field of psychiatry.

BOT has approved the proposal. Efforts are now underway to create a selection process. APA staff liaisons will meet with leadership components of each nominating organization including APA Governance and DDHE staffs to finalize selection process.

Creating Venues for Improved Cultural Sensitivity

At the 2016 September Components meeting, some CMMH/HD members and M/UR Caucus members described concern that systemic racism was not adequately addressed in the organization and that several Black APA members had become distrustful of the organization. To address this issue, CMMH/HD recommended convening a dialogue about diversity and inclusion within APA that would involve CMMH/HD members, M/UR Caucus members and APA leadership.

- Conversations on Diversity
    - BOT approved the extension of Conversations on Diversity at 2017 APA Annual Meeting and IPS. Helena Hansen, M.D. has agreed to serve as facilitator at 2017 APA Annual Meeting.

Improving Mental Health of M/UR Communities Through Production of Academic Publications
Members of CMMH/HD expressed the need to develop publications that focus on topics related to structural racism and immigration.

Council on Psychiatry and Law
Steven K. Hoge, M.D., Chairperson

The Council on Psychiatry and Law has continued its work evaluating legal developments of national significance, proposed legislation, regulations, and other government intervention that will affect the practice of psychiatry, including the subspecialty of forensic psychiatry.

Some of the matters on which the Council has been working recently are:

McWilliams v. Dunn
The Council on Psychiatry and Law and the Committee on Judicial Action reviewed and considered *McWilliams v. Dunn*, a case argued before the U.S. Supreme Court on April 24th that presents the question of whether the Court's decision in *Ake v. Oklahoma* (1985) clearly established an indigent defendant's right to the assistance of a psychiatric expert to consult with the defense, as opposed to merely examination by a neutral psychiatric expert. APA, along with the American Academy of Psychiatry and the Law and the American Psychological Association, filed an amicus brief which argued that in cases where mental illness is at issue either in the guilt or penalty phase of a criminal trial, an indigent defendant's access to an independent psychiatric expert is essential to a fair trial.

Volk v. DeMeerleer
The Council and Committee also reviewed and considered the Washington State case *Volk v. DeMeerleer*, and APA joined a motion for reconsideration and amicus brief. The decision involved Tarasoff-type duties regarding a psychiatrist's duty to warn and protect potential victims of violence by a patient, and extended the duty to any possible victim, even one that has not been specifically identified by the patient.

Law Enforcement Responses to Persons with Mental Illness
The Council formed a workgroup to consider the issue of law enforcement responses to persons with mental illness. The workgroup has developed a draft position statement which will be further discussed by the full Council at the Annual Meeting.

In addition, the Council has a number of workgroups working on JRC referrals and other topics. Some of the items the Council expects to discuss at the Annual Meeting include: gun seizure laws, physician assistance with dying, confidentiality of physician medical records, and firearms in hospitals/ERs.

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Council on Psychosomatic Medicine

The Council on Psychosomatic Medicine (CPM) focuses on psychiatric care of persons who are medically ill and/or pregnant and works at the interface of psychiatry with all other medical, obstetrical, and surgical specialties. It recognizes that integration of biopsychosocial care is vital to the well-being and healing of patients and that full membership in the house of medicine is essential for our profession.

Since the JRC report in November 2016, the Council has focused on the following issues:

- **Name Change.** Over the past year, the Council has had multiple discussions of the viability of changing the name of the field from Psychosomatic Medicine to an alternative choice. This has been primarily based on the poor recognition of the name "Psychosomatic Medicine" by the public, other medical specialties, and many general psychiatrists. In addition, the term "psychosomatic" is considered by many to be pejorative. Working closely with the Academy of Psychosomatic Medicine (APM), surveys were sent widely to psychiatrists in the field, who strongly agreed with both name change as well as the specific choice of Consultation-Liaison Psychiatry. This change received overwhelming support by the Council, APM members, and the APA Board of Trustees during its most recent meeting. The Council is now collaborating with the APM in seeking approval from other critical national organizations including ACGME and ABPN. Discussion at the May meeting will include changing the name of the Council at this time.

- **Video Project.** The Council finalized a Prezi Video to use as a recruiting tool to increase the recruitment of medical students who are grappling with whether to enter psychiatry or another medical specialty. You may view it here. We are working with APM and APA's Department of Communications to disseminate the video. The fellows on the PM Council who initially launched this project felt that knowing about the field as a medical student would have greatly facilitated their choice to enter psychiatry as a career.

- **Position Statement.** The Council is working in partnership with the APA Council on Geriatric Psychiatry to develop a Position Statement on "Palliative Care and Psychiatry."

- **Fellowship Recruitment.** The Council is leading an effort, which will include all the other subspecialty Councils as well as the Council on Medical Education, to consider the significance of subspecialty training to the field of Psychiatry, and the role of APA in the enhancement of recruitment into fellowship programs. The preliminary forum will occur at the Annual Meeting.

- **Work Groups.** Currently, several subgroups are working on the development of Resource Documents on the following topics that will be considered by the Council at the May meeting:
    - QTc Prolongation Associated with Psychotropic Medications
    - Emergency Department Boarding of Individuals with Acute Mental Illness
    - Assessment of Medical Decision Making Capacity

In addition, the HIV Steering Committee is working to increase the knowledge of HIV Psychiatry among HIV clinicians through training and developing resources. The application period for the APA HIV Psychiatry Elective, which provides an opportunity for fourth year medical students to participate in a

month-long clinical or research elective in HIV psychiatry at one of several prominent universities across the country, just closed at the end of March 2017. A record number of applicants applied (39) with very diverse backgrounds. Additional training activities of the Committee include:

- **Trainings**
    - A training in Orlando was completed at the beginning of April. Focus was on an update to HIV Psychiatry and neurocognitive impacts of HIV. Training was attended by 150+ people
- **Training Materials**
    - Mary Ann Cohen, MD, just completed work on a topical brief for SAMHSA on Pre-exposure prophylaxis (PrEP). It is slated for publication in May 2017 and focuses on ways that mental health clinicians can speak with their patients about PrEP and their sexual health.
    - Kenneth Ashley, MD, will lead a webinar on PrEP for SAMHSA in May 2017. This webinar will also focus on the role of mental health clinicians in regard to PrEP and their patients.
    - A new textbook written by several members on the HIV Steering Committee will be ready for publication by Oxford University Press in April 2017: *Comprehensive Textbook of AIDS Psychiatry- A Paradigm for Integrated Care.* The entire Steering Committee contributed to this endeavor
- **Annual Meeting: New Training Format for the Annual Meeting (Medical History Mystery Lab)**
    - A new, engaging training format was developed for the Annual Meeting known as the Medical History Mystery Lab. The Steering Committee created a mystery/detective game complete with characters, dialogue, and clues in the vein of Sherlock Holmes. Participants play detectives and answer questions about a patient's complicated medical history based on provided clues, such as diary notes, medical records, receipts, photographs, police reports, postcards, newsletters, and character dialogue.

No actions requested.

Report to the Assembly
Council on Quality Care: Grayson Norquist, MD, Chair
April 11, 2017

Committee on Practice Guidelines

The Steering Committee on Practice Guidelines continues to focus on overseeing the development of evidence-based practice guidelines to assist psychiatrists in clinical decision-making. Per the request of Dr. Maria Oquendo, APA President, the committee developed and presented to the Board of Trustees a proposal on streamlining the guideline development process and a five-year business plan.

There are now three Guideline Writing Groups. The first group, chaired by Dr. Victor Reus, completed its work on the *Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder*, which was submitted for approval by the APA Assembly at the May 2017 meeting.

Following the completion of this guideline, the group will begin work on a new guideline for treatment of bipolar disorder based on an AHRQ (Agency for Healthcare Research and Quality) systematic review that should be completed in the summer of 2017.

A second writing group, chaired by Dr. Catherine Crone, will begin work shortly on a new guideline for treatment of eating disorders, which is based on older AHRQ systematic reviews, a supplemental in-house review of more current literature, and an expert opinion survey that was completed in February 2017 with almost 200 responses.

A third writing group, chaired by Dr. George Keepers, is being formed to work on a new guideline for the treatment of people with schizophrenia. This guideline will be based on an AHRQ systematic review on the topic that is expected to be available in spring 2017 and covers psychopharmacological and non-psychopharmacological treatments.

Committee on Mental Health Information Technology

The Committee on Mental Health Information Technology (CMHIT) convenes monthly by conference call to coordinate its various activities. Since September 2016, the Software Applications Workgroup, a reporting component of the CMHIT, officially launched a webpage providing guidance for APA members to review behavioral and mental health software applications ("apps"), its "Apps Evaluation Model." The Model includes a 5-step process for utilization of APA members evaluating apps, focusing on issues like privacy & security, scientific evidence, usability, and interoperability: https://www.psychiatry.org/psychiatrists/practice/mental-health-apps/app-evaluation-model.

In addition, CMHIT sent two of its members to a quarterly meeting of High Level 7 International (HL7), an accredited electronic health information standards organization that "is dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of

electronic information that supports clinical practice and the management, delivery, and evaluation of health services." APA's member and staff representatives continue to work within several HL7 committees focused on mental health standards within EHRs.

Quality Improvement and Quality Measurement

In response to the evermoving target of the *national quality enterprise,* the Council on Quality Care continues to discuss the various issues and priorities facing the Association. By working with the Council's various reporting component groups, general APA membership and targeted members with an interest in quality were notified and educated about these increasingly important topics (e.g., recent changes to staff leadership at the Joint Commission (TJC) could allow positive change to psychiatric accreditation programs, or the Centers on Medicare and Medicaid Services (CMS) administered Quality Payment Program: the Merit-based Incentive Payment System (MIPS), and its impact on individual members and the Association).

In consultation with the Performance Measurement Committee about MIPS and quality measure development, the Council acknowledged private collaborations with entities through partnerships with other medical specialty societies, like the joint-APA/American Academy of Neurology (AAN) 2015 Dementia Measure Set Maintenance Project and the ongoing management of these resulting measures. They also continued their discussions on national initiatives, like the Physician Consortium for Performance Improvement (PCPI) and the National Quality Forum (NQF).

The Council supports the addition of the "Quality Measurement Considerations" section of the APA clinical practice guidelines because it informs on the appropriate utilization of the guidelines for measure development or other quality improvement tools. Since the practice guidelines are not exhaustive in their advisement of quality improvement projects, the Council is also responsible for the development of the APA Gaps in Care Project (executed by the Committee on Performance Measurement), which will identify areas where integration of quality improvement efforts would make a positive impact. This is planned to help encourage measure development projects (internally at the APA and externally with APA potential collaborators), that will address the dearth of meaningful quality measures that currently exist for psychiatrists and their patients. The Council understands the increasing pressure for Psychiatry to define quality measures for the diagnosis and treatment of mental health and substance use disorders, as the entire health care system is moving toward a pay-for-quality approach. It is critical for the APA to be involved in defining these quality measures, otherwise crucial measures pertaining to Psychiatry will be defined by payers, other groups of clinicians (particularly Psychology), as well as patient advocates. This is particularly true now that the APA is in the process of developing a clinical quality data registry for quality reporting and tracking patient outcomes. Different considerations are involved in the process of measure development such as developing quality measures focused on specific psychiatric disorders versus measures that are global to psychiatry (e.g., psychiatric evaluation) or to all of healthcare (e.g., care coordination, medication reconciliation). Members of the Council, in conjunction with the Committee on Performance Measurement, hope that in tracking external quality measure development efforts, utilizing the APA practice guidelines section

on Quality Measurement Considerations, and identifying gaps in care, APA will be able to guide the development of measures or other quality improvement tools that impact the care psychiatrists provide.

Reporting Workgroups

Several other workgroups developed under the Council are active or have received approval to continue to convene. The **Patient Safety Workgroup** focuses on a variety of patient safety issues such as transitions of care that occur when patients are discharged from inpatient care**.** The **Standards and Survey Procedures Workgroup** continues to address policies related to institutional surveys as well as development of standards in collaboration with national organizations (e.g., The Joint Commission). Most recently, the Workgroup Chair, supported by APA staff, participated in a phone call with the new Joint Commission Executive Director of Behavioral Health Care and Psychiatric Hospitals to network and offer the APA as a resource to the area and related programs she oversees. The **Gender Dysphoria Workgroup's** commission has been extended and the Workgroup plans to continue developing resource documents focusing on treatment of those with gender dysphoria. Most recently, a condensed version of the Workgroup draft, "Assessment and Treatment of Gender Dysphoria and Gender Variant Patients: A Primer for Psychiatrists" was approved by the Board of Trustees for publication in the *American Journal of Psychiatry*. The fourth meeting of the **Caucus on Psychotherapy** will occur during the APA Annual Meeting in May 2017, with a growing membership of over 170 APA members who have interest in this area. This group convenes psychiatrists interested in advancing psychotherapy and psychosocial treatment.

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All Areas/Assembly Groups: Primary- Area 1, Secondary- ACROSS
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To: APA Assembly

From: Grayson S. Norquist, M.D., Chair, APA Council on Quality Care
Michael J. Vergare, M.D., Chair, APA Steering Committee on Practice Guidelines
Victor I. Reus, M.D., Chair, Guideline Writing Group

Re: Approval of New APA Clinical Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder

The new APA Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder is now available online at: https://www.psychiatry.org/audguide. **This link is for Assembly and Board of Trustees members only. Please do not share the link or the draft guideline with others**. The Council on Quality Care and the Steering Committee on Practice Guidelines invite the Assembly to approve the new Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder.

