



**APA Administration Update to Area Councils**  
**Prepared by the Office of the CEO and Medical Director**  
**(as of March 1, 2018)**

**1. *Opioid Epidemic Funding Measures:*** As the Administration and Congress deliberate various solutions to combat the opioid epidemic, APA continues to advocate for sustained funding for infrastructure-related programs and efforts, including education, provider training, and general resources to address the crisis. APA supported the 21st Century Cures Act which authorized \$1 billion in funding over two years. To date, only half of the funds have been distributed to the states. APA is urging Congress to distribute the remaining funds as they negotiate the FY 2018 budget. APA is also working in a coalition to support S. 2004, the “Combating the Opioid Epidemic Act,” which would provide an additional \$4.5 billion in funding for each year through fiscal year 2027. S. 2004 has 19 co-sponsors, and its companion bill in the House, H.R. 4501, has 4 co-sponsors. APA has activated grassroots to support the legislation.

APA administration anticipates robust Congressional activity (e.g. hearing and/or the introduction of additional legislation) related to the opioid crisis over the next several months. The House Ways and Means and Energy and Commerce Committees, as well as the Senate Health, Education, Labor, and Pension (HELP) Committee, convened hearings on the opioid crisis in February with additional efforts likely. And, in early February, the Senate Finance Committee circulated a [request for policy recommendations](#) “along the continuum that spans from addressing the root causes that lead to, or fail to prevent, opioid use disorder and other substance use disorders to improving access to and quality of treatment.” The APA [submitted a response](#) to the Senate Finance request on February 16, and in alignment with APA’s recommendations to the President’s commission on combating the opioid crisis, will continue to engage lawmakers to highlight the importance of additional funding related to the opioid crisis.

**2. *Parkland, Florida:*** On February 14, 17 children and adults at Marjory Stoneman Douglas High School in Parkland, Florida, lost their lives. In response, APA joined AAFP, AAP, ACOG, and ACP to [highlight the importance](#) of research (via the Centers for Disease Control and Prevention) related to gun violence and urge lawmakers to enact appropriate restrictions on firearms. In addition, APA, along with more than 70 national medical, health, public health, and research organizations, sent a letter to Congress urging them to seek a bipartisan path forward for comprehensive legislative solutions to firearm-related injuries and

fatalities. Due to disparaging and inaccurate remarks linking mental illness to violence, APA released a [press release](#) calling on the Administration and Congress to improve mental health services and research in an effort to have dialogue on mental health.

**3. *Children’s Health Insurance Program (CHIP)*:** Since the last report, APA has continued to voice its strong support for reauthorization of CHIP. APA partnered with the American Association of Child and Adolescent Psychiatry (AACAP) in sending a joint letter to House Leadership urging them to fund CHIP for an additional five years. APA also became a new member of the Children’s Health Group, a coalition of membership organizations that focus on children’s issues. APA administration will continue to seek opportunities for additional collaboration with both AACAP and the Children’s Health Group.

Thank you for your help! APA has continued to engage members through the APA Action Center, most recently via a member-wide grassroots effort to encourage lawmakers to support timely CHIP reauthorization. As a result, APA’s advocates sent over 1,400 letters to their federal lawmakers and governors, a number that does not include the phone calls to congressional offices or engagement on social media. District Branches in key states also supported the effort to reauthorize CHIP by sending alerts to their membership and letters of support to their state’s congressional delegation or governors.

In January, the Congressional Budget Office (CBO) released an analysis stating that extending funding for CHIP for 10 years would yield net savings to the federal government because the federal costs of the alternatives to providing coverage through CHIP (primarily Medicaid, subsidized coverage in the marketplaces, and employment-based insurance) are larger than the costs of providing coverage through CHIP during that period. While reauthorization of the CHIP program has historically garnered broad bipartisan support, the updated cost estimate from CBO added further incentive for Congressional leaders to reach a deal to advance a clean reauthorization. As a result, a six-year reauthorization of the program was included in a government funding package in late January. Funding for an additional four years was included in the February budget deal (see Section B).

