

Assembly
May 4-6, 2018
Assembly Meeting Materials- Assembly Reports

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

Action items are highlighted.

****PLEASE CLICK ON ITEM NUMBER TO VIEW THE ITEM IN THE PACKET****

1. Remarks of the Board of Trustees
 - 1.A.1 Ratification of APA Bylaws: Will the Assembly vote to ratify the proposed language in the APA by-laws replacing the Rule of 95 with a semi and fully retired category?**
 - 1.C Treasurer's Report
2. Report of the CEO and Medical Director
3. Report of the Speaker
 - 3.A General Report
 - 3.B Reports of the Meetings of the Board of Trustees
 - 3.B.1 Final Summary of Actions, December 2017
 - 3.B.2 Draft Summary of Actions, March 2018
4. Report of the Speaker-Elect
 - 4.A General Report
 - 4.B Report of the Joint Reference Committee**
 - 4.B.1 Proposed Position Statement on Peer Support Services**
 - 4.B.2 Revised Position Statement on Telemedicine in Psychiatry**
 - 4.B.3 Revised Position Statement on Abortion**
 - 4.B.4 Revised Position Statement: Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health**
 - 4.B.5 Revised Position Statement on Religious Persecution and Genocide**
 - 4.B.6 Proposed Position Statement on Discrimination Against Religious Minorities**
 - 4.B.7 Revised Proposed Position Statement: Weapons Use in Hospitals and Patient Safety**
 - 4.B.8 Proposed Position Statement: Risks of Adolescents' Online Activity**
 - 4.B.9 Revised Position Statement Access to Care for Transgender and Gender Diverse Individuals**
 - 4.B.10 Revised Position Statement Discrimination Against Transgender and Gender Diverse Individuals**
 - 4.B.11 Proposed Position Statement: Solitary Confinement (Restricted Housing) of Juveniles**

4.B.12 Proposed Position Statement: Psychiatric Services in Adult Correctional Facilities

4.B.13 Proposed Position Statement: Research with Involuntary Psychiatric Patients

4.B.14 Revised Position Statement: Inquiries about Diagnosis and Treatment of Mental Disorders in Connection with Professional Credentialing and Licensing (2015)

4.B.15 Revised 2014 Position Statement: on Firearms Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services

5. Report of the Recorder

5.A Draft Minutes of the November 3-5, 2017 Assembly Meeting

5.A.1 Draft Summary of Assembly Actions November 2017

5.B List of Members and Invited Guests

5.C Voting

5.C.1 Voting Strength 2017-2018

5.C.2 Voting Strength 2018-2019

5.C.3 Audience Response System (ARS) Voting Instructions

5.D Reports of the Assembly Executive Committee (AEC) meetings

5.D.1 Report of the AEC meetings, November 2017

5.D.2 Draft Report of the AEC meeting, February 2018

6. Report of the Rules Committee

6.A Action Assignments and Reference Committee Rosters

6.B Consent Calendar

6.C Special Rules of the Assembly

7. Reports from Assembly Committees – *Assembly Committees may submit reports onsite for onsite distribution*

7.A Nominating Committee

7.B Committee on Procedures

7.C Awards Committee

7.D Committee on Public & Community Psychiatry

7.E Committee of Minority and Underrepresented Groups (*M/URs*)

7.F Committee of Early Career Psychiatrists (*ECPs*)

7.G Committee of Resident-Fellow Members (*RFMs*)

7.H Committee of Representatives of Subspecialties and Sections (*ACROSS*)

7.I Committee on Psychiatric Diagnosis and the DSM

7.J Committee on Access to Care

7.K Committee on Maintenance of Certification

8. Reports from APA Councils

8.A Council on Addiction Psychiatry

8.B Council on Advocacy and Government Relations

8.C Council on Children, Adolescents, and their Families

8.D Council on Communications

8.E Council on Geriatric Psychiatry

- 8.F Council on Healthcare Systems and Financing
- 8.G Council on International Psychiatry
- 8.H Council on Medical Education and Lifelong Learning
- 8.I Council on Minority Mental Health and Health Disparities
- 8.J Council on Psychiatry and Law
- 8.K Council on Consultation-Liaison Psychiatry (*formerly Psychosomatic Medicine*)
- 8.L Council on Quality Care
- 8.M Council on Research

9. Standing Committees

10. Reports from Special Components

- 10.A AMA APA Delegation

11. Reports from Area Councils

- 11.A Area 1 Council
- 11.B Area 2 Council
- 11.C Area 3 Council
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(To view the action papers, please click on the action paper links provided in the materials email.)

Item 2018A1 1.A.1
All Areas/Assembly Groups: Primary- Area 5, Secondary- Area 3
Assembly
May 4-6, 2018

BYLAWS COMMITTEE REPORT

Chairperson: *Esperanza Diaz, MD; Members:* *Brian Crowley, MD, Roger Peele, MD, Rudra Prakash, MD, JD, Robert Paul Roca, MD, MPH; Administration:* *Margaret C. Dewar, Chiharu Tobita; Colleen Coyle (APA General Counsel)*

At its 2018 March meeting in Washington DC, the Board of Trustees approved the action presented by the Rule of 95 Task Force, chaired by Dr. Renee Binder. Please find attached the full report of the Task Force "*Attachment 1 - Item 11.D. – Rule of 95 Task Force Report*".

As a result of the approved Board action, the Bylaws Committee, chaired by Dr. Esperanza Diaz was assigned to draft appropriate APA by-laws language with the assistance of the APA Legal Department led by Ms. Colleen Coyle. The proposed by-laws amendments are presented in the "*Attachment 2 – Bylaws 2018 REDLINE for Rule of 95 change*".

The proposed language was approved by the Board of Trustees. It will become final when it is ratified by the Assembly.

ACTION: *Will the Assembly vote to approve the proposed language to be incorporated into the APA by-laws replacing the Rule of 95 with a semi and fully retired category?*

Rule of 95 Task Force Report

Members of the Task Force

Renee Binder, MD (Chair)
Bob Batterson, MD
Jeffrey Bennet, MD
Jack Bonner, MD
Mark Haygood, MD
Alan Schatzberg, MD
Mark Townsend, MD
Seeth Vivek, MD
Eric Williams, MD

Introduction

The Rule of 95 Task Force met via conference call on Monday, February 26, 2018. The Chair reviewed the detailed analysis provided to Task Force members which discussed what was in place before the Rule of 95, the history of the Rule, data about the financial impact of the Rule, the variability of how other specialties categorize more senior members, and options that have been discussed over the years for replacing the Rule. The background is in Attachment 1. The problems with the current Rule of 95 include its complexity; confusion among members; the number of members over age 63 who do not qualify; the fact that 25% of our members are now in this reduced dues category and this is increasing; the increasing financial impact on the APA and the DBs; and the fact that younger members will need to increasingly subsidize the reduction in dues revenue.

Principles

In reviewing the various options, the Task Force developed the following principles:

- 1) Have a simplified system that would apply to APA and the DBs
- 2) Retain members of all ages
- 3) Have lower dues for members who are older and cutting back on their practices
- 4) Avoid having to increase dues of younger members to maintain revenue
- 5) Decrease revenue impact on APA and the DBs as more members advance in age
- 6) Grandfather/grandmother in everyone who is already in the Rule of 95

Best Option

Although there was a lot of discussion and suggestions, the overall consensus of the members of the Task Force was that the following was the best option for APA and DBs considering all the factors presented. The following provides the specifics about the option selected.

Use retirement and semi-retirement as criteria rather than age or years of membership

This option would eliminate the Rule of 95 and establish a semi-retirement and retirement category that a member must opt into. Years of membership or age would no longer be a factor. If elected, a member would have to attest to being semi-retired or fully retired. Semi-retired would be defined as a person who is near retirement age and works less than 15 hours per week in any administrative or

clinical role or roles (i.e. across multiple settings). Retired would be defined as anyone who has reached retirement age and is fully retired from all administrative or clinical responsibilities. Dues could be set for APA and DBs/SAs at no more than half dues for semi-retired and 1/3 dues for fully retired as a maintenance fee. Hardship, which currently has nearly two thousand members who are inactive members due to retirement or other income-affecting factors, would become limited to only those who have had an event that temporarily impacts their ability to work, such as a serious illness. If a member has a long-term disability, APA would allow people to move to the retirement category instead of becoming non-dues paying inactive members. This also provides an option for the thousands of members who don't qualify for the Rule of 95 but will eventually slow their practice or retire and are at risk of dropping their membership entirely to avoid paying full dues. Lastly, the current 50% discount policy for members 70 years or older, who are fully retired and who do not qualify for life membership, could be eliminated since it would no longer be applicable.

Building projections to approximate impact of this option was difficult since age or years of membership would no longer be factors. The following is the information that we know based on self-reported numbers and the number of total inactive members:

- 2,632 users of 10,729 self-reporting identified their Work Schedule as fully retired. The average age of these self-reporting members who identify their work schedule as fully retired is 84.3.
 - 1,515 are current Life Members of the APA
 - 39 are current General Members
 - 1,059 are inactive members
 - 19 are non-members (dropped, resigned or non-member)
- 1,942 users of 10,729 self-reporting identify their Work Schedule as Part Time Psychiatry. The average age of members who identify their work schedule as part time psychiatry is 73.6.
 - 1,300 are current Life Members of the APA
 - 461 are current General members

Although it is difficult to project who will elect these categories each year, a conservative model was built using the self-reported information as a basis. Although an educated guess, the workgroup discussed the assumptions and thought they looked reasonable based on what they were seeing in their communities. Although age was not a qualification for this option, age ranges were used to estimate the percentage of members who may elect these categories. The following assumptions were used to build the model.

Assumptions used in building the model:

- Assume that 5% of members age 60 will opt into the semi-retired category and that this number will increase gradually by about 5% per year until it reaches 70% at age 77.
- Assume that 1% of members age 60 will opt into the retired category and that this number will gradually increase by about 2% per year until it reaches 25% at age 77.
- Assume that the remaining members will pay full membership dues, which results in 94% of members age 60 will pay full membership dues, while at age 77 only 5% of members will pay full dues.

As an example of financial impact, APA would realize an estimated \$4.8 million of additional revenue compared to the Rule of 95 between 2018-2032 (2018 was used for all options for consistency but there would need to be a transition period, which is discussed below).

Grandfather/Grandmother Period

This option includes a two-year proposed transitional period. Consequently, those who have already qualified for the Rule of 95 and those who are two years from qualifying would not be impacted by the change. Therefore, if the assumption is that this would become policy in 2019, the transition period would include 2020 and 2021 and become effective for the 2022 renewal period. After 2021, no additional members will qualify for the Rule of 95 and instead will be able to opt into the semi or retirement categories. Additionally, members could still earn the titles of Life Fellow and Distinguished Life Fellow after the grandfather period ends, with the change that this would be an honorary category no longer be tied to the dues rate.

Conclusion

The Rule of 95 has been discussed for more than a decade. Although no perfect solution exists, the consensus of the Task Force was that eliminating the Rule of 95 and creating semi and fully retired categories, not tied to age or years of membership, is most inclusive of the needs of our members while helping to reduce the impact of the Rule of 95 on APA and District Branch Revenue. Moreover, the continued consistency in application to ensure the new Rule applies equally to both APA and DBs helps to reduce the complexity of the membership structure, reduce confusion among members, and keep the management of the 72 District Branches on Centralized Billing manageable.

ACTION: Will the Board of Trustees vote to approve replacing the Rule of 95 with a semi and fully retired category as described above and refer this item to the APA Assembly for action?

Attachment 1: Rule of 95 Background

History

Prior to the implementation of the “Rule of 95,” members qualified for “Life Status” after being a member for 30 years. Assuming an individual joined the APA during residency at age 27, he/she became dues exempt at age 57. If they joined after residency at age 31, they became dues exempt at age 61. Gallup conducted several polls in the early 1990s and found that the average retirement age was 57 in both 1991 and 1993.

The Rule of 95 was established by amending the “Life Status” characteristic definition in a 1992 ballot that was voted on by general membership. The Rule of 95 was then implemented in 1993. The Rule of 95 takes into account years of membership in APA as well as age.

Regarding the Rule of 95, a member receives two points toward Life Status each year for age and for each year of active, dues paying membership (excluding medical student members). A member earns only one point (for age) when he/she is not an active member (12/95). If a person joined the APA during residency at approximately age 27, they generally qualify at age 61. If they joined the APA as they transitioned into practice at age 31, they generally qualify for the rule at age 63 and then they enter 10 years of reduced dues. For the first five years, the person pays 2/3 of dues and for years 6-10, they pay 1/3 dues. An individual who has remained a member since residency or first entering practice reaches dues exemption between ages 71 and 73. Currently, there are approximately 4,485 people in life status (the reduced dues categories) and another 4991 in the dues exempt category. This is over 25% of APA’s total membership.

The Rule of 95 applies equally to the APA and every District Branch and State Association. Any alternative that is adopted should equally apply to the APA and DBs/SAs in the future. The current membership structure keeps getting more complex and gets harder to administer by APA for itself and the 72 DBs on Centralized Billing. Therefore, it is important to strive for a non-complicated dues structure. The Rule of 95 can be changed by bylaws amendment initiated by the BOT and approved with 2/3 vote by strength of the Assembly.

EXAMPLE OF COMPLEXITY

Other Categories of Reduced or Waiver of Dues:

- (a) Retired and at least age 70: The APA has a dues category for members who self-identify as “Fully Retired” and who are 70 or more years old and who do not already qualify for Life Membership. These members pay 50% of dues (currently \$287.50). Some retired members do not qualify because they are less than 70 years old. They either drop out of APA or need to apply for “hardship” dues relief.
- (b) “Hardship”: Members can request a temporary dues reduction or waiver of national and district branch dues. APA follows the district branch’s decision as to whether relief is granted. (Member submits dues relief request form [“opt-in”])
- (c) “Inactive Members”- Can be temporary or permanent- Member can be fully retired or have a disabling illness or similar severe hardship and is not able to pay dues. The member becomes

dues exempt and does not receive publications but can get member discount at Annual Meeting and IPS. (Member submits dues relief request form [“opt-in”])

Retirement Statistics for Psychiatrists and Lack of Qualification for Rule of 95

We mainly have anecdotal evidence about the age that psychiatrists retire. Many psychiatrists continue to have active practices in their 60's, 70's or even 80's. The average age of APA members who self-report on their work schedule that they are fully retired is 84.3. The average age of APA members who self-report on their work schedule that they are partly retired is 73.6. During the APA effort around dues renewals in April 2017, we asked members who were not renewing to give the reason for non-renewal. Of those who responded to the inquiry, 10 members indicated that they were not renewing because they were retiring. Six were between the ages of 59 and 65 and three between 66 and 68. One was 83. Consequently, the average age of those retiring was 67 (N=10). None of these members qualified for the rule of 95, given the inconsistency of their membership. Only one, the 83-year old, qualified for the policy of 50% off dues for being fully retired and 70 years of age but opted not to pay this amount and forgo membership. Therefore, all 10 made the decision to drop their membership completely. We had other resignations but they did not specify why they were resigning when asked. Moreover, we received 146 applications from 2015 through November 2017 asking for dues relief and citing retirement as the reason.

Information About Aging Psychiatrists Who Do Not Qualify for the Rule of 95

The following is the number of members who are 63 years or older and will not be eligible for the Rule of 95 each year:

Year	Will be age 63 or older but not Life Eligible
2017	2038
2018	2098
2019	2131
2020	2168
2021	2218
2022	2212

Fiscal Impact of Continuing the Rule of 95

The average age of APA members is 56 in 2017 (excludes medical student members). Given the demographics of the general population (i.e. the large number of baby boomers), the Rule of 95 will have a large impact on APA revenue resulting in decreasing revenue of about \$250,000 a year. Since 2013, APA has been able to grow membership fast enough to keep total dues revenue relatively flat. However, since APA has reached a 15-year high in membership, it has not been able to grow fast enough starting in 2017 to compensate for lost revenue stemming from members moving into dues exempt categories. Based on projections, the number of people qualifying for the Rule of 95 will continue to increase reaching approximately 850 to 900 members per year from 2045 through 2050.

Due to the Rule of 95, the following highlights the number of members, in each of the specified years, who qualify for the Rule of 95 and enter the ten years of reduced dues. After qualifying for the Rule of 95, members pay 2/3 of full dues for years 1-5. For 2017, this reduced dues from \$575 to \$379.50. This was a decrease of \$195.50 for the 591 members in 2017, resulting in \$115,540.50 less in revenue.

DATE	First time entering reduced dues
01/01/2017	591
01/01/2018	663
01/01/2019	630
01/01/2020	617
01/01/2021	617
01/01/2022	649

The following highlights the number of members each year that enter the sixth year of reduced dues and therefore qualify to pay 1/3 of full dues. For 2017, 434 members paid \$189.75, which was a decrease of \$189.75 from years 1-5, resulting in \$82,351.50 less in revenue.

DATE	Entering Life Year 6, 2/3 reduced category
01/01/2017	434
01/01/2018	418
01/01/2019	438
01/01/2020	473
01/01/2021	557
01/01/2022	591

In addition, the Rule of 95 is resulting in the following number of members reaching dues exemption each year. For 2017, 357 members became dues exempt (dues decrease from \$189.75 to \$0) which resulted in \$67,000 less revenue.

DATE	Becoming dues exempt
01/01/2017	357
01/01/2018	321
01/01/2019	365
01/01/2020	398
01/01/2021	433
01/01/2022	434

The total reduced revenue for 2017 due to the rule of 95 was about \$264,892. Currently, there are approximately 4,485 people in life status (the reduced dues categories) and another 4991 in the dues exempt category, which is over 25% of APA's total membership.

Principles and Additional Issues

There are multiple factors, which are sometimes inter-related and competing, that should be considered when contemplating the Rule of 95. The following are some principles that could guide the discussion, followed by interrelated factors that should be considered.

Principles

- 1) Have a simplified system
- 2) Retain members of all ages
- 3) Have lower dues for members who are older and cutting back on their practices
- 4) Avoid having to increase dues of younger members to maintain revenue
- 5) Decrease revenue impact on APA as more members advance in age
- 6) Grandfather/grandmother in everyone who already are in the Rule of 95 n

Additional Issues

- Changes to the Rule of 95 have to be considered in relation to DBs. Currently, DBs cannot charge any more than the Rule of 95 allows since the referendum applied to both APA and DBs. Changes would have to continue to apply to both.
- APA currently has a policy that if a member is 70 and fully retired, he/she qualifies to pay 50% dues (\$287.50). Should we keep this?
- How important are the criteria of age and years of membership? Is the most important criterion the person's retirement status?
- Should we have an opt-in policy? This would mean that every member who is eligible for reduced dues would get a dues statement with the full dues. There would be a statement on the bill saying that they were eligible to OPT-IN to paying lower dues.

A grandfathering period will likely need to be considered in relation to Options that are discussed.

**BYLAWS OF
AMERICAN PSYCHIATRIC ASSOCIATION**

As of May 2017

Chapter One: Name; Purposes; Legal Identity

Section 1.1 Name. This corporation shall be known as American Psychiatric Association (hereinafter referred to as the "Association"). It is the successor membership organization of the corporation known as The American Psychiatric Association that is now known as American Psychiatric Publishing, Inc. (hereinafter referred to as the "Former APA"). The Former APA was first designated as such in 1921 and incorporated under that name in the District of Columbia in 1927. Effective January 1, 2001, all the memberships in the Former APA transferred to the Association and, effective January 2, 2001, the Association changed its name to American Psychiatric Association.

Section 1.2 Purposes and Objectives. The purposes for which the Association is organized are: (a) to promote the common professional interests of its members; (b) to improve the treatment, rehabilitation, and care of persons with mental disorders (including mental retardation and substance-related disorders); (c) to advance the standards of all psychiatric services and facilities; (d) to promote research, professional education in psychiatry and allied fields, and the prevention of psychiatric disabilities; (e) to foster the cooperation of all who are concerned with the medical, psychological, social, and legal aspects of mental health and illness; (f) to make psychiatric knowledge available to practitioners of medicine, to scientists, and to the public; (g) to promote the best interests of patients and those actually or potentially making use of mental health services; and (h) to advocate for its members.

Section 1.3 Legal Identity. The Association is organized exclusively as a professional organization not organized for profit, within the meaning of Section 501(c)(6) of the Internal Revenue Code of 1986, as amended. No part of the net earnings of the Association shall inure to the benefit of, or be distributable to, its members, trustees, officers or other private persons, except that the Association shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.

Section 1.4 Credit for Prior Membership. The Former APA is the predecessor membership organization of the Association. Years of active membership in the Former APA shall be credited towards years of active membership in the Association and shall count towards applicable time periods required to qualify for particular membership categories.

Section 1.5 Prior Service as Trustee or Officer. Years of service as a trustee or officer of the Former APA shall be credited towards years of service as a trustee or officer of the Association and shall count towards applicable terms and term limits referred to in the following chapters of these bylaws.

Chapter Two. Members

Section 2.1 Qualifications. There shall be the following categories of membership:

(a) Medical Student Members. Medical Student Members shall be physicians-in-training who are enrolled in a school of medicine, including schools of osteopathic medicine. Years as a Medical Student Member shall not count toward eligibility for Life Membership or Life Fellowship. Membership in a District Branch is not required for Medical Student Members.

(b) Resident-Fellow Members (formerly Members-in-Training). Resident-Fellow Members shall be physicians who have been accepted into an approved psychiatric residency training program. Resident-Fellow Member status shall not exceed six years, and upon completion of approved residency training, Resident-Fellow Members shall be advanced to General Membership.

(c) Associate Members. Associate Members shall be physicians who have completed at least one year of acceptable full-time training or experience in psychiatry, and who were granted Associate Membership status in the Former APA by December 1989, but are not eligible for Resident-Fellow Member or General Membership categories. Associate Members must either have a valid license to practice medicine or hold an academic, research, or governmental position that does not require licensure.

(d) General Members. General Members shall be physicians who have completed acceptable training and who have either a valid license to practice medicine or hold an academic, research, or governmental position that does not require licensure.

(e) Fellows. To become a Fellow, a General Member must (i) be certified by the ABPN, RCPS(C), or AOA, and (ii) have the concurrence of the Membership Committee after providing a 30-day comment period for District branches. Fellows must have either a valid license to practice medicine or hold an academic, research or governmental position that does not require licensure. The criteria and procedures for selection and nomination of General Members for Fellowship shall be established by the Board and the Membership Committee and shall apply uniformly for all District Branches.

(f) Distinguished Fellows. Distinguished Fellows shall have been General Members or Fellows for at least eight consecutive years and shall have made a significant contribution to the field of psychiatry. At its discretion the Board, upon recommendation of the Membership Committee, may waive the requirements for eight consecutive years as a General Member or Fellow. Distinguished Fellows need not have been Fellows first. The criteria and procedures for selection and nomination of General Members or Fellows for Distinguished Fellowship shall be established by the Board and

the Membership Committee and shall apply uniformly for all District Branches.

(g) Honorary Fellows. Honorary Fellows shall be physicians or others who have rendered signal service in the promotion of mental health and psychiatry.