The guideline was developed following the APA guideline development process that was adopted in 2011 to align with the National Academy of Medicine's (formerly the Institute of Medicine) recommendations for trustworthy clinical practice guidelines. It was developed by a guideline writing group chaired by Victor Reus, M.D., and by a systematic review group led by Laura Fochtmann, M.D. Under the new guideline development process, all statements were determined by the guideline writing group using a modified Delphi method with blinded, iterative voting. The draft was available for comment by all Assembly members from February 17 to March 17, 2017. Multiple comments were received on the guideline draft and included input from several APA Councils, the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, Mental Health America, and the National Council for Behavioral Health. This feedback was used to fine-tune and strengthen the 19 guideline statements and the accompanying guideline text. As a reference, the sections of the document that address the rationale, guideline statements, implementation, benefits and harms, and quality measurement can be found on pages 12-56.

In recognition of this systematic process, the Assembly is now asked for a "yes or no" approval of this guideline.

Pending approval by the Assembly in May and approval by the APA Board of Trustees in July, publication of the guideline is anticipated at the end of 2017.

Will the Assembly vote to approve the Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder, with the understanding that the APA Board of Trustees will be asked in July to vote final approval for publication?

The Council on Research

Dwight Evans, M.D., Chairperson

Informational Updates
The Council brings the following Information Items:

1. **APA Registry:** In March 2016, the Board of Trustees approved development of the APA Mental Health Registry (PsychPRO). By automatically collecting and submitting quality reports, PsychPRO will help psychiatrists more easily meet their growing quality reporting requirements, including those in the new MACRA law and for MOC Part IV. The Council on Research (CoR) has been working diligently to advise the APA Registry development process. During the past year, development of the registry has proceeded ahead of schedule and will allow PsychPRO to become an important asset for the profession. Currently, approximately 200 psychiatrists have already signed up, enough for PsychPRO to apply for and successfully receive certification from CMS to be a qualified registry in March 2017. This certification is important because it allows PsychPRO to meet participants' 2017 Merit-Based Incentive Payment System (MIPS) requirements, avert their current 4% financial penalty, and potentially qualify for a financial incentive. PsychPRO has implemented 25 MIPS measures covering a wide range of practices, including adult and child, which participants can choose to report on and to gain the highest possible scores. Several large health systems have also now been successfully recruited, led by Sheppard Pratt Health System, the nation's largest private nonprofit provider of psychiatric and substance abuse services. Participation in PsychPRO of these systems, in addition to solo and small group practices, is a testament to the potential usefulness of the registry across a broad spectrum of settings in psychiatry. APA has also secured an agreement with the National Network of Depression Centers (NNDC) to encourage its more than 20 institutional members to join PsychPRO and to partner on national research efforts. PsychPRO will spur future research to develop better quality measures, as well as better ways to diagnose, treat and prevent psychiatric illnesses. For more information about the Registry, please go to www.psychiatry.org/psychiatrists/registry.

2. **2017 Research Colloquium for Junior Investigators:** The CoR's Committee on Research Training is working on the planning and coordination for thisyear's Research Colloquium for Junior Investigators.
   For 2017 the Research Colloquium for Junior Investigators will have 49 junior psychiatrists (mentees) – 28 from the U.S., 8 from Canada, and 13 from international countries including Jamaica, Nigeria, Uganda, Peru, Argentina, Brazil, Mexico, China, Egypt, Spain, the Netherlands, France, and London. In addition to the 41 core mentors who are senior researchers in the field of psychiatry, we have recruited 10 statistics/methodology mentors. In the past, mentees have mentioned how important it is to have mentors trained in statistics/methodology in addition to mentors whose expertise is in the field of psychiatry. As of April 6, 2017, we have held three successful webinars to introduce mentees to mentors within their research track. We have one more pre-colloquium webinar scheduled for April 21, 2017.

The R-13 grant application for partial support of the Colloquium, which was submitted to NIDA in September 2016 was approved. This grant will support the CoR's Committee on Research Training and Division of Research efforts to expand the Research Colloquium to: 1) include pre- and quarterly post-colloquium webinars to enhance the junior investigators' mentorship experience; 2) include statistics/methodology mentors to enhance the mentorship experience and network pool for the mentees; 3) increase our efforts to recruit junior investigators from traditionally underrepresented groups. The successful NIDA grant will cover the expenses for these expansions for the next 3 years (2017 – 2019) and begins as of April 2017. We continue to partner with American College of Neuropsychopharmacology and Society of Biological Psychiatry on this important mentoring initiative. The 2017 Research Colloquium will be held on Sunday, May 21, 2017 at the San Diego Marriott Marquis and Marina, San Diego, Calif.

1. **The CoR's Diagnostic and Treatment Markers Work Group has produced or is in the process of producing several papers including:**

    a. a Practice Advisory on Ketamine Use, which was published in April in the *Journal of the American Medical Association Psychiatry;*
    b. a molecular neuroscience review on the mechanisms of action of ketamine, which is being submitted to the journal *Neuron;*
    c. a paper on consensus recommendations on the use of transcranial magnetic stimulation in clinical care for major depression, which is in development;
    d. a paper on S-adenosylmethionine, which was produced with the Caucus on Complementary and Alternative Medicine, and was submitted to *The Lancet Psychiatry;*
    e. a piece on genetic predictors of treatment response in depression;
    f. a meta-analysis of treatment response in depression with the use of quantitative encephalography;
    g. a paper on predictors of treatment response in Bipolar Disorder;
    h. a position statement on the use of medical marijuana for the treatment of various psychiatric disorders, in collaboration with the Council on Addiction;
    i. an updated resource document on neuroimaging markers to diagnose psychiatric disorders, a summary of which will be published in the *American Journal of Psychiatry* with a link to the full article available on www.psychiatry.org

2. **Position statement on screening and treatment for mental health disorders during pregnancy and postpartum:** The Council on Research was asked to create a position statement on the above topic as the result of an action paper that was approved by the JRC. The Council, with the assistance of Dr. Maureen Sayres Van Niel, MD, Representative from APA Women of the Assembly, has compiled a top tier group of experts who will coauthor this with experts from the Council.

Action Items

There are currently no action items for the Assembly's consideration.

April 2017

To: APA Assembly

From: Carolyn B. Robinowitz, MD, Sr. Delegate, APA AMA Delegation, and Chair, AMA Section Council on Psychiatry

Re: Update on the Activities of the APA AMA Delegation/AMA Section Council on Psychiatry

The Section Council on Psychiatry, whose membership includes the American Academy of Child and Adolescent Psychiatry (AACAP), the American Academy of Psychiatry and the Law (AAPL), the American Association of Geriatric Psychiatry (AAGP), and the Gay and Lesbian Medical Society (GLMA), in addition to the APA, met in early November during the Interim Meeting of the AMA, A major focus both during the meeting and in the ensuing months has been a review of our strategic objectives and developing plans to continue to promote those objectives.

With a goal of ensuring that issues and policies affecting psychiatric care, education and research are appropriately addressed and supported by the AMA, our strategic objectives are to enhance the visibility and effectiveness of psychiatry and psychiatrists in the House pf Delegates; to initiate and support resolutions and reports that address issues of importance to patients and the profession; and to promote the appointment and election of psychiatrists to positions of leadership and policy-making within the AMA.

During the past decade, we have had remarkable success within the AMA House of Delegates, impacting policies by initiating or supporting resolutions and providing thoughtful testimony on important issues such as those discussed at the interim meeting in November which saw resolutions on the preservation of the physician-patient relationship and promotion of continuity of care, elimination of fail first policies, improving access to mental health services, establishment of Medicare low volume exemptions to avoid MIPS and MACRA penalties, and protecting patient access to health insurance coverage. We have actively fostered relationships with other specialty and state delegations, with much success in electing/appointing psychiatrists to leadership positions on AMA Councils and committees, its Board of Trustees, and even the AMA Presidency. We have seen growth in the number of psychiatrists involved in their state delegations or as members/leaders of AMA Sections with over 70 psychiatrists attending the AMA HOD in addition to the members of the Section Council on Psychiatry. And more to the point, psychiatry as a specialty and mental health are firmly seen as a vital and integral part of medical education, research, and care throughout the House of Delegates.

The many successes are noteworthy, especially since the AMA operates on a time table that is much more long-term than that of APA, and it can take several years for people to gain recognition and respect, or for resolutions to lead to policy. It is clear that to continue our success, we need to remain focused on the longer term by promoting the next generation of psychiatrist leaders to delegate positions. To that end, we have worked with Dr. Oquendo to develop strategic appointments to the delegation while continuing our emphasis on nurturing the younger members of our delegation whose

participation in the Residents/Fellows and Young Physicians Sections has been outstanding, and whom we anticipate will have long term leadership within the AMA.

This strategy of course, means the retirement of some of our older members whose previous contributions were critical to these successes. We would like to recognize the three retiring members of the delegation, Jack McIntyre, MD, Delegate and former Chair of the APA Delegation and AMA Section Council on Psychiatry, Paul Wick, MD, Delegate, and Donald Brada, MD, Alternate Delegate, for their years of hard work and dedication to the goals and objectives of the APA which framed our collaborative efforts with the AMA on issues of mutual importance. Each a leader in his own way, their knowledge and strong connections to other delegations and members of the House have fostered partnerships that were valuable to our work. They, and their spouses, have enriched our work, ensuring our voice is heard within the House of Medicine on behalf of psychiatrists and our patients. We will express our appreciation to them more formally during the AMA Annual Meeting in June.

We would also like to welcome those newly (to the delegation or the role) appointed members:

- Ray Hsiao, MD, Delegate (former YPS Delegate from APA)
- Claudia Reardon, MD, Delegate (former Wisconsin Alternate Delegate and former Chair of the AMA Women Physicians' Section)
- Barbara Schneidman, MD, Delegate (former APA Alternate Delegate)
- Paul O'Leary, MD, Alternate Delegate (former APA YPS Delegate)
- Theresa Miskimen, MD, Alternate Delegate (current Speaker-Elect of the APA Assembly)
- Ravi Shah, MD, Alternate Delegate (former Resident Member of the APA BOT)
- Simon Faynboym, MD, YPS Delegate (former RFS Delegate from APA)
- Sean Moran, MD, YPS Delegate (former RFS Delegate from APA)
- Laurel Bessey, MD, RFS Delegate (Psychiatry Resident, University of Wisconsin, Madison and elected AMA-RFS Sectional Alternate Delegate in November)

As previously noted, our more immediate focus is the Presidential campaign (election in June 2018) of APA member, Patrice Harris, MD, MA, currently Chair of the AMA Board of Trustees. Dr. Harris (AMA bio) is a former member of the APA Board of Trustees, a general, child and adolescent and forensic psychiatrist with a strong background in public health administration and advocacy. Additionally, Louis Kraus, MD, a Delegate from AACAP will be a candidate for the Board of Trustees during the same election. We also expect that proposed changes in the healthcare system will be a top item on the policy agenda and anticipate major efforts to ensure that the issues and policies affecting mental health, our profession and patients, remain a high priority.

I am especially grateful for the considerable time and attention Dr. Oquendo has devoted to the delegation; her involvement has been vital in ensuring that we not only continue our successes but move to the next level within the House of Medicine for our patients and our profession.

Patrice A. Harris, MD, MA

Chair
American Medical Association

Patrice A. Harris, MD, MA, a psychiatrist from Atlanta, has diverse experience as a private practicing physician, public health administrator, patient advocate and medical society lobbyist. She was elected to the American Medical Association Board of Trustees (BOT) in June 2011.

Active in organized medicine her entire career, Dr. Harris has served on the board of the American Psychiatric Association (APA) and was an APA delegate to the AMA. She has also been a member of the governing council of the AMA Women Physicians Congress, testified before and served on AMA reference committees, and has served on AMA work groups on health information technology, SGR and private contracting. The AMA-BOT appointed her to the AMA Council on Legislation in 2003, and she was elected by the council in 2010 to serve as its chair.

Dr. Harris has held many leadership positions at the state level as well, including serving on the board and as president of the Georgia Psychiatric Physicians Association and on the Medical Association of Georgia's Council on Legislation, its Committee on Constitution and Bylaws, and its Membership Task Force. She was also the founding president of the Georgia Psychiatry Political Action Committee. In 2001 Dr. Harris was selected Psychiatrist of the Year by the Georgia Psychiatric Physicians Association. In 2007 she was inducted into the West Virginia University Academy of Distinguished Alumni.

Governing themes in Dr. Harris' professional life are a passion to improve the lives of children and service to others. Starting with medical school at West Virginia University, followed by a psychiatry residency and child psychiatry and forensics fellowships at Emory, and then as the Barton senior policy fellow at the Emory University School of Law, she has worked for children both clinically and in the advocacy arena. At Emory she addressed public policy for abused and neglected children before the Georgia legislature and in public education programs. Dr. Harris has also given invited lectures and presentations on children's mental health, childhood trauma, integration of health services, health equity, and the intersection of athletics and health.

As past director of Health Services for Fulton County, Ga., which includes Atlanta, Dr. Harris was the county's chief health officer, overseeing all county health-related programs and functions, including a wide range of public safety, behavioral health, and primary care treatment and prevention services. She spearheaded the county's efforts to integrate public health, behavioral health and primary care services. Dr. Harris also served as medical director for the Fulton County Department of Behavioral Health and Developmental Disabilities.

Currently, Dr. Harris continues in private practice and consults with both public and private organizations on health service delivery and emerging trends in practice and health policy. She is an adjunct assistant professor in the Emory Department of Psychiatry and Behavioral Sciences.