Beyond the standard CHIP reauthorization package, APA administration also worked with Rep. Joe Kennedy (D-MA), sponsor of the CHIP Mental Health Parity Act (H.R. 3192), which would ensure all CHIP beneficiaries have access to critical mental health care services, to build support for a Senate companion bill. As a byproduct of this collaboration, Senators Elizabeth Warren (D-MA) and Debbie Stabenow (D-MI) introduced the Senate version of the bill (S.2253) in December 2017.

**4. *Veterans Health Care Legislation*:** APA continues to see legislation adopting a variety of approaches to enhancing primary and mental health care services for veterans. There has been a surge in federal activity in support of access to quality care for this population. 2017 commenced with the 115th Congress making strides to ensure veterans have access to quality health care. The Senate passed S. 925, the “Veterans E-Health and Telemedicine Support Act (VETS) Act of 2017,” a variation of the bill passed the

House in November. Similarly, the bipartisan legislation would increase access to coordinated care for veterans, with special emphasis on those in rural and remote locations, through at-home utilization of telemedicine services. A critical provision for APA, the bill authorizes VA-employed physicians to provide services within the scope of their practice via telemedicine to all veterans, without regard to the location of the patient or health care professional and carving out an exemption to state licensing requirements. With slightly different technical language, the Senate bill includes a section that prohibits states from denying or revoking physician licensure for practicing telemedicine across state lines.

In addition, APA advocated before members of the Senate Committee on Veterans Affairs for the passage of H.R. 1545, "VA Prescription Data Accountability Act of 2017." The bill would require the VA to disclose information about any patient (veteran or non-veteran) who is prescribed medication by a VA employee or authorized non-VA provider, to a state-controlled substance monitoring programs to prevent misuse of prescription medicines. This bipartisan legislation is in recognition of the growing opioid crisis, and presenting a mechanism to increase patient safety, accountability, and transparency to reduce opioid misuse among veterans. Having easily passed by the Senate via unanimous consent, the bill was signed into law by the President on November 21, 2017.

**5. Federal FY '18 Budget/Appropriations Issues:** Since the last report, APA has closely monitored negotiations related to the fiscal year (FY) 2018 budget. Additional stop-gap continuing resolutions were passed in December and January, with contentious negotiations in January resulting in a brief government shutdown. However, Congressional leaders secured an agreement in early February to lift the budgetary caps for FY 2018 and FY 2019 by approximately \$300 billion.

As part of the budget deal, lawmakers agreed to equal extensions of defense and nondefense spending (through March 23) and the inclusion of a broad array of health and non-health related provisions. With the budgetary cap lifted, the House and Senate Appropriations Committees will work to finalize spending for the remainder of FY 2018 and FY 2019 through their normal processes before the new March 23 deadline. The parameters of the overall bill, including impact on APA-related priorities, are outlined below.

Priorities:

- Two years of funding for community health centers via the Community Health Center Fund;
- \$6 billion over two years to combat the opioid crisis and support mental health programs via state grants to fight drug abuse and expand substance abuse and mental health treatment. Funds would also be directed towards prevention and law enforcement activities related to the drug epidemic;
- An additional \$2 billion (over two years) to support National Institute of Health (NIH) scientific research, e.g. NIH efforts to study non-opioid pain therapies;

- Funding for the Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act, which could make it easier for Medicare Advantage enrollees to pay for telehealth services;
- A two-year delay in planned Medicaid disproportionate share hospital pay cuts (equaling \$5 billion) for FY 2018 and FY 2019;
- Funding for the National Health Service Corps is extended at the FY 2015 through 2017 annual level of \$310 million for two additional years;
- Regarding Electronic Health Records (EHR) standards and significant hardship, the bill removes the mandate that meaningful use standards become more stringent over time and eases burdens on physicians because they no longer are required to submit and receive a hardship exception from HHS;
- Provides several Medicare Access and CHIP Reauthorization Act (MACRA) related technical corrections;
- Funding for Teaching Health Center Graduate Medical Education is extended for two years at an annual level of \$126.5 million, more than doubling the current annual funding for this program;
- Appropriates \$7.5 million in FYs 2018 and 2019 for the Department of Health and Human Services (HHS) contract with a consensus-based entity for priority setting, measure endorsement, measure maintenance and annual reporting to Congress. This extends the provision in MACRA that went through October 1, 2017 for two more years until September 30, 2019. However, it reduces the appropriation from \$30 million to \$7.5 million;
- An additional four years of funding for the Children’s Health Insurance Program (CHIP); and
- Repeal of the Independent Payment Advisory Board (IPAB).