(h) Life Status. Life Associate Members, Life Members, Life Fellows, and Distinguished Life Fellows shall be those in their respective categories whose years of active membership in the Association plus age at the start of the fiscal year shall equal 95(Rule of 95). No individual shall be eligible for the rule of 95 after the 2021 renewal year. After 2021, Life Status will be an honorary designation that can be achieved by either (i) being a member for 30 or more years; or (ii) paying lump sum dues to become a member for life.

(i) Semi-Retired and Retired Status. Semi-Retired Members shall be those Members who attest through an opt-in that they are near retirement age and work less than 15 hours per week in any administrative or clinical role(s) (i.e. across all settings). Retired Members shall be those Members who attest through an opt-in that they have reached retirement age and are fully retired from all administrative and/or clinical responsibilities.

(j) International Status. International Distinguished Fellows, International Fellows, and International Members shall be licensed physicians who have completed an acceptable program of training in psychiatry and who would otherwise be qualified for membership. They shall be physicians living outside the jurisdiction of the Association or permanently residing outside the jurisdiction of a District Branch but within the jurisdiction of the Association. Membership in a District Branch is not required for International Distinguished Fellows, International Fellows, and International Members.

(k) International Resident-Fellow Members. International Resident-Fellow Members shall be physicians enrolled in a psychiatry residency training program or fellowship in a psychiatry subspecialty outside of the U.S. and Canada who obtain written verification from the training program director. International Resident-Fellow Member status shall not exceed ten years or the duration of residency and fellowship training in psychiatry, whichever is shorter.

Section 2.2 Voting. Members with voting rights are Resident-Fellow Members, General Members, Fellows, Distinguished Fellows, Life Members, Life Fellows, ~~and~~ Distinguished Life Fellows, Semi-Retired Members, and Retired Members. All other categories of membership are non-voting.

Section 2.3 Applications. Applications for membership in the Association and, where required, the appropriate District Branch shall be made in accordance with procedures established from time to time by the Board through the Membership Committee.

Section 2.4 Residence. Residence in a country of North

America, Central America, the Caribbean Islands or a dependency of such is required to qualify for a category of voting membership.

Section 2.5 Good Standing. No person, except as exempted by the Board or as otherwise provided in these bylaws, shall become or remain a member of the Association unless that person is a member of a District Branch and participates in continuing education according to the standards of the Association.

Section 2.6 Transfer and Advancement. Procedures for transfer of membership between District Branches and for advancement of membership shall be established from time to time by the Board. In the event of such a transfer or advancement being denied, an appeal shall be conducted in accordance with procedures to be established from time to time by the Board.

Section 2.7 Dues. Every Distinguished Fellow, Fellow, General Member, Associate Member and Resident-Fellow Member shall pay both dues and assessments as determined by the Board and the District Branches. Every Semi-Retired Member shall pay no more than one-half of the highest dues rate. Every Retired Member shall pay no more than one-third of the highest dues rate as a maintenance fee. International Distinguished Fellows and International Members shall pay annual membership dues as determined by the Board. Medical Student Members shall pay a one-time, national membership dues. Distinguished Life Fellows, Life Fellows, Life Members, and Life Associate Members who achieved Life status in the Former APA in 1993 or would have achieved Life status by 2021 later shall pay two-thirds of the highest dues rate during the first five years after reaching Life status, and one-third of the highest dues rate for the second five years. Thereafter, those Distinguished Life Fellows, Life Fellows, Life Members, and Life Associate Members shall be exempt from paying dues. All other categories of membership, including those who reached Life status in the Former APA prior to 1993, shall be exempt from paying dues and assessments to both the Association and the District Branches.

Section 2.8 Inactive Status and Dues Waiver. The Board in its sole discretion may place members from in any category in inactive status, excuse payment of dues, and waive or reduce dues of members. However, the intent of inactive status or dues waiver is that it be limited to those Members who have had an event that temporarily impacts their ability to work (such as a serious illness), and shall not be used to accommodate Semi-Retired or Retired Members after 2021. Inactive members shall not receive credit toward the number of years of active membership required for Life status for those years of inactive status. Active members shall receive credit toward the number of years of active membership required for Life status for those years the members are in the dues waiver or reduction status.

Section 2.9 Termination of Privilege of Membership. Membership in the Association is a privilege and not a right. The Board may, in its sole discretion, terminate, suspend, or otherwise limit or modify a membership for cause (including without limitation, nonpayment of dues, ethical violations,

unprofessional or illegal conduct or other actions that the Board determines are injurious to the Association or its reputation). Any appeals from membership termination shall be taken in accordance with the procedures of the Association, including applicable time limitations.

Chapter Three. Board of Trustees

Section 3.1 Number. The voting members of the Board shall consist of the four officers of the Association, its three immediate Past Presidents, the Speaker, the Speaker-Elect of the Assembly, an Early Career Psychiatrist Trustee elected at large, a Trustee elected at large, a Minority/Underrepresented Representative Trustee elected by minority/underrepresented caucus members, a Resident-Fellow Member Trustee elected by Resident-Fellow Members, and one Area Trustee from each Area designated by the Assembly. A Resident-Fellow Member Trustee-Elect, elected by Resident-Fellow Members, shall serve for a one-year term without a vote. After serving a three-year term as voting members of the Board, Past Presidents who were elected President of the Former APA prior to the year 2000 shall continue as members of the Board without a vote.

Section 3.2 Nominating Procedures. All nominees must be voting members in good standing. Trustees are elected by a simple majority of the votes cast by voting members for such positions. The Nominating Committee shall report its nominations to the Board by November 1 for immediate dissemination to the members. Nominating petitions must be filed with the Secretary by November 15 for the nominee to be included on the ballot for the following year. Campaign materials for publication in *Psychiatric News* are due by November 15 from all candidates.

Section 3.3 Area Trustees. Candidates for Area Trustee shall be nominated either (a) by procedures established by the Assembly; or (b) by a petition signed by 100 or more members of the relevant Area who are eligible to vote. Nominating petitions and campaign materials must be submitted in accordance with the procedures set forth in Section 3.2. Area Trustees are eligible for election to two three-year terms. Following two full terms, Area Trustees become eligible for election again only after an interval of three years.

Section 3.4 Trustee-at-Large. Candidates for Trustee-at-Large shall be nominated either (a) by the Nominating Committee, which shall nominate at least two candidates for each position to be filled; or (b) by a petition signed by 400 or more members eligible to vote. Nominating petitions and campaign materials must be submitted in accordance with the procedures set forth in Section 3.2. The Trustee-at-Large is eligible to two two-year terms.

Section 3.5 Early Career Psychiatrist Trustee. Candidates for Early Career Psychiatrist Trustee must be Early Career Psychiatrists and shall be nominated either (a) by the Nominating Committee, which shall nominate at least two candidates for each position due to be filled; or (b) by a petition signed by 400 or more members eligible to vote. Nominating petitions and campaign materials must be submitted in accordance with the procedures set forth in Section 3.2. The

Early Career Psychiatrist Trustee is eligible for election to one three-year term.

Section 3.6 Minority/Underrepresented Representative Trustee. Candidates for Minority/Underrepresented Trustee must self-identify as a member of a minority/underrepresented group and shall be nominated either (a) by the Nominating Committee, which shall nominate at least two candidates for each position to be filled; or (b) by a petition signed by 400 or more members eligible to vote. Nominating petitions and campaign materials must be submitted in accordance with the procedures set forth in Section 3.2. The Minority/Underrepresented Representative Trustee is eligible for election to two two-year terms.

Section 3.7 Resident-Fellow Member Trustee. Candidates for Resident-Fellow Member Trustee and Resident-Fellow Member Trustee-Elect must be Resident-Fellow Members and shall be nominated either (a) by the Nominating Committee; or (b) by a petition signed by 100 or more Resident-Fellow Members. Nominating petitions and campaign materials must be submitted in accordance with the procedures set forth in Section 3.2. The Resident-Fellow Member Trustee is elected for a one-year term. The Resident-Fellow Member Trustee-Elect shall automatically advance to the position of Resident-Fellow Member Trustee at the end of a year. The Resident-Fellow Member Trustee may not be elected to more than one term as such.

Section 3.8 Quorum; Action. A majority of the voting members of the Board shall constitute a quorum and, unless otherwise provided in these bylaws, the act of a majority of the voting members present at any meeting at which there is a quorum shall be the act of the Board.

Section 3.9 Meetings. The Board shall meet during the time of the annual meeting of the Association and at such other times as the President may decide. Trustees are expected to participate in meetings in person, or at the discretion of the President, by audio, visual or other means through which the Trustee can hear and participate in discussion and have access to written and visual materials. Other than as necessary under Section 3.10 and as provided in Section 5.4, the Board shall not act without a meeting. By petition, one-third of its voting members may call a special meeting of the Board.

Section 3.10 Emergencies. The Board may act in an emergency without a quorum and without a meeting to preserve the assets of the Association if the emergency makes it not feasible to have a quorum or meeting and attempt was made to convene a quorum and meeting of the Board. Emergency situations include but are not limited to such things as terrorist attacks, natural and manmade disasters and the like that require immediate action to preserve the assets of the Association.

Section 3.11 Function and Responsibilities. The Board shall manage the affairs of the Association and shall formulate and implement the policies of the Association. The responsibilities of the Board shall include:

- (a) Interpreting the provisions of the Articles of

Incorporation and bylaws.

(b) Presenting an annual report on the finances of the Association to the business session of the annual meeting.

(c) Establishing dues and assessments for the several categories of membership.

(d) Controlling the funds of the Association and designating its depositories.

(e) Authorizing expenditures from the funds of the Association to implement its goals and purposes.

(f) Administering special funds, grants, and awards.

(g) Acting upon matters referred from the Assembly.

(h) Providing for the production of other publications useful in carrying out the aims of the Association.

(i) Selecting a Medical Director who shall be the Chief Executive Officer of the Association.

(j) Authorizing and, where appropriate, approving the appointment of administrative staff personnel under the immediate authority of the Medical Director to assist in carrying out the purposes and resolutions of the Association.

(k) Appointing and employing professional auditors and others to assist in carrying out the purposes and resolutions of the Association.

(l) Establishing salaries for the Medical Director and staff and determining compensation for services rendered or to be rendered by others.

(m) Preparing an Operations Manual as a guide to the implementation of the purposes and resolutions of the Association.

(n) Dissolving or modifying any council, commission, committee, or other appointed organizational entity.

(o) Performing all other acts consistent with the Articles of Incorporation and bylaws that may be needed to carry out the purposes and resolutions of the Association.

Section 3.12 Attendance. Attendance at meetings of the Board of Trustees, councils, committees, boards, and all other organizational components of the Association shall be open to all members of the Association except for the meetings of the Ethics Committee. The Board of Trustees and all other organizational components of the Association may go into executive session.

Section 3.13 Review of Contested Corporate Action. Any member in good standing whose status or rights as a member of

the Association is or may be affected by the actions of the Association may within 20 days upon receipt of written notice of action petition in writing the Executive Committee of the Board. For actions where written notice is not provided to a member, the member may petition the Executive Committee of the Board to review the validity of the corporate action within 20 days of when actions become public. The Executive Committee shall review the petition, determine whether the action is in compliance with the bylaws, articles of incorporation, and policies of the Association and render a decision on the petition within 14 business days of its receipt. In the event that the challenged action was an action passed by the Executive Committee, the petition shall be reviewed by the Board of Trustees at the next scheduled meeting. The Board's decision on the matter shall be final.

Chapter Four. Officers

Section 4.1 Officers Designated. The officers of the Association shall include a President, a President-Elect, a Secretary, a Treasurer, and such other officers and assistant officers as the Board of Trustees may from time to time determine. No two offices may be held by the same person.

Section 4.2 President. The President shall carry out all orders and resolutions as specified by the Board and the membership. The President shall preside at all general meetings of the Association, and at all meetings of the Board.

Section 4.3 Secretary. The Secretary shall keep the records of the Association and perform all duties prescribed herein and those delegated by the Board.

Section 4.4 Treasurer. The Treasurer or his or her authorized agents shall receive, disburse, account for, and manage all monies of the Association under the general direction of the Board. The Treasurer shall submit a financial statement each year to the Board and to the Assembly at the annual meeting. The Treasurer and his or her authorized agents shall be bonded in an amount to be determined by the Board.

Section 4.5 Assumption of Office. Except as provided in Section 4.9, Part (b), the President-Elect shall assume the office of President during the annual meeting. All other officers and newly elected trustees of the Association shall assume their responsibilities at the same time.

Section 4.6 Terms and Term Limits. The President (including those who held such offices in the Former APA) are ineligible for re-election to the same office. The President shall hold office for one year, except as provided in Section 4.9.a. The Secretary and Treasurer shall be elected in alternate years. The term of office of the Secretary or Treasurer shall be no more than two, consecutive two-year terms.

Section 4.7 Nomination and Election. Candidates for officers shall be nominated either (a) by the Nominating Committee; or (b) by a petition signed by 400 or more members eligible to vote. Nominating petitions and campaign materials must be submitted in accordance with the procedures set forth in Section 3.2..Officers are elected by a simple majority of the

votes cast by voting members for each office.

Section 4.8 Recall. Any officer or elected trustee may be recalled from office through the following mechanism:

(a) Petition. A petition for recall shall be signed by two percent of the eligible voting members with no more than one-third of these members from a single District Branch. When the petition for recall applies to an Area Trustee, two percent of the members eligible to vote in the Area represented by that Area Trustee must sign the petition.

(b) Ballot. The petition must be filed with the Secretary who will validate the petition and submit the recall ballot to the membership within 30 days of the receipt of the petition.

(c) Count. Within 30 days after the recall ballot is distributed, the votes will be tallied by the Tellers Committee.

(d) Vote. For such a recall vote to be considered valid, at least 40 percent of the eligible voting membership must vote. If at least two-thirds of the votes are in favor of recall of the officer or trustee, the position must be considered vacant at the time the results are received by the Board.

(e) Removal of Officer or Trustee for Cause by Board. Any Trustee may petition the President to remove any other Officer or Trustee for cause (including without limitation, incompetency, violation of ethics, unprofessional or illegal conduct, non-performance of duties, breach of fiduciary duty, or other actions injurious to the Association or its reputation) by providing the President (or President-Elect if the President is the subject of the petition) with a written petition requesting removal and stating in detail the basis for the petition and providing evidence in support of the petition. The President (President-Elect if necessary) shall investigate or initiate the investigation of the allegations. Upon finding a cause, the Board may remove the Officer or Trustee from office if two-thirds of the voting members present vote in favor of the removal of the Officer or Trustee.

Section 4.9 Filling of Vacancies. Vacancies among the officers and the elected trustees shall be filled as follows:

(a) President. If the President becomes unable to function because of absence or illness, the President-Elect shall act for the President. In the event of the resignation or death of the President, the President-Elect becomes President for the remainder of the vacant term and then serves his or her own term.

(b) President-Elect. If the position of President-Elect becomes vacant during the term, the Immediate Past President shall assume the responsibilities of the President-Elect. Should this vacancy occur by September 15, the office of the President shall be included in the next scheduled election. Should this vacancy occur after September 15, a special election shall be held for the office of the President. The Immediate Past President shall not assume the office of the President at the next annual meeting.

(c) Other Vacancies. In the event of any other vacancy, the Board shall select any voting member of the Association to fill the vacancy for the remainder of the term.

Chapter Five. Councils, Committees, Boards, and Other Organizational Entities

Section 5.1 Executive Committee. There shall be an Executive Committee, which shall consist of six voting members and one non-voting member, who shall be the Medical Director. The six voting members shall be the four officers of the Association, the immediate Past President, and the Speaker of the Assembly. The chair of the Executive Committee shall be the President, who shall preside at all meetings. In the absence of the President, or in the event of a conflict of interest, the President-Elect shall act as chair. The Executive Committee shall appoint a secretary (who need not be a member of the Executive Committee) who shall keep its records and who shall hold office at the pleasure of the Executive Committee. The secretary shall keep regular minutes of the proceedings of the Executive Committee and shall report the same to the Board of Trustees at its next meeting for appropriate action.

Section 5.2 Authority of Executive Committee. Except as set forth in this Section 5.2, the Executive Committee, to the extent provided by resolution of the Board of Trustees, shall have and may exercise all the powers and authority of the Board of Trustees in the management of the business and affairs of the Association; provided that the designation of any such Executive Committee and the delegation thereto of authority shall not operate to relieve the Board of Trustees, or any member thereof, of any responsibility imposed upon the Board or any director by law. The Executive Committee shall not have the power or authority to adopt an agreement of merger or consolidation, recommend to the members the sale, lease or exchange of all or substantially all of the Association's property and assets, recommend to the members a dissolution of the Association or a revocation of a dissolution, amend these bylaws or propose to the members an amendment to these bylaws or the Articles of Incorporation.

Section 5.3 Regular and Special Meetings; Quorum; Voting. Regular meetings of the Executive Committee may be held without notice and shall be held at such times and places (or by telephone as provided in Section 5.4) as the Executive Committee may from time to time determine in advance. Special meetings may be held without notice. Unless otherwise ordered by the Executive Committee, special meetings shall be held at any time and place (or by telephone as provided in Section 5.4) at the call of the President. At any regular or special meeting a majority of the members of the Executive Committee shall constitute a quorum and the act of the majority of the Executive Committee members present (in person or by telephone) at a meeting at which there is a quorum shall be the act of the Committee.

Section 5.4 Telephone Meetings; Action Without Meeting. Members of the Executive Committee may participate in a meeting of such committee by means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each

other, and such participation shall constitute presence in person at such meeting. Any action required or permitted to be taken at any meeting of the Executive Committee may be taken without a meeting if all members of the Executive Committee consent thereto in writing and the writing or writings are filed with the minutes of proceedings of the Executive Committee.

Section 5.5 Identification of Standing Committees; Designation. There shall be the following standing committees that are advisory to the Board: Ethics, Membership, Nominating, Bylaws, Finance and Budget, Tellers, Elections and Joint Reference. The functions and procedures of such standing committees shall be established from time to time by the Board and published in the Operations Manual. The Board, upon the recommendation of the President, shall establish or eliminate such other committees, councils, commissions, boards and other special organizational entities as it deems appropriate to implement the objectives of the Association. The Board, upon the recommendation of the President, shall designate the chairperson and members of each standing committee and each other committee, council, commission, board or other organizational entity from among the voting members of the Association.

Section 5.6 Ad Hoc Committees. Ad hoc committees, when appointed, shall act through the next annual meeting.

Section 5.7 Authority. No committee, council, commission, board or other organizational entity of the Association, other than the Executive Committee, shall exercise the authority of the Board of Trustees in the management of the Association.

Section 5.8 Nominating Committee. The Nominating Committee shall be comprised of a representative from each geographical area of the Assembly and a representative from Minority/Underrepresented groups plus a chairperson. Each Area Council and the Assembly Committee on Minority and Underrepresented Groups shall propose at least three candidates apiece, and the Board, upon the recommendation of the President, shall appoint the members from among the candidates.

Section 5.9 Councils. Each council shall have authority to create and eliminate informal work groups and to act, subject to the approval of the Board, within its area of interest to implement the objectives of the Association.

Section 5.10 Joint Reference Committee. The Joint Reference Committee shall act upon the concerns of the several councils and commissions and refer matters from the councils and commissions to the Board and/or the Assembly and from the Board or Assembly to them. It shall be comprised of the President-Elect, who shall be the chairperson; the Speaker-Elect of the Assembly, who shall be vice-chairperson; two members of the Board of Trustees; two members of the Assembly; and the Medical Director. Ex-officio non-voting members shall be the chairpersons of the councils and commissions.

Chapter Six. The Assembly And The District Branches

Section 6.1 Assembly. There shall be an Assembly of the Association whose voting members shall be elected and shall include at least (a) one representative from each District Branch, and (b) an Executive Committee including Area Representatives and Assembly officers.

Section 6.2 Procedural Code. The Assembly shall govern itself by its procedural code in a manner consistent with the Articles of Incorporation and bylaws of the Association.

Section 6.3 District Branches. District Branches shall be established, continued, or dissolved according to the procedural code of the Assembly.

Section 6.4 Areas. The Assembly shall group contiguous District Branches into Areas, not exceeding a total of ten Areas, from which Area Trustees shall be elected under the provisions of Chapter Three, Section 3.3 of the bylaws.

Section 6.5 Officers of Assembly. The officers of the Assembly shall be the Speaker, Speaker-Elect, and Recorder. The Speaker shall be the presiding officer at the Assembly.

Chapter Seven. Ethics Complaints And Disciplinary Procedures

Section 7.1 Code of Ethics. All members of the Association shall be bound by the ethical code of the medical profession, specifically defined in the *Principles of Medical Ethics* of the American Medical Association and in the Association's *Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry*.

Section 7.2 Ethics Complaints. Complaints charging members of the Association with unethical behavior or practices shall be investigated, processed, and resolved in accordance with procedures approved by the Assembly and the Board. The name of a member who resigns during an ethics investigation will be reported to the membership.

Section 7.3 Ethics Violation. If a complaint of unethical behavior against a member is sustained, the member shall receive a sanction ranging from reprimand to expulsion. The name of a member who is suspended for an ethics violation will be reported to the membership with an explanation of the nature of the violation. Any decision to expel a member must be approved by a two-thirds affirmative vote of all members of the Board present and voting. The name of a member who is expelled for an ethics violation will be reported to the membership with an explanation of the nature of the violation.

Chapter Eight. Voting By Members

Section 8.1 Vote. Each voting member shall have one vote. Votes may not be cast by proxy.

Section 8.2 Ballot. Except as otherwise provided in these bylaws, all voting by members shall be by confidential ballot conducted by mail or such other means as determined by the Board from time to time.

Section 8.3 Voting Procedures. An Elections Committee consisting of four members shall be responsible, with the approval of the Board, for establishing procedures for voting of the membership.

Section 8.4 Member Referendum. The voting members may initiate referenda or change an action of the Board by submitting a petition signed by at least 500 voting members to the Secretary by October 15 to be voted on in the next annual ballot. Additional procedural requirements for the petition are contained in the Operations Manual of the Association. The adoption of a referendum shall require (a) valid ballots from at least 40 percent of the voting members, (b) the affirmative vote of at least one-third of all the voting members of the Association, and (c) the affirmative vote of a majority of those members who return a valid ballot. A referendum overturning an action of the Board shall be binding, except that the action may be reinstated by a two-thirds affirmative vote of the members of the Board eligible to vote and by a two-thirds affirmative vote of the members of the Assembly Executive Committee eligible to vote. A Board action to reinstate may be taken only at a regularly scheduled meeting occurring no sooner than one month after the meeting at which the referendum was certified. Certified referenda other than those overturning an action of the Board must be acted on by the Board with all deliberate speed.

Chapter Nine. Annual Business Meeting

Section 9.1 Annual Meeting. An annual meeting of all the members of the Association shall be held at such time and place as may be determined by the Board of Trustees, provided that the time and place of such meeting shall be announced not less than ten days prior to the meeting.

Section 9.2 Business Meeting. The Annual Business Meeting shall be held within six months following the end of the fiscal year at such time and place determined by the Board of Trustees. At a previously announced time during the annual meeting, the President of the Association shall convene a business meeting for voting members only composed of two consecutive sessions: (1) a presentation of a report of the actions of the Board and the reports of the Speaker of the Assembly, the CEO/and Medical Director, the Secretary, the Treasurer, and the chairpersons of the councils and standing committees; and (2) an annual forum for all voting members. Only voting members of the Association may attend this business meeting.

