

**Area 3 Council Meeting  
September 29, 2018  
Philadelphia, PA**

**Call to Order:** Dr Joseph Napoli, Area 3 Representative, called the meeting of the APA Area 3 Council to order on Saturday, September 29 at 10:31 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, Baiju Gandhi, Bill Greenberg, Annette Hanson Barry Herman, Angelica Kloos, Rahul Malhotra, Mel Melnick, Joe Napoli, Daniel Neff, Sherry Nykiel, Ranga Ram, Richard Ratner, Cristina Secarea, Eliot Sorel, Lindsay Standeven and Brian Zimnitsky.

**Non-voting members**

Area 3 Trustee: Dr Roger Peele

Executive Director members: Patricia DeCotiis, Joanne Dunne, Deborah Shoemaker

District Branch Presidents: Randall Gurak

Privileged Guests: Drs Jeffrey Akaka (APA Assembly Parliamentarian), Paul O'Leary (APA Assembly Speaker-Elect)

APA Staff: Jennifer Medicus (Area 3 APA Staff Liaison), Erin Philp (APA Director of State Government Relations), Tim Clement (APA Regional Field Director of Government Relations),

**Absent voting members:** Drs Mark Komrad, Elizabeth Morrison, Jennifer Payne, George Saiger, Elias Shaya

**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 of the March 10 and May 4-5 Area 3 Council meetings**

Dr Napoli noted that the minutes for the last two Area 3 meetings had been posted and asked for any corrections. Hearing none, both sets of minutes were accepted as written.

**3. Announcements**

**Royal College of Psychiatrists' video – Dr Napoli**

The Royal College of Psychiatrists' short video, "Choose Psychiatry: You Can Make a Difference," shown at the APA Assembly meeting, is now accessible from our home page.

#### **Membership in Caucuses - Dr Ram**

Dr Ram announced that he is seeking new members for the MOC Caucus and noted that one can be a member of multiple caucuses, if one wished.

#### **4. Area 3 Representative - Dr Napoli**

##### **Area 3 Website**

Our Area 3 Website had good materials for orienting new members: e.g., Top Ten FAQs for the Assembly, Reference Committees and District Branch Representatives. Our website views vary with proximity to meetings, but overall the site experiences a good number of page views.

##### **RFM Merit Award Submission Procedure**

Each District Branch may nominate two candidates for this recognition; this will occur early next year.

##### **Travel Expenses Reimbursement**

Procedures were reviewed, including the requirement to book any airline flights through the APA-designated travel agency, and to submit all requests for reimbursement within 10 business days of the end of the meeting.

##### **Committees, Work Groups and Reference Committee Assignments**

Dr Napoli noted that he does not announce the assignments that are made by other (ACROSS, RFM, MUR or ECP) groups, which our Council does not control. Assignments made representing Area 3 specifically were announced:

##### **Assembly Committees**

Access to Care: Dr Sorel

Maintenance of Certification: Dr Arora Note: Dr Ram is a member of this Committee since he is the President of the MOC Caucus

DSM: Dr Ciolino

Public and Community Psychiatry: Dr Nykiel

Liaison Committee on Practice Guidelines: Dr Hanson

##### **Reference Committees**

1: Dr Dunlap

2: Dr Greenberg

3: Dr Neff

4: Dr Arora

5: Dr Melnick

**2019 Annual Meeting Submissions:** There will be action papers authored by Dr Secarea

**Unfinished Business:** Drs Certa, Dunlap, Hansen and Napoli will report on the status of the action papers that they authored and that were passed by the Assembly.

**Area 3 Regular Winter Meeting Date:** will be determined at a later date

#### **5. Other's Reports**

**Trustee's Report** – Dr Peele noted that he did not have more to report beyond the Board minutes, and that the last Board minutes had not yet been approved and he would therefore not report on them.

**Speaker-Elect's Report** – Dr O'Leary reported on specific progress on the ligature regulation issue, indicating that CMS had been educated by our reforms and that feedback had been

provided to the JCAHO. However subsequent discussion by Drs Certa, Gandhi and Ram revealed that while there had been progress in having the JCAHO be more reasonable, significant variation existed in how this translated in different geographic areas. Costs in some cases to address JCAHO requirements were quite significant: e.g., Pennsylvania had to hire 3 new people to observe patients to obviate even more expensive alterations (and Pennsylvania is psychiatrically underbedded). Dr O’Leary promised to take these concerns back to be further addressed.

Dr Sorel emphasized the need for a JRC member to attend any meetings or in his or her absence, a specified replacement.

