

Area 3 Council Meeting
March 23, 2019
Sidney Kimmel Medical College
Philadelphia, PA

Call to Order: Dr Joseph Napoli, Area 3 Representative, called the meeting of the APA Area 3 Council to order on Saturday, March 23 at 10:33 am, at the Dorrance H. Hamilton Building of Sidney Kimmel Medical College at Jefferson University in Philadelphia, PA. A quorum was present for the entire meeting.

Present (voting members): Drs Mary Anne Albaugh, Lily Arora, Consuelo Cagande, Ken Certa, Charles Ciolino, Constance Dunlap, Bill Greenberg, Annette Hanson Barry Herman, Elizabeth Morrison, Joe Napoli, Daniel Neff, Sherry Nykiel, Jennifer Payne, Ranga Ram, Richard Ratner, Cristina Secarea, Elias Shaya, Eliot Sorel, Lindsay Standeven and Brian Zimnitsky.

Non-voting members

Area 3 Trustee: Dr Roger Peele

Executive Director members: Joanne Dunne

District Branch Presidents: Randall Gurak

Privileged Guests: Dr Robert Aziz (RFM Dep Rep candidate), Hector Colon-Rivera, (Alternate for Dr Kloos, PaPS Rep), Bob Batterson (APA Assembly Speaker), Jennifer Dorr (RFM Dep Rep candidate), Mary Jo Fitzgerald (APA Assembly Recorder Candidate), Paul O’Leary (APA Assembly Speaker-Elect), Adam Nelson (APA Assembly Recorder Candidate), Nazanin Silver (ACORF Mentor), Felex Torres (APA Assembly Speaker-Elect Candidate), Uche Ugorji, Mani Yavi (RFM Dep Rep candidate)

APA Staff: Tim Clement (APA DGR Regional Field Director), Jennifer Medicus (APA Area 3 Staff Liaison)

Absent voting members: Drs Barry Fisher, Baiju Gandhi, Angelica Kloos, Mark Komrad, Rahul Malhotra and George Saiger

1. Welcome New Members and Guests, and Introductions and Disclosures of Potential Conflicts of Interest – Dr Napoli welcomed new members and guests. Attendees introduced themselves and reported their sources of income, to identify potential conflicts of interest that might arise in the proceedings.

2. Minutes– Dr Napoli called for any corrections to the submitted minutes of the November 2018 Area 3 Council meeting. Hearing none, the minutes were accepted as written.

3. Announcements Dr Napoli:

- congratulated Dr Certa on his winning the election to become our new Area 3 Trustee, and thanked the other candidates, Dr Peele, who had been admirably serving as the incumbent and will be honored at our May meeting, and Dr Herman.
- announced that for the second time, Area 3 had won the award for being the Area with the highest percentage of its members who voted in the annual election
- indicated that this year will be recognized at our Annual Meeting as the 175th anniversary of the founding of our organization; their will be a gala recognizing this, with the proceeds supporting our Foundation.