Section 9.3 Annual Forum. After the conclusion of the first session of the business meeting, at a reasonable point within the time allotted for the business meeting as a whole, the President shall convene the annual forum session of the business meeting for all the voting members.

Section 9.4 Special Meeting. The Board of Trustees may call a special meeting of the members. Upon written demand to the Board setting out the purpose of a meeting and signed by at least 20% of the members eligible to vote, the Association will hold a special meeting at APA headquarters or such other venue as the Board of Trustees determines is practicable to conduct the business described in the demand.

Section 9.5 Use of Technology. Annual business meetings and special business meetings, at the discretion of the Board of Trustees may be held via means of electronic communications technology that provides the opportunity to read or hear and participate in the proceedings substantially concurrent with their occurrence.

Chapter Ten. Seal

The Association shall have a Corporate Seal upon which shall be inscribed the name of the Association, the year of its organization, and the words "Corporate Seal, District of Columbia." The Association may alter the seal and prescribe its use.

Chapter Eleven. Amendments Of The Bylaws And Articles Of Incorporation

Section 11.1 Amendment of Bylaws. These bylaws may be altered, amended or repealed, and new bylaws made, by the Board of Trustees or by the members of the Association with voting rights, who may make additional bylaws and may alter, amend and repeal any bylaws, whether such bylaws were adopted by the members or the Board of Trustees.

Section 11.2 Amendments by the Board of Trustees. Amendments to the bylaws by the Board of Trustees require (1) the approval of a two-thirds majority of the voting members of the Board present at a meeting at which a quorum is present, and (2) subsequent ratification by a two-thirds vote by strength of Assembly members present at a meeting at which a quorum is present. If action is required before the next Assembly meeting, the amendment may be ratified by a two-thirds vote of the Assembly Executive Committee (AEC) at a meeting at which a quorum participates, provided that if any such amendment is not ratified by the Assembly at its next meeting, it will not be effective after the Assembly vote. The entire membership shall be notified of any amendments so adopted as soon as practical after approval by the Board and ratification by the Assembly.

Section 11.3 Proposals for Amendments by the Members. Proposals for amendments to the bylaws by the members may originate either by resolution of the Board of Trustees or by a petition signed by 200 or more voting members. Any such petition must be received by the Secretary by October 15 of the year prior to the year in which it will be voted on.

Section 11.4 Approval by Members. A proposed amendment to the bylaws originating by resolution of the Board of Trustees or by petition as provided in Section 11.3 shall be disseminated to the entire membership not later than January 3 of the year in which it will be voted on. The proposed amendment shall be voted on by the eligible voting membership in the next annual ballot. Approval by a majority of at least 33 1/3 percent of the eligible voting members of the Association shall be required for adoption of the proposed amendment. If adopted, the amendment shall become effective upon certification by the Committee of Tellers to the Board unless a later effective date is specified on the ballot.

Section 11.5 Amendment of Articles. Proposals for amendments to the Articles of Incorporation shall originate by resolution of the Board of Trustees. A proposed amendment shall be disseminated to the entire membership not later than January 3 of the year in which it will be voted on. The proposed amendment shall be voted on by the eligible voting membership in the next annual ballot. Approval by two-thirds of at least 33 1/3 percent of the eligible voting members of the Association shall be required for adoption of the proposed amendment. Approval of the amendment shall be certified by the Committee of Tellers. The amendment shall become effective upon the issue of a Certificate of Amendment pursuant to District of Columbia law.

Chapter Twelve. Indemnification of Officers and Trustees

Section 12 Indemnification of Officers and Trustees. The Association will indemnify, defend and hold harmless its Officers and Trustees, paid and unpaid, from any and all liability, including all expenses, legal fees and costs associated with any claim arising out of their position with the Association or damages resulting from their actions on behalf of the Association while serving as an Officer or Trustee. Officers and Trustees of the Association shall have no liability to the corporation or to the members for money damages for actions or failures to act as an officer or director. This provision shall not apply if the liability results from intentional infliction of harm, an intentional violation of criminal law, or receipt of a financial benefit to which the Trustee or Officer is not entitled. This provision is intended to provide the broadest indemnification and reimbursement permitted under the law.

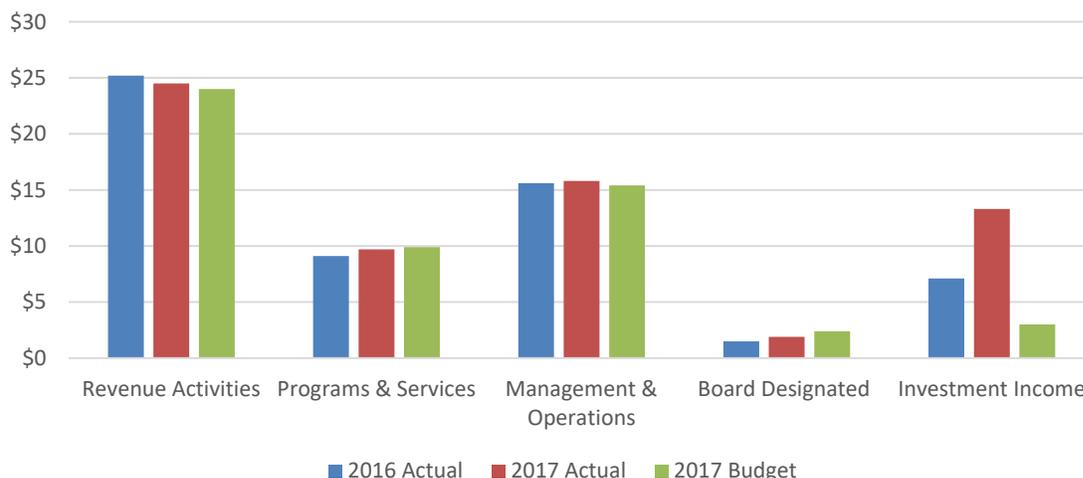
CERTIFICATE

I, Altha J. Stewart, M.D., Secretary of the American Psychiatric Association, certify that the foregoing is a true copy of the current bylaws of the Association as amended by the Board on October 11, 2015 and ratified by the Assembly on May 14, 2016, effective May 14, 2016.

American Psychiatric Association
Treasurer's Report
Unaudited Results for the Year Ended
December 31, 2017

For the year ended December 31, 2017, net income was \$10.5 million, compared to \$6.5 million in 2016, a difference of \$4.0 million. The variance is attributable to a \$6.2 million increase in investment income over 2016, offset by \$705 thousand in lower earned income and increased spending of \$567 thousand on programs and \$383 thousand on discretionary initiatives. The financial results in this report are unaudited and subject to change until the audit report is issued.

Financial Performance



The \$10.5 million in net income is significantly better than the (\$0.7M) deficit that was budgeted. The \$11.2 million variance is primarily attributable to three things: 1) Investment income of \$13.2M was \$10.3M greater than the \$3.0M budgeted; 2) Net income from CME and Meetings was \$1.6M greater than budgeted, which more than offset the lower net income from membership and publishing; and 3) \$0.7 million in lower advocacy spending as a result of vacancy savings and savings from the budgeted advocacy conference that did not occur.

The following provides explanations for the significant financial statement variances:

Membership net income is \$427K lower than in 2016 in large part due to the transition of members to reduced dues or dues exempt categories. Even though the overall membership counts continue to increase, many of the new members are in the lower dues rate categories such as ECP, RFM or International. The variance between budget and actual was greater at \$542K because the 2017 budget did not factor in the full impact of the dues exempt members from 2016.

Publishing net income is \$700K lower than in 2016 due to a big decline in print advertising. The decline impacted revenue from *Psychiatric News* and the *American Journal of Psychiatry*. The publishing group was able to reduce expenses to partially offset the lower revenue. The gap between budget and actual is lower at \$505K because the budget anticipated a small decline in advertising revenue.

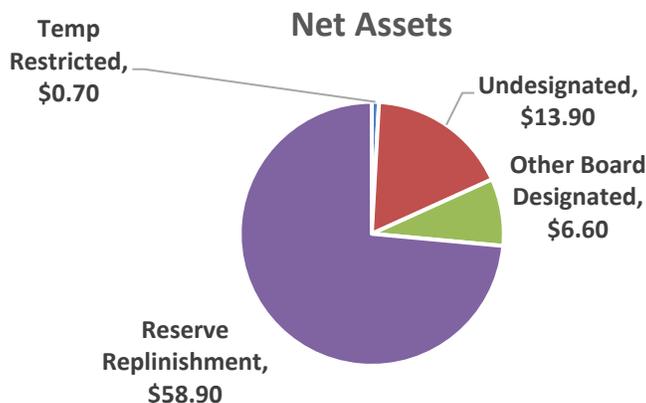
CME & Meetings net income was \$557K higher than in 2016 due to higher revenue from the annual meeting and education revenue. The meeting saw an increase in registration as well as exhibits and sponsorships, but the increase was partially offset by higher expenses in San Diego. The increase in education revenue was mainly due to a grant for Buprenorphine training. The variance between budget and actual is much higher at \$1.6M because the budget anticipated annual meeting expenses to increase by \$743K and instead they grew by \$267K.

Policy, Programs & Partnerships net expense was \$348K higher than the 2016 expense. The increase in expense is attributable to the filling of vacant positions in Research, Diversity, Education and Policy areas. In addition, revenue and expense for the SAN grant are higher than budgeted because APA does not budget the in-kind contributions of Physician's time, which is recorded as both a revenue and expense.

Operations expense was \$836K higher than the budget due to a net increase in organization wide expenses. The variance is the result of three things: 1) The budget included a \$350K vacancy allowance under the Org Wide category, while the actual savings are reflected in the individual cost centers; 2) There were some unbudgeted relocation costs associated with the disposal of furniture at the old office; and 3) The HR function was outsourced and in the initial year the costs of the transition are higher.

Discretionary Initiative spending increased by \$384K over 2016 due to an increase of \$704K in registry spending offset by a \$310K decrease in spending on state advocacy. The additional registry costs include \$496K to FIGMD for platform hosting and \$214K in APA staff expenses. The decrease in state advocacy expense comes from vacancy savings.

The balance sheet remains strong with net assets of \$98.1 million, cash of \$8.6 million and investments of \$98.2 million. See attachment 1 for details of combined APA/APAF investment pool.



American Psychiatric Association
Statement of Financial Position
As of December 31, 2016 and 2017

	<u>12/31/2016</u>	<u>12/31/2017</u>
ASSETS		
Current Assets		
Cash and Cash Equivalents	\$ 7,306,380	\$ 8,651,258
Accounts Receivable, net	3,593,390	3,291,918
Grants Receivable, net	44,109	142,197
Advances to Affiliates	423,302	336,285
Publications Inventory, net	1,263,214	858,345
Other Current Assets	<u>1,252,718</u>	<u>1,313,590</u>
 Total Current Assets	 13,883,113	 14,593,593
 Investments in Marketable Securities	 88,028,250	 98,245,759
Property and Equipment, net	1,179,468	481,710
Intangible Assets	2,600,000	2,600,000
Development Costs	<u>8,210,161</u>	<u>9,155,039</u>
 TOTAL ASSETS	 <u>\$ 113,900,992</u>	 <u>\$ 125,076,101</u>
LIABILITIES		
Current Liabilities		
Accounts Payable and Accrued Expense	\$ 5,437,843	\$ 7,035,696
Dues Payable (DB and Other)	1,524,652	1,479,882
Deferred Revenue		
Membership Dues	4,561,456	4,289,477
Journal Subscriptions	5,974,460	6,007,457
Other	<u>4,672,091</u>	<u>4,512,225</u>
 Total Current Liabilities	 22,170,502	 23,324,737
 Accrued Pension Liability	 3,915,321	 3,915,321
Deferred Rent Liability	<u>458,297</u>	<u>-</u>
 TOTAL LIABILITIES	 <u>26,544,120</u>	 <u>27,240,058</u>
NET ASSETS		
Unrestricted, undesignated	27,244,708	31,856,830
Unrestricted, board designated	58,993,145	65,290,598
Temporarily Restricted	<u>1,119,019</u>	<u>688,618</u>
 ENDING BALANCE, NET ASSETS	 <u>87,356,872</u>	 <u>97,836,046</u>
 TOTAL LIABILITIES AND NET ASSETS	 <u>\$ 113,900,992</u>	 <u>\$ 125,076,101</u>

American Psychiatric Association
Income Statement and Budget Monitor
For the Year ending December 31, 2016 and 2017
(In thousands)

	December 31, 2016	December 31, 2017	2016 vs. 2017	2017 Budget	Budget vs. Actual
Revenue Generating Activities					
Membership Dues & Programs	\$ 8,611	\$ 8,184	\$ (427)	\$ 8,726	\$ (542)
Publishing	6,781	6,081	(700)	6,586	(505)
DSM	5,375	5,196	(179)	5,358	(162)
CME & Meetings	4,368	4,924	557	3,357	1,567
Miscellaneous	44	89	44	-	89
	<u>25,179</u>	<u>24,474</u>	<u>(705)</u>	<u>24,027</u>	<u>447</u>
Programs & Services					
Policy, Programs & Partnership	(5,003)	(5,351)	(349)	(4,972)	(379)
Advocacy	(2,148)	(2,177)	(29)	(2,830)	653
Communications	(1,573)	(1,619)	(45)	(1,712)	93
Foundation Operations	(384)	(528)	(144)	(419)	(109)
	<u>(9,108)</u>	<u>(9,675)</u>	<u>(567)</u>	<u>(9,933)</u>	<u>258</u>
Management & Operations					
Operations	(12,507)	(12,592)	(85)	(11,756)	(836)
Governance	(3,119)	(3,197)	(77)	(3,621)	424
	<u>(15,626)</u>	<u>(15,789)</u>	<u>(162)</u>	<u>(15,377)</u>	<u>(412)</u>
Net Operating Income	445	(990)	(1,434)	(1,283)	293
Investment Income (net of contribution)	7,080	13,323	6,243	3,000	10,323
Discretionary Initiatives - Board Approved	(1,485)	(1,868)	(383)	(2,442)	574
Temporarily Restricted Funds	468	14	(454)	(19)	33
Net Income	<u>\$ 6,508</u>	<u>\$ 10,479</u>	<u>\$ 3,972</u>	<u>\$ (744)</u>	<u>\$ 11,223</u>
Discretionary Initiatives - Board Approved					
Membership	(2)	-	2	-	-
State Advocacy	(1,071)	(760)	311	(1,180)	420
Registry	(404)	(1,108)	(704)	(1,196)	88
Legal - Anthem	-	-	-	-	-
Legal - Health Parity	(8)	-	8	(66)	66
	<u>\$ (1,485)</u>	<u>\$ (1,868)</u>	<u>\$ (383)</u>	<u>\$ (2,442)</u>	<u>\$ 574</u>

American Psychiatric Association
Income Statement and Budget Monitor
For the Year ending December 31, 2016 and 2017

	December 31, 2016	December 31, 2017	2016 vs. 2017	2017 Budget	Budget vs. Actual
Revenue Generating Activities					
Membership Dues & Programs					
Revenue					
Membership Dues	9,592,740	9,126,300	(466,440)	9,825,000	(698,700)
Membership Affinity Programs	1,580,373	1,536,248	(44,125)	1,595,000	(58,752)
List Sales	56,497	16,609	(39,888)	60,000	(43,391)
	<u>11,229,610</u>	<u>10,679,157</u>	<u>(550,453)</u>	<u>11,480,000</u>	<u>(800,843)</u>
Expense					
Membership Services	2,480,534	2,413,118	(67,416)	2,547,390	(134,272)
Membership Affinity Programs	5,200	17,658	12,458	13,650	4,008
Ethics/DB Relations	133,313	64,837	(68,476)	192,681	(127,844)
	<u>2,619,047</u>	<u>2,495,613</u>	<u>(123,434)</u>	<u>2,753,721</u>	<u>(258,108)</u>
Gross Margin	<u>8,610,563</u>	<u>8,183,544</u>	<u>(427,019)</u>	<u>8,726,279</u>	<u>(542,735)</u>
Publishing					
Revenue					
American Journal of Psychiatry	3,734,640	3,188,513	(546,127)	3,592,600	(404,087)
Journal of Psychiatric Services	285,532	308,939	23,407	312,000	(3,061)
Psychiatric News	4,050,362	2,414,610	(1,635,752)	3,616,500	(1,201,890)
Books	3,674,334	3,654,889	(19,445)	3,848,779	(193,890)
Psychiatry Online	5,564,186	5,859,707	295,521	5,750,000	109,707
Focus Journal	1,127,884	1,046,899	(80,985)	1,118,500	(71,601)
Specialty Journals	115,489	208,450	92,961	163,300	45,150
APA Job Bank	972,287	953,958	(18,329)	900,000	53,958
Other	203,549	177,004	(26,545)	75,000	102,004
	<u>19,728,263</u>	<u>17,812,969</u>	<u>(1,915,294)</u>	<u>19,376,679</u>	<u>(1,563,710)</u>
Expense					
American Journal of Psychiatry	1,915,323	1,889,309	(26,014)	1,929,134	(39,825)
Journal of Psychiatric Services	657,349	571,498	(85,851)	559,906	11,592
Psych News	2,451,260	2,293,647	(157,613)	2,446,354	(152,707)
Books	1,473,576	1,441,740	(31,836)	1,407,064	34,676
Psych Online	223,187	5,091	(218,096)	341,368	(336,277)
Focus Journal	291,135	221,409	(69,726)	298,096	(76,687)
Specialty Journals	86,590	129,543	42,953	140,631	(11,088)
APA Job Bank	66,039	57,488	(8,551)	54,725	2,763
Other	172,086	(1,561)	(173,647)	-	(1,561)
Marketing & Production	5,610,804	5,123,802	(487,002)	5,613,536	(489,734)
	<u>12,947,349</u>	<u>11,731,966</u>	<u>(1,215,383)</u>	<u>12,790,814</u>	<u>(1,058,848)</u>
Gross Margin	<u>6,780,914</u>	<u>6,081,003</u>	<u>(699,911)</u>	<u>6,585,865</u>	<u>(504,862)</u>
DSM					
Revenue					
DSM IV	96,177	105,416	9,239	-	105,416
DSM 5	7,039,953	6,831,291	(208,662)	7,350,000	(518,709)
	<u>7,136,130</u>	<u>6,936,707</u>	<u>(199,423)</u>	<u>7,350,000</u>	<u>(413,293)</u>
Expense					
DSM IV	2,117	9,163	7,046	-	9,163
DSM 5 Publishing Costs	1,114,714	1,057,206	(57,508)	1,306,828	(249,622)
DSM 5 Development	644,754	674,669	29,915	685,000	(10,331)
	<u>1,761,585</u>	<u>1,741,037</u>	<u>(20,548)</u>	<u>1,991,828</u>	<u>(250,791)</u>
Gross Margin	<u>5,374,545</u>	<u>5,195,670</u>	<u>(178,875)</u>	<u>5,358,172</u>	<u>(162,502)</u>

	December 31, 2016	December 31, 2017	2016 vs. 2017	2017 Budget	Budget vs. Actual
CME & Meetings					
Revenue					
Annual Meeting	8,463,873	9,066,735	602,862	8,307,000	759,735
CME Products and Accreditation	247,604	468,718	221,114	380,000	88,718
Institute on Psychiatric Services	371,490	270,148	(101,342)	440,165	(170,017)
	9,082,967	9,805,601	722,634	9,127,165	678,436
Expense					
Annual Meeting	3,067,559	3,334,509	266,950	3,810,571	(476,062)
CME Products & Accreditation	52,886	20,517	(32,369)	253,151	(232,634)
Institute on Psychiatric Services	415,368	488,603	73,235	465,100	23,503
Office of Scientific Programs	350,683	273,266	(77,417)	388,085	(114,819)
Department of Meetings & Conventions	828,789	764,449	(64,340)	853,607	(89,158)
	4,715,285	4,881,344	166,059	5,770,514	(889,170)
Gross Margin	4,367,682	4,924,257	556,575	3,356,651	1,567,606
Miscellaneous					
Revenue	44,392	88,618	44,226	-	88,618
Total Revenue Generating Activities	25,178,096	24,473,091	(705,005)	24,026,967	446,124
Programs and Services					
Policy, Programs & Partnerships					
Revenue					
Policy, Programs, Partnerships	-	-	-	-	-
Practice Mgt & Delivery Systems Policy	43,550	14,485	(29,065)	29,000	(14,515)
SAN Grant	1,400,406	1,838,130	437,724	757,232	1,080,898
Diversity and Health Equity	-	-	-	-	-
	1,443,956	1,852,615	408,659	786,232	1,066,383
Expense					
Division of Policy, Programs, & Partnerships	421,109	471,016	49,907	307,885	163,131
Division of Education	1,249,393	1,294,314	44,921	960,317	333,997
Reimbursement Policy	773,957	754,225	(19,732)	952,637	(198,412)
Parity Enforcement & Implementation	406,617	423,481	16,864	500,619	(77,138)
Practice Mgt & Delivery Systems	912,304	945,292	32,988	926,534	18,758
SAN Grant	1,447,601	1,906,550	458,949	753,465	1,153,085
Research - Director's Office	828,930	940,124	111,194	788,807	151,317
Office of Diversity & Health Equity	406,854	469,029	62,175	567,474	(98,445)
	6,446,765	7,204,031	757,266	5,757,738	1,446,293
	(5,002,809)	(5,351,416)	(348,607)	(4,971,506)	(379,910)
Advocacy					
Revenue					
PAC	12,349	15,292	2,943	10,000	5,292
Advocacy Leadership Conference	-	-	-	22,750	(22,750)
	12,349	15,292	2,943	32,750	(17,458)
Expense					
APA PAC Operating Expenses	204,619	233,446	28,827	379,996	(146,550)
Government Relations	1,757,686	1,491,700	(265,986)	1,709,704	(218,004)
Leadership Conference	-	-	-	225,000	(225,000)
CALF	198,340	467,458	269,118	548,200	(80,742)
	2,160,645	2,192,604	31,959	2,862,900	(670,296)
	(2,148,296)	(2,177,312)	(29,016)	(2,830,150)	652,838