Miscellaneous Health Provisions:

- Permanent repeal of the Medicare cap on therapy services; and
- Funding for the Prevention and Public Health Fund reduced by \$3.6 billion between FY 2018 – 2027 and zeroed out after 2027.

Outstanding Budget-Related Items:

- Extension of funding for the Certified Community Behavioral Health Centers Demonstration project; and
- Consensus regarding continued funding for cost-sharing reduction (CSR) payments for low-income Americans under the Affordable Care Act.

As the House/Senate Appropriations Committees work to craft an omnibus spending package (based on figures from the broad budget deal), APA administration will continue to engage lawmakers to ensure funding is maintained and/or increased for various mental health-related priorities and programs.

Outside of the standard appropriations/budget process, Congressional leaders have indicated that the reconciliation process will not be used to repeal additional portions of the ACA. However, House

leadership may attempt to advance entitlement/welfare reform efforts under the newly-coined term “Workforce Development.” Aware of the divisiveness associated with entitlement reform, some in Republican leadership hope the “rebranding” effort will provide momentum for the issue, yet many in the GOP have little desire to address the topic—especially in an election year.

Special Note: Many stakeholders following the immigration issue have advocated for inclusion of immigration-related policies in a budgetary package. In January, Republican leaders in the Senate committed to consideration of stand-alone immigration legislation. However, none of the proposed measures advanced following Senate debate/votes in February. Democratic leaders in the House are pushing for a similar commitment from House Republicans, but no agreement has been reached.

**6. 42 CFR Part 2:** 42 CFR Part 2 limits the use and disclosure of patients’ substance use records from certain substance use treatment programs, which creates barriers to the whole-person, integrated approaches to care by requiring multiple patient consents. We continue to work in conjunction with a coalition of organizations: American Health Insurance Plans, National Alliance on Mental Illness, National Association of Psychiatric Health Systems, American Society of Addiction Medicine, and American Hospital Association to support and advance bipartisan legislation that would amend 42 CFR Part 2 by better aligning it with HIPAA. The House version of the bill (H.R. 3545) is sponsored by Reps. Markwayne Mullin (R-OK) and Earl Blumenauer (D-OR) and has 18 additional co-sponsors. The Senate version of the bill (S.1850) is sponsored by Sens. Shelley Capito (R-WV) and Joe Manchin (D-WV) and has seven additional co-sponsors. As part of this effort, APA administration and coalition members have met with key legislators from both parties to discuss the barriers created by Part 2 and outline the risks it poses for patient safety. The Coalition hopes the bills will attract enough bipartisan support to allow their inclusion in a broader opioids package later this year.

If you have questions regarding government relations, please contact Ashley Mild at [amild@psych.org](mailto:amild@psych.org).

**7. Ligature Issue:** After reaching out to CMS on this issue, CMS invited APA to participate in a new task force to address the care of patients experiencing a psychiatric illness, and APA also suggested including the American Association for Geriatric Psychiatry (AAGP). One of the goals of the task force will be to define what is a ligature risk, what is an appropriate remedy for that risk, and what constitutes an acceptable mitigation plan for units/hospitals with identified safety risks, until such time as the risks are abated. The task force is being led by Marie Vasbinder, Director for the Division of Acute Care Services for the CMS Survey and Certification Group. Meetings will be by phone and email. The kick-off meeting is planned for early March. APA is also meeting with the American Hospital Association (AHA) and National Association of Psychiatric Health Systems (NAPHS) about these issues.

**8. Two-Midnight Rule and Antipsychotics:** Responding to the concerns of APA members, APA is advocating with CMS on two other Medicare issues: 1) Asking CMS to exclude patients with MH/SUDs

from the “2-Midnight Rule” that restricts inpatient hospital admissions if they do not span over at least two (consecutive) midnights; and 2) advocating for changes in recent policies and quality measures that penalize or prevent psychiatrists from prescribing antipsychotic medications for patients with MH/SUDs (especially bipolar disorder and schizoaffective disorder), particularly in long-term care. APA presented concerns in a formal letter to CMS officials and plan to meet with them soon. APA is discussing this issue with other stakeholders to gain their support in this advocacy effort.