- reminded us that the deadline to submit action papers will occur in only 5 days, on March 28.
- Dr Sorel added that this was the 50th anniversary of the Black Psychiatrists, who will be recognizing this event in Washington DC April 10-13.
- Dr Napoli reminded new members that our Area 3 Website had useful guides for the Assembly, with “Top Ten” lists that are geared towards orientation, and details regarding travel reimbursement.
- Dr Napoli announced committee and work group assignments:
 - Reference Committee 1: Dr Dunlap had been serving, but will not be able to do so this time, so Dr Napoli will reach out to identify someone else
 - Reference Committee 2; Dr Greenberg had been serving but also will not be able to serve on this committee in May, and Dr Colon-Rivera will take on this assignment
 - Reference Committee 3: Dr Neff
 - Reference Committee 4: Dr Arora
 - Reference Committee 5: Dr Melnick
 - DSM: Dr Ciolino
 - Access to Care: Dr Sorel
 - Community: Dr Nykiel
 - MOC- Dr Arora
 - Procedures: Dr Zimnitsky
 - Practice Guidelines: Dr Hanson
 - Rules: Dr Morrison
- Procedure to identify new ECP Rep and Dep Rep: Dr Napoli reported that unfortunately we are losing two excellent individuals: Dr Malhotra will be terming out in May, and Dr Gandhi, who has moved out of our Area. Although there was not much time getting notice out, four applicants have been identified, but Dr Napoli felt that there was not enough time to vote on these candidates at this meeting, as some of them also were not able to attend this meeting on short notice. It also was not clear how to determine who would be the Rep and who the Dep Rep. This matter was referred back to the Nominating Committee. Dr Napoli asked for feedback regarding when the election for these positions should be held. Dr O’Leary recommended that we have these individuals attend the May meeting, as there is a steep learning curve associated with getting oriented to the Assembly, and missing even one meeting would be disadvantageous. Dr Sorel was unsure how many of the candidates could attend the May meeting; Dr Napoli asked the lead person from each DB who had recommended each individual to inquire about whether they would be able to attend the May Assembly meeting; Dr Shaya strongly encouraged that we vote in May regardless of how many of the candidates could attend, and Dr Napoli agreed, noting that this was a standard APA procedure for elections. Although there might be a possibility of having someone communicate by video presence if they could not attend, but Dr Napoli noted that this might be expensive if done at the May meeting, noting that the JW Marriott had wanted to charge us \$850 per day when we had previously inquired about such an arrangement.
- The date for our Fall Area 3 meeting will be arranged via email, presumably at some date in September or October. Dr Napoli asked that Council members email himself and Dr Greenberg about any dates in that time of year that would conflict with other important commitments (Specialty Society meetings, DB meetings, etc).

4. Presentations by Candidates for Assembly Officer positions

Speaker-Elect: Dr Napoli turned the meeting over to Dr Greenberg for the presentations for Speaker-Elect of the Assembly. Drs Felix Torres and Joseph Napoli made brief presentations regarding their candidacies for the position of Speaker-Elect, and responded to questions from Council members.

Recorder: Drs Mary Jo Fitzgerald and Adam Nelson gave their brief presentations supporting their candidacies for the position of Recorder, and answered questions.

Dr Greenberg asked Dr Batterson to help respond to some of the questions, and he then helped clarify the process of the Assembly Budget. Dr Peele shared some of his thoughts about the JRC, and Dr Napoli added some further background on the recent process that led to the loss of accrued monies that Area 3 had been able to save over the years.

5. Reports:

Dr Napoli returned to chairing the meeting.

Assembly Executive Committee/Speaker: Dr Batterson reported that the May Assembly schedule had to be adjusted to accommodate the 175th Anniversary Gala, which will be challenging regarding a Saturday morning Assembly session, with a plenary cut by ½ hour and an Area Council session cut by ½ hour. Assembly candidates will give 3-minute presentations in the first plenary, which will obviate the need for their making such presentations at each Council, although they may be allowed to do so. It is not clear whether the incoming AMA President, Dr Patrice Harris will give a brief presentation or not, but there will not be other invited presenters. The Board decided to move the 2021 Annual Meeting from Hawaii to Los Angeles: the projected low attendance for the Hawaii venue and some difficulties with vendors, argued for the change. He expressed regret that the Board did not accept the AEC procedure, which would have allowed a four-year spending plan to address accrued Area finances, but the Finance and Budget Committee was not amenable to this. The accrued accounts did not completely disappear, but will remain for this one year in the AEC Contingency fund, from which proposals for appropriate funding for this year may be approved by the full AEC. Dr Batterson also indicated another area in which there was little leeway was the use of staff time (eg, a request by Dr Sorel for more APA staff time to support committee work was not approved): this is not an area that the AEC has control over, and any change would likely need to start with an action paper.

Speaker-Elect: Dr O'Leary reported that the APA Annual Meeting for next year will be held in Philadelphia, but earlier than usual, from April 25-29, necessitating that action papers will also be due quite early, by March 5, which may result in having the action papers submitted before the Area Councils have a chance to meet. He suggested that Areas might have multiple audio-visual hubs set up at each District Branch, to allow a simultaneous meeting via those hubs, simplifying the time and cost of travelling, which could help the DB EDs being involved, and allowed for some local direct interaction. Some informal interest was expressed by Council members, and Dr Napoli observed that he had introduced this idea in NJ for its DB Board meetings and it has been used for the last several years. Additionally, with this advance notice, Area Councils could also arrange to meet in February next year.