2016–2017

AMA
AMERICAN MEDICAL ASSOCIATION

Area 3
Report to AEC and Assembly – April 01, 2016

Member Services

- Area 3 Committee on Member Services (COMS)
  W. Greenberg, MD, Chairperson, and P. DeCotiis, Esq, Co-Chairperson
  - Dr Napoli appointed Dr Rahul Malhotra, Area 3 ECP Representative, to fill the ECP vacancy on COMS.
  - COMS had a telephone conference call.
  - Dr. Malhotra conducted an informal study using a Facebook group, polling 5000 psychiatrists, many of whom are non-APA members. The reasons for not being APA members were: membership fees are too high, APA's failure to effectively mitigate the MOC requirements and to "show spine against Pharma," and the annual meeting was not "high quality."
  - Also see District Branches below.
- Area 3 Ad Hoc Work Group on Finance and Programs
  K. Hummel, Chairperson and D. Shoemaker, Co-Chairperson

  The work group completed its goal and objectives, produced a final report and made a proposal to the Area 3 Council and has been sunsetted. After the Council did its due diligence in studying and discussing this proposal, it approved this proposal that included establishing a Committee on Project Review which will be responsible for 1) reviewing proposals for funds to support projects that will serve the members of Area 3, including educational activities, 2) recommending selected projects for Area 3 Council consideration and approval for funding and 3) measure outcomes of projects that are funded. Dr. Napoli is in the process of forming the Committee on Project Review.
- ACROSS
  - The American Society of Adolescent Psychiatry (ASAP) annual meeting is its main service for its members.
  - American Association of Psychiatric Administers (AAPA) will honor Dr Barry Herman with its 2017 Administrative Psychiatry Award. The winning annual resident paper will be announced at the APA 2017 Annual Meeting and published in the Journal of Psychiatric Administration and Management.
  - Sothern Psychiatric Association (SPA) holds a social event, an annual reception at the APA Annual Meeting.
- District Branches:
  - PSD reported on its members' discontent with MOC. Dr Batterson, Recorder and Chair, Assembly Committee on MOC, was presented at the Area 3 Council winter meeting and addressed these concerns. In addition, PSD is reviewing its "communications strategy to determine areas for improvement."
  - MPS involves residents by including the training directors of each academic program on the MPS Board of Trustees and by tracking the career of the RFMs, especially those who move to other jurisdictions.
  - NJPA hosted a professionally facilitated "Membership Workout" for the leadership to prioritize the benefits and values of membership, identify effective communication styles for different segments of the membership, and discuss the obstacles to recruitment and retention.
  - PaPS continues to hold "chapter meetings throughout the state to educate members on areas of interest and to target resident involvement."
  - WPS hosted a Career, Leadership, Mentorship (CLM) event, **"**Healing the Healers"
- ECP Dr Malhotra reported that Assembly ECPs will be submitting an action paper on streamlining the process of rejoining the APA for those who had left.
- RFM Dr Nazanin Silver, Area 3 RFM Dep Rep, is exploring the possibility of reinstatement of an APA Women's Council. RFMs are doing an action paper on physician well-being that addresses burnout and suicide.
- The AEC approved Dr David Scasta for the 2016 Ronald Shellow Award. The Area 3 Council had previously endorsed the recommendation submitted by Drs Napoli and Greenberg for Dr Scasta to receive this award. Area 3 presented Dr Scasta with an award for his dedication and service.

Diversity

- Area 3 had four outstanding diverse candidates for Area 3 RFM Dep Rep / Rep.
- The American Society of Adolescent Psychiatry (ASAP) is a very diverse organization and has a Board Trustee member who is Syrian.
- There is a need for a non-voting M/UR member to liaison with the RFMs

Advocacy

- The DBs are addressing legislation that focuses on the opioid epidemic, including bills instituting opioid prescribing limits. Recognizing the problem of opioid over-prescribing, concerns were nonetheless expressed regarding intrusiveness on the physician-patient relationship, mandates regarding aspects of care, and the legislatures making medical decisions.
- Psychologist prescribing bills are not moving ahead in Area 3 at this time.
- On the COMS conference call, ACROSS raised the fact that information about advocacy matters does not routinely get transmitted to the relevant ARCOSS members on the DB level. The Area 3 Council is looking into this along with Angela Gochenaur, Regional Field Director - State Government Affairs, Northeast| Department of Government Relations

Education

- Area 3 endorsed the following action papers authored by Area 3 Council members for the May 2017 Assembly: 1) "Expanding Access to Psychiatry Subspecialty Fellowships" (Drs Certa) and 2) "Providing Education and Guidance for the Use and Limitations of Pharmacogenomics in Clinical Practice," (Dr Napoli)
- At the Area 3 Council meeting (March 4), Dr Greenberg educated the Area 3 Council on the process of producing an action paper, emphasizing that this should include communicating with the APA Councils that are pertinent to the subject matter of an action paper.
- ASAP's annual meeting, held on March 17 through 19, was *Our Past Reflects Our Future: Adolescence and Emerging Adulthood.*
- SPA holds an annual CME conference.
- The Area 3 DBs continue to provide CME programs.
- RFMs are continuing to improve the Set for Success learning modules and to conduct a Resident and ECP Leadership Track at the APA Annual Meeting.

Standards, Quality Care and Health Economics

- The APA Position Statement on Medical Euthanasia "regarding a non-terminally ill person" is receiving international attention. This APA position statement was the result of an action paper by Area 3 Council members Drs Hanson and Komrad.
- Area 3 endorsed the following action paper authored by Area 3 Council members for the May 2017 Assembly: "Involuntary psychiatric commitment criteria including the presence of substance use disorders" (Dr Certa) The action paper on pharmacogenomics also pertains to standards and quality care.
- An action paper on "Health Care is a Human Right" (Dr Sorel et al) has been submitted for the May 2017 Assembly. [Note: This action paper was not available for the Area 3 winter meeting.]
- Area 3 was informed about reviewing and commenting on the Practice Guidelines on Treatment of Alcohol Use Disorder. The NJPA Council on Professional Standards with the expertise of NJPA addiction psychiatrists reviewed these guidelines and submitted comments from NJPA.
- At the request of the Area 3 Council, NJPA has distributed the NJPA Position Statement on the Opioid Epidemic and its accompanying resource document to the Area 3 District Branches via the Area 3 Website.

Strength of Organization/Group:

- Area 3 had its second consecutive 2-day meeting for its regular winter meeting in two years (March 3-4, 2017). Area 3 thanks Dr Sheila Judge who graciously hosted the reception and Sunday breakfast business meeting at her home for both years.

The organization of this 2-day meeting is modeled on the AEC 3-day meeting. The two days allow for: 1) a 6.5 hour formal business meeting on Saturday which is not as rushed as the one day fall business meeting and 2) a less formal 3 hour Sunday morning business meeting with breakfast in a relaxed home atmosphere that allows more time for ACROSS, DB, ECP, RFM and M/UR reports and promotes discussion and an exchange of ideas,

especially about advocacy. The additional time for the entire meeting and the Saturday evening reception enhances working relationships amongst the Area 3 Council members and with guests, including Area 3 ECPs and RFMs

who are nominees for the Area 3 Council ECP and RFM positions and are guests of Area 3 at the 2-day meeting. The 2-day meeting is cost-effective because the Area 3 Council keeps the costs low, e.g., contracted reduced hotel room rate of $94, less than the expected range of from $119 to $159. Nevertheless, Area 3 will not be able to sustain a 1-day fall meeting and 2-day winter meeting each year with the present block grant of $9,650 to sustain this valuable activity. Area 3 will need a block grant of $13,500, which is $4,000 lower than the former block grant of $17,500 per annum.

- The vacancies for the Area 3 ECP Rep and Area 3 Dep Rep were filled with two excellent candidates, respectively, Rahul Malhotra, MD and Baiju Gandhi MD, in the fall of 2016. At its winter meeting, the Area Council elected each of them to full two-year terms.
- The Area 3 Council elected Cristina Secarea, MD (WPS member) to the position of RFM Dep Rep / Rep
- The Area 3 Council elected for second terms: Dr Napoli as Area 3 Rep and Dr Greenberg as Area Dep Rep
- MPS is switching over to central billing by the APA.

Respectfully submitted,

Joseph C Napoli, MD
Area 3 Representative

William Greenberg, MD
Area 3 Deputy Representative

DRAFT

Area 4 Council Meeting Minutes

Omni Shoreham Hotel, Washington, DC

November 4 and 5, 2016

Attendance

Area 4 Rep: Dr. Bhasker Dave

Area 4 Dep Rep: Dr. Kenneth Busch

Area 4 Trustee: Dr. Ronald Burd

Illinois Reps: Dr. Lisa Rone (for Dr. Linda Gruenberg), Dr. Shastri Swaminathan, Dr. Jeffrey Bennett, Dr. Jagannathan Srinivasaraghavan

Indiana Reps: Dr. Brian S. Hart, Dr. Michael Francis

Iowa Reps: Dr. Robert Smith, Dr. Carver Nebbe

Kansas Reps: Dr. Donald Brada, Dr. Matthew Macaluso

Michigan Reps: Dr. Vasilis Pozios, Dr. Lisa MacLean

Minnesota Reps: Dr. Dionne Hart, Dr. Maria Lapid

Missouri Reps: Dr. James Fleming, Dr. Sherifa Iqbal

Nebraska: Dr. Faiz Qadri

North Dakota Reps: Dr. Gabriela Balf, Dr. Monica Taylor-Desir

Ohio Reps: Dr. Eileen McGee, Dr. Karen Jacobs, Dr. Suzanne Sampang, Dr. James Wasserman

South Dakota Reps: Dr. William Fuller, Dr. Timothy Soundy

Wisconsin Reps: Dr. Clarence Chou, Dr. Michael Peterson

RFM: Dr. Matthew Kruse [Area 4 RFM Rep],
Dr. Spencer Gallner [Area 4 RFM Dep Rep]

ECP: Dr. Jacob Behrens [Area 4 ECP Rep],
Dr. John Korpics [Area 4 ECP Dep Rep]

MUR: Dr. Francis Sanchez [Rep, Asian-American Psychiatrists]
Dr. Sarit Hovav [Dep Rep, IMG Psychiatrists]

Attendance (Continued)

ACROSS: Dr. Cheryl Wills [American Academy of Psychiatry and the Law]
Dr. Prudence Gourguechon [American Psychoanalytic Association]
Dr. Beverly Fauman, [American Association for Social Psychiatry]
Dr. David Lott [American Academy of Addiction Psychiatry]
Dr. Michael Flaum [American Association of Community Psychiatrists]
Dr. Donald Black [American Association of Clinical Psychiatrists]

APA: Dr. Saul Levin [APA CEO and Medical Director]
Mr. Ariel Gonzalez [APA Chief of Government Relations]
Mr. Jeffrey Regan [APA Deputy Director of Federal Affairs]
Ms. Sejal Patel [Program Manager, Division of Diversity and Health Equity]

Guests: Dr. Daniel Anzia [Speaker]
Dr. Bob Batterson [Recorder]
Ms. Sara Stramel-Brewer [Executive Director, Indiana Psychiatric Society]
Ms. Meryl Sosa [Executive Director, Illinois Psychiatric Society]
Ms. Janet Shaw [Executive Director, Ohio Psychiatric Physicians Association]

Friday, November 4, 2016

1. Call to Order and Introductions

Dr. Dave called the meeting to order at 12:40 p.m. Introductions were made of those attending the meeting, with each attendee reporting any pertinent conflicts.

The agenda was reviewed and accepted as distributed. A mentor was assigned for new members attending this Assembly Meeting.

2. Remarks by the Area Representative

Dr. Dave made preliminary remarks about the Action items coming up at the Assembly. He strongly encouraged all Council members to attend the Reference Committee Meetings scheduled for later that afternoon. Dr. Dave reviewed assignments for Council members who will be represented on each of the five Reference Committees.

Dr. Dave also informed the Council that Area 4 is the primary reviewer for a proposed

amendment to the APA bylaws regarding International Resident-Fellow Members. He asked the members to review this (Assembly, Item #1.A.1.) in preparation for discussion the following morning.

3. Remarks by Ms. Sejal Patel

Sejal Patel, Program Manager for Division of Diversity and Health Equity, presented to Area 4 about the APA Fellowships. APA offers 8 fellowships for residents and early-career psychiatrists. The fellowship applications are open now and will close on January 30, 2017. Ms. Patel has requested that the Assembly members spread the word about these program. APA is encouraging all residents, especially resident with minority backgrounds to apply for these programs.

4. APA Candidates for Office

Dr. Dave warmly welcomed the following candidate for the office of APA President-Elect:

Dr. Altha Stewart

(Dr Dave also informed the Area Council that Dr. Rahn Bailey, the other candidate for the position of APA President-Elect would come to the Area 4 Council in the afternoon)

Dr. Stewart gave a brief platform statement as to the priorities for her campaign.

Dr. Dave then welcomed the following candidates for the office of APA Secretary:

Dr. Robert Roca
Dr. Gail Robinson
Dr. Phillip Muskin

The candidates talked about the main priorities for their campaigns.

Dr. Dave thanked all of the candidates for taking the time to come to Area 4 and wished them the best campaigning for office.

5. **Central Office Report**

Mr. Jeffrey Regan, Deputy Director of Federal Affairs, gave the report from central office. APA is closely monitoring the developments for the national election on November 8 and making plans for 2017 for all of the possible outcomes in the election. The polls show a polarized and divided political climate and whoever is elected President may not have a mandate to push for legislation in Congress.

Following the elections on November 8, APA will remain very active in pursuing mental health reform in the lame duck Congressional sessions and the next Congress for 2017. APA is hoping that mental health reform would be considered as part of the

larger package for any change made in health care policy by Congress, APA will continue to work closely with Congressman Tim Murphy (R-PA) and Senators Christopher Murphy (D-CT) and Bill Cassidy (R-LA) to advance mental health legislation in the House and Senate. Mr. Regan also provided information to Area 4 on MACRA educational tool kits for members and further developments of the APA Registry.

6. Remarks by the Area 4 Trustee

Dr. Ronald Burd reported that the Work Group Report on Communication to Members during APA election was approved. Their recommendations included changes to the website and elections communications to make information more available to members and not expand the ability of candidates to directly contact members. These recommendations were approved for this cycle, with plan to re-constitute the Work Group at conclusion of the cycle.