**AEC Report** – Dr Napoli presented the AEC report, focusing on the proceedings of the AEC’s addressing the Area Block Grants, especially regarding the underfunding of some of the Areas. Dr Miskimen as Speaker addressed this matter with the AHWG on Council Finances of which Dr Napoli was a member. At the July AEC meeting, Speaker Batterson addressed the problem regarding the Block Grants. The AEC voted to discontinue some Assembly budget items and switch the funds over to the Block Grant budget line to help fund the underfunded Areas. At the annual review of the Assembly budget with the APA Committee on Finance and Budget, Area 3’s surplus has become a matter of focus and concern. Therefore, there has been the view by some that Area 3’s surplus should be taken away. Through Dr Napoli’s efforts with the AEC and as a member of the workgroup, he has been able to have Area 3 keep its surplus to be used for programs that add value to APA membership and serve APA Area 3 members. Dr Batterson has assured Dr Napoli that Area 3’s surplus will not be taken away.

**Administration Update Report** – Ms Medicus reported that she had submitted a 7-page report and Dr Napoli posted it on the Area 3 Website for our review, and orally highlighted the APA’s current review of the proposed collapsing of CME E&M codes to ease the documentation burden, but said that the financial impact of this on psychiatrists was still being evaluated. Dr Greenberg added that the E&M coding requirements were not well suited for use by psychiatrists to begin with, and he believed they had a negative effect on patient-centered and biopsychosocial evaluation and treatment.

## **6. Financial Reports**

**Area 3 Financial Summary 2018** - Dr Greenberg presented the Area 3 Financial Summary, noting that Area 3 total expenses for 2018 as of this time were \$8,268.51, and that we had remaining grant monies of \$88,770.30. This was being spent down as our yearly grant monies have been reduced, and we are spending more on programs to directly benefit our membership. Dr Napoli added that he has put an Area 3 budget in the financial report, which is the useful way of tracking our funds and expenses. This budget is divided into 1. an annual budget for operations in which expenditures are charged to the block grant for a given year 2. a budget for programs in which funding for programs is charged to the surplus.

**AEC AHWG on Area Council Surplus Rules** – Dr Napoli reported on this AEC AHWG on Area Council Surplus Rules, of which he was a member. Dr Napoli thanked the Speaker for recognizing that Area 3 is utilizing its surplus for programs that add value to the APA membership and serve the APA members in Area 3 and the rules proposed by this workgroup will grandfather in Area 1’s and Area 3’s surpluses. These surpluses need to be spent down within four years to a level that is 1.5x the amount of the block grant for each area. The AEC needs to consider the workgroup’s proposal and vote on it.

**Area 3 Policy on Program Evaluation and Funding** - Dr Napoli reported that he would have a proposal to make on funding after the COPE report was presented.

### **7. Area 3 Committees and Initiative Reports**

**A. Committee on Member Services (COMS)** – Dr Greenberg indicated that there was no COMS report for this meeting.

**B. Committee on Program Evaluation (COPE)** – Dr Herman reported that the COPE Committee had met on September 7, 2018, and approved both proposals, with some modest comments and requests for modifications.

1. MPS Expedited Program Proposal for a live CME activity on using the new Maryland Prescription Drug Monitoring Program, planned for the Spring of 2019.

2. WPS Competitive Program Proposal 2 - a proposal to hold a ½ day program for ECPS.

Dr Herman noted that the Committee had streamlined its functioning enough so that most work could be adequately evaluated if proposals were submitted at least one month before a meeting.

Dr Herman also reported that the COPE Committee voted that future funding proposal content be available via digital format for all Area 3 DBs, and that there should be a separate section on the Area 3 website dedicated for COPE, to house their documentation and resources there.

Dr Greenberg moved to approve the funding for the MPS proposal, Dr Albaugh seconding, and this motion was passed unanimously

Dr Ratner moved to approve the funding for the WPS proposal, Dr Sorel seconding, and this motion was also approved unanimously.

Dr Napoli brought up the question of our financial limits on COPE Program funding, which would hinder spending down the surplus in four years, and thus called for a motion to eliminate these limits. A motion was made by Dr Certa, seconded by Dr Albaugh, to remove the current limits on COPE-approved program spending. The current policy limits program funding to \$12,000 per year, and requires that \$28,000 is kept in reserve. This motion was approved unanimously to amend the Area 3 Policy and Procedure on Program Evaluation and Funding to remove these limits.

**8. Assembly Committee on Access of Care** – Dr Sorel reported that a simple Access to Care Survey Instrument had been created, and asked that we fill these out when they are distributed. The purpose is to gather data useful for further advocacy and other actions.