Dr O'Leary added that we were going to a paperless Assembly in November, and that attendees should bring their laptops in; there will be some backup laptops available, in case someone's laptop has a significant failure. This is to save money, though it may address other problems coping with multiple versions of action papers.

Dr O'Leary did not have any new updates on the ligature issue, but Dr Certa reported that a site visit in his facility was very disturbing: an engineer reported that the unit was fine, after which a physician reviewer proffered the opposite assessment; Ms Medicus added that there were still ongoing discussions trying to address this

6. Administration Report: Dr Napoli asked Ms Medicus that since she had a lengthy report posted, that we all read this, and due to time constraints, we need to move to another issue.

7. Proposal for Affiliate Membership in the APA: Dr Napoli asked that we spend some time to thoughtfully review some information on an proposal, supported by Dr Bruce Schwartz, that the APA

establish affiliate membership for nurse practitioners, physician assistants, and perhaps social workers, to increase income for the APA, and promote our working relationships with members of those disciplines. The APA Board has set up an ad hoc work group of three members of the Board and three members of the AEC and to be chaired by Dr Schwartz, with a charge to come up with a proposal for such membership. The AEC separately proposed a charge to review the advantages and disadvantages of this possible arrangement, or some other arrangement such as an affiliated organization. Some medical societies do have such arrangements, many do not. Dr Gurak noted that AACAP recently considered such an arrangement, with their president establishing a committee enthusiastic about this possibility, which was then overwhelmingly voted down by their membership. He anticipated that we would likely lose members if we adopted such a proposal. Dr Morrison reported that she had served on the APA Membership Committee and that the Board had tasked that committee to consider such a proposal, but that she and other members had been very strongly opposed to this, citing misadventures in other organizations that had tried similar things. Dr Greenberg added that a relevant piece of news was circulating on our listserv, regarding the Emergency Physicians rescinding such a proposal, after having passed it earlier, as this had only led to the affiliates gaining perceived status and advertising themselves as such, indicating that they had the same abilities, rights, privileges, etc, as the physician colleagues. He described a general insidious practice becoming widespread to delegitimize physicians' training, abilities and status, noting, for example, that in New York State he was now getting policies sent to him stating that, "for the purpose of this policy, the term 'physician' will also refer to nurse practitioners and physician assistants." Dr Secarea reported the reactions of members of ACORF on hearing of this was of great concern. Dr Nelson reported that even in the single state of California, there were several different NP organizations, reflecting differences in training, abilities, and directions. Drs Hanson, Fitzgerald and Herman, among others shared learning of other members' concerns and also some of their own worries about accepting such a proposal. Dr O'Leary offered some words in general favor, bringing up the need to address problems with access to care that psychiatrists alone were not able to address. Dr Melnick agreed that we should respond to such proposals with some recognition of problems of access to care.

Dr Shaya moved, Dr Certa seconding, a motion that we oppose the proposed affiliate membership for non-physicians (physicians defined as those with MD, DO or MBBS degrees). On request, Dr Napoli provided further information, and noted that this initially provided "second-class membership," which is a status no one likes to be identified as, and would eventually lead to claims of, and demands for more equal status. As examples, in more and more states, nurse practitioners are achieving independent practice status, without the need for physician supervision. After discussion, the motion carried unanimously.

8. Nominating Committee and Elections: Dr Ratner reported that the candidates for RFM Dep Rep/Rep were Drs Robert Aziz, Hector Colon-Rivera, Jennifer Dorr and Mani Yavi (Dr Tracy Martin was unfortunately was unable to attend this meeting, but still would be a candidate in the voting; Dr Lindsay Standeven will move up from her position as RFM Dep Rep to RFM Rep). Drs Aziz, Colon-Rivera, Dorr and Yavi gave brief presentations and responded to questions.