Dr. Burd informed Area 4 that Collaborative Care Codes were approved, waiting to see the Final Rule for values. APA continues to train members through on-line modules and in-person outreach. Since this is seen as a potential positive option to psychologist's prescribing efforts APA is identifying barriers to implementation in the states and creating templates for "contracts" between PCPs, psychiatrists and case managers.

Also, Dr Burd provided an update on the development of the Registry with a formal name under review. The web site is at the following address: https://psychiatry.org/psychiatrists/registry

7. Consent Calendar and Reference Committee Assignments

Dr. Dave reviewed the consent calendar and reference committee assignments and asked the Area 4 Council to break up into five groups with each group representing one of the five Reference Committees. Each group was chaired by an Area 4 Council member on the corresponding Reference Committee:

Area 4 Group 1 – Dr. Prudence Gourguechon
Area 4 Group 2 – Dr. Matthew Macaluso
Area 4 Group 3 – Dr. Robert Smith
Area 4 Group 4 - Dr. Sherifa Iqbal
Area 4 Group 5 - Dr. Brian Hart

Dr Dave informed the Council that Area 4 was the primary reviewer for Assembly Item 4.B.8 Position Statement: *Confidentiality of Medical Records: Does the Physician Have a Right to Privacy Concerning His or Her Own Health Records?* (1981). Dr. Dave lead the discussion as to whether the position statement should be retired and various opinions were expressed by the Council on the positives and negatives for such action.

For the next hour, the groups reviewed and discussed the Position Statements and Action Papers assigned to the five Reference Committees.

8. Candidates for RFM Trustee-Elect

Dr. Dave welcomed the following candidates for the position of RFM Trustee-Elect:

Dr. Sarah Kauffman
Dr. Tanuja Ghandi
Dr. Benjamin Solomon (not present)

The candidates briefly spoke about their campaigns and Dr. Dave wished them the best in campaigning. Dr. Dave informed the Area 4 Council that only RFM members would be voting for RFM candidates.

The Area 4 Council recessed at 2 p.m. on Friday, November 4, 2016.

Saturday, November 5, 2016

The Area Council resumed at 8:15 a.m. on Saturday, November 5, 2016.

9. Nominating Committee Report

Dr. Matthew Macaluso, Chair of the Area 4 Nominating Committee, presented the slate of candidates for APA Nominating Committee. APA President – Elect will select one of the following candidates to be a member of the Nominating Committee for a 2-year term:

Dr. Jacob Behrens
Dr. Lisa Rone
Dr. Sarit Horvav

A motion was made and seconded to approve the Nominating Committee Slate as presented. The motion was passed.

10. Treasurer's Report

Dr. Chou provided the Treasurer's Report and Dr. Dave gave the Financial Report. A four page handout was distributed to the Council and the various line items in the report were explained which provided details of actual expenditure for calendar year-to-date 2016.

Area 4 received $34,650 for the 2016 Block Grant. The block grant for the remaining YTD is -$2,440.13. Dues receivable for 2016 is $4,905. Total revenue YTD is $37,614.67 which includes $500.00 revenue from Resident Seminar at the Summer Meeting.

Actual expenses YTD are $39,173.58.

Total assets for Area 4 as of 10/30/16 are $78,428.32.

A motion was made and seconded to approve the Treasurer's Report as presented. The motion was passed.

Dr. Dave presented the Budget and Audit Committee Report for the Draft 2017 Area 4 Budget. With a Summer Meeting the total 2017 net budget is estimated at $-20,445. Without a summer meeting the 2017 net budget is estimated at $-4,445.00.

A motion was made and seconded to tentatively approve the 2017 Budget without a summer meeting pending final decision at the winter- spring meeting in 2017. The motion was passed.

11. Reports from Area 4 Representatives on Reference Committees.

Dr. Dave invited reports on the deliberations of the five Reference Committees.

I. Reference Committee 1 – Advocating for the Patient

Dr. Prudence Gourguechon represented Area 4 at the meeting of this Reference Committee on November 4, 2016, and reported on the Reference Committee Actions as follows:

- **cc 2016A2 4.B.4** Proposed Position Statement: Out of Network Restriction of Psychiatrists
  Approved on the Consent Calendar.
- **cc 2016A2 4.B.9** Proposed Position Statement: Location of Civil Commitment Hearings
  Approved on the Consent Calendar.
- **cc 2016A2 12.A** All Prescribers, not just Physicians, Shall be subject to Open Payments
  Approved on the Consent Calendar.
- **2016A2 12.B** Return of Interest for ABPN Continuous Pathways Payments
  RC supported this Action Paper as written.
- **2016A2 12.C** Continuity of Care
  RC supported this Action Paper with changes as noted in Packet #4, Distribution #9.
- **2016A2 12.D** Toward Universal Health Insurance in the United States
  RC supported this Action Paper.

- **2016A2 12.E** Regulations of Alcohol at the Federal Level
  This Action Paper was withdrawn by the author.

II. Reference Committee 2 – Advocating for the Profession

Dr. Matthew Macaluso represented Area 4 at the meeting of this Reference Committee on November 4, 2016, and reported on the Reference Committee Actions as follows:

- **cc 2016A2 4.B.1** Revised Position Statement: Adolescent Substance Use
  Approved on the Consent Calendar.

- **cc 2016A2 4.B.2** Revised Position Statement: Assuring the Appropriate Care of Pregnant and Postpartum Women with Substance Use Disorders
  Approved on the Consent Calendar. |

- **2016A2 12.F** APA as the Premier Provider of Psychiatric and Mental Health Information
  This Action Paper was withdrawn by the Author

- **2016A2 12.G** Improving the Confidentiality of Prescription Drug Monitoring Programs
  RC supported this Action Paper with changes as noted in Packet #4, Distribution #10.

- **2016A2 12.H** Exercise: Too Little, Too Much
  This Action Paper was withdrawn by the Author.

- **cc 2016A2 12.I** APA Position Statement on Screening and Treatment for Mental Health Disorders During Pregnancy and Postpartum
  Approved on the Consent Calendar

III. Reference Committee 3 – Supporting Education, Training, and Career Development

Dr. Robert Smith represented Area 4 at the meeting of this Reference Committee on November 4, 2016, and reported on the Reference Committee Actions as follows:

- **cc 2016A2 4.B.3** Proposed Position Statement: Treatment of Substance Uses Disorders in the Criminal Justice System
  Approved on the Consent Calendar.

- **cc 2016A2 4.B.5** Retain Position Statement: Identification of Abuse and Misuse of Psychiatry
  Combined into 4.B.6.
- **cc 2016A2 4.B.6** Revised Position Statement: Abuse and Misuse of Psychiatry
  Approved on the Consent Calendar

- **cc 2016A2 4.B.7** Revised Position Statement: Use of Psychiatric Institutions for the Commitment of Political Dissenters
  Approved on the Consent Calendar

- **cc 2016A2 4.B.10** Revised Position Statement: Recognition and Management 0f HIV-Associated Neurocognitive Impairment and Disorders
  Approved on the Consent Calendar

- **2016A2 12.J** Exhibitor-Funded Scholarships for Consumer Presenters at Annual Meetings
  RC supported this Action Paper as written

- **2016A2 12.K** Survey to Determine Maintenance of Certification Status of APA Members
  RC did not support this Action Paper.

- **cc 2016A2 12.L** Standards for the Practice of Medicine Pertaining to the Treatment of Patients with Mental Disorders
  Approved on the Consent Calendar

IV. Reference Committee 4 – Defining and Supporting Professional Values

Dr. Sherifa Iqbal represented Area 4 at the meeting of this Reference Committee on November 4, 2016, and reported on the Reference Committee Actions as follows:

- **cc 2016A2 4.B.11** Revised Position Statement: Screening and Testing for HIV Infection
  Approved on the Consent Calendar.

- **cc 2016A2 4.B.12** Revised Position Statement: Mental Health and Climate Change
  Approved on the Consent Calendar.

- **2016A2 12.M** Smart Guns as Gun Safety Response to Gun Violence, a Public Health Hazard
  RC supported this Action Paper as written.

- **2016A2 12.N** Protecting the Most Vulnerable Patients
  RC supported this Action Paper with changes as noted in Packet #4, Distribution #11.

- **2016A2 12.O** Ending Childhood Poverty
  RC supported this Action Paper with changes as noted in Packet #4, Distribution #12.

- **2016A2 12.P** Mental Health Parity for Individuals with Intellectual and Developmental Disabilities (IDD)
  RC supported this Action Paper as written.

- **2016A2 12.Q** World Psychiatric Association Representation in the APA Assembly
  RC did not support this Action Paper (Later withdrawn by the Author)

- **2016A2 12.R** Task Force on Fighting Mental health-Injurious Discrimination
  RC supported with changes as noted in Packet #4, Distribution #13.

V. Reference Committee 5 – Enhancing the Scientific Basis of Psychiatric Care/Governance Issues

Dr. Brian Hart represented Area 4 at the meeting of this Reference Committee on November 4, 2016, and reported on the Reference Committee Actions as follows:

- **cc 2016A2 12.S** Extension of Eligibility for the Ronald A. Shellow Award to all Voting Members of the Assembly
  Approved on the Consent Calendar.

- **2016A2 12.T** Assembly to Study the Creation of APA Minority Branches
  This Action Paper was withdrawn by the Author.

- **2016A2 12.U** Presidential Appointments to the Council on Minority Mental Health and Health Disparities.
  This Action Paper was withdrawn by the Author.

- **2016A2 12.V** DB Involvement of Residents and Early Career Psychiatrists Involved with Psychiatry at the National Level.
  RC supported this Action Paper with changes as noted in Packet #4, Distribution 14.

- **2016A2 12.W** APA Assembly Plenary Sessions to be Limited to Business of Assembly
  RC did not support this Action Paper (later withdrawn by the Author).

- **2016A2 12.X** Equity in Voting in Election of Assembly Officers *RC supported this Action Paper with changes as noted in Packet #4, Distribution #15 (This Action Paper was later withdrawn by the Author.)*

The Area 4 Council recessed at 10 a.m. on Saturday, November 5, 2016.

The Area Council resumed at 4:40 p.m. on Saturday, November 5, 2016.

12. Area 4 Legislative Institute

Dr. Dave informed the Area Council that the legislative institute would be held on Saturday morning at our winter-spring meeting in Chicago. Dr. Shastri Swaminathan is the Area 4 Legislative Representative and will take the lead in organizing the institute.

13. APA Chief of Governmental Affairs

Dr. Dave warmly welcomed Mr. Ariel Gonzalez, APA Chief of Government Relations. Mr. Gonzalez informed the Area Council that the next Congress will be of highest priority for APA to advocacy efforts.

14. Tracking of Action Papers

Dr. Dave asked the Area Council for feedback on the tracking and implementation of approved Action Papers. A new method has been implemented by the Assembly Recorder, Dr. Bob Batterson, to improve the process.

15. APA Candidate for Office

Dr. Dave warmly welcomed the following candidate for the office of APA President Elect:

Dr. Rahn Bailey (Dr. Stewart was previously welcomed on Saturday morning).

Dr. Bailey gave a brief platform statement as to the priorities for his campaign

16. Advocacy on Twitter

Dr. Dionne Hart updated the Area Council on the use of Twitter accounts in order to promote advocacy efforts with members of Congress. Mr. Jeffrey Regan emphasized the importance for Members of Congress to be informed of Mental Health reform legislation through social media campaigns such as through twitter accounts.

17. Future Meetings

Dr. Dave informed the Area Council on potential dates for Area 4 winter-spring meeting in Chicago as follows:

February 25-26. 2017
March 4-5, 2017
March 11-12, 2017

Once plans are finalized, depending on hotel availability, Dr. Dave will inform the Area Council members of the confirmed dates.

18. District Branch Reports

Time did not permit discussion of reports from the District Branches in Area 4. A few DBs did distribute written reports prior to the Assembly. (Please see previously distributed reports for details.)

The Area Council Meeting adjourned at 5:55 P.M on Saturday, November 5, 2016.

Respectfully submitted,

Kenneth Busch, M.D., D.L.F.A.P.A.
Area 4 Deputy Representative

Item 2017A111.G
Assembly
May 19-21, 2017

Area 7 Council Report
Spring, 2017

Our area council met March 4-5 in Salt Lake City, Utah.
All District Branches were represented, as were M/UR, ECP, and RFM members. Drs Steve Daviss and Paul O'Leary Joined us as Assembly Recorder candidates.

We are in an elections year for our Council, and re-elected Drs Zarling and Price for Area Rep. and Area Dep. Rep., respectively. Next year we will submit nominees for Area Trustee.

Because of our early meeting date, our Procedures, Rules, and Awards Committees had little to report.

During our meeting, an action paper speaking to timing of counting DB members was generated. Late renewal members may not be counted under the present system, and it was felt these may not be few in number.

A major part of our Area Council meeting are our DB reports, which inform and are productive of relevant member concerns. Highlights of issues discussed include:

1. Duty to warn laws; the Volk vs. DeMeerleer decision in Washington state was reviewed, and was seen as a signal for states to review their own statutes and potentially advocate for more clarity.

2. Could there be a database generated for resident opportunities in APA participation?

3. Can there be an ECP specific listserv or another way to facilitate the now problematic identification of other ECP Assembly Reps?

4. Can we strengthen our availability of resources for members facing utilization review?

5. Video conferencing has become increasingly utilized by DBs where travel distances are large.

6. Opiate use problems are a shared issue in many of our district branches.

7. Many district branches struggle with recruitment.

We enjoyed the hospitality of our Utah district branch and of Dr. Hunziker who opened his home to our council for an evening reception.