	December 31, 2016	December 31, 2017	2016 vs. 2017	2017 Budget	Budget vs. Actual
Communications					
Revenue					
Let's Talk Facts	130	-	(130)	-	-
Marketing Sales	715	255	(460)	2,000	(1,745)
	845	255	(590)	2,000	(1,745)
Expense					
Communications & Public Affairs	1,574,307	1,619,023	44,716	1,712,628	(93,605)
Let's Talk Facts	19	-	(19)	-	-
APA Store	-	-	-	1,500	(1,500)
	1,574,326	1,619,023	44,697	1,714,128	(95,105)
	(1,573,481)	(1,618,768)	(45,287)	(1,712,128)	93,360
Foundation Operations					
Expense	(384,088)	(528,083)	(143,995)	(418,920)	(109,163)
Total Programs and Services	(9,108,674)	(9,675,579)	(566,905)	(9,932,704)	257,125
Governance and Operations					
Operations					
Expense					
Office of the CEO	(1,495,810)	(1,603,592)	(107,782)	(1,449,946)	(153,646)
Staff Strategic Planning	(88,062)	(3,811)	84,251	(15,000)	11,189
Finance and Budget	(1,778,823)	(1,734,861)	43,962	(1,807,240)	72,379
Building Operations	(3,158,993)	(3,139,576)	19,417	(3,027,055)	(112,521)
Employee Benefits	(84,053)	168,704	252,757	372,670	(203,966)
Legal Office	(579,168)	(632,974)	(53,806)	(744,930)	111,956
Division of Operations	(476,124)	(345,210)	130,914	(496,724)	151,514
APA Answer Center	(129,231)	(154,762)	(25,531)	(152,033)	(2,729)
Human Resources	(834,717)	(888,621)	(53,904)	(736,757)	(151,864)
Information Technology	(4,345,757)	(4,006,297)	339,460	(4,254,184)	247,887
Organization Wide Expenses	463,799	(251,006)	(714,805)	555,601	(806,607)
	(12,506,939)	(12,592,006)	(85,066)	(11,755,598)	(836,408)
Governance					
Expense					
Assembly	(982,113)	(952,247)	29,866	(1,086,660)	134,413
Board, Operating	(533,173)	(607,487)	(74,314)	(754,167)	146,680
Standing Committees	(190,275)	(143,652)	46,623	(162,967)	19,315
Direct DB Support					-
DB Leadership	(282,017)	(311,906)	(29,889)	(303,000)	(8,906)
BD DB Infrastructure Grants	(8,283)	(500)	7,783	(45,833)	45,333
Components	(233,416)	(267,035)	(33,619)	(389,411)	122,376
Subsidiary Boards	-	-	-	-	-
Association Governance Office	(864,009)	(875,917)	(11,908)	(854,314)	(21,603)
Board Funds	(26,092)	(38,032)	(11,940)	(25,000)	(13,032)
Board Strategic Planning	-	-	-	-	-
	(3,119,378)	(3,196,777)	(77,399)	(3,621,352)	424,575
Total Governance and Operations	(15,626,317)	(15,788,782)	(162,465)	(15,376,950)	(411,832)
Discretionary Initiatives - Board Approved					
Membership	(1,500)	-	1,500	-	-
State Advocacy - Board designated	(1,071,105)	(760,351)	310,754	(1,179,604)	419,253
Registry	(404,086)	(1,108,447)	(704,361)	(1,195,745)	87,298
Legal - Anthem	-	-	-	-	-
Legal - Health Parity	(8,030)	-	8,030	(66,000)	66,000
	(1,484,721)	(1,868,798)	(384,077)	(2,441,349)	572,551

Total Fund Composite

Market Values

Market Value: \$162.2 Million and 100.0% of Fund

Ending December 31, 2017

	Asset Class	Market Value (\$)	1 Mo Net Cash Flows (\$)	% of Portfolio	Policy %	Policy Difference (\$)
Total Fund Composite		162,194,194	-1,513,744	100.0	100.0	0
Fixed Income Composite		33,967,363	0	20.9	25.0	-6,581,186
Vanguard Total Bond Index Fund	Core Fixed Income	9,765,197	0	6.0	8.8	-4,426,795
Baird Aggregate Bond Fund	Core Fixed Income	12,558,207	0	7.7	8.8	-1,633,785
Nuveen Symphony Floating Rate Fund	Senior Secured Loans	4,450,664	0	2.7	2.5	395,809
Touchstone High Yield Fund	High Yield Fixed Income	3,100,030	0	1.9	2.5	-954,825
TransAmerica Emerging Markets Debt Fund	EM Fixed Income	4,093,265	0	2.5	2.5	38,410
U.S. Equity Composite		63,466,477	-1,300,000	39.1	37.5	2,643,654
Vanguard Total Stock Index Fund	All-Cap Core	46,127,648	-1,300,000	28.4	27.5	1,524,245
Fidelity Spartan Total Mkt Index Fund	All-Cap Core	17,338,829	0	10.7	10.0	1,119,409
Non-U.S. Equity Composite		31,280,339	-200,000	19.3	17.5	2,896,355
Dodge & Cox International Stock Fund	Non-U.S. Large-Cap Value	11,137,211	0	6.9	6.3	1,000,074
Vanguard Total Intl. Stock Index Fund	Non-U.S. All-Cap Core	11,237,740	-200,000	6.9	6.3	1,100,603
Brandes International Small Cap Fund	Non-U.S. Small-Cap Value	4,195,211	0	2.6	2.5	140,356
DFA EM Core Equity Fund	Emerging Markets	4,710,177	0	2.9	2.5	655,322
Hedge Fund of Funds Composite		13,504,067	0	8.3	8.0	528,531
Corbin Pinehurst Fund	Multi-Strat. Hedge FoF	4,537,742	0	2.8	3.0	-328,084
Corbin Opportunity Fund	Multi-Strat. Hedge FoF	1,533,229	0	0.9	1.0	-88,713
Parametric Defensive Equity Fund	Defensive Equity	7,433,096	0	4.6	4.0	945,328
Real Estate Composite		19,971,361	-11,009	12.3	12.0	508,058
Morgan Stanley PRIME Property Fund	Core Real Estate	15,904,366	0	9.8	9.5	495,918
UBS Trumbull Growth & Income Fund	Value-Added Real Estate	4,066,995	-11,009	2.5	2.5	12,140
Cash Equivalents Composite		4,588	-2,735	0.0	0.0	4,588
Money Market Fund	Cash & Equivalents	4,588	-2,735	0.0	0.0	4,588

Parametric, Corbin, Morgan Stanley, and UBS Trumbull values are preliminary as of December 31, 2017.

Item 2018A1 2
Assembly
May 4-6, 2018



Report of the
CEO and Medical Director
to the
APA Assembly

May 4-6, 2018

Marriott Marquis
New York, New York

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EXECUTIVE SUMMARY

I am pleased to present the CEO and Medical Director's report for the APA President's year May 2017 – May 2018, which outlines the Administration's actions, activities, and accomplishments in the past year according to the APA's strategic initiatives below.

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

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

ISSUE SUMMARIES

ADVANCING PSYCHIATRY

A) **Children's Health Insurance Program (CHIP):** Congress passed a six-year reauthorization of the Children's Health Insurance Program (CHIP) in January, as part of a short-term continuing resolution to continue funding the government. The bipartisan budget deal in February provided an additional four-year funding extension, accumulating to a full decade of federal support of the CHIP program. The \$14 billion program provides health insurance to nearly nine million children and adolescents from low-income families who do not qualify for their state's Medicaid program. It also provides access to quality evidence-based mental health care services for the estimated 850,000 CHIP beneficiaries experiencing serious behavioral or emotional disorders.

APA Administration collaborated with District Branches 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, Council members and APA's advocates sent over 1,400 letters to their respective federal lawmakers and governors, phoned to congressional offices or urged action through social media.

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.

B) **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. In March, Congress passed the Omnibus spending bill for fiscal year 2018 that included \$3.6 billion in

funding to fight the opioid epidemic. Of those funds, \$1 billion is dedicated to state opioid response grants under Substance Abuse and Mental Health Services Administration (SAMHSA) as authorized under the Cures Act. In addition, Congress appropriated \$500 million to the National Institute of Health (NIH) for a new initiative to research opioid addiction, development of opioids alternatives, pain management, and addiction treatment.

APA administration will continue to engage Congress and the committee of jurisdiction on the opioid issue. As of April, Congress had introduced over 120 pieces of legislation related to the opioid crisis. We anticipate robust Congressional Committee activity to continue (e.g. hearing and/or the Energy and Commerce and Ways and Means Committees, and the Senate Committee on Health, Education, Labor, and Pensions (HELP) and Finance Committees. The APA administration submitted policy recommendations to both the Ways and Means and Finance Committee on the opioid crisis that focused on expanding coverage of Medication Assisted Treatment; addressing parity issues in behavioral health services; easing restrictions on prior-authorization and telehealth; including sustainable resources; and expanding collocative care models. (Please see Education section for additional work on a SAMHSA funded grant.)

C) *Affordable Care Act (ACA) Marketplace Stabilization and Repeal of the Individual Mandate:* APA has continued its strong advocacy in opposition to legislation to repeal and/or weaken the Affordable Care Act (ACA). APA has also continued its efforts to encourage bipartisan efforts to craft legislation to “stabilize” the insurance marketplace. APA continues to support the joint recommendations on ACA marketplace stabilization, which were crafted in collaboration with five other physician groups including: the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Physicians (ACP), the American College of Obstetricians and Gynecologists (ACOG), and the American Osteopathic Association (AOA).

The APA, along with its physician colleagues urged Congress to include market stabilization legislation as part of the Omnibus spending package that passed in March. However, negotiations between the political parties dissolved and as a result the market stabilization language was not included in the final Omnibus bill.

D) *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. In March, Senator Dean Heller (NV), along with Senators John Cornyn (TX) and Marco Rubio (FL), introduced S. 2548, the “Veteran Urgent Access to Mental Healthcare Act,” a variation of the bill passed in the House last November. The legislation would require the Department of Veterans Affairs (VA) to provide veterans, released from the military with an “other-than-honorable” discharge, with access to mental health assessments and treatment. APA supported the proposed legislation, acknowledging some veterans with combat-related post-traumatic stress disorder (PTSD) have received “less-than-honorable” discharges directly connected to their mental health diagnoses. Additionally, the legislation mandates a VA study to evaluate the effect of combat experience on veterans' mental health.

Lastly, Congress continues to prioritize the provision of quality care for veterans under the current administration. The recently pass FY2018 Omnibus provided \$81.5 billion in discretionary funding for VA programs, an increase of \$7.1 billion above the FY 2017 level. The measure aligns funding with the

Administration's priorities providing \$782 million for a new VA-Department of Defense (DoD) compatible electronic health record system, to ensure an accurate, seamless transition of care for services members transitioning under the VA transition. Most importantly, the measure appropriates \$68.8 billion to VA medical care, providing continuation and expansion of health care services to approximately seven million veterans and their families. This includes \$8.4 billion in mental health care services, \$196 million in suicide prevention outreach activities, \$316 million for traumatic brain injury treatment, and \$386 million for opioid abuse prevention.

E) **Ligature Risks:** In response to member concerns, APA has been active working with members and the Centers for Medicaid and Medicare Services (CMS) on ligature risks in hospitals. CMS began a campaign to reduce ligature risks in hospitals. 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 is 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. CMS has not yet announced when this meeting will happen. APA is also coordinating with the American Hospital Association (AHA) and National Association of Psychiatric Health Systems (NAPHS) about these issues. In addition, CMS asked APA to gather data about facilities that have been negatively impacted by this increased enforcement of citations. We sent a survey to leadership and District Branches/State Associations (DB/SAs) to collect feedback.

F) **Scope of Practice:** In close coordination, APA and its DB/SAs deterred or defeated several psychologist prescribing (RxP) bills in 2017, with one amended bill being signed into law in Idaho. This year we continue to effectively oppose RxP proponents' efforts. Currently, the APA is partnering with DB/SAs in Hawaii, New Jersey, Ohio, Vermont, and West Virginia to defeat RxP proposals.

APA participated in strategic discussions, shared research and best practices, provided advocacy training, and supported grassroots advocacy. APA also submits letters, testimony, and participates in legislative visits.

- **Connecticut:** RxP is unlikely to move this short session as the bill would need the entire Senate Public Health Committee to sponsor it. The APA is collaborating with the DB in preparation of a challenge in 2019.
- **Florida:** RxP proponents were unable to secure a bill sponsor for the 2018 session following the DB's successful lobbying and public relations campaign. The APA and DB are on guard as RxP proponents will ramp up their efforts in September for the 2019 session.
- **Hawaii:** A psychologist prescribing bill that has been revised to create a work group to study the effects of psychologist prescribing around the country continues to remain dormant in a house committee. Currently, the work group does not include a psychiatrist or any other medical professional. The bill is unlikely to move for the year. The 2018 session ends in early May.
- **Kentucky:** Kentucky has been able to deter the filing of an RxP bill in 2017 and 2018. A bill is expected in 2019.
- **Minnesota:** This DB has employed a firm to develop and implement public relations campaigns opposing RxP and promote alternatives.
- **Nebraska:** After thoroughly vetting the RxP proponents' proposal through the Nebraska credentialing process, the Chief Medical Officer of the Department of Health and Human Services

recommended against RxP, due to a successful campaign led by the DB and supported by the APA. As a result, RxP proponents were deterred from introducing a bill during the 2018 session.

- Ohio: The DB continues to lead a lobbying and grassroots advocacy campaign, backed by the APA, in opposition to RxP legislation. In an attempt to remove opposition, the sponsor recently amended the bill to provide for limited collaboration with a physician, advanced practice registered nurse (APRN), physician's assistant (PA), or prescribing psychologist, but did not alter the education or training requirements. The DB and APA are preparing testimony and messaging in advance of a potential committee hearing. The DB has employed an outside firm to implement a public relations campaign opposing RxP.
- Oregon: Following the Governor's veto of an RxP bill in the last session, the legislature passed a new law that will allow "telephone or electronic psychiatric consultations to primary care providers caring for adult patients with mental health disorders." The Oregon DB played a large role in getting this passed, including members testifying during the committee process.
- Texas: Texas was able to keep a filed RxP bill from advancing in 2017. The legislature does not meet again until 2019, but the bill is expected to resurface at that time.
- West Virginia: The West Virginia State Medical Association has been effective in defeating a House bill.

Three states are in various stages of rulemaking:

- Idaho is in the early stages of the rulemaking process. The goal will be to present something to the 2019 legislature.
- Illinois is close to opening the RxP license application process as it finalizes forms.
- Iowa physician members of the RxP rulemaking subcommittee continue to insist upon higher education standards and an independent exam. The subcommittee will meet again in late April. If a joint agreement is not reached by the Boards of Medicine and Psychology soon the statute may be sent back to the Iowa legislature to detail the standards.

APA and DB/SAs in these states continue to work closely together in advocating for the highest standards.

On the nursing front, bills allowing for APRN independent practice continue to surface in the South, Northeast, and Midwest. Bills are pending in Tennessee, Oklahoma, Massachusetts, Missouri, Pennsylvania, South Carolina, and Virginia. Similar bills and are expected in Louisiana and North Carolina. The Medical Association of Virginia (MSV) secured a \$60,000 AMA Scope of Practice Partnership (SOPP) grant to develop state-specific materials opposing their bill. MSV drafted an amendment that has been adopted to the bill while the nurses continue to lobby to weaken it. Bills filed in Georgia, Mississippi, and Florida have been defeated. Meanwhile, the Michigan DB is opposing a proposal to expand APRN and PA scope in terms of commitment proceedings.

G) ***Substance Use Disorder Treatment***: DB/SAs, together with APA, are working proactively and defensively to ensure individuals with substance use disorders received the appropriate care.

- Arizona passed comprehensive opioid legislation their governor believes could be a model for the rest of the country.
- Wisconsin continues to build upon its robust Heroin, Opioid Prevention, and Education (HOPE) agenda. This session the legislature passed several bills, which the Governor is expected to sign, including: creating an intensive care coordination program in Medicaid; boosting treatment and prevention efforts to combat the epidemic; and providing funding to fight drug trafficking,

support prevention, establish treatment courts, and offer medication-assisted treatment to those leaving jails.

- West Virginia is considering a major opioid overhaul that has the backing of the medical society.
- The Governors of some states, including Pennsylvania, Georgia, Florida, South Carolina, Virginia, West Virginia, and North Carolina, have declared a statewide “state of emergency” due to the opioid crisis in those states.

Involuntary commitment and involuntary-assisted outpatient treatment bills are being introduced in many northeast states, such as Pennsylvania, in an effort to combat the opioid epidemic by those who have lost loved ones. Similar bills are starting to appear in Midwestern states as well.

H) **Conversion Therapy Ban:** Legislation banning conversion therapy has been introduced in most Northeast region states. Bills in Florida, Kansas, Kentucky, and Virginia are dead or not expected to move. A bill in Colorado has been passed in the House, though is likely to be defeated in Colorado’s Republican-controlled Senate.

I) **MACRA 2018 Rule:** On November 3, 2017, CMS issued the final rule for the second year of the Quality Payment Program (QPP). Here are some highlights of that rule, which sets policies and procedures for 2018 reporting and 2020 payment adjustments:

11) **The Low-Volume Threshold:** The low-volume threshold increases in 2018 to 200 Part B patients or \$90,000 Part B allowable charges per year (from 100 patients or \$30,000, for 2017). Together with exclusions for first year of Medicare participation and participating in “Advanced” Alternative Payment Models, this will exempt about 60% of the 1.5 million clinicians providing Part B services. The 600,000 clinicians who are still subject to the Merit-Based Incentive Payment System (MIPS) reporting and adjustments include about 11,500 psychiatrists.

12) **Virtual Groups:** Individual clinicians and small practices (of up to 10 clinicians) that exceed the low-volume threshold could apply by December 31, 2017 to report as a Virtual Group for 2018.

13) **Small Practices:** Practices of up to 15 clinicians receive several advantages. These practices may:

- Apply for a hardship exception from the MIPS ACI category, which would increase the weight of their score in the Quality category to 75%;
- Receive some points for partial reporting of MIPS Quality measures;
- Report fewer Improvement Activities and still get full credit; and
- Earn five bonus points on their final MIPS score.

14) **MIPS Quality Category:** This category accounts for 50% of the MIPS composite score for 2018. Generally, to earn points in this category requires reporting at least 6 Quality measures, including one outcome measure (if available) or one measure in another high priority area. Those reporting fewer measures may avoid penalties if no other measures are available that are relevant to their practice and/or patients. (Please see the Research section for additional MIPS information tied with APA’s Mental Health Registry, PsychPRO.)

15) **The MIPS Advancing Care Information Category:** This category accounts for 25% of the MIPS composite score. Hospital-based clinicians may apply for a hardship exception from this category. The weight of their Quality score will increase, to account for 75% of their MIPS

composite score. Bonus points are given for using the 2015 (versus 2014) edition of certified electronic health record technology (CEHRT), and reporting to public health agency or clinical data registries.

J) **APA Payment Reform Toolkit:** APA added a new resource to the APA Payment Reform Toolkit to help psychiatrists avoid future penalties under Medicare's new Merit-Based Incentive Payment System (MIPS). The APA guide, "[Take Action Now to Avoid Medicare Penalties](#)," offers step-by-step instructions to help psychiatrists navigate the new MIPS policies. It includes a checklist to determine whether MIPS reporting is required, information on when and where to file reports, and recommendations on improvement activities in which psychiatrists can participate to receive performance credit. We have notified members through Psych News and a Psych News Alert.

K) **CONNECT for Health Act:** APA supported telemedicine provisions in the CHRONIC Act that passed as part of the most recent budget legislation. The legislation facilitated Medicare Advantage to incorporate telehealth coverage in its policies beginning in 2020. The APA is also urging Congress to pass legislation extending mental health or substance use disorder-specific authorization for coverage of telehealth through public programs in the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act (HR 2556 / S 1016).

The CONNECT Act would expand the use of tele-psychiatry and other forms of telemedicine, as well as patient remote monitoring services in Medicare. The legislation lifts originating site and geographic limitations on tele-psychiatry and other tele-mental health services. The removal of these restrictions would help increase access to evidence-based psychiatric treatments, lower overall healthcare costs, and reduce the enduring stigma of mental illness, including substance use disorders.

L) **Puerto Rico Relief:** In the fall of 2017, Hurricane Maria left destruction and devastation in its wake for more than three million residents of Puerto Rico. Puerto Ricans were without electricity, clean drinking water, food, and medical supplies. Unfortunately, this humanitarian crisis was met with the territory's looming healthcare crisis. Puerto Rico's health care system was, and still is being pushed to its limits in the aftermath of Hurricane Maria as hospitals and clinics grapple with crippling losses of essentials, including access to medications and dialysis machines.

Medical centers and hospitals are regaining operability, accepting new patients and maintaining patient care, although many are still running on generator power. APA sent a letter to Congressional leadership urging for immediate resources and financial aid. The President has since provided relief and deployed resources to be used in an efficient and effective capacity to support those Americans impacted by the disaster.

With backing from the APA Foundation, APA members and staff donated more than \$30,000 to the disaster relief effort.

M) **Assistant Secretary for Mental Health and Substance Use:** In August 2017, the Senate confirmed the nomination of Elinore McCance-Katz, MD, PhD. for Assistant Secretary for Mental Health and Substance Use. The confirmation of Dr. McCance-Katz, an APA member, is especially of importance bringing psychiatric leadership to this crucial new position at SAMHSA created in the 21st Century Cures Act. The Assistant Secretary is charged with overseeing SAMHSA and coordinating mental health and substance use programs and research across all federal agencies. APA endorsed Dr. McCance-Katz and galvanized

support behind the nomination by meeting with legislators, other stakeholders, and Administration personnel.

N) **ONC Health IT Playbook:** The APA worked with the Department of Health and Human Services (HHS) Office of the National Coordinator (ONC) for Health Information Technology to build out the behavioral health section of their Health IT Playbook. This provides a digital resource to help practices use health information technology more efficiently. The new section was featured during a webinar hosted by the Office of the National Coordinator on October 2, 2017.

O) **HHS Pain Management Best Practices Inter-Agency Task Force:** The APA nominated two members – Hilary Smith Connery, MD, PhD. and Kevin Sevarino, MD – to the Pain Management Best Practices Inter-Agency Task Force, which HHS is creating with the Secretaries of Veterans Affairs and Defense.

P) **Case Study on Accountable Care Organizations and Collaborative Care:** The APA Policy team is partnering with Leavitt Partners, a healthcare thinktank, to develop a case study on how Montefiore leveraged a smartphone application to improve care coordination as part of the Collaborative Care Model. The case study is expected to be released this Spring.

Q) **Mental Health Parity:** Parity compliance and enforcement efforts continue to focus on several priority areas of federal and state parity regulatory efforts. Health plan network adequacy and provider reimbursement rates remain a primary and consistent focus of APA's efforts in the following priority areas:

- APA is working with APA affiliates and insurance commissioners in those states which received CMS grant money to develop robust pre- and post-market parity compliance initiatives. We are now directly engaged with Insurance Department and/or Medicaid staff in several states including New York, Maryland, Mississippi, North Carolina, Pennsylvania, California, Minnesota, and Illinois. APA, in collaboration with Milliman and the New York State Psychiatric Association, has been awarded the parity compliance project work in New York for both commercial insurance and Medicaid managed care.
- APA administration is beginning to engage regulators of jurisdiction at a primary level in various states and that this represents a different kind of opportunity to shape parity compliance and enforcement efforts. This is a move beyond general policy/advocacy for better compliance to providing detailed technical assistance on meaningful regulatory protocols based on our recognized expertise. APA is increasingly recognized as a valuable resource and not simply a provider advocacy organization.
- We are working with HHS and the Department of Labor (DOL) to develop the parity guidance and action plan requirements codified in Section 13001 of the Cures Act including model audit and disclosure practices and is working closely with DOL and HHS to ensure that the eventual federal directives to health plans are substantive. APA is developing specific language recommendations for the eventual federal guidance and action plan documentation and transparency of compliance with the regulatory tests. Specific materials to facilitate uniform compliance oversight have been submitted and are posted here: <https://paritytrack.org/resources/model-resources/six-step-parity-compliance-guide/>

In October 2017, APA met with staff of the Colorado Attorney General's office to discuss parity and network adequacy concerns and have had follow up regarding the December 2017 Milliman report on out of network utilization and rate disparities.