The meeting was briefly adjourned for lunch, at 12:48, and reconvened at 1:18 pm.

Dr Greenberg was announced as a nominee for Area 3 Rep and Dr Melnick a nominee for Area 3 Dep Rep; no other nominees were received, and when Dr Napoli asked for any nominations from the floor; there were none. Ballots were distributed to voting members of the Area 3 Council for those two positions and that of RFM Dep Rep. Drs Batterson and O'Leary were announced as Tellers for these elections, ballots were distributed and those tellers excused themselves to tally the ballots. Dr Gurak also was a teller for the RFM Dep Rep/Rep Election, given the number of candidates.

8. Financial: Dr Napoli presented the financial report.

- **Accounting Procedure:** Dr Napoli noted that regarding our block grants, we get a summary of our expenses paid and payee, but there is no information regarding what the expense is for, which

can be misleading (eg, when we last held a two-day meeting, Dr Napoli paid the caterer by check, and the hotel where we stayed on his credit card, but what those expenses were for did not appear on the report). Dr Napoli reported that he has now divided our expense reporting into two categories: operating expenses and program expenses, for the sake of clarity.

- **Area 3 Block Grant:** Dr Napoli indicated that we are currently operating within our budget. However, in May of 2017 we had approximately \$88,500 earmarked for us, and we spent approximately \$17,500 on our operating and programming expenses since. When we learned at the very end of 2018 that our accumulated funds were about to disappear, with the help of Drs Sorel and Batterson, we were able to retain \$8000 of what was about to be lost, by having that sum approved for a second year of our RFM awards (which had previously been approved by our COPE Committee), with the earmarked monies sent upfront to the Washington Psychiatric Society. This funding would allow an RFM award dinner attended by 10 awardees and our Council members. We lost a total of somewhat over \$74,000, as a bottom line, which was put in an AEC Contingency Fund, which has a total of approximately \$120,000 this year (Area 1 lost somewhat over \$30,000, Area 7 lost somewhat over \$28,000 as part of this process, and these monies were added to this year's AEC Contingency Fund). The loss of accumulated funds in Area Block Grant accounts did hurt these other Areas as well; in fact Area 1 routinely builds up a reserve to be able to hold meetings in Canada (partly by not taking travel reimbursement); this being significantly more expensive than a New England venue, but important for the Area 1 Canadian DB. Area 7 has put in a proposal for funding from this year's AEC Contingency Fund, and they recently held a meeting in Alaska entirely paid for by the Council members without travel expenses submitted, as they needed to show support for the Alaska DB; their proposal sought funding for a meeting this year to support the Hawaii DB (Area 7 covers an extraordinarily large geographic area), and their proposal was just approved. We are developing a proposal ourselves to ask for funding from the AEC Contingency Fund this year; details of which will later be discussed.
- **Workgroup Report:** Dr Shaya, who was appointed chairperson of the Administration and Finance ad hoc workgroup by Dr Napoli, gave the report of this workgroup, which held two teleconference meetings, to review the administrative and financial functioning of the Area 3 Council. The workgroup's members were Drs Herman, Cagande, Secarea, Baiju, Payne, Certa, DeCotiis Ranga and Sorel with Drs Greenberg serving as consultants. He noted the Council's functioning as an interface between the APA and DBs and its members, as an important training ground for RFMs and ECPs, and a fertile ground for leadership, innovation and mentoring. It also serves for providing collaboration and feedback on action papers. The workgroup recommended that we continue to have four meetings per year, preferring meetings in person, and supports the value of the Area 3 website. The latter will need support in Dr Napoli's absence however, with possibilities including its being hosted by APA staff, or a DB providing this service at a reasonable rate, or hiring a professional person to support this, although the cost of the latter option would be unclear. It was recommended that DB staff continue to attend the Council meetings, although currently we have only been compensating such staff for their travel expenses via their DBs, and not for their time; if financially feasible, we could support such compensation. Regarding budget presentations, the workgroup recommended that all Areas should submit their budgets, for transparency. All Areas should be set up as separate cost centers in the budget for both transparency and accountability; AEC budgets should also be made available to all APA members. The issue was raised of whether we should have the APA Meetings and Conventions Department to help us organize our meetings, but the workgroup members observed that we were getting better costs than the APA. Dr Shaya noted that there was in development an Area 3 proposal for asking for AEC Contingency Fund monies for a half-day Legislative Summit. He

also brought up that the option was raised of asking our DBs to contribute monies to support our programs, as Area 4 has been doing, but at this time this idea was not supported by the workgroup. Dr Napoli thanked Dr Shaya for his thorough but efficient work leading this workgroup.