**9. State Government Affairs** – APA SGA staff Erin Philip, MA, JD and Tim Clement were both introduced, and warmly greeted. It was noted that the Parity Law was now 10 years old, but not fully implemented. Mr Clement, who had worked with Patrick Kennedy, reported that he had devised model legislation embodying the Parity Law, individually written for each of the 50 States, reflecting their legislative needs. NAMI, naturally, has been a strong ally in our attempts to actualize parity, and is specifically backing the APA's current efforts.

**LUNCH** – the meeting was briefly in recess for lunch, from 12:30 – 1:04 pm

### **10. Nominating Processes**

**A. BOT Area 3 Trustee** - Dr Melnick reported that 3 individuals for the Area 3 Trustee had applied: Dr Certa, Dr Herman and Dr Peele – Dr Melnick, and all had been found qualified to run by the Nominating Committee. Their names have been passed on to the APA for the upcoming Area 3 Trustee election.

**B. Assembly Nominating Committee Selector and Alternate Selector.** Dr Ram has termed out as the Assembly Nominating Committee Selector – A motion was made to recommend Dr Sorel for the

Assembly Nominating Committee, with Dr Ciolino as the alternate, moved by Dr Dunlap and seconded by Dr Albaugh; this motion was unanimously approved.

#### C. Area 3 2019 Nominations and Elections

1. Dr Napoli reported that Dr Secarea will be leaving as RFM Rep in May, 2019, with Dr Standeven stepping up to replace her and this will leave an opening for RFM Dep Rep: the DBs will be notified about this opportunity for interested RFMs The election will be held during the Area 3 Regular Winter meeting.
2. Dr Napoli also noted that Dr Malhotra will be termed out as ECP Rep in May 2019, with Dr Gandhi moving up to his position, and that we will need to replace Dr Gandhi for the ECP Dep Rep position. This election will also take place at the winter meeting.
3. Dr Napoli also added that both he and Dr Greenberg will be terming out of the Area 3 Rep and Area 3 Dep Rep positions, respectively, in May 2019. Dr Greenberg can run for Area 3 Rep, but both positions will be open for candidates, with the Area 3 votes for these positions taking place at our winter meeting, to allow time to prepare for the May Assembly. Since we nominate from within our Area 3 Council, the DBs would have to replace any DB representative who runs for these offices and is elected.

#### **11. Revised Position Statement on Psychologist Prescribing**

Dr Napoli reported that the action paper that had asked for a position statement similar to that of AACAP's recent position statement opposing psychologist prescribing, and which had passed in our last Assembly, had been significantly revised, and was now a position statement on "Safe Prescribing." This rewriting took place by the JRC at the request of the BOT. The revised position statement and the AACAP policy statement were read for comparison, leading to some extended discussion regarding its perceived weaknesses Several individuals wondered why we were concerned with the original language if AACAP felt comfortable passing it, and Dr Herman highlighted his concern by noting that 10% of states allowed psychologist prescribing. On a motion by Dr Ram and seconded by Dr Gandhi, the Council voted unanimously to not support the revised position statement.

#### **12. Reports**

Dr Napoli noted that reports were posted on our website and that presentations would be made now.

#### **ACROSS**

##### **American Association of Psychiatric Administrators**

Dr Herman reported that the AAPA had a very successful annual meeting, well-attended, with a reception at the Yale Club, with Dr Jayaram receiving the 2018 Psychiatry Administrator of the Year Award. Their journal is doing well, and there is planning for an ECP workshop event.

##### **American Group Psychotherapy Association**

Dr Saiger represents this association in Area 3; he could not join us at this meeting, but we expect his presence in the November Assembly meeting.

##### **American Society for Adolescent Psychiatry**

Dr Ratner reported that instead of meeting in NY, as has been the case, the Society will meet in San Francisco next year, for the several days before the APA Annual meeting.

##### **Southern Psychiatric Association**

Dr Komrad was not able to join us for this meeting, we will anticipate a report at the November Assembly.

#### **District Branches**

### **Psychiatric Society of Delaware**

Dr Ram reported that the PSD had worked with the APA on a Collaborative Care meeting in April and an August meeting with psychiatry residents to present the benefits of membership in the APA. The PSD was very active in several advocacy issues, including parity legislation written by Tim Clement, enhancing the Federal Parity Law. Dr Nykiel added that Delaware received one of only two Pew Charitable Trust awards to help with substance abuse treatment, including attention to those with mental disorders and substance use disorders. A mandatory gun reporting law that had raised concerns, failed to get through the Delaware Senate.