After the May Assembly, we plan to meet in Vancouver, BC, August 5-6, 2017.

Respectfully Submitted,
Craig Zarling, M.D., Area 7 Rep.

Area VII Council

American Psychiatric Association
Alaska Psychiatric Association
Report: March 4, 2017

I. District Branch Well-Being

Dr. Vanessa Venezia is the President and Dr. Natalie Velasquez is the President-Elect. The DB has 64 members. The DB finances remain stable and the DB is currently meeting expenses. DB member participation is limited. DB member participation in the Alaska State Medical Association (ASMA) is limited. The annual CME meeting is the primary DB activity. The DB e-mail address is akpsychassoc@gmail.com.

II. Annual CME Meeting

The 24th annual CME meeting will be at the Hotel Alyeska in Girdwood Alaska March 30-April 1, 2017. ***Meds, Madness & Motherhood***. Topics will include:

- Adolescent Suicide & Suicidal Behavior (Tina Goldstein, PhD)
- Non-Suicide Self Injury (Tina Goldstein, PhD)
- Treating Depression in Children, Adolescents and Young Adults (Boris Birmaher, MD)
- Treating Bipolar Spectrum Disorders in Children, Adolescents and Young Adults (Boris Birmaher, MD)
- Smoking Cessation, Psychiatric Perspectives to Improve Outcomes (Matt Goldenberg, DO)
- The Health of Healthcare Providers – From Suicide, Substance Abuse and Burn-out To Resiliency and Prevention (Matt Goldenberg, DO)
- Integration (Joe Parks, MD)
- Fibromyalgia (James Wood, DPh, MD)
- Schizophrenia (James Woods, DPh, MD)
- Perinatal Mood and Anxiety Disorders (Emily Drake, PhD)
- Path to Wellness and Informed Treatment Decisions (Adrienne Griffen, MMP)
- Safe and Effective Pharmacology (Jennifer Payne, MD)
- Advanced Psychopharmacology (Jennifer Payne, MD)

Information is available at http://www.psychiatryalaska.org.

III. Legislative Affairs

The DB does not have a lobbyist. Dr. Paul Topol is the legislative affairs representative.

Respectfully submitted,
Alexander von Hafften, M.D.
Assembly Representative,
Alaska Psychiatric Association

Arizona Psychiatric Society (APS) Report for Area Council, March 2017

Legislative issues:

1. Legislation/Sunrise Applications – the only Sunrise application with ramifications on psychiatry was by pharmacists to allow prescription of smoking cessation drugs, which provision was effectively blocked by testimony from physicians with patient safety concerns. The Arizona Medical Association believed it has a compromise with the CRNAs regarding appropriate physician oversight on administering anesthesia, but the legislation introduced did not reflect the compromise, and there is a legislative battle over the Bill, with large support and contributions by the Anesthesiologists and ArMA. To address issues such as these, the House has legislation introduced this session that will require proposed legislation to be part of the Sunrise applications moving forward. That legislation is still pending. The largest health care controversy is over "surprise" hospital billing legislation. ArMA is proposing an arbitration system such as that in place in Texas. Psychiatric services do not come up under surprise hospital billing generally, so our Society has been following ArMA lead on the issue. A striker amendment was proposed in the last days that the legislature could drop a bill, submitted by Senator Barto, which is aimed at penalizing hospitals for "boarding" patients that need evaluation for involuntary commitment, requiring that the same be accomplished within 24 hours. Although the Bill passed through Senate, it does not look like it will advance in the House, as the Bill does not address any funding for additional beds needed to move patients through the evaluation system.

2. Scope of Practice - There have been no advance indications in Arizona that Psychologists will file for prescribing authority in the Sunrise process for 2017-2018. In fact, the Arizona Psychological Association has dismissed its full-time lobbyist in order to reduce its overhead costs and its full-time Executive Director, and has gone to a management system. The Society has been engaged positively with the Psychologists on an Interprofessional Committee with all behavioral health counseling/therapy providers, and have worked in common on other general health care and mental health legislation we can all support.

3. AHCCCS/Pharmaceuticals and Therapeutics Committee – In August of 2016, as a result of the Arizona Division of Behavioral Health Services being brought under the umbrella of the Arizona Health Care Cost Containment System (the Arizona Medicare / Medicaid system), the Pharmaceuticals and Therapeutics Committee of AHCCCS reviewed comprehensively the list of all pharmaceuticals and therapeutics that would be authorized under the AHCCCS system. Influenced by testimony from Society officers, comments from many psychiatrists and members of the public, and a wide range of other testimonials, the PnT Committee authorized a comprehensive list of pharmaceuticals and therapeutics, including long-range acting injectables, without prior authorization required.

4. AHCCCS Waiver – SB 1092/Able-Bodied. in 2016, SB1026, including provisions aimed towards "Modernizing Medicaid" under the AHCCCS system in Arizona, included several provisions aimed at requirements for working, income reporting, accountability, and time limits on insureds in the AHCCCS system. Some of those more onerous provisions were not previously approved by CMS and Arizona is applying for waiver again. These include requiring all "able-bodied" insureds to report their income, make payments pursuant to their income reporting, suffer penalty for under-reporting, and have a five-year limit on benefits. The Society has provided public

comment in opposition to those provisions that will unfairly restrict access to care in our community, and members have been invited to comment, and patient advocacy groups are promoting comment within the community as well. That comment period ended on 2/28/2016.

5. AHCCCS Waiver – Institution for Mental Disease. Arizona has historically operated under an "in lieu of" authorization from CMS to utilize Institutions for Mental Disease "in lieu of" hospital systems for behavioral health stays of longer than 15 days. This is because Arizona has more treatment beds available by utilizing these systems and the cost of the same is the same or less. Under new health care law, Arizona is not authorized to utilize IMDs. Accordingly, there would be a great shortage of treatment beds and access to care, and the system of IMDs in Arizona would also suffer a large economic hit. The Society is drafting comment in support of the waiver request to restore the "in lieu of" authority for IMDs and inviting members to comment as well.

6. Lobbyist- A full time lobbyist, Joe Abate Esq; is funded by APS membership dues and represents the APS.

7. State DB PAC- There is no DB PAC

8. Congressional Advocates Network – the Society is working to complete the slate of members connected to US Representatives. The US Senators have member advocates that have volunteered, and approximately 4 of the US Representatives have member advocates that have volunteered.

District Branch Activities: The Society's Annual Meeting will be held on Saturday, May 6, 2017 at Phoenix Tempe Marriott at The Buttes, theme being "Mind Matters." The event incorporates a poster breakfast session, inviting members, attendings, residents, and medical students to poster present. The Annual Meeting is provided free to members and supported by exhibitor fees. In 2016, over 160 physicians attended the meeting. The meeting will include a Friday evening reception to be hosted by American Professional Agency, Inc.

The Society worked collaboratively with UA College of Medicine, Phoenix in hosting a free Integrated Care Training on October 29, 2016. Dr. Lori Raney presented. Approximately 55 attended the training, including broadcast attendees to Tucson and Flagstaff. The event was supported by the APA expedited grant for 2016-2017.

The Women's Group continues strong. A Fall networking event was held, and on February 26, 2017, the Society held an Afternoon Tea, with a venue capacity crowd of 47 attending. There is some talk of a Men's Group event at Top Golf, possibly to be hosted by Meadows Behavioral.

The Society did work with a genetics testing vendor in the late Fall to provide members with the opportunity to attend a commercially sponsored dinner in each of Tucson and Phoenix. Members made a good showing in each city, even though it was not a CME (none commercial) talk.

Membership Status: Membership holds steady. The Drop List for this year is still fairly large. The experience from last year was many still waited beyond the March 31st drop date but administratively reinstate within the later periods. We are following up with members on the dropped list.

Financial status: The DB remains in stable condition financially. The revenue from the 2016 Annual Meeting was sufficient so that no loss is incurred on that this cycle. The 2016 fiscal year closed out slightly in the positive.

Management and work structure: Part-time Executive Director is employed through ArMA, the state medical association.

Physician Leadership: The Executive Officers of the Society move up the ladder from Secretary to President and then serve three more terms as Past President. Nominations for the 2017-2018 officers are in place (which take office after the 2017 APA Annual Meeting), including new President is Dr. Aaron Wilson. Dr. Sadr has agreed to a second two-year term as Arizona's Assembly Representative, and in the Fall, Dr. Mona Amini, as our new Arizona President-Elect, will join the Area VII Assembly as the second Arizona Assembly Representative.

Past APS President, Gretchen Alexander, MD, has served as the President of the Arizona Medical Association this year (2016-2017). Her term concludes in June of 2017.

Psychiatric Training Program: The number of residency slots in the training programs in the State remain unchanged; however, the two Tucson programs have been merged into one to streamline administration (Main Campus and South Campus will now be UofA College of Medicine, Tucson Psychiatric Residency). Rumors of a residency program being established at Dignity Healthcare (St. Joseph's Hospital and Medical Center) have been milling about for a time, but the Chair of the Department of Psychiatry at Dignity says there is nothing to report and he will share news if there does.

Specific Member Concerns re: APA: Building and developing the membership of APS, with the support of the APA, continue to be a specific concern and focus. Members of the executive leadership of APS have expressed concerns regarding the effect the "Tarasoff" decision in Washington State might have in other jurisdictions. Dr. Alexander has communicated directly with Dr. Sung, who has been very responsive in helping share developments and strategies. We believe it should be part of the Assembly Agenda for all of Area VII to understand what might be effective in managing any issues in their states.

Respectfully submitted,

Payam M. Sadr, MD, FAPA
Arizona Assembly Representative

Aaron R. Wilson, MD
President-Elect and Arizona Assembly Representative

Colorado Psychiatric Society
Spring 2017 District Branch Report

Survey

CPS conducted a comprehensive Member Survey, which closed on December 31st, 2016. The 2016 Member Survey was originally designed to provide a snapshot of our members—where they work, what activities they spend the most time on, common age ranges and locations across the state. It was also important to solicit feedback on member experience and CPS priorities. The results from these sections will be shared with members in the CPS Spring Newsletter. As we were working on the survey, CPS saw a sharp increase in the number of complaints about insurers and so we drafted questions to include in the survey such as why many private practice doctors do not accept insurance and what would motivate them to join a panel. The APA has provided fantastic support on this issue, including helping prepare for meetings with the Department of Insurance and offering suggestions and guidance on how to use the data. We would be happy to share questions and lessons learned with other District Branches upon request.

Website

CPS is about to launch a new responsive website. The password-protected Member Center will house resources for members, practice documents, a searchable member directory and the Legislative Advocacy Center, which includes a tool designed to facilitate member contact with legislators. The public portion of the site will contain updated resources and information for patients.

Events

<u>2016 Area 7 Meeting in Denver</u>

CPS held a reception for APA Area 7 Representatives and CPS members in a private room at the Wynkoop Brewery, a Denver institution originally co-founded by Colorado Governor John Hickenlooper. The reception, sponsored by APA, Inc., was the evening of Friday, August 5th. Area 7 Representatives and local District Branch members mingled. Thank you to everyone who attended!

2016 Fall National Network of Depression Centers Conference
CPS partnered with the NNDC on their national meeting, MOOD DISORDERS: Innovations in Research and Collaboration. It was held September 12-14 in Denver.

2016 Winter Party
In December, CPS members gathered for the 2016 Winter Party, a networking and social event for Colorado psychiatrists. There were 42 members and guests and networking extended far into the evening.

Mental Health Stories Reading and Reception
The Mental Health Stories project is a partnership between the Public Information and Education Committee of the Colorado Psychiatric Society and the CHARG Resource Center. For the 5th year of the Mental Health Stories project, CPS held an event with the University of Colorado that featured three inspiring authors from the 2016 contest. They shared their stories with an audience of 24 and participated in a discussion. The compilation booklet of all five years is available at http://www.coloradopsychiatric.org/.

2017 Spring Meeting
The CPS Annual Spring dinner meeting will be on Thursday, April 13th, 2017. Dr. Sanacora will present: Ketamine--Tranquilizer or Treatment: Update on the clinical use of ketamine and other rapid-acting antidepressants.

Financial
CPS continues to be financially solvent.

Membership
We currently have 446 members. CPS membership decreased by 2.1% from 2012-2017. We are working to outreach members on the drop list and encouraging residents to join.

Legislative

Summer 2016 Activities:

Mental Health Holds Task Force – This Governor-appointed task force met every other week for 4 hours from August-December. CPS members Liz Lowdermilk and Rick Martinez served and CPS Lobbyist Debbie Wagner and Executive Director Anna Weaver-Hayes attended the public meetings. You can read the final recommendations and report as well as a detailed summary of the Task Force's work here.

CPS in the Media – CPS was cited in the Denver Post, the Westword and the Colorado Statesman over the summer of 2016 regarding a proposal to add PTSD and Acute Stress Disorder to the list of debilitating conditions that are authorized to be treated with medical marijuana.

CPS joined the Colorado Health Policy Coalition, which consists of 109 state, business, health care provider, consumer, disability and advocacy groups dedicated to proactively positioning Colorado to shape the federal conversation about the future of health care in America, including encouraging Congress to Repeal the Affordable Care Act only with a clearly identified and carefully considered replacement plan outlined.

Key bills of interest to CPS before the 2017 Colorado legislature include:

SB 17 – Allow Medical Marijuana Use for Stress Disorders

SB 12 – Competency Restoration Services and Education
HB 1156 – Prohibits Conversion Therapy Mental Health Provider
SB 88 – Participating Provider Network Selection Criteria
SB 19 – Medication Mental Illness in Justice Systems

March 2017 ECP Report:

The ECPs had one meeting since our Fall Assembly and have an upcoming meeting this Wednesday, March 8.
The ECPs created a sub-committee for Action Papers.
Our ECP chair, Mark Haygood, is heading up an Action Paper on **Improving and Streamlining the Application Process for former APA members.**
The hope is to increase APA membership by reducing the paperwork and administrative process that make it cumbersome for former APA members who have taken a lapse from the APA to rejoin.