If you have questions regarding policy, please contact Kristin Kroeger at [kkroeger@psych.org](mailto:kkroeger@psych.org).

**9. *APA Response to the DHHS Draft Strategic Plan for FY 2018-2022:*** DDHE collaborated with APA’s Policy, Programs, and Partnerships (PPP) and the Caucus of Lesbian, Gay, Bisexual, Transgender, and Questioning/Queer Psychiatrists to develop a response to the FY 2018-2022 Strategic Plan of DHS. The strategic plan did not contain strategies to address disparities of minority populations, including LGBTQ.

In the response letter to DHS’s Acting Administrator, APA stated, “to reduce the cost of health care and achieve our goals of creating a healthier nation, the needs of specific populations must be examined and effectively addressed. We urge you to reconsider this omission in the draft DHHS Strategic Plan and include strategies to focus on better access to health services and improved outcomes for minority populations, including LGBTQ, in the final version of the DHHS Strategic Plan for 2018-2022.” If you have questions on diversity, please contact Ranna Parekh, M.D., M.P.H. at [rparekh@psych.org](mailto:rparekh@psych.org).

**10. *Proposals for Changes to DSM-5:*** Five proposals for minor changes to DSM received approval for public comment from the Subcommittee on Minor Changes and the DSM-5 Steering Committee. These proposals were posted for public comments for a 1-month period from November 22, 2017 to December 22, 2017. The DSM-5 Steering Committee reviewed the comments, which were largely supportive of the minor changes, and voted to approve the changes.

During the past 3 months, six additional proposals were submitted using the DSM-5 online submission portal. These proposals included: 1) the addition of new specifiers throughout the diagnoses in DSM-5 to indicate the presence of posttraumatic stress or a history of trauma; 2) the addition of new disorders, such as Post Relational Emotional Abuse - Stockholm Syndrome (PREASS); 3) the creation of PTSD subtypes; 4) the removal of specifiers and changes to language in the paraphilic disorders; 5) text changes to remove language specific to the course and outcomes of schizophrenia; and 6) the addition of a new diagnostic category called "Persistent Grief Disorder" in the Section on Trauma and Stressor Related Disorders.

After initial review by the DSM-5 Steering Committee chair and vice-chairs, the first three proposals listed above were determined to lack sufficient data demonstrating improved validity, reliability or clinical utility of the criteria changes, based on the guidelines and criteria established by the DSM-5 Steering Committee. A portion of the fourth proposal, which proposed text changes to the language on paraphilic disorders, was approved for review by the relevant Review Committee. The fifth and sixth proposal are currently under review by the Steering Committee chair and vice-chairs.

**11. APA Mental Health Registry (PsychPRO):** Over the past several months, PsychPRO has been preparing participants to meet their Merit-based Incentive Payment System (MIPS) reporting requirements within the 2017 CMS program reporting period (January 1, 2018 to March 31, 2018). As of December 31, 2017, 262 providers (in 44 practices) were fully onboarded in terms of EHR integration, complete data mapping and refinement, and the ability to review their quality measures on their dashboards. Such practices will be well-positioned by the March 31, 2018 deadline to report on at least 6 MIPS quality measures for their providers.

Many of these early participants are performing well, with about 10 practices achieving quality measure scores of 40 or more (out of a maximum score of 60). The remaining providers, who had enrolled in PsychPRO by signing participation agreements by December 15, 2017 (just under 200) and are without EHR integration, can submit data via the clinician and patient portals to meet minimum reporting requirements and avoid penalties.

The registry team continues to provide instruction in the use of the portals and data submission for MIPS reporting, including through brief webinars scheduled through the end of February 2018. PsychPRO was again successful in becoming certified as a 2018 Qualified Clinical Data Registry (QCDR), receiving approval from CMS this January. PsychPRO's designation as a QCDR allows it to continue being used to develop and test new quality measures that better reflect the value of mental health care delivered in a variety of settings. For more information about the Registry, please go to [www.psychiatry.org/psychiatrists/registry](http://www.psychiatry.org/psychiatrists/registry).