R) **Medicare Regulatory Comment:** Over the course of spring and summer 2017, APA submitted formal comments in response to several Medicare proposed rules for 2018.

R1) **Quality Payment Program:** APA successfully advocated for improvements to the Merit-Based Incentive Payment System (MIPS), that exclude many psychiatrists from MIPS reporting and penalties, and help others to earn a bonus. Starting in 2018, only psychiatrists with over 200 Part B patients and over \$90,000 in annual charges must do MIPS reporting to avoid a future payment decrease. Small practices that do MIPS reporting gained several advantages, including a virtual group reporting option, a hardship exception from the Advancing Care Information (EHR) category, and bonus points on their final score. Our comments also-highlighted the need for CMS to:

- Include APA Collaborative Care training as a practice improvement activity for the MIPS program and encourage “advanced” alternative payment models to provide Collaborative Care services;
- Keep program requirements consistent year-to-year;
- Continue work on decreasing the administrative burden on physicians; and
- Recognize and ameliorate the challenges psychiatrists face in quality reporting and new models of care.

R2) **Physician Fee Schedule Regulatory Comments:** CMS finalized several proposals APA supported in the 2018 Medicare Physician Fee Schedule including extending coverage for collaborative care services to Federally Qualified Health Centers and Rural Health Centers and increasing slightly the payments to those providing collaborative care services. APA continues to monitor potential changes to the Evaluation and Management Documentation Guidelines and will be meeting with CMS to discuss this issue further. We anticipate CMS may include something on this in the proposed rule on the 2019 Medicare Physician Fee Schedule due out in July.

R3) **Hospital Outpatient Prospective Payment System:** APA comments on outpatient hospital issues made a strong case that electroconvulsive therapy (ECT) can be safely provided in ambulatory surgical centers (ASCs). Therefore, Medicare should add ECT to its list of services that Medicare will reimburse when provided in ASCs.

R4) **Quality Measurement Issues:** Our comments included a number of themes with respect to quality measurement and its impact on psychiatrists. We noted that the current quality programs do not include enough quality measures that are “meaningful, appropriate, or applicable” to psychiatric patient care. The proposed rules in this past cycle have included quality measures that the APA was not able to support for inclusion into the respective quality reporting programs because detailed information about these measures (i.e., specifications, evidence of scientific acceptability, and field test results) was not provided. APA comments requested more information be shared so we could provide additional feedback on their proposed additions to these programs.

We also supported the effort CMS is making to streamline the process for removing quality measures that do not illustrate the provision of quality care, for various reasons, to be consistent across the various quality programs. (For example, evidence no longer supports the care measured; alternate measure better captures the data illustrating care quality; high rates of

performance reported on a measure, therefore, a measure is no longer needed as that care gap no longer exists, etc.).

APA also stated that there needs to be more accuracy in attributing patient outcomes to psychiatrists, and risk adjustment methodologies for inclusion in outcome measures must be carefully evaluated. Given the current measure reporting criteria that facilities and clinicians are expected to meet to demonstrate their quality of care, it is likely that psychiatrists, inpatient psychiatric units, or psychiatric stand-alone-facilities, and skilled nursing facilities will be negatively rated due to the lack of appropriate measures.

Unfortunately, this is likely to have a negative impact on their Medicare payments. The APA Council on Quality Care formed a new workgroup to identify appropriate areas for developing new quality measures for psychiatry. We have applied for CMS grant funding to create new measures for behavioral health use in PsychPRO and the MIPS program.

S) *Health Information Portability & Accountability Act (HIPAA) & Health Information Technology (HIT):* Due to member questions received through the Helpline, APA developed a [primer for membership on HIPAA and Health Information Technology](#) to help members keep patient information private and secure.

T) *Recruitment into Psychosomatic Medicine Specialty:* In collaboration with the Council on Psychosomatic Medicine, a [video](#) to help recruit medical students into Psychosomatic Medicine was finalized and is available on the APA website.

U) *Updated Dementia Measure Set:* On May 1, 2017, The American Journal of Psychiatry and Neurology and the journal of the American Academy of Neurology (AAN), simultaneously published the Executive Summary of the jointly owned and managed “Dementia Management Measure Set Update.” This measure set was developed under a partnership between the APA and the AAN. These measures were developed to provide meaningful quality measures to psychiatrists and other health care providers that treat this vulnerable patient population. Several of these measures have been nominated for approval by CMS for use in the Quality Category of MIPS, starting in 2018.

V) *Regulatory Relief:* APA participates in the AMA workgroup on regulatory relief with several other medical specialty societies. The workgroup has developed a set of priority areas for discussion and advocacy with the new Administration, especially the new leadership of HHS. The APA administration participated in a meeting at HHS to discuss these how to relieve physicians’ burdens.

SUPPORTING RESEARCH

A) *APA Mental Health Registry (PsychPRO):* PsychPRO prepared participants to meet MIPS reporting requirements within the 2017 CMS program reporting period (January 1, 2018 to March 31, 2018). 607 providers (in 245 practices) have signed agreements to join the registry, and 262 providers (in 44 practices) have been onboarded in terms of EHR integration, complete data mapping and refinement, and the ability to review their quality measures on their dashboards. 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 registry team continued to provide instruction in the use of the portals and data submission for MIPS reporting, including through brief webinars which occurred 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.

B) *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 the previous 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.

C) *Proposals for Changes to DSM-5:* The DSM-5 Steering Committee and its Subcommittee on Minor Changes approved the posting of five proposed changes to DSM-5 for public comment. The public comment period for these five proposals were open from November 22, 2017 to December 22, 2017. APA alerted the field and APA members to the public comment period through publishing articles in Psychiatric News and Psychiatric Times. The Steering Committee also publicized the public comment period through direct communication with members of other professional organizations.

EDUCATION

A) *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 2018 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.

B) *ABPN Maintenance of Certification (MOC) Part 3 Pilot:* The APA was notified in September 2017 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 were contacted again on March 22, 2018 with formal instructions on how to enroll in the program. Enrollment closes May 1, 2018.

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 (~\$1,500). For those who wish to opt-out, they can still elect to take the traditional 10-year exam.

C) **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.

D) **Year-end summary from the Office of Continuing Medical Education (CME):** In 2017, the Office of CME issued 350,000+ CME credit/hours of education from across its live, online, journal, and district-branch CME program. Over 34,200 users received education or claimed credit through the APA's learning management system.

E) **Comments to the Accreditation Council for Graduate Medical Education (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.

F) **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.

G) *IPS: Mental Health Services Conference:* The 2017 IPS Conference was held October 19-22 at the Hilton New Orleans Riverside, in New Orleans, Louisiana. The Scientific Program Committee led by APA’s President Anita Everett, MD, Michael Compton, MD, MPH, and Glenda Wrenn, MD, was well received. The program consists of over 90 sessions focused on Dr. Everett’s theme of “Enhancing Access & Effective Care,” and included a keynote session from retired U.S. Army General Mark Hertling on physician leadership. Over 1,000 individuals were in attendance. Dr. Anita Everett is forming a strategic planning committee to create a 3- to 5-year vision for this meeting.

The 2018 IPS Scientific Program Committee is currently assembling the program for the upcoming 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 three- to five-year vision for this meeting and plans to have completed this work by Fall 2018.

H) *Joint Sponsorship Program for Continuing Medical Education (CME):* In 2016, the APA’s Board of Trustees approved an expansion of the Joint Sponsorship CME program. APA is currently using the expanded program to support our affiliated groups. APA has seen increased participation by DBs in this program, numerous applications for affiliate groups, and new outside groups such as the New York City Department of Health and Mental Hygiene.

I) *New Learning Formats:* APA continues to launch new learning formats to address different learning preferences. Recently an online question database was launched which will allow the Division of Education and APA Publishing to tag the thousands of questions that are currently in APA’s possession. This tool will facilitate the development of self-assessment modules, question-a-day learning activities, and a question-bank style board review product. Currently, the APA is developing a question-bank-based activity which targets board review for residents and others seeking initial certification.

J) *Subspecialty Education:* The Division of Education and David Gitlin, MD, organized a meeting of Council on Medical Education and Lifelong Learning, the Council on Psychosomatic Medicine, the Council on Addictions, the Council on Children, Adolescents and their Families, the Council on Geriatric Psychiatry, and the Council on Psychiatry and Law to discuss barriers to successfully fill fellowship slots in each of the subspecialties. Leadership from ABPN and ACGME were also in attendance. Discussion focused on addressing barriers that are currently preventing international medical graduates and doctors of osteopathic medicine from applying to fellowship programs. The group also discussed the potential role for APA and developing a centralized clearinghouse for knowledge related to applying to fellowships.

K) *Course of the Month Promotion:* In 2015, APA began a free continuing medical education (CME) opportunity for all APA members. A new, monthly online course was promoted to members, which they would be able to complete for Category 1 CME credits. To date, there have been more than 6,500 individual course registrations. This is a member benefit that consistently garners positive emails and member feedback.

DIVERSITY

A) **2018 APA/APAF Fellowship Application Cycle:** The 2018 APA/APAF Fellowship Application Cycle (November 1, 2017 through January 31, 2018) ended with 212 application submissions. The number of submissions increased 23% from the previous cycle. Two of the five states that have never had an awardee were represented (Oklahoma and North Dakota). Ten applications were from the nation's three psychiatry residency programs at Historically Black Colleges and Universities. The Division of Diversity and Health Equity (DDHE) is further evaluating application data and overseeing the award selection process. In addition, we are continuing to reach out to DB/SAs to help connect fellows to become more involved in leadership at the DB level. Discussions will also be held at the Annual Meeting with DB Presidents and Executive Directors to further work on including new fellows and post-fellows into leadership.

B) **SAMHSA Minority Fellowship Programs Grant Renewal:** On February 12, 2018 DDHE submitted an application to renew funding of the SAMHSA-funded Minority Fellowship Programs (MFP) for years 2018 through 2023. SAMHSA MFP currently funds the following APA/APAF programs: the SAMHSA MFP Fellowship, Substance Abuse Fellowship, and APA/APAF Medical Students Grants. APA expects to be notified of the status of the application in the summer of 2018.

C) **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."

D) **Climate Change and Disaster Mental Health: Continuing Medical Education (CME) Module:** DDHE has created a CME module on Climate Change and Disaster Mental Health, authored by Joshua Morganstein, MD, and Robin Cooper, MD.

The module was developed as a follow-up to the APA Community Mental Health Disparities Program on "Climate Change and Mental Health" that occurred at the 2016 IPS meeting in Washington, D.C. The purpose of the module is to increase awareness about climate change and its impact on mental health, especially of vulnerable populations. It provides health care providers and patients with strategies to prepare for disastrous events related to climate change.

The module provides a 1-hour credit to members and is available in the Learning Management System.

E) **Conversations on Diversity:** DDHE sponsored its fifth session of Conversations on Diversity at IPS in New Orleans on October 21, 2017. Helena Hansen, MD, PhD, Vice Chair of APA Council on Minority Mental Health and Health Disparities (CMMH/HD), and Vabren Watts, PhD, Deputy Director of DDHE, facilitated the session.

The session included small breakout groups of APA members from various cultural backgrounds (race/ethnicity, gender, sexual orientation, religion, nationality, etc.) who strategized ways to increase

diversity and inclusion within the organization and reduce mental health disparities among underserved patient populations.

A total of 54 people attended, including APA leadership (Anita Everett, MD, Altha Stewart, MD, and Saul Levin, MD, MPA). Data from session evaluations showed that 98% of attendees thought that the session was valuable and allowed for an open and honest dialogue about diversity and health equity.

F) ***Psychiatry Residency Programs at Historically Black Colleges and Universities (HBCUs)***: DDHE has visited three of the four psychiatry residency programs at HBCUs throughout the months of October and November. The purpose of the visits was to inform psychiatry residents at HBCUs about APA and funding opportunities through APA/APAF Fellowship Programs. The effort also supports an aspect of APA's fourth strategic initiative: Supporting and increasing diversity within APA.

Institutions visited included Howard University School of Medicine in Washington, D.C., Meharry Medical College in Nashville, TN, and Morehouse School of Medicine in Atlanta, GA. The fourth HBCU medical school—Charles R. Drew University of Medicine and Science in Los Angeles, CA—will start accepting residents into its newly accredited psychiatry residency program in Summer 2018. DDHE is currently fostering relationships with Drew University's chair of psychiatry and residency training director.

APA has had ten applicants from these institutions apply for one of eight APA/F fellowships. The selection process is underway.

G) ***APA/APAF Medical Student Grants***: On November 1, the application cycle opened for the APA/APAF Travel Grant to the 2018 Annual Meeting. The cycle closes January 31, 2018. The purpose of APA/APAF Medical Student Grants are to reduce mental health disparities by providing experiential learning to medical students interested in serving underserved and minority communities. The travel grant allows for medical students to witness organized psychiatry at work and learn more about the field. To help maximize their experience at Annual Meeting, the students are assigned a mentor. Ten medical students are awarded the grant per year, pending funding.

H) ***Cultural Competence and Inclusive Excellence Summit II***: APA collaborated with General Motors and The Ohio State University Wexner Medical Center to sponsor the *Cultural Competence and Inclusive Excellence Summit II* at APA Headquarters on September 25-26, 2017.

The Summit expanded upon the White House 2015 *STEM Diversity Forum* and the 2016 *Cultural Competence and Inclusive Summit* to dive deeper into the role of senior leadership in promoting diversity and inclusion in the workplace. Participants included leaders from academic, corporate, and governmental organizations and healthcare societies, who discussed and shared models of cultural competency training, metrics, challenges, bias awareness, and mitigations in workplace environments. A total of 45 people attended the Summit, including the M/UR Board of Trustee Ramaswamy Viswanathan, MD, DMSc.

OTHER MEMBER UPDATES

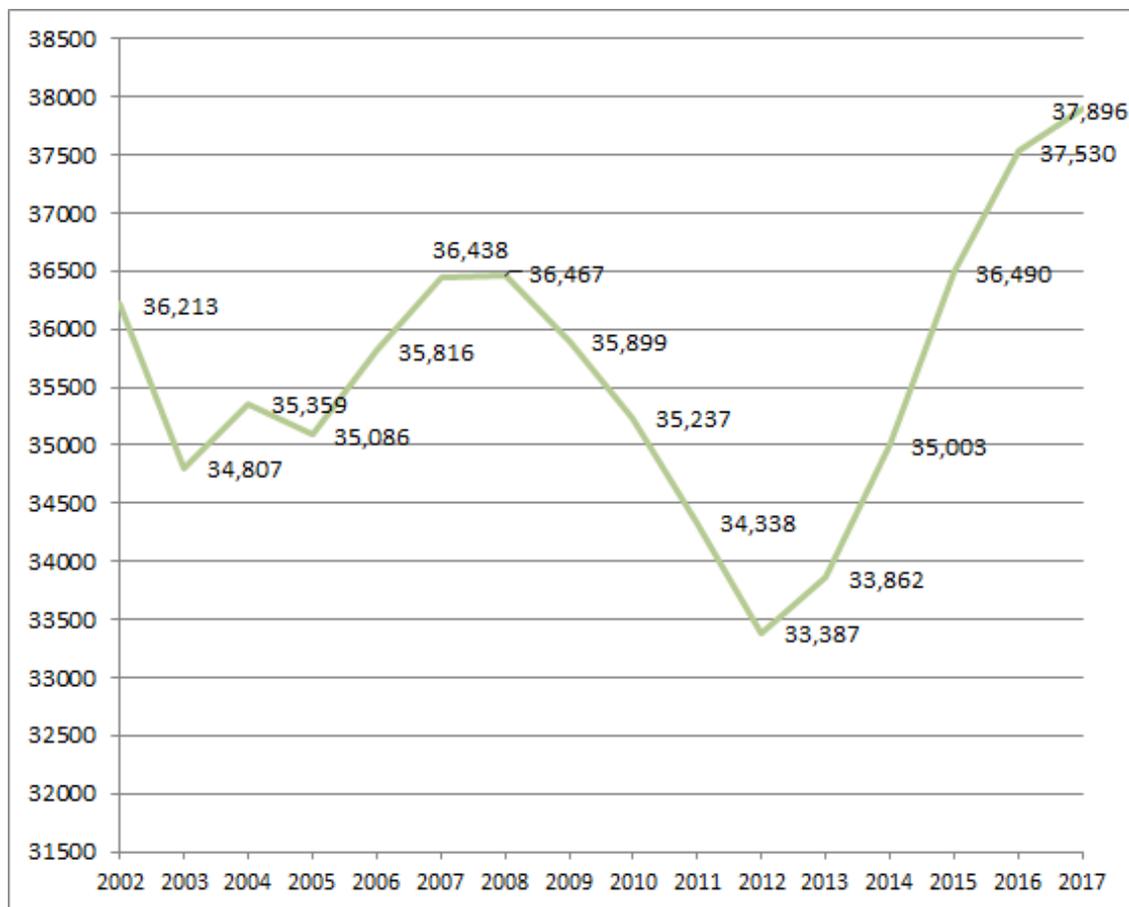
A) ***The American Journal of Psychiatry (AJP)***: On April 11, 2018, APA announced that Ned Kalin, MD, had been selected to be the next Editor of *The American Journal of Psychiatry*. Dr. Kalin is among the most accomplished biological psychiatrists in the field. His research combines molecular, preclinical animal models, and human functional imaging studies to elucidate the mechanisms underlying the

pathophysiology of anxiety and affective disorders. His planned approach for the Journal is to integrate the clinical aspects of the field with an accessible understanding of the translational behavioral science and neuroscience underlying key clinical issues. Dr. Kalin’s tenure officially begins January 1, 2019; he has been working, in the role of Editor Designate, with editorial staff and outgoing Editor Bob Freedman, MD to ensure a smooth transition. We thank Dr. Freedman for his 13 years of dedicated service and for taking AJP to new heights and readership.

B) **The American Journal of Psychotherapy:** APA Publishing’s newly acquired psychotherapy journal, The American Journal of Psychotherapy, welcomed Holly Swartz, MD, as its Editor. Dr. Swartz is recognized internationally for her research focusing on optimizing psychosocial treatments for mood disorders. Her vision for the Journal is to address topics across treatment modalities, age groups, genders, races and ethnicities, and diagnoses and serve the international community by curating a vibrant, pluralistic, dialogue about psychotherapy that ultimately will inform clinical care. The Journal successfully relaunched on April 30 with a robust website that included the entire back catalog (back to 1947, heretofore unavailable) as well as new original content.

C) **Membership Trending Upward:** 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.

I look forward to our continued discussions and another year of the APA growing and enhancing our position in the mental health/healthcare field. I also look forward to seeing you at the Annual Meeting in New York City.

Respectfully submitted,

A handwritten signature in black ink that reads "Saul Levin, MD, MPA". The signature is written in a cursive style with a large initial 'S'.

Saul Levin, MD, MPA
CEO and Medical Director

**Report of the APA Assembly Speaker
Theresa Miskimen, M.D.
May 2018**

As a grassroots network of members, we represent and serve the needs of the district branches and state associations. This past year, as our Nation confronted unforeseen challenges; the aftermath of humanitarian crisis caused by the Atlantic Ocean hurricane season, the repercussions of the deadliest mass shooting in modern American history, the devastation of the California wildfires among others; we were always at the ready to address these and other challenges, securing appropriate discussion, and action, in a timely manner reflective of the members we serve.

Summary of Actions Since Our November 2017 Meeting

Position Statements

As noted in our Procedural Code, the Assembly shares responsibility with the Board for developing and reviewing official **Position Statements of the Association**. Among those referred from the Assembly and approved by the Board of Trustees this past year are the following:

- Health Care, inclusive of Mental Health, is a Human Right
- Domestic Violence Against Women
- Prevention of Violence
- Police Interactions with Persons with Mental Illness
- Lengthy Sentences Without Parole for Juveniles (affirms the undesirability of long-term sentences without possibility of parole for offenders who were younger than 18 at the time of the offense)

Action Papers

The Assembly moved the following action papers:

- Designation of Psychiatry as Primary Care for Any Medical School Scholarships Requiring Primary Care Service (ASM2017A2 12.A)
- Medical School Loan Repayment Subsidies for Psychiatrists Practicing in Community Mental Health Centers and State Psychiatric Facilities (ASM2017A2 12.B)
- Transitional Care Services Post-Psychiatric Hospitalization (ASM2017A2 12.C)
- Enacting APA Positions: State Medical Board Licensure Queries (ASM2017A2 12.D)
- Recognition of Psychiatric Expertise: Efficiency and Sufficiency (ASM2017A2 12.E)
- Conflicts of Interest Not Limited to Pharmaceutical Companies (ASM2017A2 12.G)
- Non-Physician Registration Fee for Annual Meetings (ASM2017A2 12.H)

- APA Position Statement Strongly Recommending Twelve Weeks of Paid Parental Leave (ASM2017A2 12.I)
- Helping Members Join Caucuses (ASM2017A2 12.J)
- Achieving Congruence between the APA Commentary on Ethics in Practice and the AMA Principles of Medical Ethics Concerning Ethical Obligations of Psychiatrists Making Benefit Determination Decisions (ASM2017A2 12.K)
- Adopting an APA Position Statement Supporting Implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA or parity law) (ASM2017A2 12.L)
- Joint Meeting of the Council on Minority Mental Health and Health Disparities and the Assembly Committee of Representatives of Minority/Underrepresented Groups (ASM2017A2 12.M)
- Civil Liability Coverage for District Branch Ethics Investigations (ASM2017A2 12.N)
- Council on Women's Mental Health (ASM2017A2 12.O)
- Addressing the Negative Impact of the Rule of 95 on Dues Revenue (ASM2017A2 12.P)
- Addressing the Negative Impact of New Joint Commission and CMS Policies on Ligation Risk on Inpatient Psychiatric Units submitted as new business ASM2017A214.A

Initiatives

- **Joint session of The Council on Minority Mental Health and Health Disparities' with the Assembly Minority and Underrepresented Caucuses**

The Council requested to fund a second installment of a joint session with the seven Representatives from the Assembly Minority and Underrepresented Caucuses during the September 2018 Components Meeting. The 2017 joint session was successful including the development of the following products:

- Annual Meeting Workshop
- Minority Mental Health Tool Kit
- **Ad Hoc Work Group on Women's Mental Health**

The charge of this Ad Hoc Work Group is to assess the current status of, and how the APA addresses, women's mental health issues across the organization.

Leadership Development

The Assembly provides **leadership development** and opportunities for representatives to the Assembly to exercise those skills.

- In that capacity, the Assembly Executive Committee (AEC) voted to continue for an additional 3 years the **2016-2018 Pilot AEC-ASM Mentorship Program for APA/APA Foundation (APAF) Fellows and Assembly Committee of Area Resident Fellow (ACORF) Members**. The objective is to familiarize the 10 Mentees with the pathway for an idea to become APA policy, to understand the Assembly and its parliamentary procedure, and encourage networking.