Thanks,
Jacqueline Calderone MD

Helen and Arthur E Johnson CU Depression Center
Department of Family Medicine
Department of Psychiatry
University of Colorado School of Medicine
13199 E. Montview Blvd., Suite 330
Aurora, CO 80045
303-724-3300

Hawaii DB (HPMA) Report to AC7 3/4/17 – Iqbal "Ike" Ahmed MD, APA Assembly Rep

Mission: Helping Hawai'i's Psychiatrists Provide the Highest Quality Care

Membership: Our membership is at 186

Finances: In the black, with assets due to prior savings from grants and membership dues. We anticipate that our reserves will go down due to expenses involved in lobbying in the upcoming season. At this point we may not be using a full time lobbyist, not only due to budgetary reasons, but due to his lack of availability. HPMA did receive an APA grant for expanding access to care on neighbor islands.

Management: We are looking to reduce our expenses as we transition from relying on a management company (SBIMS) to making other arrangements such as making arrangements with the local medical association (HMA) staff to manage our communications and budget. We are also going to look into seeing about using their lobbyist as our legislative interests seem to align.

Monthly Meetings: Attendance remains at 10-15. The meetings have now moved to the Hawaii Medical Association building for more privacy than meeting in a restaurant and to reduce the food budget. Members reaching out to residents and private practice psychiatrists to attend meetings.
Recent meetings have focused on legislative issues and the reports of the HPMA Access to Care task force formed under the leadership of the immediate past-president, Dr. Julienne Ong Aulwes. The task force action plans include coalition building, supporting development of Collaborative Care Model in Hawaii, supporting development of Telehealth initiatives, assisting with pilot project development in rural areas, exploring models for enhanced and collaborative health care delivery, and building connections for collaboration with various organizations. Members of the task force attended the Hawaii Health Workforce Summit in late 2016, and more recently the 2017 State of Reform Health Policy Conference. The task force is working closely with the legislative committee as the issue of psychologist prescribing has once again has come up in new bills in the legislature.
Dr. Aulwes and Dr. Tanqueco, the resident representative have been working on primary care integration, and attended a conference held by the East Hawaii IP. They are working on a collaboration model with them using monies from the APA grant.

Hot topics: Tele-Psychiatry and Project ECHO. More recently we have put this on hiatus in view of the pressing access to care and legislative issues.

Legislative: The legislative committee has been very active under the leadership of Dr. Jeff Akaka, with very active involvement of a number of members, particularly the current president Dr. Michael Champion, the past president and chair of the Access to care task force, and Dr. Doug Smith who is very knowledgeable about the network adequacy issues. They have been having separate meetings beyond membership meetings devoted to address the political environment, with less financial resources available this year. They have been working with members of the legislature to come up with alternative ways of addressing the access to care issue other than having psychologist doing crash course. prescribing. The alternative legislative bills look to develop collaborative care and network adequacy.

Committee on Women: To expand involvement of our women members, the Committee on Women was formed with the initiative for this coming from one of our resident members, Dr. Trisa Danz. She is also the chair of the public affairs committee. The first meeting was held on 1/29 at the house of one of our former presidents, Dr. Celia Ona. Discussion topics included coming up with future topics, and having a mentoring session. 17 people attended. The meetings are open to anyone interested in women's roles in psychiatry.

NAMI: HPMA supported the NAMI Walk in October and was able to raise 100% of the goal largely due to member contributions and the efforts of Dr. Danz, our resident member and chair of the public affairs committee. HPMA donated $100.

Hawaii responses to questions raised by AEC

What are your administrative costs? $450/month

What percentage of your budget do they represent? 10%

What percentage of your budget is for office space? 0%

Are your administrative costs unsustainable? no

Do administrative costs preclude other activities? no

How many in person council meetings do you have annually? 11 mtgs/year (once/month except for May)

Can your DB effectively do legislative advocacy? yes
Do you have a lobbyist? No

We need a more effective administrative support scenario- one that is handled locally, that is cost effective, and involves the services of an executive director.

Best practices for increasing member involvement in DB: Personal outreach by the leadership of DB and other active members to appeal to other members' sense of duty and obligation to get involved and help the DB and through that help their patients and their own careers.

DB15: Idaho Psychiatric Association (IPA) Report – March 2017

Membership Status

- Membership remains stable and outreach to members and non-members throughout the state continues.

Financial Status

- Financial status also remains stable. IPA received CALF grants through APA in 2015 and again in 2017 to support hiring a lobbyist to address the psychologist prescribing legislation.

Education

2017 Annual Conference: The 2017 Annual Conference will be held April 7-8 in Boise. The topic of the conference is *Autism Spectrum Disorders Across the Life Span*. We have several speakers scheduled presenting on various topics relating to ASD. Our annual business meeting will be held in conjunction with the CME conference and a new slate of officers will be elected.

Legislative Issues

The 2017 Idaho legislative session began the week of January 9 and with the changes in Washington DC the legislature seems even more reluctant to tackle pressing healthcare issues. In his state-of-the-state address, the governor encouraged legislators to wait "to see what the Trump administration and Congress do with Obamacare" instead of supporting providing healthcare coverage for the 78,000 Idahoans who fall in the coverage gap.

The Idaho Department of Health and Welfare announced its top budget priority for the year was a redesign of the children's mental health program. This request is the result of the Jeff D lawsuit which began in 1980. The class-action lawsuit came because Idaho was commingling children and adults at State Hospital South, which led to abuse of children and a lack of educational and treatment services they needed. The House voted to approve the request although 25 representatives voted against the proposal, as they were unwilling to accept the additional federal matching funds available for the program.

During the past two legislative sessions, the chair of the House Health and Welfare Committee, retired ER physician Fred Wood has not allowed the psychologists prescribing bill to receive a hearing in his committee. Upon the completion of the session last year, he directed IPA to meet with the psychologists to work towards a compromise piece of legislation and indicated that if we were unwilling to do so, he would allow the bill to receive a hearing as written. That almost certainly would have led to approval of legislation that did not address any of our objections.

The IPA Board appointed a sub-committee to meet with the psychologists and voiced our concerns specific to educational requirements, supervision of prescribing psychologists and other issues regarding patient safety. After multiple meetings with representatives from the Idaho Psychology Association, the psychologists drafted a bill that addressed a number of our concerns regarding educational requirements, supervision of prescribing psychologists and other issues regarding patient safety. The bill, HB212 is expected to receive a hearing in the House Health and Welfare Committee momentarily.

Other Updates

Talks with University of Utah are underway to establish a psychiatric residency position in Eastern Idaho. The Idaho State Board of Education is expected to include it in their next budget cycle for consideration next year.

The effort spearheaded by the Idaho Alliance for the Serious Mental Illness Death Penalty Exemption, of which IPA participates, was unsuccessful in introducing legislation banning the practice in Idaho in part due to lack of support from law enforcement. The Alliance continues to meet and continues its outreach efforts.

Really not too much to report. Membership is stable, finances are small but stable. We do have a business meeting coming up at on April 29 in collaboration with AACAP. We also have a CME meeting planned for November in conjunction with AACAP to take over for the Big Sky Conference that folded last year. The 5th Annual MT suicide conference is July 14. So we are trying to do outreach, advocacy and meetings at this point. Looking forward to seeing everyone.
Joan Green

Nevada Psychiatric Association

District Branch Report to Area VII Council
Mar 4-5, 2017
Salt Lake City

NPA Management: In addition to our elected officers, we have an Executive Director, Dr. Lesley Dickson. We have a full-time Conference Coordinator. We are searching for a full time Executive Director to replace Dr Dickson. We also have a lobbyist, social media manager and a bookkeeper on contract.

Our Executive Committee meets formally by teleconference monthly. This committee meets at our annual retreat in person once a year, and convenes at our annual business meeting during our annual conference. We have a finance committee and conference committee that meet regularly. In 2016, we added a government affairs committee and outreach committee.

Membership Status: Our membership is growing, and now over 180. By percentage, we are the fastest growing district branch in the APA. (We are up 47% the last five years.)

Financial Status: Our financial status is overall strong. We have a profitable CME meeting every February, and use these profits to fund our activities for the year. We fund our lobbyist, employees, and consultants with these monies in addition to membership dues. We continue to fund our Investment Fund, which will help limit our overall financial exposure from the meeting.

Our office expenses are approximately 1% of our annual budget. Our employees and consultants account for about 18%, and our annual conference uses about 60% of our annual budget.

Member Services: We have Northern (primarily Reno) and Southern Branches (Las Vegas), and each meet monthly.

We have no new issues for employed physicians or self-employed physicians. We continue to encourage RFM's and medical students to participate.

Community Activities:

Annual Psychopharmacology Conference: Our Annual Psychopharmacology Conference was a successful. We had the most attendees ever (over 1700). We are able to bring excellent psychiatric educators to Nevada. Our program schedule for 2018 is already set, and we are working on the 2019 schedule.

We sponsored seminars on suicide prevention and outpatient commitment during our annual meeting.

Legislative and High-Profile Activities:

Scope of Practice: It has been proposed that in addition to physicians and psychologists, nurse practitioners be allowed to do competency evaluations for the courts.

Other legislative issues: A new bill mandating three hours of annual training for mental health workers and other providers in suicide prevention appears likely to pass.

A new bill revising the definition of a mental disorder is proposed.

A new bill allowing for advanced directives for psychiatric care has been proposed.

A $20 million cut to the mental health budget has been proposed.

Parity: No new issues in Nevada.

Lobbying: Our part-time lobbyist remains active with our legislature.

Social Media: We established a facebook page (https://facebook.com/Nevada-Psychiatric -Association-507140882784313/) in 2017.

Psychiatric Medical Association of New Mexico (PMANM) - DB 67 Update for Area 7 – August 6, 2016 Meeting

Community Activities & Member Services:

PMANM collaborated with the University of New Mexico, Rural Psychiatry Network (RCPNNM) for a CME Spring meeting in February. There was a Network dinner (2 CME) on Friday night\, and full day on Saturday (6 CME) the APA integrated care module with Lori Rainy and integrated care with substance abuse was presented.

The RCPNNM is comprised of community and rural psychiatrists and psychiatric providers from around the state. The meeting was opened to anyone wanting to engage in open and honest discussions and networking regarding New Mexico's unique community and rural behavioral health challenges and opportunities. The network was developed to support psychiatrists and psychiatric providers who work in public service, serving rural areas and under-served individuals and communities.

PMANM will sponsor Part II – Marijuana meeting, in May. The topics will cover the legalization, decriminalization and economic aspect of Marijuana. We are in the process of choosing speakers, including legislators, bankers, law enforcement and possibly someone from the courts and prison system. Senator Jerry Ortiz y Pino will once again be the moderator for the forum. The topic is a hot one and we hope to have more participation. We are in the process of inviting someone from APA to join us.

Financial Status:

The Financial status of the district branch continues to be healthy. Annual expenditures have been kept low and consistent.

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Legislative Update:

1. John Anderson - Lobbyist Contract:
    - Gloria has agreed to go up to Santa Fe to shadow John to see what the job of lobbying entails and who he is meeting up with. She will also check with the Secretary of State to check into the fees and duties of being a lobbyist.
    - The council members would like to get more involved in the legislative process and possibly plan a "day at the legislature".
2. Scope of Practice:

- The Psychologist drafted bill regarding scope of practice, recently introduced and will most likely past with modifications. Psychologists want to expand their practice by prescribing off-label drugs, wanting to get out from under the Board of Medicine oversight, as well as mentoring their own. The psychologist that is leading the band is Christina Vento, PhD.

Membership Status:

Membership status has remained steady. PMANM continues to focus on reaching out to those members who have not paid via phone calls and mailings encouraging members to continue on as members.

Coalition Building

PMANM continues to collaborate with the New Mexico Psychologist Association and other mental health professional organization in discussing a plan to help support HSD through on-going planning and problem solving regarding the behavioral health system, and addressing the problems of the Medicaid system. The group plans to meet with legislators in early fall for more discussion. Although the group remains semi-active on list serve there have not been any resent meetings.

Resident training:

- The UNM Residency program succeeded in making their goal making the "Bronze Level" – 75% membership in the "APA 100% Club".
- PMANM council members will plan on acknowledging the resident program and look into having a bar-b-que in July, when the residents start the program.
- The next luncheon meeting for the residents will be held at the end of August. Room TBD.

Respectfully submitted

Brooke Parish, MD
Area VII Representative

March 2017

Area VII Council

Oregon District Branch Report

Membership

The Membership Committee continues its work on increasing membership and the latest reports definitely confirm that.
In 2012 our membership was 416 and the latest report from January 2017 shows 450 members (8.2% increase for the last five years).
The important piece is that during the period of 2012 to 2015 we had between 411-418 members. In 2015 we added an administrative position to help our Membership Committee and in 2016 we had 440 members, then the most recent report is 450.

Financial Status

Currently the association meets all of its expenses on time, but our Winter Conference just held in February 2017 did not attract the predicted number of participants and we do not think we will have any revenue, but the most current report is pending.

Legislation

The session began February 1, 2017.

Oregon's innovative health transformation is at risk of disruption with the promised repeal by Congress and President Trump of the Affordable Care Act. Currently, the rate of uninsured Oregonians has fallen to five percent. The number of Oregonians without health insurance will rise if Medicaid funding is decreased and place further stressors on the state.