**12. Research Colloquium for Junior Investigators:** All four post-Research Colloquium webinars for the 2017 cohort have been completed with a total of 33 (67.3%) junior investigators in attendance. Competing clinical duties was the primary reason for non-attendance.

A total of 70 applications were received for the 2018 Research Colloquium – a 22% increase from last year. The 70 applications included 12 from international fellows from Argentina (1), Belgium (1), Brazil (1), France (2), Mexico (1), the Netherlands (1), Nigeria (2), Peru (2), and Switzerland (1). Applications were reviewed by the research track leads and acceptance letters were sent to 52 junior psychiatrist investigators. In parallel, senior and statistics/methodology mentors are currently being recruited. The Society of Biological Psychiatry and American College of Neuropsychopharmacology continues to collaborate with the APA/APA Foundation on this year's Colloquium.

Please contact Philip Wang, M.D., Dr.P.H. for additional research information at [pwang@psych.org](mailto:pwang@psych.org).

**13. 2018 Annual Meeting:** The meeting will be held May 5-9, 2018, in New York, New York. Sessions and courses will be held at the Javits Convention Center and the Marriott Marquis, and many sessions will focus on Dr. Anita Everett's theme of "Building Well-being Through Innovation". The Mental Health Innovation Zone will provide a focus for discussing, "What's next in mental health technology?" Governance meetings and housing for the Board and Assembly will be at the Marriott Marquis. A new

subway stop has been added since our last meeting in New York in 2014, just two blocks from the Marriott Marquis. This stop reduces the travel to the Convention Center to just seven minutes. APA President Anita Everett, MD and Linda Worley, MD lead this year's Scientific Program Committee (SPC). The program currently includes approximately 560 sessions, slightly more than the last time APA was in New York City. New technologies are being evaluated for managing overflow and session access.

**14. *Workgroup of Physician Well-being and Burnout:*** This Workgroup, chaired by Richard Summers, MD, meets monthly by phone and met in person at the APA Annual Meeting. In October 2017, the workgroup launched a website, <https://psychiatry.org/wellbeing>, that includes an online self-assessment tool and well-being resources. Today, the self-assessment tool, which provides a real-time comparison to other physicians on the burnout and depression scale, has received over 900 responses. The Workgroup is currently analyzing the collected well-being and burnout data to identify factors associated with burnout. The Workgroup has also created a free Toolkit to help physicians advocate for systemic interventions for wellbeing in their home institution or organization; this Toolkit was launched in January 2018 and is hosted on the well-being website. The Workgroup continues to add new content to the website including resources, short and informative video testimonials from psychiatrists, news articles, and other educational tools.

*Town Hall 2.0: Psychiatrist Wellbeing and Burnout* along with numerous other programs focused on wellbeing will be featured at the Annual Meeting and Psychiatric News is highlighting a series on Wellbeing. The Workgroup plans to complete its work prior to the Annual Meeting and will make a series of recommendations for APA regarding psychiatrist wellbeing and burnout, which will include its continuation as a subcommittee of the Council on Medical Education and Lifelong Learning.

**15. *2018 IPS: Mental Health Services Conference:*** The IPS program committee is currently assembling the program for the 2019 meeting in Chicago. The theme for Dr. Altha Stewart's meeting is, "Reimagining Psychiatry's Impact on Health Equity." In parallel, Dr. Paula Panzer is leading a strategic planning committee to create a 3- to 5-year vision for this meeting and plans to have completed this work by Fall 2018.

**16. *ABPN Maintenance of Certification (MOC) Part 3 Pilot:*** The APA was notified in September that the ABPN plans to pilot an alternative pathway for the MOC-3 10-year exam. This pilot is currently under development and will launch in January 2019. All diplomates who are currently participating in Maintenance of Certification, are due to recertify in 2019, 2020, or 2021, and who are in good standing will be eligible to participate (n~15,000 general psychiatrists). All eligible diplomates received an email from ABPN in December 2017 with details of the program and will be contacted again in March 2018 with formal instructions on how to enroll in the program. APA will send out periodic reminders as well.