- **Loss of our Block Grant funds:** Drs Herman, Sorel and Napoli further discussed the loss of our residual Block Grant monies, with Dr Napoli suggesting that a better outcome would be if the AEC were supplied with additional budgeting so that Areas could compete for same with prudent proposals for programs. Responding to a question from Dr Certa, Dr Napoli cited the procedure code, which states that Councils should conduct two yearly meetings in addition to the Assembly meetings, process action papers, but also that the Areas should have scientific meetings. We have only done this type of programming once, when Cory Hummel, (MPS ED) Deb Wilson (NJPA ED) and Deborah Shoemaker (PaPS ED) put together the area-wide *Navigating MOC* training.
- **Hosting the Area 3 Website:** Responding to a question from Dr Ratner about hosting our website, Dr Napoli reported that he had talked with the APA's Jon Fanning (to see if our website could be incorporated into the APA's website) but he was not forthcoming on that proposal, and talked with Margaret Dewar of the APA, who was similarly unreceptive, observing that if she did this for our Area she would have to do it for the other Areas as well, but that another possibility would be that we could have a DB take over the hosting, and that Area 3 could reimburse the DB for that work, or that we could discontinue the website and instead put all our documents into Dropbox, a procedure that Area 6 uses. Dr Napoli reported that he has found the Website very useful rather than to keep track of emails. Responding to a query of Dr Morrison, Dr Napoli reported that NJPA has registered our domain name and NJPA's website uses Weebly for its platform, and Sentry is the member management system that manages our passwords; these costs amount to perhaps \$150/yr. Dr Greenberg added that sweat equity of managing the content of the website was another component, as much activity had to be posted within days of a meeting, as reports and action papers seemed to flood in within two days of a meeting.

9. Election results: Dr Batterson, reported that the winners of the elections today were: Dr Bill Greenberg: Area 3 Rep, Dr Melnick: Area 3 Dep Rep, and Dr Yavi: RFM Dep Rep. Dr Napoli thanked all the RFM candidates, encouraged them to continue pursuing their interests to serve, and informing them that we do have an RFM Committee that can help participate via teleconferencing.

10. Area 3 RFM Merit Award: Dr Napoli reported that we have three nominees from WPS, but that there will only be two slots per DB. Our procedure should be that our Area 3 RFM Committee process the nominees. There is still time for the other DBs to submit nominees, which can be done via our website. This process should include uploading nominees' CVs, and indicating how they will give back to their DBs. Dr Napoli with discuss establishing a deadline for submission with Dr Secarea, to allow enough time to make arrangements. Dr Greenberg brought up that it might be more convenient to hold the dinner meeting with our Fall meeting as it would be local and easier to arrange attendance, rather than at the May meeting in San Francisco, when many Council members have competing meetings and the residents might have a more difficult (and expensive) proposition in arranging to attend. Dr Sorel indicated that he had two nominees who would be leaving the local area and thus not likely to be available in the Fall, and argued that we should have the dinner at the May meeting; the RFMs supported a meeting at the May meeting, as well.

11. Advocacy:

- **Assembly Committee on Access to Care:** Dr Sorel reported that the APA Committee on Access to Care has been quite active, conducting two surveys, the results of which will be shared at the Assembly meeting in May. Also collected were data related to access to care obtained from

NAMI and from the National Business Healthcare Purchasers Coalition. Based on these data, the Committee has developed three action papers that will be submitted for this Assembly. He appreciated the work of committee members, and of the Committee on Advocacy and Government Relations. The action papers address: 1) enhancing access to care; 2) how to make insurance companies accountable regarding their networks; and 3) and a paper that was initially promoting Medicare for all until it was pointed out that the Parity Law does not include Medicare, so was reoriented to providing access to care for all.