The biggest breaking news is the psychologists prescribing bill that was vetoed in 2010 by the Governor. Our lobbyist says the new provision has the specificity to practice in a medical setting, such as a hospital facility or a clinic (not an independent practice), however there is skepticism among our District Branch Executive Council members and the belief is that there has been a very strategic approach by psychologist and they are very well prepared.
Potentially the most important thing for us could be the contact that kept the 2010 bill from passing- the Governor, at that time Governor Kulongoski.
Our current Governor, Kate Brown, is a strong proponent for youth mental health issues. In 2002 OCCAP (Oregon Council of Child and Adolescent Psychiatry) developed the OCCAP Children's Mental Health Advocate of the Year Award and honored Kate Brown in person as the first recipient of that award.

The following are some of the bills that are on our priority 1 and 2 list:

- *SB 51 Behavioral Health Collaborative*
- *HB 2037 Tobacco Tax increase/MH funding* (distributes tax revenues from increases in cigarette tax and tobacco products tax to Oregon Health Authority to provide preventive services and

innovative, nontraditional health services, including mental health services and treatment for substance use disorders, through coordinated care organizations).

- *HB 2122 and SB 273 CCO Reform* (would give communities more local control over CCOs).
- *HB 2308 Aid and Assist* (defendants lacking ability to proceed will be credited with time served).
- *HB 2309 Aid and Assist* (Oregon Health Authority shall adopt rules requiring that information concerning defendants lacking fitness to proceed be shared between the authority, state mental hospitals, law enforcement agencies, courts and county programs).
- *HB 2319 Mental Health Regulatory Agency* (creates new board with oversight of licensees under the current Oregon Board of Licensed Professional Counselors and Therapists and State Board of Psychologist Examiners. Provision of note: The board will have authority to resolve disputes between regulated boards regarding scope of practice for their licensees).
- *HB 2394 Impaired Health Professionals* (put forward on behalf of the Health Professionals' Services Program Advisory Committee and appears to revert oversight back to the Oregon Health Authority).
- *HB 2401 Trauma-Informed Training for Child Welfare Workers* (requires DOJ and DHS to provide trauma-informed training and curriculum for child welfare workers).
- *HB 2523 Gun Dealers/Safekeeping of Firearms* (two physicians in the legislature have teamed up on this bill which authorizes gun dealer to accept for safekeeping firearm surrendered by person or family or household member of person who is at risk of causing physical injury to self or others with firearm and provides civil and criminal immunity to gun dealer who accepts firearm for safekeeping).
- *HB 2526 Firearm Safety and Suicide Prevention Program* (would require DOJ to establish a firearm safety and suicide education program with that material to be made available to gun dealers and prior to a firearm transfer, the gun dealer shall ensure that a purchaser is made aware of the educational material).
- *HB 2401 SBHC Funding/Access to Mental Health Providers* (authorizes $1 million in planning and $3 million to increase access to mental health providers in school-based health centers).
- *HB 2524 Primary Care Residency Program Loans* (to allocate $3 million to provide loans to hospitals for making capital expenditures to establish new primary care residency programs)
- *HB 2590 Grants for Umpqua* (would require DAS to administer grants up to $3 million to support community needs related to the October 1, 2015 shooting on the campus of Umpqua Community College)
- *HB 2631 Timelines for MH Evaluation for Aid and Assist Defendants* (requires that court-ordered fitness to proceed examination, filing of examination report and fitness to proceed determination all occur within 14 days of examination order if defendant is in custody, unless court grants extension. Requires defendant found by court to lack fitness to proceed to be transported to state mental hospital or other facility for treatment, or released, as according to court order, within seven days of court order).
- *HB 2675 Integrated Behavioral Health requirements for CCO Community Improvement* Plans (require community health improvement plans adopted by CCOs and community advisory councils to focus on integrating physical, behavioral and oral health care services).
- *HB 3262 Relating to psychotropic medication*; requires Department of Human Services, in collaboration with other agencies, to adopt rules related to prescription of psychotropic medications to elderly persons and persons with disabilities.
- *HB 4075 Relating to student safety*; replaces School Safety Hotline established by Department of Justice with statewide tip line established by Department of State Police for anonymous reporting of information concerning threats to student safety. This bill is moving forward with

amendments to address a more comprehensive approach. It includes threats such as cyberbullying or suicide.

- *HB 4136 Relating to noneconomic damages*; would increases $500,000 limit on noneconomic damages recoverable in wrongful death actions and other statutorily created causes of action to $1.5 million.
- *HB 4147 Relating to firearm transfer criminal background checks*. Prohibits transfer of firearm by dealer or private party if Department of State Police is unable to determine whether recipient is qualified to receive a firearm within 10 days.
- *HB 4194 Improvements to compatibility with PDMP and EDIE*; allows pharmacists to dispense naloxone. This bill would streamline the Prescription Drug Monitoring Program for front line health care providers through integrated access with the Emergency Department Information Exchange. It also would allow pharmacists to dispense naloxone over-the-counter.

- *SB 48 Health Professional Continuing Ed requirements* (suicide risk assessment. treatment, management)
- *SB 49 Aid and Assist* (prohibits removal of youth from current placement for purposes of fitness to proceed evaluation. Provides exception for medical necessity).
- *SB 51 Relating to behavioral health*; establishes Task Force on Behavior Health.
- *SB 64 Renames "mental disease or defect"* to qualifying psychiatric or developmental condition" in criminal and certain juvenile statutes.
- *SB 129 PTSD Task Force* (the primary focus for this PTSD task force is for veterans. Requires a report to the Legislature).
- *SB 232 Firearms/Restraining Orders* (requires court to ask petitioner at a hearing for family or household abuse restraining order whether the respondent possesses any firearms and to record the answer on the order. This information is used for the purposes of domestic violence restraining orders and is used in other states for extreme risk protection disorders).
- *SB 270 Restricts prescriptions for opiates* (the intent of this bill, which restricts opiates for outpatient use to 7-days with certain exceptions, is to address Oregon's prescription drug epidemic. However, this bill is seen by some as legislating medical practice).
- *SB 414 DOE Threat assessments at Oregon* Schools (establishes an evidence-based threat assessment system to assist schools in identifying students who present a risk of violence, destructive behavior, self-harm or suicide. Develops risk management and intervention planning. Processes for referral to law enforcement and to the juvenile justice system).
- *SB 487 Wrongful Death* (would double the statutory caps for wrongful death claims. This bill, a priority for the Oregon Trial Lawyers, was defeated in prior sessions. OMA is a chief player in the provider and insurer coalition in opposition. OPPA signed onto the coalition letter in 2016).
- *SB 833 Requires hospital that discharges patient following attempted suicide to facilitate referral of patient to peer support program*. Requires law enforcement agency to adopt policies for referral of individual who attempts suicide or family member of person who commits suicide to peer support program.
- *SB 1503 A Repeals sunset on requirement that insurers reimburse licensed nurse practitioners and physician assistants* (HB 2902, 2013). SB 1503, which is backed by the Oregon Nurses Association, would repeal the 2018 sunset for pay parity for primary care providers.
- *SB 1558 Relating to student health records*; prohibits disclosure of records of college or university student health center, mental health center or counseling center, or records of health professional retained by college or university to provide health care, mental health care or counseling services to students, to other individuals, offices or entities within, affiliated with or acting on behalf of college or university.

- *SB 1511 A, HB 4014 A* The Oregon Senate passed SB 1511 A, which directs the Oregon Liquor Control Commission to register marijuana producers and retailers. Another set of amendments (-28) to increase minimum dosage size, failed to advance. A second bill (HB 4014A), makes changes to the law regulating the production, processing, sale and use of cannabis.

- *LC 4149 Requires Department of Consumer and Business Services to conduct certain investigations into parity of reimbursement paid by insurers to mental health providers and physicians.* Requires department to adopt rules necessary to ensure compliance with mental health parity and network adequacy requirements based on results of department's investigations. Requires department to report to interim committees related to health, by September 1, 2018, results of department's investigations and actions taken by department in response to investigations. Sunsets January 2, 2019.
- *LC 1768 Extreme Risk Protection Order* (establishes procedures for peace officer or family or household member of person to apply for extreme risk protection order prohibiting respondent from possessing firearms. Establishes procedures for respondent to request a hearing, and for continuance of extreme risk protection order after hearing)

District Branch Activities

44th Annual Winter Continuing Medical Education Conference "The Future is Here: Behavioral Health Integration & Beyond" February 2017
Even though it was an excellent conference it appears that we had less participants than predicted and most likely no revenue, but no final report received.

Unity Center for Behavioral Health opened January 31, 2017.
The article about the opening is attached.

Respectfully submitted,

Amela Blekic, MD
Oregon Representative

Emergency psychiatric services now available in Portland

Written by Lyndsey Hewitt

People experiencing a mental health crisis may receive care immediately at Unity Center for Behavioral Health.

_____

OHSU/KRISTYNA WENTZ-GRAFF - Unity Center for Behavioral Health features social areas and calming spaces for patients who are receiving inpatient services.

After a long period of planning and construction, the Unity Center for Behavioral Health has opened its doors to those who may be experiencing a mental health crisis.

The $40 million facility is open 24 hours a day and was built in a partnership between Legacy Health, Adventist Health, Kaiser Permanente and Oregon Health and Science University. It holds 80 adult beds and 22 beds for youth age nine through 17.

On Jan. 31, existing behavioral health patients from Adventist Medical Center, Legacy Emanuel and Legacy Good Samaritan medical centers, as well as Oregon Health and Science University, were transferred to Unity Center, located at 1225 N.E. 2nd Ave.

On Feb. 2, the center's psychiatric emergency service (PES) began accepting walk-ins and transfers from local emergency departments.

The emergency service is an outpatient service where a psychiatrist or psychiatric nurse practitioner will evaluate patients and create a treatment plan for the person's individual needs. The area inside is laid out in a "living room design" with recliners, group space and calming rooms.

Patients there can be observed for a few hours up to 23 hours before returning to the community. It was designed so that police would respond less to 911 calls about mental health crises and prevent long waits in hospital emergency rooms.

"People experiencing a psychiatric emergency cannot always get the help they need, when they need it," said Chris Farentinos, vice president of Unity Center in a press release. "In the PES we hope to drastically reduce the amount of time people have to wait for the appropriate care compared to a conventional hospital emergency room."

Amber Shoebridge, spokesperson for Legacy Health, said, "It would mean if you have a close family member who is not at that moment in danger ... but you do know they're showing signs of having trouble coping, you would be able to come to the Unity Center and have them checked out and potentially go into the PES where they would meet with professionals and potentially with a peer support specialist.

"Getting them the right care at the right time the goal is to see a decrease of number of people who have to be admitted," she said.

The goal is to provide evaluation, stabilization and a plan for after discharge. Outreach workers will help patients connect with treatment and resources such housing and job assistance, legal aid, addiction treatment and family counseling.

Unity Center for Behavioral Health is modeled after a facility in Alameda, California.

Studies of the Alameda Model indicate that transferring patients from general hospital emergency departments to a regional psychiatric emergency service reduced wait time for those seeking psychiatric care by more than 80 percent, and that PES can provide treatment to stabilize 75 percent of those experiencing a mental health crisis — alleviating demand for psychiatric beds.

If you or someone you know is experiencing a mental health crisis, call Unity Center at: 503-944-8000.

RFM Report:

1. We have a new Dep Rep, David Braitman. He took over or Kim Yeager who had other pressing issues that made her unable to continue.
2. We are looking forward to the annual meeting in San Diego, a couple of action papers were submitted through residents and ACORF.
    a. One about Bridge Clinic Funding – bridging the gap after discharge for 3 months to minimize risk of decompensation
    b. Physician well-being - 6 Action Items
    c. An update to forensic recommendations – increase some recommendations related to forensic training in residency and fellowship
3. We talked about the need to get new Area Dep Reps for after the May meetings.

The best summary, better than I could have written, of the actions of the APA BOT during the December 2016 meeting were documented in Psychiatric News, the January 17, 2017 issue.

Please alert the Area 7 Council to that issue, which is easily available by google.

I presume the actions taken at this weekends BOT meeting will be similarly well covered within a few weeks in Psychiatric News.

For now however, as of yesterday, at the BOT meeting, here are a few highlights to inform Area 7 Council about:

1. Membership is up in all categories, though because of the "rule of 95" revenue from membership dues is a little less.
2. Investment income is much better due to stock market, so total assets are better.
3. Work on the Registries are proceeding ahead of schedule.
4. We are working will our friends in government to try to insure that the gains for mental health care achieved by the affordable care act are not lost should there be a repeal.
5. Election results (of APA) were ratified.

Aloha,

Jeffrey Akaka, MD

Utah District Branch Report

Utah Psychiatric Association:

Current members: ~ 160

Psychiatrists in Utah: ~ 270

This includes retired, residents, and practicing

2017 Rates: $95 – GM 1st, 2nd, 3rd yr in practice

$190 – GM full member

$190 – Distinguished Fellow

$127 – Life members 1 – 5 yrs (multiple categories) (2/3 of full rate)

$63 – Life members 6 - 10 yrs (multiple categories) (1/3 of full rate)

Administrative cost: $35/Hour Represents the majority of our budget

The Admin costs are currently sustainable at this time. But we worry about covering this if the member numbers drop. The admin costs don't preclude any of the other activities of the DB. Paige wanted to be sure I point out how reasonable she is! For our Lobbyist we use the Utah Medical Association.

Spring meeting on March 7 with Dr Saul Levin. He is going to speak about on overview of the APA and what the APA does for its membership.

Discussion on how to maintain membership resulted in the following ideas:

- Email regular updates about psychiatry in Utah
- Have APA/UPA applications a faculty meeting and other physician functions where many psychiatrist will be present.
- Using technology to our advantage (like go-to-meeting, Skype, Google hangouts, etc…) to allow easier access for all members to meetings.
- Hosting Webinars
- Be more active in legislative activities

NAMI and UMA/UPA doctors day on capital hill went well this year. We have an upcoming Doctor day at the Utah Symphony is March 24th which is another time to meet with Legislators.