Work Groups convened by the Assembly Speaker

- **Work Group on Special Elections.** The group, chaired by Dr. Anzia, Immediate Past-Speaker, was charged to elucidate a process to fill the unexpired term of the Recorder as of September 2017. The Special Elections for Recorder followed the process as set forth by the Work Group during the 3rd Plenary Session of the November 2017 Assembly Meeting.
- **Work Group on Area Council Functions and Financing.** The group, chaired by Dr. Martin, Past-Speaker, was charged to consider questions pertaining Assembly Block Grants, Accumulated funds, State Associations, and other budget-related questions. The group presented initial recommendations to the AEC during the February 2018 meeting and it was determined that the WG needed additional time to properly address funding questions over the course of the following year as there is still much work to be done. Dr. Batterson will oversee the group over the course of the coming year.
- **Work Group on Increasing Voter Turnout.** The group of Assembly members, in coordination with the Elections Committee, is charged to develop a grass roots campaign or strategy to increase the percentage of eligible voters to 40 % or above other than including the referendum in the annual dues billing. The group will meet past the May Annual Meeting.

Burnout Screening Assessment at the November Assembly Meeting

The screening at the November Assembly meeting was an activity brought forth by the Work Group on Physician Well-being and Burnout convened by Dr. Everett, President of the APA. At the March 2018, the Board voted to refer the Ad Hoc Work Group to the Joint Reference Committee for review and consideration of the establishment of a Component Group, including Assembly representation, which will endure after the work group sunsets.

Awards

This year the Assembly partnered with the APA Foundation in presenting **the American Psychiatric Excellence (APEX) Awards** recognizing lawmakers in Congress, public servants, and a member of the media for their mental health advocacy work in addition to hosting a fundraising event at the November meeting of the APA Assembly.

The group behind this event; Dr. Batterson, ASM Speaker-Elect, Mr. Gillison, APA Foundation, and the APA Foundation team; raised 33,000 with the two recipient charities being the American Red Cross and Crear con Salud, a non-profit founded by Dr. Hector Colon Rivera and other Puerto Rican psychiatrists living in the USA.

Further, the Assembly establishes awards for outstanding contributions and selects recipients based on merit.

- **American Psychiatric Association Speaker's Award**

At the November 2017 Assembly meeting I had the great honor of presenting **Dr. Roger Peele**, the Speaker's Award, in recognition of a lifetime of leadership, mentorship, and outstanding vision in working for the benefit of our members and our patients.

- **Warren Williams Assembly Award**

This award, established in 1984 in honor and memory of Warren Williams, M.D., Past Speaker of the Assembly (1972–1973), recognizes recent or current outstanding activities or contributions in the field of psychiatry and mental health. The Assembly Executive Committee voted to approve that **Dr. Gary Weinstein**, representing Area 5, receive the Warren William Assembly Award during the APA Annual Meeting, May 2018.

APA Participation Policy

The American Psychiatric Association's Participation policy, which applies to all Assembly meetings, strives to promote an environment of mutual respect and collegiality at its meetings. APA values and benefits from the diverse opinions its members hold on the issues with which the Association and the psychiatric profession are confronted.

"All individuals at the meeting agree to conduct themselves in a manner appropriate for health care professionals. This includes respect for the intellectual property of others, proper display and use of meeting badges, and the avoidance of aggressive or inappropriate behavior towards others. Individuals participating in APA sponsored meetings agree to listen respectfully to all views presented, be courteous to others regardless of whether you agree or disagree with the views presented, and to exhibit the professionalism and collegiality expected of psychiatrists. In order to gain the full understanding of the issues, all members will be heard within the bounds of the rules of parliamentary procedure. If an individual believes that these rules have been violated or acceptable social decorum has otherwise been breached, he or she shall contact APA staff to help with the situation."

Final Thoughts

I want to thank the Board of Trustees, Allison Moraske, Jessica Hopey, Margaret Dewar, and the rest of the APA Governance Department, for your support, dedication, and enthusiasm. Special thanks to my fellow officers Dr. Bob Batterson, Assembly Speaker-Elect, Dr. Steve Daviss and Dr. Paul O'Leary, Assembly Recorders, and my mentors, Drs. Dan Anzia, Glenn Martin, and Jeremy Lazarus. Lastly, I want to express my profound respect and deepest admiration for all Assembly Members who selflessly volunteer to serve; you are the soul of our organization. **Thank you!**

**AMERICAN PSYCHIATRIC ASSOCIATION
 BOARD OF TRUSTEES**

**FINAL - SUMMARY OF ACTIONS
December 9-10, 2017**

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible</u> <u>Office/Component</u>																					
2.A	<u>Requests to Remove Items from the Consent Calendar</u> 5.B.1, 5.B.2, 5.B.3, 9.A.8 were removed from the consent calendar.	Chief of Staff <ul style="list-style-type: none"> Association Governance 																					
2.B	<u>Approval of Items on the Consent Calendar</u> The Board of Trustees voted to approve the Consent Calendar as amended.	Chief of Staff <ul style="list-style-type: none"> Association Governance 																					
5.A	<u>Report of the Secretary</u> Will the Board of Trustees approve the minutes of its October 22-23, 2017 Meeting [cc]	Chief of Staff <ul style="list-style-type: none"> Association Governance 																					
5.B.1	<u>Report of the Secretary</u> The Board of Trustees voted to approve the reappointment of the following individuals to the Practice Guidelines Writing Group on Bipolar Disorders with the addition of two or more additional appointments that are expert in the field of psychopharmacology and bipolar disorders. <table border="1" data-bbox="358 1409 1182 1810"> <thead> <tr> <th>Nominee</th> <th>Practice Guideline Writing Group Role</th> <th>Tenure</th> </tr> </thead> <tbody> <tr> <td>Donald Hilty, MD</td> <td>Member</td> <td>2017-2022</td> </tr> <tr> <td>Marcela Horvitz-Lennon, MD, MPH</td> <td>Member</td> <td>2017-2021</td> </tr> <tr> <td>A Evan Eyler, MD, MPH</td> <td>Member</td> <td>2017-2021</td> </tr> <tr> <td>Jagoda Pasic, MD, PhD</td> <td>Member</td> <td>2017-2020</td> </tr> <tr> <td>Victor Reus, MD</td> <td>Chairperson</td> <td>2017-2022</td> </tr> <tr> <td>Cheryl Wills, MD</td> <td>Member</td> <td>2017-2020</td> </tr> </tbody> </table>	Nominee	Practice Guideline Writing Group Role	Tenure	Donald Hilty, MD	Member	2017-2022	Marcela Horvitz-Lennon, MD, MPH	Member	2017-2021	A Evan Eyler, MD, MPH	Member	2017-2021	Jagoda Pasic, MD, PhD	Member	2017-2020	Victor Reus, MD	Chairperson	2017-2022	Cheryl Wills, MD	Member	2017-2020	Chief of Staff <ul style="list-style-type: none"> Association Governance Chief of Policy, Programs and Partnerships
Nominee	Practice Guideline Writing Group Role	Tenure																					
Donald Hilty, MD	Member	2017-2022																					
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<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible Office/Component</u>						
5.B.2	<p><u>Report of the Secretary</u></p> <p>The Board of Trustees voted to approve the participation and appointment of the following individual to the Practice Guidelines Writing Group on Bipolar Disorders.</p> <table border="1" data-bbox="358 548 1182 730"> <thead> <tr> <th data-bbox="358 548 764 695">Nominee</th> <th data-bbox="764 548 979 695">Practice Guideline Writing Group Role</th> <th data-bbox="979 548 1182 695">Tenure</th> </tr> </thead> <tbody> <tr> <td data-bbox="358 695 764 730">David Miklowitz, <u>PhD</u></td> <td data-bbox="764 695 979 730">Expert Member</td> <td data-bbox="979 695 1182 730">2017-2022</td> </tr> </tbody> </table>	Nominee	Practice Guideline Writing Group Role	Tenure	David Miklowitz, <u>PhD</u>	Expert Member	2017-2022	<p>Chief of Staff</p> <ul style="list-style-type: none"> Association Governance <p>Chief of Policy, Programs and Partnerships</p>
Nominee	Practice Guideline Writing Group Role	Tenure						
David Miklowitz, <u>PhD</u>	Expert Member	2017-2022						
5.B.3	<p><u>Report of the Secretary</u></p> <p>The Board of Trustees voted to approve the participation and appointment of the following individual to the Practice Guidelines Writing Group on Eating Disorders.</p> <table border="1" data-bbox="358 947 1182 1163"> <thead> <tr> <th data-bbox="358 947 764 1094">Nominee</th> <th data-bbox="764 947 979 1094">Practice Guideline Writing Group Role</th> <th data-bbox="979 947 1182 1094">Tenure</th> </tr> </thead> <tbody> <tr> <td data-bbox="358 1094 764 1163">Megan Riddle, MD, PhD</td> <td data-bbox="764 1094 979 1163">Member - Fellow</td> <td data-bbox="979 1094 1182 1163">2017-2022</td> </tr> </tbody> </table>	Nominee	Practice Guideline Writing Group Role	Tenure	Megan Riddle, MD, PhD	Member - Fellow	2017-2022	<p>Chief of Staff</p> <ul style="list-style-type: none"> Association Governance <p>Chief of Policy, Programs and Partnerships</p>
Nominee	Practice Guideline Writing Group Role	Tenure						
Megan Riddle, MD, PhD	Member - Fellow	2017-2022						
6.B	<p><u>Board Contingency Fund</u></p> <p>The Board of Trustees voted to accept the report of the status of the Board Contingency Fund. [cc]</p>	<p>Chief Financial Officer</p> <ul style="list-style-type: none"> Finance & Business Operations <p>Chief of Staff</p> <ul style="list-style-type: none"> Association Governance 						
6.C	<p><u>Presidential New Initiative Fund</u></p> <p>The Board of Trustees voted to accept the report of the status of the President's New Initiative Funds for Dr. Oquendo, Dr. Everett, and Dr. Stewart. [cc]</p>	<p>Chief Financial Officer</p> <ul style="list-style-type: none"> Finance & Business Operations <p>Chief of Staff</p> <ul style="list-style-type: none"> Association Governance 						

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible Office/Component</u>
6.D	<u>Assembly New Initiative Fund</u> The Board of Trustees voted to accept the status report of the Assembly's New Initiative Fund. [cc]	Chief Financial Officer <ul style="list-style-type: none"> Finance & Business Operations Chief of Staff <ul style="list-style-type: none"> Association Governance
7.A.1	<u>Joint Reference Committee</u> The Board of Trustees voted to approve the nomination of the educators identified in attachment 1 as recipients of the 2017 Irma Bland Award for Excellence in Teaching Residents. [cc]	Chief of Staff <ul style="list-style-type: none"> Association Governance Director, Division of Education
7.A.2	<u>Joint Reference Committee</u> The Board of Trustees voted to approve the nomination of the educators identified in attachment 1 as recipients of the 2017 Nancy C.A. Roeske Certificate of Recognition for Excellence in Medical Student Education. [cc]	Chief of Staff <ul style="list-style-type: none"> Association Governance Director, Division of Education
7.A.3	<u>Joint Reference Committee</u> The Board of Trustees voted to approve the nomination of Nyapati R Rao, MD as the recipient of the 2017 Vestermark Psychiatry Educator Award. [cc]	Chief of Staff <ul style="list-style-type: none"> Association Governance Director, Division of Education
7.A.4	<u>Joint Reference Committee</u> The Board of Trustees voted to approve the nomination of Steven S Sharfstein, MD, MPA, as the recipient of the 2017 Benjamin Rush Award/Lectureship. [cc]	Chief of Staff <ul style="list-style-type: none"> Association Governance
7.A.5	<u>Joint Reference Committee</u> The Board of Trustees voted to approve the nomination of Paul Kirwin, MD as the recipient of the 2018 Jack Weinberg Award in Geriatric Psychiatry. [cc]	Chief of Staff <ul style="list-style-type: none"> Association Governance Division of Diversity & Health Equity

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible Office/Component</u>
7.A.6	<p><u>Joint Reference Committee</u></p> <p>The Board of Trustees voted to approve the nomination of <i>Meeting the Challenges of Domestic Violence: A Partnership for Research and Treatment</i> (Academic Gold); <i>Chesapeake Connections</i> (Community Gold); <i>Reciprocal Peer Support</i> (Silver) as the recipients of the 2017 Psychiatric Services Achievement Award. [cc]</p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance <p>Director, Division of Education</p>
7.A.7	<p><u>Joint Reference Committee</u></p> <p>The Board of Trustees voted to approve the revised charge to the Council on Communications. [cc]</p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance <p>Chief Communications Officer</p>
7.A.8	<p><u>Joint Reference Committee</u></p> <p>The Board of Trustees voted to approve the recommendation to add “including with international presenters through a poster engagement program” to the charge to the Council on International Psychiatry. [cc]</p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance <p>Chief Membership & Strategy Officer, RFM/ECP Liaison</p>
7.A.9	<p><u>Joint Reference Committee</u></p> <p>The Board of Trustees voted to approve the nomination of the Mental Disability Advocacy Center as the recipient of the 2018 Chester M. Pierce Human Rights Award. [cc]</p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance <p>Director, Division of Diversity & Health Equity</p>
7.A.10	<p><u>Joint Reference Committee</u></p> <p>The Board of Trustees voted to approve the request for the seven M/UR Caucus Assembly Representatives (or their designees) to meet with the Council on Minority Mental Health and Health Disparities at the 2018 September Components Meeting at the same level of funding as 2017.</p> <p>For 2017 the costs were approximately \$9,000 from the Assembly Budget and additional costs for members of the Council on Minority Mental Health and Health Disparities were from the component’s budget.</p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance <p>Director, Division of Diversity & Health Equity</p>

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible Office/Component</u>
7.A.11	<p><u>Joint Reference Committee</u></p> <p>The Board of Trustees voted to approve the revision of the composition of the Council on Psychiatry and Law to reserve one of the corresponding member position exclusively for the chairperson of the Committee on Judicial Action, a subcomponent of the Council, with such position not subject to the term limits typically applicable to corresponding members. [cc]</p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance <p>General Counsel</p>
7.A.12	<p><u>Joint Reference Committee</u></p> <p>The Board of Trustees voted to approve the position statement <i>Health Care, inclusive of mental health care, is a human right.</i> [2 abstentions]</p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance <p>Chief Communications Officer</p>
7.A.13	<p><u>Joint Reference Committee</u></p> <p>The Board of Trustees granted permission to publish the Resource Document <i>Recommended Best Practices for Physician Health Programs.</i> [cc]</p> <p>The following disclaimer must be included in the manuscript: <i>“The findings, opinions, and conclusions of this report do not necessarily represent the views of the officers, trustees, or all members of the American Psychiatric Association. The views expressed are those of the authors.”</i></p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance <p>Chief of Policy, Programs and Partnerships</p>
7.A.14	<p><u>Joint Reference Committee</u></p> <p>The Board of Trustees voted to approve the revised charge to the Committee on Performance Measurement. [cc]</p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance <p>Chief of Policy, Programs and Partnerships</p>
7.A.15	<p><u>Joint Reference Committee</u></p> <p>The Board of Trustees voted to approve the nomination of Michael Blumenfield, MD, as a recipient of the 2018 Bruno Lima Award in Disaster Psychiatry. [cc]</p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance <p>Director, Division of Research</p>

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible Office/Component</u>
7.A.16	<p><u>Joint Reference Committee</u></p> <p>The Board of Trustees voted to approve the nomination of Robert J. Ursano, MD, as a recipient of the 2018 Bruno Lima Award in Disaster Psychiatry. [cc]</p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance <p>Director, Division of Diversity & Health Equity</p>
7.A.17	<p><u>Joint Reference Committee</u></p> <p>The Board of Trustees granted permission to publish the Resource Document: <i>Physician Assisted Death</i>. [cc]</p> <p>The following disclaimer must be included in the document: <i>"The findings, opinions, and conclusions of this report do not necessarily represent the views of the officers, trustees, or all members of the American Psychiatric Association. The views expressed are those of the authors."</i></p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance <p>Director, Division of Diversity & Health Equity</p>
8.A.1	<p><u>Finance and Budget Committee Report</u></p> <p>The Board of Trustees voted to approve the 2018 Operating Budget as proposed.</p>	Chief Financial Officer
8.A.2	<p><u>Finance and Budget Committee Report</u></p> <p>The Board of Trustees voted to approve the 2018 APA Capital Budget as proposed.</p>	Chief Financial Officer
8.A.3	<p><u>Finance and Budget Committee Report</u></p> <p>The Board of Trustees voted to approve the 2018 Foundation Operating Budget as proposed.</p>	Chief Financial Officer
8.A.4	<p><u>Finance and Budget Committee Report</u></p> <p>The Board of Trustees voted to approve the resolution that the time limited increase in rent, until the closing of the purchase be treated as a non-operating expense and be funded from the reserves.</p>	Chief Financial Officer

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible</u> <u>Office/Component</u>
8.A.5	<p><u>Finance and Budget Committee Report</u></p> <p>The Board of Trustees voted to commit to the purchase of the APA Headquarters at the Wharf at the earliest opportunity.</p>	Chief Financial Officer
8.A.6	<p><u>Finance and Budget Committee Report</u></p> <p>The Board of Trustees voted to approve that the Registry be treated as a separate cost center, outside the annual operating budget, for a period not to exceed 5 years, and approve the Registry budget for 2018.</p>	Chief Financial Officer
8.C.1	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees voted to accept the Membership Committee’s recommendation and approve the transition of the Group Membership Pilot Program to an established membership program, subject to the same discount structure and participation requirements as currently exist in the pilot.</p>	Chief Membership & Strategy Officer – RFM/ECP Liaison <ul style="list-style-type: none"> • Membership & Member Engagement
8.C.2	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees voted to adopt the changes to the Operations Manual recommended by the Membership Committee in Attachment B. [cc]</p>	Chief Membership & Strategy Officer – RFM/ECP Liaison <ul style="list-style-type: none"> • Membership & Member Engagement
8.C.3	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees voted to approve the recommendation of the Membership Committee that the \$30,000 for the DB/SA Competitive Grant funds be awarded as listed on page 3 of the committee’s report. [cc]</p>	Chief Membership & Strategy Officer – RFM/ECP Liaison <ul style="list-style-type: none"> • Membership & Member Engagement
8.C.4	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees voted that the Members listed in Attachment D be approved for Fellowship or Life Fellowship. [cc]</p>	Chief Membership & Strategy Officer – RFM/ECP Liaison <ul style="list-style-type: none"> • Membership & Member Engagement

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible</u> <u>Office/Component</u>
8.C.5	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees voted that the members listed in Attachment E be approved for International Fellowship. [cc]</p>	<p>Chief Membership & Strategy Officer – RFM/ECP Liaison</p> <ul style="list-style-type: none"> • Membership & Member Engagement
8.C.6	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees voted that the Members listed in Attachment F be advanced to Distinguished Fellow or Distinguished Life Fellow. [cc]</p>	<p>Chief Membership & Strategy Officer – RFM/ECP Liaison</p> <ul style="list-style-type: none"> • Membership & Member Engagement
8.C.7	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees voted that the members listed in Attachment H be approved for International Distinguished Fellowship. [cc]</p>	<p>Chief Membership & Strategy Officer – RFM/ECP Liaison</p> <ul style="list-style-type: none"> • Membership & Member Engagement
8.C.8	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees authorized dropping from APA membership the 151 members listed in Attachment K for failure to meet the requirements of membership. [cc]</p>	<p>Chief Membership & Strategy Officer – RFM/ECP Liaison</p> <ul style="list-style-type: none"> • Membership & Member Engagement
8.C.9	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees voted to approve the Membership Committee's recommendations on the dues relief requests as listed in Attachment M. [cc]</p>	<p>Chief Membership & Strategy Officer – RFM/ECP Liaison</p> <ul style="list-style-type: none"> • Membership & Member Engagement
8.D.1	<p><u>Nominating Committee Report</u></p> <p>The Board of Trustees voted to accept the report of the Nominating Committee as presented.</p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible Office/Component</u>
9.A.1	<u>Speaker's Report</u> The Board of Trustees voted to approve the retention of the position: <i>Endorsement of United Nations Ratification of the Convention of the Rights of the Child.</i> [cc]	Chief of Staff <ul style="list-style-type: none"> • Association Governance
9.A.2	<u>Speaker's Report</u> The Board of Trustees voted to approve the retirement of the 2010 Position Statement: <i>Psychiatry and Primary Care Integration across the Lifespan.</i> [cc]	Chief of Staff <ul style="list-style-type: none"> • Association Governance
9.A.3	<u>Speaker's Report</u> The Board of Trustees voted to approve the retention of the 2011 Position Statement: <i>Remuneration for Psychiatrists' Time Performing Utilization Review (Endorsement of AMA policy H-385.951.</i> [cc]	Chief of Staff <ul style="list-style-type: none"> • Association Governance
9.A.4	<u>Speaker's Report</u> The Board of Trustees voted to approve the retention of the 2014 Position Statement: <i>Universal Access to Health Care.</i> [cc]	Chief of Staff <ul style="list-style-type: none"> • Association Governance
9.A.5	<u>Speaker's Report</u> The Board of Trustees voted to approve the Position Statement on <i>Human Rights.</i> [cc]	Chief of Staff <ul style="list-style-type: none"> • Association Governance
9.A.6	<u>Speaker's Report</u> The Board of Trustees voted to approve the Position Statement on <i>Domestic Violence Against Women.</i> [cc]	Chief of Staff <ul style="list-style-type: none"> • Association Governance
9.A.7	<u>Speaker's Report</u> The Board of Trustees voted to approve the Proposed Position Statement: <i>Prevention of Violence.</i> [cc]	Chief of Staff <ul style="list-style-type: none"> • Association Governance
9.A.8	<u>Speaker's Report</u> The Board of Trustees voted to refer the Proposed Position Statement: <i>Human Trafficking</i> to the Joint Reference Committee.	Chief of Staff <ul style="list-style-type: none"> • Association Governance

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible Office/Component</u>
9.A.9	<u>Speaker's Report</u> The Board of Trustees voted to approve the Proposed Position Statement: <i>Police Interactions with Persons with Mental Illness</i> . [cc]	Chief of Staff • Association Governance
9.A.10	<u>Speaker's Report</u> The Board of Trustees voted to approve the Proposed Position Statement: <i>Lengthy Sentences Without Parole for Juveniles</i> . [cc]	Chief of Staff • Association Governance
9.A.11	<u>Speaker's Report</u> The Board of Trustees voted to approve the retirement of the Position Statement: <i>Review of Sentences for Juveniles Serving Lengthy Mandatory Terms of Imprisonment</i> . [cc]	Chief of Staff • Association Governance
9.A.12	<u>Speaker's Report</u> The Board of Trustees voted to approve the retention of the 2012 Position Statement: <i>Segregation of Prisoners with Mental Illness</i> . [cc]	Chief of Staff • Association Governance
9.A.13	<u>Speaker's Report</u> The Board of Trustees voted to approve the retention of the 2012 Position Statement: <i>Assessing the Risk for Violence</i> . [cc]	Chief of Staff • Association Governance
9.A.14	<u>Speaker's Report</u> The Board of Trustees voted to approve the retention of the 2012 Position Statement: <i>Firearms Access: Inquiries in Clinical Settings</i> . [cc]	Chief of Staff • Association Governance
9.A.15	<u>Speaker's Report</u> The Board of Trustees voted to approve the retention of the 2007 Position Statement: <i>Use of Jails to Hold Persons Without Criminal Charges Who are Awaiting Civil Psychiatric Hospital Beds</i> . [cc]	Chief of Staff • Association Governance
9.A.16	<u>Speaker's Report</u> The Board of Trustees voted to approve the retention of the 2007 Position Statement: <i>Psychiatric Services in Jails and Prisons</i> . [cc]	Chief of Staff • Association Governance