- **State Government Affairs:** Tim Clements reported that the three main current areas of focus are 1) scope of practice, with several states experiencing attempts to expand psychologists' scope of practice, including Florida, Connecticut and Vermont; no serious such attempts currently being experienced in Area 3; 2) parity legislation with the APA model legislation being promoted around the country, with New Jersey legislation to be voted on Monday—this is expected to pass, and 3) collaborative care, with APA promoting legislation requiring insurers to reimburse physicians providing services via collaborative care, with one such bill being introduced in Illinois. Responding to a question from Dr Napoli about the need for state-level parity laws when we have a federal law, Mr Clements responded that the Federal Parity Law was not well implemented, whereas the state laws would require insurers to submit data addressing the adequacy of parity implementation. Dr Sorel suggested that there should be an opportunity for practitioners to help monitor and report data regarding proper implementation of parity efforts.

12 Reports:

- **American Association of Psychiatric Administrators:** Dr Herman reported that the organization was doing well, growing its membership. Several of its members will be participating in workshops at the May APA meeting, and they will be holding a reception at the APA meeting. The organization's journal publisher is not meeting contractual obligations, and a new publisher is being sought. Awards for best papers are continuing. There will be a nomination for the APA Administrative Psychiatry Award.
- **American Society for Adolescent Psychiatry:** Dr Ratner reported that the annual meeting will now be held the day before the APA Annual Meeting in May.
- **Psychiatric Society of Delaware:** Dr Ram reported that their Annual Symposium will be held in September, highlighted by Dr Geller's speaking on the Future of Mental Health in our Changing Health Care System. There has been some progress advocating for changes in a mandatory reporting law. Dr Nykiel added that there is an ongoing effort to address the addicted population with improving access to MAT
- **Maryland Psychiatric Society:** Dr Hanson reported that MPS was working on the new Extreme Risk Protective Law regarding applications to take away firearms from individuals experiencing psychiatric emergencies, placed the ABMS Draft Report on MOC Reform on the MPS listserv for members' review, had a very successful Advocacy Day having enough members, including residents and fellows, to divide into teams targeting the House and Senate separately; reviewed 65 bills and took positions on 37 of those, including one by Scientologists that would have criminalized the use of ECT in minors, and one that would have allowed clinical psychologists and physical therapists to prescribe "medical marijuana," and a bill proposing expansion of outpatient commitment; MPS continues to sponsor Best Paper and Best Poster contests for trainees, and also continues its CME programs. In response to Dr Napoli's observation that scope of practice issues went beyond psychologist prescribing, noting that physical therapists were seeking to prescribe "medical marijuana," Dr Hanson added that another Maryland bill, likely to pass, would allow nurse practitioners to be allowed to be called medical directors of outpatient mental health centers. Dr Hanson also reported that a very weak "outpatient commitment" project had started as a pilot in Baltimore but had only enrolled 6 patients so far.