### **Maryland Psychiatric Society**

Dr Zimnitsky reported that MPS continued to be very active, had a conference on the opioid crisis and would have a psychopharmacology conference shortly, and that advocacy work continued with focus on objecting to conversion therapy, potential complications regarding previously-passed legislation on MOC requirements (e.g., whether hospitals could require MOC for their staff credentialing or insurance companies for those on their panels, whether an alternative board credentialing body would be acceptable, etc). The Church of Scientology has appeared in Maryland, submitting a request to a state senator regarding the use of ECT in Maryland. Psychologists have also been looking for prescribing privileges.

### **New Jersey Psychiatric Association**

Dr Ciolino reported that NJPA has been in the process of getting a new lobbyist, has been involved in objecting to a law proposed by the new state governor to legalize marijuana, and has been in the process of getting an advocacy section on the NJPA website, thanks to the involvement of Dr Malhotra. Several conferences have been held or planned: one on the opioid crisis will take place in November. A potential conference for next year might be a mock trial.

### **Pennsylvania Psychiatric Society**

Dr Certa stated that the PaPS was challenged by some complex budgetary needs. The PaPS did have some advocacy success in opposing proposed legislation that would mandate inpatient psychiatric treatment for individuals suffering from substance use disorders. There is still ongoing concern about proposed legislation that would require potentially suicidal or homicidal individuals to have their guns taken away, which has some problematic details regarding implementation. Currently in Pennsylvania, involuntary commitment deprives an individual from owning guns, but there is no procedure to actually take them away. Bed tracking and boarding in emergency rooms continues, because of a statewide deficiency of psychiatric bed availability.

### **Washington Psychiatric Society**

Ms Dunne happily reporting that WPS membership had significantly increased over the last year, and also reduced the number of non-renewing members. Dues will be increased for the first time in 14 years. A very successful first-time grass roots advocacy meeting took place on September 20. A Washington Psychiatric Society Educational Foundation was formed in March, with 501c3 application submitted; this Foundation has 3 key elements: education of psychiatrists and other physicians and health care providers about mental health issues, community education regarding mental health issues, and to fund academic research in those areas. WPS educational funding will be through this foundation. WPS will be 70 years old, along with the APA being 175 years old, in the coming year, and WPS is looking forward to taking part in relevant celebrations of these anniversaries. Dr Dunlap added that a conference on physicians' burnout was being planned for next Fall, as well.

### **ECP**

Dr Malhotra reported that he was participating in the Council on Communications, and that this body appears to be becoming more active with Dr Carol Bernstein's taking on the leadership. Dr Althea Stewart is looking to promote ECP engagement and make that a priority. The Council will target combating stigma, helping other Councils in their communicative activities, and to address social media communication needs. The Council is looking for spokespeople for the media, to improve our media responsiveness, as it appears that such requests have been increasing and we do not have enough members available for this. There was an idea raised for having the ECPs to start using Twitter to communicate. Dr O'Leary discussed the use of Facebook. Dr Ram also recommended having the APA create more listservs for such communications. Dr Napoli indicated that he had been on an APA list to respond to media requests, and asked whether media training would be provided to those volunteering to do this work. Dr Malhotra answered in the affirmative, and added that there would be staff support for access to APA position statements.

#### **M/UR and Women Caucus**

No oral report at this meeting

#### **Resident-Fellow Members**

Dr Secarea discussed advertising for involvement of new resident-fellow members for leadership positions, and reported that she was trying to reach out directly to chief residents as another recruiting strategy. She noted that the RFM workgroup had so far authored two action papers. Another idea that was being pursued was to see if the RFMs could arrange a meeting with the ECPs.

### **13. PAC – Dr Certa**

Dr Certa explained the value of the APA PAC and the importance of making contributions to it. The APA is trying to have an APA member be identified for every Congressional District, so that that member will be the point person for that Congressperson, in terms of having a relationship and presenting issues and APA opinions and concerns. Dr O'Leary strongly supported the value of having such a relationship, giving a personal example of his own. Dr Napoli indicated that this year the NJPA was again trying to have 100% of NJPA Board members contribute to both the APA PAC and the State Medical Society PAC; the last two years this was done successfully.

### **14. Unfinished Business**

#### **Tracking Action Items**

1. ASMNOV1712.N Civil Liability Coverage for District Branch Ethics Investigations Status Report - 9/17/18

Dr Hanson summarized the initial concern that inspired this action item, requesting that the APA provide every DB with a copy of their liability insurance policy, that they amend their operations manual regarding potential lawsuits regarding DBs, and to find out more information regarding liability disbursements. The first request was turned down, the other two were forwarded to the Executive Committee and approved, but information has not yet been forwarded.