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible Office/Component</u>
9.A.17	<u>Speaker's Report</u> The Board of Trustees voted to approve the retention of the 1993 Position Statement: <i>Homicide Prevention and Gun Control</i> . [cc]	Chief of Staff <ul style="list-style-type: none">• Association Governance
9.A.18	<u>Speaker's Report</u> The Board of Trustees voted to approve the action paper 14.A: <i>Addressing the Negative Impact of New Joint Commission and CMS Policies on Ligature Risk on Inpatient Psychiatric Units</i> .	Chief of Staff <ul style="list-style-type: none">• Association Governance
11.D.1	<u>Distinguished Service Award Work Group</u> The Board of Trustees approved the recommendation of the Distinguished Service Award Work Group to award the 2018 Distinguished Service Award to Jeffrey Akaka, MD. [cc]	Chief of Staff <ul style="list-style-type: none">• Association Governance
11.D.2	<u>Distinguished Service Award Work Group</u> The Board of Trustees approved the recommendation of the Distinguished Service Award Work Group to award the 2018 Distinguished Service Award to Michelle Riba, MD. [cc]	Chief of Staff <ul style="list-style-type: none">• Association Governance
11.D.3	<u>Distinguished Service Award Work Group</u> The Board of Trustees approved the recommendation of the Distinguished Service Award Work Group to award the 2018 Distinguished Service Award to Alan Schatzberg, MD. [cc]	Chief of Staff <ul style="list-style-type: none">• Association Governance
11.D.4	<u>Distinguished Service Award Work Group</u> The Board of Trustees approved the recommendation of the Distinguished Service Award Work Group to award the 2018 Organization Distinguished Service Award to American Association of Community Psychiatrists (AACP). [cc]	Chief of Staff <ul style="list-style-type: none">• Association Governance
14.A	<u>New Business</u> The Board of Trustees voted to approve adding Chicago, IL as one of the future meeting locations to the previously approved list of meeting locations for APA Annual Meetings.	Chief Financial Officer <ul style="list-style-type: none">• Meetings & Conventions

**AMERICAN PSYCHIATRIC ASSOCIATION
 BOARD OF TRUSTEES**

**DRAFT VI - SUMMARY OF ACTIONS
March 17-18, 2018**

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible</u> <u>Office/Component</u>
2.A	<p><u>Requests to Remove Items from the Consent Calendar</u> No items were removed from the Consent Calendar.</p>	Chief of Staff <ul style="list-style-type: none"> • Association Governance
2.B	<p><u>Approval of Items on the Consent Calendar</u> The Board of Trustees voted to approve the Consent Calendar.</p>	Chief of Staff <ul style="list-style-type: none"> • Association Governance
4.A	<p>Dr. Levin thanked the Board for attending the inaugural Board Meeting at APA’s new headquarters at 800 Maine Avenue, SW, Washington, DC.</p> <p>At Dr. Levin’s request, the Board agreed to convey their gratitude and appreciation to two key individuals, each of whom were central to the successful move to Washington, DC:</p> <p>Dr. Frank Brown: For his superlative leadership both as Treasurer of APA and as chair of the Building Committee</p> <p>Dr. David Fassler: For his superb guidance on investment oversight of APA that led to the opportunity for an APA building.</p> <p>A letter of appreciation will be sent to each of these valued colleagues.</p>	CEO/Medical Director
5.A	<p><u>Report of the Secretary</u> The Board of Trustees voted to approve the minutes of its December 9-10, 2017 meeting. [cc]</p>	Chief of Staff <ul style="list-style-type: none"> • Association Governance

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible Office/Component</u>
6.B	<p><u>Board Contingency Fund</u></p> <p>The Board of Trustees voted to accept the report of the status of the Board Contingency Fund. [cc]</p>	<p>Chief Financial Officer</p> <ul style="list-style-type: none"> • Finance & Business Operations <p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance
6.C	<p><u>Presidential New Initiative Fund</u></p> <p>The Board of Trustees voted to accept the report of the status of the President's New Initiative Funds for Dr. Oquendo, Dr. Everett, and Dr. Stewart. [cc]</p>	<p>Chief Financial Officer</p> <ul style="list-style-type: none"> • Finance & Business Operations <p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance
6.D	<p><u>Assembly Executive Committee Contingency Fund</u></p> <p>The Board of Trustees voted to accept the status report of the Assembly's Executive Committee Contingency Fund. [cc]</p>	<p>Chief Financial Officer</p> <ul style="list-style-type: none"> • Finance & Business Operations <p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance
7.A.1	<p><u>Joint Reference Committee</u></p> <p>The Board of Trustees voted to change the name of the Council on Psychosomatic Medicine to the Council on Consultation-Liaison Psychiatry to conform with the official name change of the subspecialty. [cc]</p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance <p>Director, Division of Education</p>
7.A.2	<p><u>Joint Reference Committee</u></p> <p>The Board of Trustees voted to reaffirm providing a summary of the APA's Director & Officer Liability policy on the District Branch Executives website.</p> <p>The JRC noted that it was not in the best interests of the APA to release the APA Director and Officer Liability policy beyond the summary document already provided to the District Branches on the DB Executives Website.</p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance <p>Chief Membership & Strategy Officer</p>

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible Office/Component</u>
7.A.3	<p><u>Joint Reference Committee</u></p> <p>The Board of Trustees voted to form an Ad Hoc Work Group on Women’s Mental Health to assess the current status of, and how the APA addresses, women’s mental health issues across the organization.</p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance
7.A.4	<p><u>Joint Reference Committee</u></p> <p>If the Joint Reference Committee and Assembly approve the amendment, the Board of Trustees voted to approve the 2014 Position Statement on Firearms Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services as revised and presented to the Board on March 18, 2018.</p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance <p>Joint Reference Committee Assembly – May 2018</p>
8.A.1	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees authorized dropping from APA membership the 116 members listed in Attachment G for failure to meet the requirements of membership. [cc]</p>	<p>Chief Membership & Strategy Officer – RFM/ECP Liaison</p> <ul style="list-style-type: none"> • Membership & Member Engagement
8.A.2	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees authorized dropping from APA membership all members who have not paid 2018 APA dues by the deadline of March 31, 2018. [cc]</p>	<p>Chief Membership & Strategy Officer – RFM/ECP Liaison</p> <ul style="list-style-type: none"> • Membership & Member Engagement
8.A.3	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees voted to approve the applicants listed in Attachment H for International Membership. [cc]</p>	<p>Chief Membership & Strategy Officer – RFM/ECP Liaison</p> <ul style="list-style-type: none"> • Membership & Member Engagement
8.A.4	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees voted to approve the Membership Committee's recommendations on the dues relief requests as listed in Attachment I. [cc]</p>	<p>Chief Membership & Strategy Officer – RFM/ECP Liaison</p> <ul style="list-style-type: none"> • Membership & Member Engagement

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible Office/Component</u>
8.D.1	<u>Tellers Committee Report</u> The Board of Trustees voted to approve the results of the 2018 APA Election.	Chief of Staff <ul style="list-style-type: none">• Association Governance
8.D.2	<u>Tellers Committee Report</u> The Board of Trustees voted to approve APA administration to dispose of the 2018 Election ballots immediately after the 2018 Annual Meeting. [2 abstentions]	Chief of Staff <ul style="list-style-type: none">• Association Governance
11.B.1	<u>AHWG on Access and Innovation in Psychiatric Care Report</u> The Board of Trustees voted to accept the report of the Ad Hoc Work Group on Access Through Innovation in Psychiatric Care and its recommendations and refer these recommendations to the JRC and APA Administration for further action and report back to the July 2018 Board of Trustees meeting on the implementation of these recommendations.	Chief of Policy, Programs & Partnerships Chief of Staff <ul style="list-style-type: none">• Association Governance
11.C	<u>Ad Hoc Work Group on Psychiatrist Well-being and Burnout</u> The Board of Trustees voted to refer the Ad Hoc Work Group on Psychiatrist Well-Being and Burnout to the Joint Reference Committee for review, consideration of the establishment of a component group, including Assembly representation, focused on the issue of well-being which will endure after the work group sunsets	Chief of Staff <ul style="list-style-type: none">• Association Governance
11.D.1	<u>AHWG on Rule of 95 Report</u> The Board of Trustees voted to approve replacing the Rule of 95 with a semi and fully retired category as described in the report and refer this item to the APA Assembly for action. [1 abstention]	Chief Membership & Strategy Officer
13.A	<u>Unfinished Business</u> The Board of Trustees voted to approve and send the draft Open Letter, with minor stylistic revisions, to Dr. Bandy Lee, et al.	APA General Counsel

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible Office/Component</u>
14.A	<p><u>New Business</u></p> <p>Will the Board of Trustees vote to approve the Jeanne Spurlock Congressional Fellow be offered a seat on the Board of Trustees with a voice?</p> <p>The Board of Trustees voted to refer the action to the Board of Trustees Executive Committee for further deliberation.</p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance
14.B	<p><u>New Business</u></p> <p>Will the Board of Trustees vote to form a Work Group on ECP Mentoring, with a charge to explore expanded leadership opportunities to the ECPs?</p> <p>The Board of Trustees voted to refer the action to the Membership Committee with a report back to the Board of Trustees.</p>	<p>Chief Membership & Strategy Officer</p> <p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance
14.C	<p><u>New Business</u></p> <p>The Board of Trustees voted to approve the addition of a member position, appointed from among the APA membership, to the composition of the Finance and Budget Committee, for one more year.</p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance <p>Chief Financial Officer</p>
14.D	<p><u>New Business</u></p> <p>The Board of Trustees voted to have the APA support the students and the March for Our Lives planned for March 24, 2018.</p>	<p>Office of the CEO & Medical Director</p> <p>Chief Communications Officer</p>

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible Office/Component</u>
14.E	<p><u>New Business</u></p> <p>Will the Board of Trustees vote to have the APA take action to have the Joint Commission refrain from enforcing the new ligature risk accreditation standard, until CMS has completed drafting comprehensive ligature risk interpretive guidance, and to advocate with CMS that such guidance take into account the grave implications for access to care?</p> <p>The Board of Trustees voted to refer the action to the Board of Trustees Executive Committee for further discussion and determining next steps and report back to the Board at its meeting in July 2018.</p>	<p>Chief of Staff</p> <ul style="list-style-type: none"> • Association Governance
EX.1.1	<p><u>CALF Grant</u></p> <p>The Board of Trustees voted to approve a grant request by the Iowa Psychiatric Society.</p>	<p>Chief of Government Relations</p>
EX.1.2	<p><u>CALF Grant</u></p> <p>The Board of Trustees voted to approve a grant request by the Wisconsin Psychiatric Association.</p>	<p>Chief of Government Relations</p>
EX.3.1	<p><u>Psychiatric Services Editorial Board</u></p> <p>The Board of Trustees voted to approve the reappointment of Marcela Horvitz-Lennon, M.D., to the <i>Psychiatric Services</i> Editorial Board for a four-year term to expire in May 2022.</p>	<p>Interim Publisher</p>
EX.3.2	<p><u>Psychiatric Services Editorial Board</u></p> <p>The Board of Trustees voted to approve the reappointment of Mark R. Munetz, M.D., to the <i>Psychiatric Services</i> Editorial Board for a four-year term to expire in May 2022.</p>	<p>Interim Publisher</p>
EX.4	<p><u>Amicus Brief with American Psychological Association</u></p> <p>The Board of Trustees voted to support APA joining the American Psychological Association in an amicus brief in <i>Dassey v. Dittmann</i>.</p>	<p>APA General Counsel</p>

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible</u> <u>Office/Component</u>
EX.5.1	<p><u>American Psychiatric Association Foundation Board of Directors Appointments</u></p> <p>The APA Board of Trustees voted to approve the APAF Board of Directors recommendation of the appointment of Lama Bazzi, M.D. to the APAF Board of Directors for a term of three years, commencing in May 2018.</p>	American Psychiatric Association Foundation
EX.5.2	<p><u>American Psychiatric Association Foundation Board of Directors Appointments</u></p> <p>The APA Board of Trustees voted to approve the APAF Board of Directors recommendation to reappoint Steven Sharfstein, M.D., M.P.A. to the APAF Board of Directors for an additional term of three years, commencing in May 2018.</p>	American Psychiatric Association Foundation
EX.5.3	<p><u>American Psychiatric Association Foundation Board of Directors Appointments</u></p> <p>The APA Board of Trustees vote to approve the APAF Board of Directors recommendation to reappoint Uyen-Khanh Quang-Dang, M.D. to the APAF Board of Directors for an additional term of three years, commencing in May 2018.</p>	American Psychiatric Association Foundation
EX.5.4	<p><u>American Psychiatric Association Foundation Board of Directors Appointments</u></p> <p>The APA Board of Trustees vote to approve the APAF Board of Directors recommendation to reappoint Louis Kraus, M.D. to the APAF Board of Directors for an additional term of three years, commencing in May 2018.</p>	American Psychiatric Association Foundation

Speaker-Elect Report
May 2018
James R. (Bob) Batterson, MD

It has been an honor to serve as your Speaker-Elect this past year. Theresa Miskimen, the Speaker and I have been pleased to see the activity of the Assembly with a total of 40 action papers in the two Assemblies in our term. Discussions have been brisk between meetings on current topics including the Goldwater Rule, parity, marijuana legalization, and improving access to care. The Assembly moved quickly to deal with CMS ligature rules that were released just weeks before the November Assembly. Maintenance of Certification was another issue where votes were taken as new business due to need for immediate action by our association.

Actions of the Assembly have been moving through the Councils and components of the APA. The Joint Reference Committee has been monitoring this movement and gets updates from Councils. Action papers over the past year have driven a healthy amount of discussion in the Councils and set agendas for related projects. There are also policies that come out of these papers that return to the Assembly and the Board of Trustees for approval.

One highlight for me was when the Assembly approved a paper at the May 2017 Assembly on *Health Care as a Human Right*. This paper was sent to the Council on Psychiatry and Law by the JRC in June and after review was sent back to the JRC in October, and then to the Board which approved it at the December 2017 meeting. Within 7 months, the idea of member at a District Branch inspired the Assembly and a significant statement was made by our association. This is an example of how the Assembly can work. Most papers that have passed the Assembly have taken longer to become policy as there is more nuance to them and work to do before they are ready for Board approval.

Assembly members gave back to the APA by supporting the APA Foundation and the APAPAC. Last fall, the Assembly held a special fundraiser for the APA Foundation's efforts for hurricane relief in the Gulf states and Puerto Rico. We raised over \$8,000 in the 90-minute event. The total funds donated by members at the Assembly meeting were record breaking for the Foundation. The APAPAC also raises sizable donations from Assembly members each time we meet.

I have participated in two meetings that I wish to highlight relating to the Assembly:

- ***APA – ABPN discussion.*** This meeting occurs yearly with a few APA leaders along with Larry Faulkner and a few members of his board. We hosted the meeting this year at the new APA headquarters. Dr. Everett, our President made a wonderful presentation on current APA efforts in Burnout and Dr. Gorrindo, Director of Education at the APA reported on educational opportunities within the APA that will meet various MOC requirements. Assembly actions about cost and barriers to meeting the requirements were discussed as well.
 - An important new initiative of the ABPN is the Pilot Project on Self-Assessment with articles that would allow diplomats to not only get Self Assessment CME but also forego the 10-year exam. Participants would have to review 30 articles and answer 4 out of 5 questions correctly to be able to forego the exam and there would be 40 articles from which to choose. This is a significant change for the ABPN. With this project, they will

be offering the opportunity for diplomats to choose to learn about and be examined on areas they feel are important to them.

- We have ongoing dialogue about fees. They hit our Early Career members especially hard as this is when they take their exams.

- **The Scope of Practice Summit at the American Medical Association** -- held in March 2018. This group was formed by a resolution of the House of Delegates and the APA was a founding member. Representatives of many medical professional organizations and some state associations were present. This one-day meeting brought to light the many battles that are being fought regarding scope of practice. It was impressive to see how many different professions are pushing in various states to be able to practice medicine or to expand on their current privileges. The issues that face our own profession are not unique. Strategies to successfully challenge these efforts were discussed and as could be expected, sometimes obvious arguments about safety do not always work. While I cannot divulge details of strategy that were discussed, here are some things that our APA is encouraging
 - All APA members should reach out to members of their state legislatures early and often. Remind them who you are and make yourself available as their “go-to person” for any mental health issue for which they need more information
 - Access to care is one of the most common arguments made for expanding scope of practice. New innovations including tele-health and collaborative care are not only better answers to the access problem than expanding scope but innovations such as these are the future of psychiatry.
 - Working towards systems of care that emphasize the strength of various health professions with opportunities for all to have a pathway to success may decrease scope battles in the future.

This has been a very busy year for me as your Speaker-Elect with two Assemblies, two additional Assembly Executive Committee meetings, three Joint Reference Committee meetings and four Board meetings all within this past year. I also had the pleasure of visiting several Area meetings. I look forward to my year as your Speaker and will work to build on the work of Drs. Miskimen, Anzia, Martin and many others before them.

James R. (Bob) Batterson, MD
Speaker-Elect

Joint Reference Committee
Report to Assembly
May 2018

The Joint Reference Committee (JRC) refers the following actions to the Assembly for consideration. The draft summary of actions from the February 2018 JRC meeting may be found as attachment 15.

New this meeting: Clean and redline versions of the revised position statements are contained within this report. Please click on either the item number on the left side of the page **or** (*for revised position statements only*) the appropriate highlighted link to view the item in the report.

Item 4.B.1 Proposed Position Statement: Peer Support Services (JRCFEB188.F.1)

Will the Assembly approve the proposed Position Statement: *Peer Support Services* and if approved, forward it to the Board of Trustees for consideration?

From the Council on Healthcare Systems and Financing

NB: If the revised position statement is approved by both the Assembly and the Board of Trustees, the 2012 Position Statement *Support for Peer Support Services* will be retired.

Item 4.B.2 Revised Position Statement on Telemedicine in Psychiatry (JRCFEB188.F.3)

[\[4.B.2: Clean Version\]](#) [\[4.B.2: Redline Version\]](#)

Will the Assembly approve the Revised Position Statement on *Telemedicine in Psychiatry* and if approved, forward it to the Board of Trustees for consideration?

From the Council on Healthcare Systems and Financing

NB: If the revised position statement is approved by both the Assembly and the Board of Trustees, the 2015 Position Statement on *Telemedicine in Psychiatry* will be retired.

Item 4.B.3 Revised Position Statement on Abortion (JRCFEB188.I.1)

[\[4.B.3: Clean Version\]](#) [\[4.B.3: Redline Version\]](#)

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

From the Council on Minority Mental Health and Health Disparities

NB: If the revised position statement is approved by both the Assembly and the Board of Trustees, the 1978 *Position Statement on Abortion* will be retired.

Item 4.B.4 Revised Position Statement: Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health (JRCFEB188.I.2)

[4.B.4: Clean Version] [4.B.4: Redline Version]

Will the Assembly approve the revised *Position Statement: Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health* and if approved, forward it to the Board of Trustees for consideration?

From the Council on Minority Mental Health and Health Disparities

NB: If the revised position statement is approved by both the Assembly and the Board of Trustees, the 2006 *Position Statement: Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health* will be retired.

Item 4.B.5 Revised Position Statement on Religious Persecution and Genocide (JRCFEB188.I.3)

[4.B.5: Clean Version] [4.B.5: Redline Version]

Will the Assembly approve the revised *Position Statement on Religious Persecution and Genocide* and if approved, forward it to the Board of Trustees for consideration?

From the Council on Minority Mental Health and Health Disparities

NB: If the revised Position Statement is approved by both the Assembly and the Board of Trustees, the 1977 *Position Statement on Religious Persecution and Genocide* will be retired.

Item 4.B.6 Proposed Position Statement on Discrimination of Religious Minorities (JRCFEB188.I.8)

Will the Assembly approve the proposed *Position Statement on Religious Minorities* and if approved, forward it to the Board of Trustees for consideration?

From the Council on Minority Mental Health and Health Disparities

Item 4.B.7 (Revised) Proposed Position Statement: Weapons Use in Hospitals and Patient Safety (JRCFEB188.J.1)

Will the Assembly approve the revised *Proposed Position Statement on Weapons Use in Hospitals and Patient Safety* and if approved, forward it to the Board of Trustees for consideration?

The Council on Psychiatry and Law has developed a Position Statement on Weapons Use in Hospitals and Patient Safety. The draft Position Statement was revised by the Council in response to feedback from the Joint Reference Committee after considering the draft document during its October meeting. Specifically, revisions were made to clarify that the document focuses on appropriate clinical responses to patient violence, and that the usual clinical response from clinical personnel should never include weapons use.

Item 4.B.8 Proposed Position Statement: Risks of Adolescents' Online Activity (JRCOCT178.C.1)

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

Please note that the Joint Reference Committee revised the title of the statement from *Risks of Adolescents' Online Behavior* to *Risks of Adolescents' Online Activity* and where grammatically and contextually practical throughout the document changed the term 'online behavior' to 'online activity.'

From the Council on Children, Adolescents, and Their Families

Item 4.B.9 Revised Position Statement: Access to Care for Transgender and Gender Diverse Individuals (JRCOCT178.I.3)

[4.B.9: Clean Version] [4.B.9: Redline Version]

Will the Assembly approve the revised Position Statement: *Access to Care for Transgender and Gender Diverse Individuals* and if approved, forward it to the Board of Trustees for consideration?

The JRC made a minor revision to the position statement.

From the Council on Minority Mental Health and Health Disparities

Item 4.B.10 Revised Position Statement Discrimination Against Transgender and Gender Diverse Individuals (JRCOCT178.I.4)

[4.B.10: Clean Version] [4.B.10: Redline Version]

Will the Assembly approve the revised position statement *Discrimination Against Transgender and Gender Diverse Individuals* and if approved, forward it to the Board of Trustees for consideration?

From the Council on Minority Mental Health and Health Disparities

Item 4.B.11 Proposed Position Statement: Solitary Confinement (Restricted Housing) of Juveniles (JRCOCT178.J.2)

The Joint Reference Committee recommended that the Assembly approve the proposed Position Statement: *Solitary Confinement (Restricted Housing) of Juveniles* and if approved, forward it to the Board of Trustees for consideration?

The proposed position statement was developed by a work group comprised of members from the Council on Psychiatry and Law, Council on Children, Adolescents, and Their Families, and the Council on Minority Mental Health and Health Disparities. All three councils have unanimously approved the proposed position statement.