The pilot program will use journal-based self-assessment as an alternative to the 10-year exam. Over the course of 3 years, diplomates will be required to read 30 articles chosen from broad library of approved articles. After each article, a diplomate would complete a short online quiz. If they answer 4 of 5 questions correctly, they will have successfully completed one article. Child psychiatrists who are recertifying during that time and also meet the same conditions will also be able to participate but would not be permitted to double-count articles. No other subspecialties will be included in the pilot, although ABPN has stated that if the pilot goes well they will expand this program to other subspecialties as quickly as possible.

For those currently participating in the continuous-MOC program, there will be no additional fee for participating in this program. For those currently in 10-year MOC, they will be required to pay the current MOC exam fee (~\$1500). For those who wish to opt-out, they can still elect to take the traditional 10-year exam.

**17. Substance Abuse Education:** The APA continues to engage hundreds of learners each month through its SAMHSA-funded Provider's Clinical Support System for Medication-Assisted Treatment (PCSS-MAT) webinar series. The APA submitted approximately 12 online education resources to be included in a nationwide campaign led by the American Medical Association (AMA) to increase clinician knowledge regarding the opioid epidemic. The APA's role has expanded within the PCSS-MAT program to include providing technical assistance to a primary care practice in Pennsylvania as they seek to implement medication-assisted treatment in their clinic. This has happened under the direction of Council on Addiction's Chair Andrew Saxson, MD. The National Institute on Drug Abuse (NIDA) and SAMHSA have also provided funding to update the APA's online and book-based Buprenorphine waiver training programs. An updated version of the Buprenorphine training program launched in January 2018 and is available for free to Resident Fellow Members (RFMs). Additionally, APA will be joining the State Technical Assistance Team Education and Support (STATES) Coalition as part of a SAMHSA funded grant to AAAP. APA will provide 32 learning collaboratives over the next two years as part of this grant which will focus on developing SUD experts within local communities.

**18. Comments to ACGME:** The APA submitted comments to the ACGME on the importance of diversity in residency training as part of the ACGME's revision of its Institutional Requirements policies. The APA supports the establishment of an ACGME accreditation standard on diversity programs and partnerships to achieve health care equity and eliminate health care disparities. The proposed language mirrors the LCME's diversity policy.