Reception tonight at Jason's home. Meet downstairs at 6:00PM for rides to my home. Address is 3020 East Dickens Place (about 1050 south). My cell is 801-554-4450 if you lose your way.

Utah Legislation:

Opiate Prescribing Legislation

HB50: This amends DOPL licensing act. It limits the number of days for which opiates can be prescribed for certain individuals, It also amends provisions of the Controlled substance Database. The UMA opposed.

HB66: This bill is to protect providers and others that administer an opiate antagonist in the face of potential overdose for civil liability. UMA supports

HB175: Another bill to help prevent opioid abuse. It will require prescribers to receive training in a nationally recognized opioid abuse screening method (SBIRT). It will also require Medicaid and Public employees health insurance to reimburse providers for using the screening method.

Others:

HB 346: Suicide prevention programs. This bill establishes reporting requirement's, creates a position in the department of health, and provides grant awards for suicide prevention programs.

HB 390: Suicide Prevention Modification bill aims to create a suicide prevention programs by the state suicide prevention coordinator. It seems to be aimed at controlling gun related suicide deaths by providing grants to federal firearms licensees to educate their employees in regard to suicide prevention.

HB 299: This bill was to clean up some previous language and clarifies role of a mental health officer. The main concern in this bill is in regard to mobile crisis services in the community that are having a difficult time getting help from the police to transport patient to the hospital for evaluation. Right now police are saying they could get "sued" by transporting a patient that doesn't want to go even when they have been placed on a hold by the crisis service. This bill gives them a way to always refuse to help the crisis workers get people to the hospital for evaluation. This may be a safety issue to the patient and the crisis service. Other aspects of the bill are a big improvement.

SB 246: This bill allows certain pharmacists to be able to administer long-acting injectable antipsychotic medications for patients with active prescription. Mainly to help patients in areas with these types of clinics are not available.

HB155: Changes the blood alcohol limit from .08 to .05. There are now a lot of unhappy drinkers. Time to invest in UBER, lyft and other ways to transport these heathens home!

Several cannabis bills were presented (I know, even in Utah).

- Medical cannabis didn't go anywhere
- Allowing reclassification of cannabis so that it will be easier to study

- There is also a bill that address all aspects of how to regulate, tax, license and other aspects of control of cannabis if and when it ever passes.

University of Utah:

Training programs:

Adult:

- We will be looking for a new Adult residency training director. Currently we have an interim director and we hope to be looking at candidates form inside and out of our system.
- We are expanding our adult residency program. This year we are moving to 9 residents/year and July 1, 2018 we will be at 10 residents/year.
- We have established a research track
- We are currently working to have a global psychiatry track and rotations

Addiction fellowship:

- Currently have 2 spots open per year
- We are starting an addiction medicine program which will also have 2 spots/year

Child:

- We have recently increased our triple board program back to 2 residents/year
- Our child fellowship is increasing from 2 to 4 fellows/year

New programs:

New Center for OCD Treatment is opening at the University Neuropsychiatric Institute. This is being run by Dr Brent Kious and he is currently looking for referrals.

SAFEUT program: Is a program that gives kids access to crisis support through a text line. It has been fairly successful so far.

Ketamine clinic

Current clinical research:

A randomized, double-blind, placebo-controlled trial of 5-hydroxytryptophan and creatine for SSRI or SNRI augmentation in treatment resistant depression associated with hypobaric hypoxia in females

Endogenous opioid modulation by ketamine

Burst Suppression Anesthesia for Treatment of Sever Depression

Oxytocin & Motivation

The University of Utah will be having another reception at the APA meeting in San Diego. It will be on Sunday night after the opening ceremony. I will have more information about this event at the May meeting.

Washington State Psychiatric Association Report
APA Area 7 Meeting
Salt Lake City 3/3-5/2017

Legislative issues

WSPA has been in the spotlight around the *Volk v. DeMeerleer* decision made by the Washington State Supreme Court on December 22, 2016. A motion to reconsider was filed by WSPA, WSMA, WSHA, APA and other clinical organizations, but with a 6-3 vote, overturning the decision is unlikely. SB 5800 and HB 1810 have been introduced to clarify the duty to protect or warn and to limit liability for clinicians providing mental health care in inpatient or outpatient settings to cases of harm done by a patient to "reasonably identifiable" victims, instead of "any foreseeable victims." In the *Volk* case, the victims were not named in treatment. At least 42 states already have specified in case law or statue to clarify and limit the duty of outpatient clinicians to protect or warn third parties against potential violence from a patient, and WSPA is working with the Liability Reform Coalition and many others to change the law in our state. WSPA President Dr. Jeff Sung wrote a compelling letter and testified in support of this legislation (see attached letter).

The new bill language coming up during the petition to reconsider may be an issue, as opponents have said this is an attempt by clinicians to gain "blanket immunity," arguing that remaining ignorant is incentivized. As of the writing of this report, SB 5800 was scheduled for a floor vote in the Senate while HB 1810 did not progress out of the Judiciary Committee in the House.

HB 1612 Firearms and prescription medications in suicide

Firearms safety issues have been at the forefront in Washington, including the formation of the Washington State Suicide Safer Homes Task Force Firearms Subcommittee. WSPA has participated in meetings with the Second Amendment Foundation, the NRA-ILA Washington State liaison, gun shop and shooting range owners, the Alliance for Gun Responsibility, elected representatives and state officials from the health department and the Governor's office. WSPA President Dr. Jeff Sung also wrote a compelling letter in support of this bill and serves on the task force (see attached letter).

Pertinent issues include developing an online training for firearms retailers, creating a public-private fund to finance the work as well as implementing policy change to allow a firearm to be transferred to another individual when the owner is in crisis. Currently, under Washington's universal background check law, temporary firearm transfers to manage a suicide crisis are technically illegal unless accompanied by a background check. Under the proposed legislation, gifts or loans between family members (including parents-in-law and siblings-in-law) and transfers intended to prevent suicide will be permitted. Transfers intended to prevent suicide are permitted if the transfer 1) lasts only as long as reasonably necessary to prevent death or great bodily harm and 2) the firearm is not utilized by

the transferee for any purpose for the duration of the transfer. This latter criterion is intended to encourage safe storage without mandating safe storage by law.

Children's Mental Health

A Past WSPA President was on a taskforce to look at children's mental health issues in Washington State. HB 1713 was introduced in the current session to address a variety of those issues. If passed, the bill as initially introduced also would provide additional Child and Adolescent Psychiatry Fellowship slots to UW and WSU. There is considerable support from the WSPA Executive Council for the bill, but Drs. Hsiao and Layton recused themselves due to conflicts of interest.

Membership

WSPA total membership as of 1/31/17 stood at 610, up from 546 in January 2016. The number of Resident/Fellow Members increased from 43 last year to 60 this year.

Finances

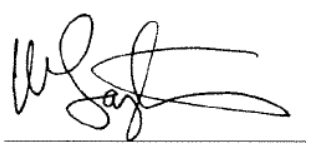
We are in excellent financial shape due to solid membership numbers and mandated suicide prevention trainings for all licensed health care providers in Washington State. Our DB President, Dr. Jeff Sung, has provided many of these trainings, and WSPA has benefited substantially through our accreditation and registration management arrangement. Appropriate steps have been taken to address potential conflicts of interest, and the WSPA Executive Council has approved these educational activities while Dr. Sung has recused himself.

WSPA total Assets as of 1/31/17 were $226,619, up from $167,820 on 1/31/16. We contract with our management company for $5,400.00 ($64,800 annually) and just renewed our contract.

We have discussed increasing our budget for lobbying, but for now we are making better use of our existing arrangement of paying a lobbyist $1000 per month to monitor issues that may be of interest to WSPA and pointing us in the right direction when those issues come up. We have partnered with the Washington State Medical Association and many others on major issues such as the *Volk* decision.

We do not expect any challenges or shortfalls at this point.

Respectfully submitted,



Matthew E. Layton, M.D., Ph.D.
Washington State Psychiatric Association APA Assembly Representative

Western Canada DB Report

Salt Lake City, UT March 4-5, 2017

Current Issues: The opioid overdose concerns have continued and especially with respect to the fentanyl 'crisis', although numbers may be plateauing somewhat. There were about 620 opioid deaths in BC last year, 343 in Alberta, 24 in Manitoba and 18? In Saskatchewan. One day in Vancouver there were 9 OD though fentanyl related. Given the epidemic, the BC College removed the exemption for prescribing buprenorphine/naloxone, and offered half day training workshops, to encourage widespread primary care prescribing (but still required for methadone). In Vancouver mental health services such as Outreach teams have been busy, with the city/province public health services taking lead role.

Safe injection sites may increase with Liberal government.

Cannabis isn't yet legal in Canada but medicinal shops everywhere and it's available for any ailment one can think of. Psychiatric care can certainly be compromised given the easy access.

Last year some northern native communities, including those in western provinces, experienced an increase in suicide rates resulting in attention from media and federal government response.

Legislative: MAiD became law in June, 2016 with various guidelines including the temporary exclusion of those with a mental illness as the primary diagnosis. MAiD advocates have been pushing to allow mental illness on par with other 'grievous and irremediable' conditions; submissions from the medical groups, including psychiatry will be considered over the next couple of years. The BC Psychiatric Association has drafted guidelines for its members given the current law. These include a proposal that those applying for MAiD have access to psychiatric services, that there be mandatory capacity assessment and screening for depression be required, for example. Even in small centres psychiatrist may conscientiously object. The discussion and guidelines proposed emphasized the need for assessment of depression, that psychiatrists routinely help our patients through periods of hopelessness and suicidal thinking.

More money for mental health from federal and provincial (BC and Manitoba) levels. Ottawa has pledged $1.4 B for home care and mental health services over 10 years. More money for palliative care as well.

Professional Practice: In Alberta, talk of MD licencing restrictions apparently as a means to reduce medical costs. But not likely to go ahead. As was the talk of 'administration instigated retirement procedure', where at 60 yrs old one could drop off the On-call rota, resulting in restricted inpatient privileges with a view of 'fading away' in about 5 yrs. The grand retreat which began with a talk on how other specialties deal with aging physicians did not go well with psychiatrists! 'Certainly we are not surgeons and we do not need a theatre to perform!'

Scope of Practice: Proposal in BC for more widespread powers for pharmacists to prescribe. In Alberta, where they have had the most powers, the pharmacists are, perhaps surprisingly, not taking advantage of the opportunities. Psychologists prescribing still not much of an issue.

Recruitment/Education: Haven't been as active with recruitment activities. Had to postpone the Resident Research Night but hope this may happen next couple of months. Medical student movie night (mental health) related documentaries have been well received) also to be organized. Our Manitoba representatives both resigned unfortunately so we are trying to find replacement(s). Trip to Saskatchewan likely in April, to present information on APA including the Assembly and recruit local rep. We do have a Catharsis (newsletter) editor and this will come out just before the APA Annual Meeting.

Membership: We have 528 members.

Finances: Stable with respect to our savings and ability to spend on recruitment or advocacy activities.

Administration: Dr. Fiona McGregor , outgoing president of the WCDB is expected to be our next assembly representative. Dr. Marcus is acting president for the district branch.

WCDB Annual Meeting: Held in conjunction with San Diego meetings. We will host a reception Monday May 22 evening. Further details to follow.

Respectfully submitted,

Ian Forbes MD

Yinka Marcus MD

Report of Wyoming Association Psychiatric Physicians for Area 7

March 4-5, 2017

Our District Branch is continuing to face challenges in a number of areas – EXCEPT in regards to psychologist prescribing bills which have NOT been introduced in a number of years. We have only 23 members (down from 27) and a dwindling number of psychiatrists practicing in our state, and of those potentially active in our DB. Our Executive Council meets every 4-6 weeks by teleconferencing to address planning and ongoing issues.

The most immediate change is in our annual meeting, which we may have at the APA Annual Meeting (if survey supports) or a series of regional meetings to facilitate connection of our members to the DB and the APA and identify new leadership talent. We have historically held this meeting in conjunction with the Wyoming Medical Society Annual Meeting however, participation has greatly diminished in recent years. Our new focus must be on membership and service to membership to foster membership participation and succession of leadership.

Our annual budget is trim at $8-10,000 per year. 80% of this is related to administrative costs and covered by Infrastructure Grants from the APA and the remaining by dues of members. We have some reserves in the areas of CME grants and Recruitment and Retention grants that are available. Our administration is managed by the Wyoming Medical Society staff and is currently in review regarding the contract. However, the WMS provides lobbying services as well as legislative information to our executive council and membership.

Our State Legislature has been challenged with the funding of the involuntary commitment process, which includes the Wyoming State Hospital and other facilities designated to hold such patients –sometimes for prolonged periods of time. The Legislature is at odds with the Department of Health over these costs. And there is conflict between funding models of the Community Mental Health Centers, and the Involuntary Commitment related entities. The money budgeted for the Involuntary Commitment process is disproportionately high compared to money spent on outpatient treatment through the community mental health centers.

An abortion bill just passed but not yet signed requires a doctor to offer an ultrasound of the fetus and documentation of such offer. It is unclear how this will be enforced or if it is worth the money to enforce this law. We have only 2 providers in the state and very few procedures.

In regards to the potential changes in Medicaid – We aware that challenges in the current Medicaid funding could be devastating. The proposed replacement for Federal Medicaid funding includes the potential of block grants which will put our state at risk for choosing a managed care process.

There was also an OTC Narcan bill with another bill protecting the users of this intervention with immunity from lawsuits.

We have not been challenged with a psychologists prescribing bill in a number of years, but we remain poised to respond aggressively should such a bill be introduced.

Respectfully Submitted,

O'Ann Fredstrom and Stephen Brown, WAPP Assembly Reps