- **New Jersey Psychiatric Society:** Dr Ciolino reported that NJPS will be conducting its annual Spring CME meeting on April 27, addressing Trauma from a biopsychosocialspiritual perspective. In the summer a strategic planning session came up with areas that were felt to be important for the DB to focus on: parity, prior authorization, scope of practice, substance use disorders, collaborative care, child/adolescent screening for suicidal ideation and depression, and involuntary outpatient commitment. Next week, NJPA will be holding a Mental Health Stakeholders Forum, inviting leadership and government relations individuals from 12 organizations. NJPA has also partnered with a local law firm to offer a members-only prepaid legal services plan involving a flat annual fee; attorneys from this firm will also serve as the NJPA General Counsel. An effort to reach out to members whose NJPA membership has lapsed is also underway, and the annual Best Paper Contest for our medical students, residents and fellows is taking place. Dr Gurak added that the Governor's proposed marijuana legalization proposal was felt to have been an easy pass in New Jersey, but that NJPA had been lobbying against this bill, and at this late hour it appeared that the bill was still 5 votes short of being able to pass.
- **Pennsylvania Psychiatric Society:** Dr Certa reported that Chapter meetings were in process, that there were concerns about the separation of migrant children from their families at the southern border, about a potential legalization effort for marijuana in Pennsylvania, and about a proposed change regarding medical liability that was also a concern of the Pennsylvania Medical Society: currently a medical liability case must be heard in the county where the alleged tort occurred, but a proposed weakening of this requirement could lead to steering cases toward venues believed more favorable to the plaintiffs. Currently, behavioral health services are carved out of Pennsylvania's Medicaid, the previous carve out contract was paid \$40 per member per month, but that agency turned around and subcontracted the service out at \$6.75 per member per month, pocketing the difference. The PaPS is attempting to prevent such from happening again, but alternatives are not necessarily without their own problems. Dr Shaya added that Maryland was experiencing similar issues, but he expressed concern that putative remedies might have very serious negative consequences of their own. He also added that he felt that our separate placement in ICD constituted the basis for most all the negative discrimination that Psychiatry experiences. However, Dr Ranga added that in Delaware they had two HMOs, and the experiences with them appeared to be generally good.
- **Washington Psychiatric Society:** Joanne Dunn reported that there will be a program on March 25 with the Northern Virginia Chapter and NAMI; WPS has two new ECP programs; WPS is forming an Advocacy Group, recognizing the hybrid nature of their advocacy efforts extending into two states as well as the District of Columbia; there will be a Presidential Symposium on April 6; their new Educational Organization received approval as a 501c3 organization; and membership has been very actively involved in creating and reviewing action papers.
- **M/UR and Women Caucus:** Dr Payne reported the Dr Bailey will be the new M/UR Trustee, and much effort is going into educational efforts including the development of toolkits, the submission of three action papers addressing treatment of women during pregnancy; the position statement on screening of pregnant and postpartum women for anxiety, depression and psychosis was approved after a 2-year process. The proposed changing of 'M/UR' to 'ARMUR' was rejected after it was found that the latter name was too close to a Spanish word with undesirable connotations.
- **Resident-Fellow Members:** Dr Secarea, ACORF chairperson reported on the nominations for mentorship, and the new positions for current RFMs who are moving on or up.

13. Advocacy Summit Initiative: Dr Greenberg presented his idea for a yearly half-day Legislative Summit appended to a regular Council meeting, modeled on the process that Area 4 has been doing this in

recent years. Projected attendees would include not only Area 3 Council members, but also key legislative advocates from each DB, perhaps the DB EDs, perhaps other key individuals regarding local legislative advocacy efforts, and would involve an overnight hotel stay to also allow for our regular meeting to take place (unless we did this on a separate weekend, apart from our Council meeting), a dinner. Convenient locations could be in Philadelphia, or nearby to Trenton or Princeton. The focus would be on local state advocacy issues, sharing information and ideas, maintaining and increasing our energies for advocacy work. Previously, in our last 2-day meeting in Pennsylvania, a detailed discussion of legislative issues helped provide very useful information that Dr Greenberg brought back to an Advocacy Day in Trenton, providing ideas that were well-received by one of our legislative allies' key legislative aide. He strongly hoped to get a general proposal together soon, so that it could be presented to the AEC for funding from the Contingency Fund; if approved, further details could be worked out later in a small working group, and logistic support from the APA. Dr Sorel suggested that we could do this with a sharp focus, e.g., on parity implementation; Dr Shaya recommended that a focus could be on collaborative care. Responding to a question by Dr Shaya, Dr Batterson suggested that we might be able to work together with our APA Regional State Advocacy individual, and see if the APA's Council on Advocacy and Government Relations (CAGR) might help support this sort of effort. He reported that at their Area 4 Councils, a state legislator was always invited, often someone known to Dr Ken Busch, so that we might think in terms of some such individual that one of our members has a good relationship with, and invite that person. September is usually a good month as most legislatures are not in session then. He reported that learning how the legislators think was not only interesting but invaluable. There was general support to proceed with this proposal, with no dissent.