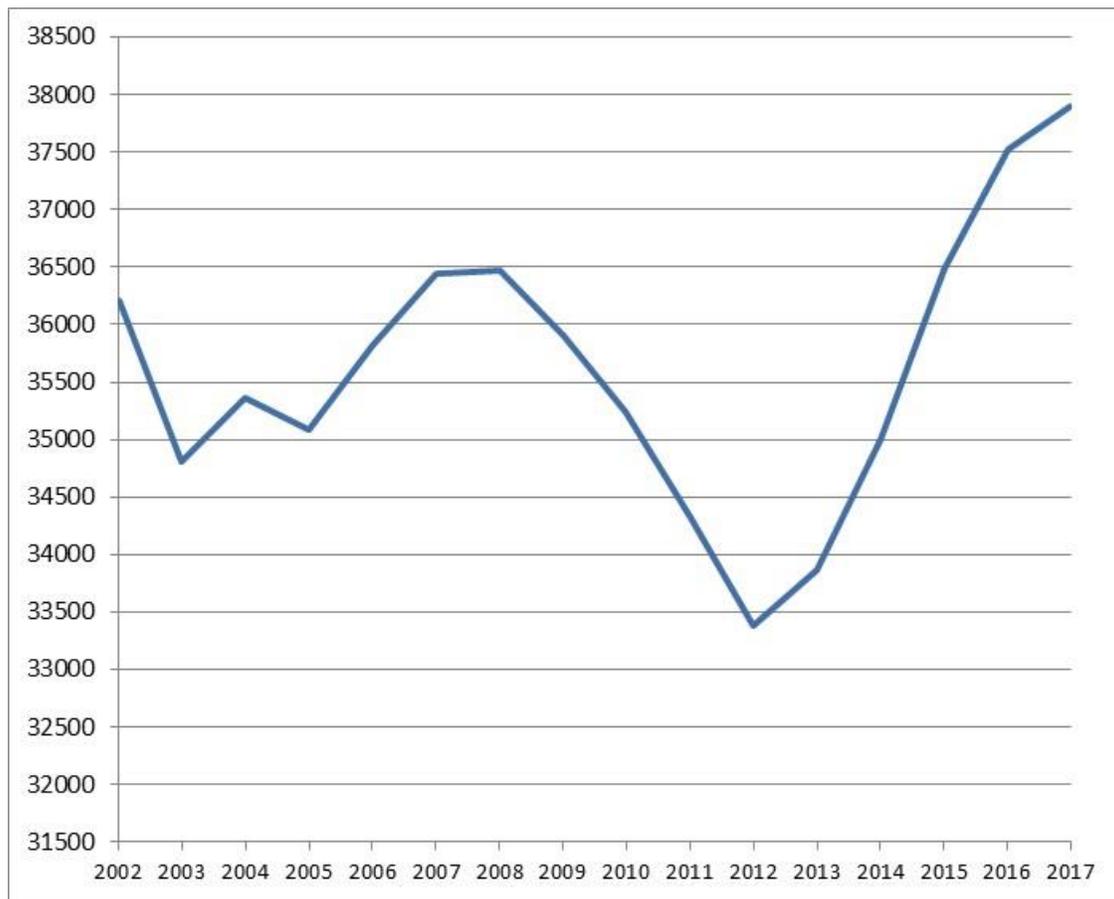
**19. The Medical Mind Podcast:** Launched in 2017, this podcast channel features a number of 10- to 15-minute audio episodes focusing on innovation in mental health care. The podcast channel was started within the Division of Education as part of the SAMHSA funded PCSS-MAT grant with the goal of providing a more narrative exploration of substance use disorders and innovative approaches to treatment. The podcast has expanded to cover other issues of general relevance to psychiatrists and innovation. Episodes

can be found online at <https://www.psychiatry.org/psychiatrists/education/podcasts/the-medical-mind-podcast> or in the Apple “Podcasts” App by searching for The Medical Mind.

Please contact Tristan Gorrindo, M.D. for questions on education and training at [tgorrindo@psych.org](mailto:tgorrindo@psych.org).

**20. Membership Update:** At the end of 2017, total membership stood at 37,896, which is the highest level in 15 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 1.0%, from 37,530 in 2016 to 37,896 in 2017.

## **Trends**

- A 13% increase (4,509 new members) in total membership from 2013 to 2017.
- A 4.5% increase (1,193) in dues paying members from 2013 to 2017.
  - This is notable since 1,673 APA members became dues exempt during this period due to the rule of 95. A Rule of 95 Workgroup has been established and is analyzing this issue.

## **Highlight of New Initiatives**

- APA tested targeted Facebook advertising with a random sample of 10,000 members and, based on its effectiveness, is expanding it to all remaining members who have not yet renewed.
- APA's Department of Membership conducted a phone outreach campaign to those without emails and/or have opted out of emails. APA planned, wrote promotions, and coordinated the logistics for APA and all DBs on centralized billing.
  - For the 2,000 members who have no email on file or who have opted out of email, APA did a vendor calling campaign in November and December. This is in addition to our traditional calling campaign in February to all members who have not renewed.
- Sent out segmented e-mail campaigns that highlighted member benefits in the areas of education, advocacy, leadership, and research. These e-mails have excellent open rates and serve as an engagement tool to draw people to the website to experience their benefits.
- Thank you to the Board, Assembly, DB/SAs, and other leaders for their work in achieving these results.

## **Assisting DBs/SAs**

The following highlights the support APA provides to DBs/SAs:

- 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
- State/DB Government Relations Support

Dr. Levin also initiated monthly calls with the DB Executives in 2014 to increase collaboration, discuss emerging issues, and to help ensure that the organizations were meeting the needs of members more systematically. 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 other assistance.

If you have questions on membership, please contact Jon Fanning at [jfanning@psych.org](mailto:jfanning@psych.org). Thank you for your hard work and continued efforts.