2. ASM2017A1 12.H Expanding Access to Psychiatry Subspecialty Fellowships Status Report JRC 06/2018

Dr Certa reported that this was successful, with residents from osteopathic programs now able to access psychiatry subspecialty fellowship positions.

3. ASM2018A1 12.O Addition of Adequate Amounts of Phosphatidylcholine (choline) to all Prenatal Vitamins Status Report JRC 6/2018

Dr Dunlap reported that this action paper was referred by the JRC to the Council on Research, and the Council on Children, Adolescents and Their Families, with reports due back next month.

4. ASM2018A1 12.Q Psychiatric Management of the Impact of Racism on Social and Clinical Events Status Report JRC 6/2018

Dr Dunlap reported that this action paper was referred to the Council on Minority Mental Health and Health Disparities, with a report also due back in October.

At this time, Collen Coyle, APA Counsel, was brought in to the meeting via phone at her request for the discussion on the BOT AHWG on Women's Mental Health.

5. ASM2017A2 12.O Council on Women's Mental Health

Dr Napoli indicated that this was an action paper authored by Dr Nazanin Silver, which was endorsed by our Council and had multiple Area 3 Council member sponsors, and passed by the Assembly by a vote of 78% in favor although it had not been supported by the Reference Committee. It went to the JRC, where Drs Silver and Napoli advocated for it, and the JRC voted to send it to the BOT. The BOT set up an ad hoc workgroup on Women's Mental Health, Dr Oquendo chairing same. Dr Napoli was asked to be a member of this workgroup, which met in July, August and September. Dr Oquendo will be presenting the workgroup findings to the BOT in its October meeting. Dr Napoli wrote his own report, which he gave brief extracts from, including the distinction of this proposed Council from the Women's Caucus, which addresses issues that women psychiatrists face professionally and women APA members face.

Dr Malhotra asked Ms Coyle whether she had been able to talk with the AACAP Counsel about their differing views regarding liability for public statements about the appropriateness of psychologists having prescribing privileges. Ms Coyle reported that there had been no discussions between her and AACAP leadership or its consulting attorney or attorneys. Dr O'Leary asked what Ms Coyle felt about the difference between our proposed position statement and AACAP's, but as she did not have the statements in front of her, Dr Napoli suggested that this could better be taken up at another time.

6. ASM2017A1 12.G Providing Education and Guidance for the Use and Limitation of Pharmacogenetics

Dr Napoli reported that this action paper went to the JRC, and then to the Council on Research, which wanted to make the Scientific Program Committee aware of the lack of empiric support for the value of pharmacogenetics in the practice of psychiatry, and expressed concern that companies providing pharmacogenetic services were exhibiting at APA meetings, in advance of their being adequate evidence of their value to predict clinical outcomes. Dr Napoli also personally expressed concern about the large ads by Gensight prominently displayed in our publications. The Council on Research also agrees with Council on Quality Care that there is insufficient evidence to draft a resource document, which seems a little strange, as the resource document could say there was inadequate evidence.

**New Action Papers**



**1. APA advocates to the AMA CPT Editorial Panel for add-on billing codes for suicide risk assessments** (Drs Secarea, Rao and Campbell). This paper was moved for discussion and Area 3 Council endorsement by Dr Secarea, seconded by Dr Malhotra, and after some extended discussion with clarifications, was passed (14 yea, 4 nay, 2 abstentions).

**2. Suicide Prevention Work Group** (Drs Rao and Secarea). This paper was also moved by Dr Secarea, also seconded by Dr Malhotra, for discussion and Area 3 Council endorsement. After discussion, including Dr Hanson's suggestion that a more specific remit be included as an eventual amendment, the Council voted to endorse this action paper, unanimously but for one abstention.

### **15. New Business**

Dr Sorel suggested that we commission a workgroup to review Area 3 Council finances and management, considering our surplus, potential risks to same, new program rules that we just enacted, and pending change in leadership. Dr Napoli responded that a motion was not needed, as he agreed with it and would do so per his prerogative. Dr Greenberg volunteered to be a member of this workgroup.

The next meeting of the Area 3 Council will be at the November Assembly in Washington DC.

The meeting was adjourned at 3:25 pm.

Respectively submitted,

William Greenberg, MD, DLFAPA  
Area 3 Deputy Representative