14. Tracking Action Items: Dr Dunlop reported that her action papers ("Addition of Adequate Amounts of Phosphatidylcholine (choline) to all Prenatal Vitamins" and "Psychiatric Management of the Impact of Racism on Social and Clinical Events Status Report") were still moving through the system, with referrals to the JRC and Councils, but that she didn't have currently know their status. Dr Napoli congratulated her on availing herself of the tracking system, and suggested that others also do so as well; Councils to which action papers have been referred to, can also be directly contacted for follow-up. Dr Secarea did not have further information on her action papers ("Suicide Prevention Work Group" and "APA advocates to the AMA CPT Editorial Panel for add-on billing codes for suicide risk assessments"). Dr Napoli gave follow-up on Dr Silver's action paper ("Council on Women's Mental Health"), noting that a workgroup was set up to discuss the creation of this proposed Council and that he was on that workgroup, but despite his strong advocacy, the workgroup reported back to the Board with a recommendation not to form this Council. At its October meeting the Board formed another workgroup to look at the same question; Dr Stewart is reportedly still in the process of setting up this workgroup. Dr Napoli explained that there were objections from C/L (perhaps partly related to competing fellowships being offered concerning women's mental health), and concerns about the cost, but that he had written a lengthy document exploring potential objections and refutations of such arguments, which is available on his website.

15. New Business—Action Papers:

- Dr Geller's "Scope of Practice for Prescription of Medications to Psychiatric Patients": In the absence of the listed Area 3 presenter (Dr Komrad), Dr Shaya moved this paper for discussion and potential endorsement, seconded by Dr Zimnitsky. Dr Hanson reported that this action paper had already been endorsed by the Maryland Psychiatric Society, and Dr Napoli reported that it has been endorsed by the New Jersey Psychiatric Association. Dr Greenberg very briefly explained its rationale and endorsed it. The action paper was endorsed unanimously.
- Dr Hovav's "Psychiatrists as Leaders": in the absence of the listed Area 3 presenter (also Dr Komrad), Dr Sorel moved the paper for discussion and potential endorsement, Dr Morrison seconding. Dr Napoli explained the background, and that the paper asks that heads of Departments of Psychiatry should be qualified physicians. The action paper was endorsed, with one vote in opposition and no abstentions.

- Dr Secarea presented her action paper, “Appropriate Supervision of Psychiatry Residents and Fellows,” asking that the APA develop an action paper to address problems with supervision by nurse practitioners. Dr Dunlop noted that psychotherapy supervision has often been competently provided by non-physicians. Feedback suggested clarification that supervision by nonphysicians would be reasonable for the supervision being within their scope of practice. Dr Secarea did not move her action paper for consideration for endorsement.
- Dr Secarea presented her action paper, “Leadership Training for Psychiatrists”, asking the APA to develop a leadership training program for psychiatrists. Dr Sorel noted that there was already an APA fellowship training program in this area. Dr Napoli recommended that Dr Sorel and Dr Herman provide some mentorship to Dr Secarea on this paper, and Dr Secarea did not move her action paper to be considered for endorsement.
- Dr Sorel presented his action paper, “APA Resident Fellow Members Membership & Leadership Development Innovations” moving his paper for endorsement and Dr Dunlop seconding. Dr Napoli noted that we have already basically been successfully doing this. Dr Sorel noted that he wanted to take our Area 3 successful program and make it APA-wide, allowing all DBs to nominate up to 2 candidates for recognition. The action paper was endorsed, unanimously.
- Dr Dunlop presented her action paper on “Safe Prescribing,” for discussion and endorsement. A clarification by Dr Shaya regarding the acceptability of appropriate supervision was accepted. The action paper was endorsed, unanimously

16. PAC – Dr Certa encouraged us to all make contributions to our PAC to support the APA’s advocacy efforts.

22. Next meeting Determination of the date of our next Council meeting will be arranged by email.

The meeting was adjourned at 3:32 pm.

Respectively submitted,

William Greenberg, MD, DLFAPA
Area 3 Deputy Representative