From the Council on Psychiatry and Law

Item 4.B.12 Proposed Position Statement: Psychiatric Services in Adult Correctional Facilities
(JRCOCT178.J.3)

Will the Assembly approve the proposed Position Statement: *Psychiatric Services in Adult Correctional Facilities* and if approved, forward it to the Board of Trustees for consideration?

From the Council on Psychiatry and Law

Item 4.B.13 Proposed Position Statement: Research with Involuntary Psychiatric Patients
(JRCOCT178.J.5)
(attachment 13)

Will the Assembly approve the proposed Position Statement: *Research with Involuntary Psychiatric Patients* and if approved, forward it to the Board of Trustees for consideration?

From the Council on Psychiatry and Law

Item 4.B.14 Revised Position Statement: Inquiries about Diagnosis and Treatment of Mental Disorders in Connection with Professional Credentialing and Licensing (2015)
(JRCOCT8.J.6)

[4.B.14: Clean Version] [4.B.14: Redline Version]

Will the Assembly approve the revised Position Statement: *Inquiries about Diagnosis and Treatment of Mental Disorders in Connection with Professional Credentialing and Licensing* and if approved, forward it to the Board of Trustees for consideration?

From the Council on Psychiatry and Law

JRC REFERRAL:

The Joint Reference Committee refers the proposed Position Statement *on the Need to Maintain Intermediate and Long-Term Hospital Care for Certain Individuals with Serious Mental Illness* to the Assembly Committee on Public & Community Psychiatry and requests that they send their comments and feedback to the Council on Healthcare Systems and Financing.

APA Official Actions

Position Statement on Peer Support Services

Approved by the Board of Trustees, XXXX

Approved by the Assembly, XXXX

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

Issue: Peer support is an essential component of recovery-oriented systems of care. It offers advantages in outreach and engagement, provision of hope, coaching and modeling, recovery skill building and system navigation. Peer support services have been found to enhance outcomes in a wide variety of service settings and programs. APA’s formal support of the value of peer support services demonstrates a commitment of the psychiatric community to participate in the development of recovery-oriented services within systems of care.

POSITION:

The American Psychiatric Association supports the value of peer support services and is committed to their participation in the development and implementation of recovery-oriented services within systems of care. APA also advocates for appropriate payment for these services. Peer support personnel should have training appropriate to the level of service they will be providing.

Psychiatrists should be knowledgeable of the value and efficacy of the wide array of peer support services in recovery and support the integration of these services into the comprehensive continuum of care.

Authors:

Council on Healthcare Systems and Financing

APA Official Actions

Position Statement on Telemedicine in Psychiatry

Approved by the Board of Trustees, XXXX
Approved by the Assembly, XXXX

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

Issue: There is a shortage of psychiatrists in areas of the country, especially rural areas, contributing to inadequate access to high quality psychiatry care. Telepsychiatry, using video conferencing, is an essential strategy to increasing access to high quality psychiatric care.

POSITION:

Telemedicine in psychiatry, using video conferencing, is a validated and effective practice of medicine that increases access to care. The American Psychiatric Association supports the use of telemedicine as a legitimate component of a mental health delivery system to the extent that its use is in the best interest of the patient, protects patient autonomy, confidentiality, and privacy; and when used is consistent-with APA policies on medical ethics and applicable governing law.

Authors:

Committee on Telepsychiatry
Council on Healthcare Systems and Financing

APA Official Actions

Position Statement on Telemedicine in Psychiatry

Approved by the Board of Trustees, XXXX
Approved by the Assembly, XXXX
Approved by the Board of Trustees, December 2015
Approved by the Assembly, November 2015

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

Issue: There is a shortage of psychiatrists in areas of the country, especially rural areas, contributing to inadequate access to high quality psychiatry care. Telepsychiatry, using video conferencing, is an essential strategy to increasing access to high quality psychiatric care.

POSITION:

Telemedicine in psychiatry, using video conferencing, is a validated and effective practice of medicine that increases access to care. The American Psychiatric Association supports the use of telemedicine as a legitimate component of a mental health delivery system to the extent that its use is in the best interest for the benefit of the patient, protects patient autonomy, confidentiality, and privacy; and when used is consistent with the APA policies on medical ethics and applicable governing law confidentiality.

Authors:

Committee on Telepsychiatry
Council on Healthcare Systems and Financing

APA Official Actions

Position Statement on Abortion

Approved by the Board of Trustees, XXXX
Approved by the Assembly, XXXX

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

Issue:

Historically, there was concern that abortion may be associated with negative adverse mental health outcomes for women. This has been refuted by a growing body of research carefully conducted with appropriate comparison groups. Currently available evidence does not support that having an abortion is associated with an increase in depressive, anxiety or post-traumatic stress symptoms.

APA Position:

- 1) Abortion is a medical procedure and a decision about an abortion should be between a woman and her physician.**
- 2) Providers should consider consulting a psychiatrist when treating pregnant woman with current mental health symptoms**
- 3) The APA opposes governmental restrictions on family planning and abortion services.**

Authors:

Council on Minority Mental Health and Health Disparities

The original statement was approved by the Assembly of District Branches at its October 15, 1978 meeting and by the Board of Trustees at its December 10, 1977 meeting. That draft was drawn up by a subcommittee appointed by the Reference Committee to collate an Area I Action Paper and information provided by the Committee on Women, the Council on National Affairs, the Council on Children, Adolescents, and Their Families, and the American Academy of Child Psychiatry. In November 2017, the Council on Minority Mental Health and Health Disparities edited the position statement to include cultural perspectives and updated available evidence.

APA Official Actions

Position Statement on Abortion

Approved by the Board of Trustees, XXXX
Approved by the Assembly, XXXX

This statement was approved by the Assembly of District Branches at its October 15, 1978 meeting and by the Board of Trustees at its December 10, 1977, meeting. This final draft was drawn up by a subcommittee² appointed by the Reference Committee to collate an Area 1 Action Paper and information provided by the Committee on Women, the Council on National Affairs, the Council on Children, Adolescents and Their Families, and the American Academy of Child Psychiatry.

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

Issue:

Historically, there was concern that abortion may be associated with negative adverse mental health outcomes for women. This has been refuted by a growing body of research carefully conducted with appropriate comparison groups. Currently available evidence does not support that having an abortion is associated with an increase in depressive, anxiety or post-traumatic stress symptoms.

APA Position:

- 1) Abortion is a medical procedure and a decision about an abortion should be between a woman and her physician.
- 2) Providers should consider consulting a psychiatrist when treating pregnant woman with current mental health symptoms
- 3) The APA opposes governmental restrictions on family planning and abortion services.

Authors:

Council on Minority Mental Health and Health Disparities

The emotional consequences of unwanted pregnancy on parents and their offspring may lead to long-standing life distress and disability, and the children of unwanted pregnancies are at high risk for abuse, neglect, mental illness, and deprivation of the quality of life. Pregnancy that results from undue coercion, rape, or incest creates even greater potential distress or disability in the child and the parents. The adolescent most vulnerable to early pregnancy is the product of adverse sociocultural conditions involving poverty, discrimination, and family disorganization, and statistics indicate that the resulting pregnancy is laden with medical complications which threaten the well-being of mother and fetus. The delivery that ensues from teenage pregnancy is prone to prematurity and major threats to the health of

mother and child, and the resulting newborns have a higher percentage of birth defects, developmental difficulties, and a poorer life and health expectancy than the average for our society. Such children are often not released for adoption and thus get caught in the web of foster care and welfare systems, possible entering lifetimes of dependency and costly social interventions. The tendency of this pattern to pass from generation to generation is very marked and thus serves to perpetuate a cycle of social and educational failure, mental and physical illness, and serious delinquency.

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

1 The subcommittee included Edward H. Futterman, M.D., chairperson of the Council on Children, Adolescents and Their Families; James M. Stubblebine, M.D., chairperson of the Council on Mental Health Services; Harold M. Visotsky, M.D., chairperson of the Council on National Affairs (1975-1978); Jeanne Spurlock, M.D., staff liaison; and Jay Cutler, staff legal counsel.

APA Official Actions

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

Approved by the Board of Trustees, XXXX
Approved by the Assembly, XXXX

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

ISSUE:

The American Psychiatric Association recognizes that racism and racial discrimination adversely affect mental health by diminishing the victim’s self-image, confidence, and optimal mental functioning. Racism also renders the perpetrator unprepared for the 21st century society that is becoming increasingly multicultural and global. Racism and racial discrimination are two of several factors leading to mental health care disparities. A recent meta-analysis indicated that exposure to racism was associated with poorer mental health, including depression and anxiety (Paradies et al., 2015). The APA believes that all forms of racism and racial discrimination affect mental health and wellbeing, and negatively impact the nation as a whole.

POSITION:

Therefore, the American Psychiatric Association:

1. Supports current and future actions to eliminate racism and racial discrimination by fostering a respectful appreciation of multiculturalism, diversity, and efforts of greater inclusion.
2. Encourages mental health professionals to be mindful of the existence and impact of racism and racial discrimination in the lives of patients and their families, in clinical encounters, and in the development of mental health services.
3. Supports member and public education about impacts of racism and racial discrimination, advocacy for equitable mental health services for all patients, and further research into the impacts of racism and racial discrimination as an important public mental health issue.
4. Recognizes especially the detrimental effects that racism has on the mental health of people of color, and supports policies and laws which would reduce further harm.

Authors:

Council on Minority Mental Health and Health Disparities

Paradies Y, Ben J, Denson N, Elias A, Priest N, Pieterse A, et al. (2015) Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. PLoS ONE 10(9): e0138511.

APA Official Actions

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

Approved by the Board of Trustees, XXXX
Approved by the Assembly, XXXX

Approved by the Board of Trustees, July 2006

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

ISSUE:

The American Psychiatric Association recognizes that racism and racial discrimination adversely affect mental health by diminishing the victim’s self-image, confidence, and optimal mental functioning. Racism also renders the perpetrator unprepared for the 21st century society that is becoming increasingly multicultural and global. Racism and racial discrimination are two of several factors leading to mental health care disparities. A recent meta-analysis indicated that exposure to racism was associated with poorer mental health, including depression and anxiety (Paradies et al., 2015). The APA believes that all forms of racism and racial discrimination affect mental health and wellbeing, and negatively impact the nation as a whole.

POSITION:

The American Psychiatric Association recognizes that racism and racial discrimination adversely affect mental health by diminishing the victim’s self-image, confidence, and optimal mental functioning. Racism also renders the perpetrator unprepared for the 21st century society that is becoming increasingly multicultural and global. Racism and racial discrimination are two of the several factors leading to mental health care disparities. A recent meta-analysis indicated that exposure to racism was associated with poorer mental health, including depression and anxiety. Further, the APA strongly opposes believes that all forms of racism and racial discrimination that adversely affect mental health and wellbeing, and negatively impact the nation as a whole.

Therefore, the American Psychiatric Association:

1. Supports current and future actions believes that attempts should be made to eliminate racism and racial discrimination by fostering a respectful appreciation of multiculturalism, and diversity,

and efforts of greater inclusion.

2. ~~The APA and its members should~~ Encourages mental health professionals to be mindful of the existence and impact of racism and racial discrimination in the lives of patients and their families, in clinical encounters, and in the development of mental health services.
3. ~~In addition, the APA Supports enhanced~~ member and public education about impacts of racism and racial discrimination, advocacy for equitable mental health services for all patients, and further research into the impacts of racism and racial discrimination as an important public mental health issue.
4. Recognizes especially the detrimental effects that racism has on the mental health of people of color, and supports policies and laws which would reduce further harm.

Authors:

Council on Minority Mental Health and Health Disparities

Paradies Y, Ben J, Denson N, Elias A, Priest N, Pieterse A, et al. (2015) Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. PLoS ONE 10(9): e0138511.

APA Official Actions

Position Statement on Religious Persecution and Genocide

Approved by the Board of Trustees, XXXX

Approved by the Assembly, XXXX

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

Issue:

Religious persecution and genocide pose significant threats to the mental health of large groups of people in the world today. Religious persecution is a key risk factor for mental health problems in refugee children resettled in high-income countries, according to a large recent meta-analysis of numerous studies.¹ The United Nations Convention on Prevention and Punishment of the Crime of Genocide proclaims that genocide, whether committed in time of peace or in time of war, to be a crime under international law that the contracting parties were to pledge to prevent and punish. The convention defines genocide as acts intended to destroy, in whole or in part, a national, ethnical, racial, or religious group². This includes:

- Killing members of the group;
- Causing serious bodily or mental harm to members of the group;
- Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;
- Imposing measures intended to prevent births within the group; and
- Forcibly transferring children of the group to another group.

POSITION:

1. APA condemns acts of religious persecution, and genocide on the basis of any national, ethnic, racial, or religious identity.
2. APA urges psychiatrists to speak out against religious persecution and genocide through professional and political channels.
3. APA calls for further research on the mental health impacts of trauma due to religious persecution or genocide, as well as potential treatment strategies for working with populations that have experienced these.

Author: Council on Minority Mental Health and Health Disparities

¹Fazel M., Reed R., Panter-Brick C., Stein A. Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *Lancet* 2012; 379:266-82.

² <http://legal.un.org/avl/ha/cppcg/cppcg.html>

APA Official Actions

Position Statement on Religious Persecution and Genocide

Approved by the Board of Trustees, XXXX
Approved by the Assembly, XXXX
Approved by the Board of Trustees, December 1997
Approved by the Assembly, November 1997

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

Issue:

Religious persecution and genocide pose significant threats to the mental health of large groups of people in the world today. Religious persecution is a key risk factor for mental health problems in refugee children resettled in high-income countries, according to a large recent meta-analysis of numerous studies.¹ *The United Nations Convention on Prevention and Punishment of the Crime of Genocide* proclaims that genocide, whether committed in time of peace or in time of war, to be a crime under international law that the contracting parties were to pledge to prevent and punish. The convention defines genocide as acts intended to destroy, in whole or in part, a national, ethnical, racial, or religious group². This includes:

- Killing members of the group;
- Causing serious bodily or mental harm to members of the group;
- Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;
- Imposing measures intended to prevent births within the group; and
- Forcibly transferring children of the group to another group.

~~The convention provides for the punishment, either by the state in which the act was committed or by an international penal tribunal, of persons committing genocide, be they constitutionally responsible rulers, public officials, or private individuals. Ratifying parties agree to enact the necessary legislation to give effect to the conventions provisions.~~

¹Fazel M., Reed R., Panter-Brick C., Stein A. Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *Lancet* 2012; 379:266-82.

² <http://legal.un.org/avl/ha/cppcg/cppcg.html>

POSITION:

1. APA condemns acts of religious persecution, and genocide on the basis of any national, ethnic, racial, or religious identity.
2. APA urges psychiatrists to speak out against religious persecution and genocide through professional and political channels.
3. APA calls for further research on the mental health impacts of trauma due to religious persecution or genocide, as well as potential treatment strategies for working with populations that have experienced these.

Author: Council on Minority Mental Health and Health Disparities

APA Official Actions

Position Statement on Discrimination Against Religious Minorities

Approved by the Board of Trustees, XXXX
Approved by the Assembly, XXXX

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

ISSUE:

Discrimination against religious minorities poses serious threats to the mental health of large groups of people in the world today. Discrimination is a key risk factor for mental health problems in refugee children resettled in high-income countries, according to a large recent meta-analysis of numerous studies.¹ This study also found that protective factors included social support, community integration, and a sense of belonging at school. For religious minorities in the United States, particularly Muslims in the post-9/11 era, religious discrimination is a common experience. A survey of Muslims living in America found that more than half had experienced verbal harassment, discriminatory acts, and over 80% had heard anti-Muslim comments.² The authors describe the 9/11 attacks as a “collective trauma” for Muslims living in the U.S. Muslims in this study who reached out to Americans of other religions experienced more posttraumatic growth, while those who chose to isolate themselves experienced more depression and anger. A study of Sikh Americans, who are sometimes mistakenly identified for Muslims in the U.S. because of wearing turbans or scarves, also demonstrated a relationship between religious discrimination and mental health. The study found that Sikhs in America who wear turbans or scarves are more likely to experience discrimination than those who do not wear these articles of faith, and that discrimination was significantly associated with poorer self-reported mental and physical health.³

POSITION:

1. APA condemns acts of discrimination against any religious minority
2. APA affirms findings in the literature that isolation of religious minorities in the U.S. further exacerbates negative mental health effects resulting from religious discrimination;
3. APA urges practicing psychiatrists to reach out to and support patients and communities of religious minority groups in the U.S.:

¹Fazel M., Reed R., Panter-Brick C., Stein A. Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *Lancet* 2012; 379:266-82.

²Abu-Raiya H., Pargament K., Mahoney A. Examining coping methods with stressful interpersonal events experienced by Muslims living in the United States following the 9/11 attacks. *Psychology of Religion and Spirituality* 2011; 3(1):1-14.

³Nadimpalli S., Cleland C., Hutchinson M., Islam N., Barnes L., Van Devanter N. The association between discrimination and the health of Sikh Asian Indians. *Health Psychology* 2016; 35(4):351-355.

4. APA calls for further research and education of psychiatrists and allied disciplines on the mental health impacts of and treatment options for discrimination against religious minorities.

Author:

Council on Minority Mental Health and Health Disparities

APA Official Actions

Position Statement on Weapons Use in Hospitals and Patient Safety

Approved by the Board of Trustees, XXXX
Approved by the Assembly, XXXX

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Issue:

The Joint Commission reports that occurrences of armed violence have increased in the clinical and public spaces of hospitals.ⁱ Hospitals are designed as therapeutic environments. The vulnerability of many hospital patients and the need to be responsive to staff safety highlights the importance of maintaining a safe and secure environment. One study of hospital-based shootings identified 154 such incidents between 2000 and 2011.ⁱⁱ Contrary to the impression sometimes created by media reports, only 4% of these shootings were perpetrated by patients with mental illness. In most cases, the circumstances raised questions about hospital policy and practice. For example, in 18% of the cases, perpetrators obtained the firearm in the hospital. On 13 occasions, the shooting event was initiated by the perpetrator taking a security or police officer’s gun.

Further indirect evidence of the scale of the problem derives from data describing violence against hospital staff. Healthcare workers are at an increased risk for workplace violence. Eighty percent of violent incidents in hospitals are by patients on staff. Incidents of serious workplace violence (requiring days off work) are four times more common in healthcare settings than in private industry. Psychiatric aides experienced the highest rate of violent injuries in 2013 at approximately 590 injuries per 10,000 full-time employees. This compares to a rate of 4.2 injuries per 100,000 employees in U.S. industries as a whole.^{iii,iv} Despite these statistics, the use of weapons by staff in hospitals warrants particular scrutiny and demands specific safeguards. When patients present with behavioral dysregulation, clinical responses are to be distinguished from security responses.

APA Position:

The American Psychiatric Association does not support the use of weapons¹ as a clinical response in

¹ Weapons are here defined (as they are also defined in the CMS State Operations Manual: CMS. State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals Section 482.13(e) https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf) as

the management of patient behavioral dyscontrol in emergency room and inpatient settings because such use conflicts with the therapeutic mission of hospitals. Weapons use by properly trained and authorized law enforcement personnel will occasionally be necessary to deal with armed individuals to ensure the safety of patients and the public. However recent reports have described situations where clinical staff failed to use appropriate clinical responses to psychiatric patient violence, weapons were used, and patients were harmed.^{v,vi} The routine management of patient violence risk is a clinical task that should be properly resourced. Weapons use is not part of routine clinical management.

Clinical staff are not trained to decide when weapons should be used, and weapons do not have a role in clinical patient care, especially when that care involves restraint or seclusion of a patient.^{vii} Measures known to reduce the need for weapon use are available. Hospital security personnel, the police^{viii} and clinical staff should receive regular training in safely managing and de-escalating agitated, disruptive and violent patient behavior. Clinical staffing levels should be sufficient to ensure that weapons use by security staff to respond to patient violence is a last resort. Medication usage in management of violent patients is complex, requires psychiatric input,^{ix} remains the subject of ongoing research,^{x, xi} but has the potential to be an effective therapeutic tool. Seclusion and restraint reduction strategies used in clinical settings should be sensitive to issues of trauma among patients and staff.

The following steps are suggested to reduce weapon use overall by staff in hospitals when dealing with behaviorally disturbed patients^{xii}:

- a) Hospitals should minimize the unauthorized presence of weapons on their premises. Where appropriate these steps should include screening patients for weapons before admission to psychiatric emergency rooms and or psychiatric inpatient units and, where appropriate, screening patients assessed to be at high risk to others prior to admission to non-psychiatric inpatient units.
- b) Patients who pose a risk of harm to others should be managed by clinical staff using clinical approaches. These usual clinical approaches will typically involve psychological interpersonal interventions and may include, when less restrictive alternatives fail, the use of involuntary emergency medication, physical seclusion and physical or mechanical restraint following guidelines issued by The Joint Commission and CMS. If hospital security staff acting in a clinical capacity are needed to assist during an incident of patient violence, the particular security staff should have been trained in clinical approaches and the chief clinician present should remain in charge of the usual clinical response to patient violent incidents. The clinical response does not involve the use of weapons.
- c) Hospital clinical staff and security staff acting under the supervision of clinical staff should receive regular training from the clinical perspective in safely managing the risks posed by patients who present with agitation and are disruptive and engaging in escalating behavior. Cross-training by security can help staff be prepared for more significant acts of violence.
- d) Hospital administration should ensure that clinical staffing levels are sufficient to facilitate

"includes, but is not limited to, pepper spray, mace, nightsticks, tazers [sic], cattle prods, stun guns, and pistols."

proper clinical approaches to the management of patient violence risk that are sufficient to resolve the great majority of behavioral incidents.

- e) Weapons should never be used by clinical staff or hospital security staff acting in a clinical capacity as a means of subduing a patient, or in placing a patient in restraint or seclusion or otherwise managing violence risk.
- f) Hospitals should have a policy in place to define when clinical control of a situation is being ceded to law enforcement or hospital security staff acting in a law enforcement capacity for management of patient violence. This might occur when there exists an imminent risk of life threatening injury that cannot be managed using the usual clinical response (for example, active shooter situations involving a patient). Critical incident reviews should be conducted following such episodes.

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- 12 Hospitals in this document do not include correctional hospitals.

APA Official Actions

Position Statement on the Risks of Adolescents' Online Behavior Activity

Approved by the Board of Trustees, XXXX
Approved by the Assembly, XXXX

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ISSUE:

In recent years, adolescents have become increasingly invested in social media and other online activities, where they frequently share copious personal information online. Communicating and sharing personal information online exposes adolescents to many risks including cyberbullying, legal consequences from sexting, and exposure to online predators. Furthermore, the increase in online activity and online bullying has become a looming safety concern in this population. Negative online exposure can have detrimental effects on the physical and mental health of teenagers causing depression, anxiety, increased suicidal thoughts and even reports of completed teen suicide in some cases. Online activity also has widespread legal ramifications in the adolescent population. With insufficient legal protection for adolescents posting online, the role of protecting teens from the risks of their own immature online decision-making largely falls to parents who are often unaware and/or uneducated about the risks of their children's online activity.

POSITION:

It is the position of the American Psychiatric Association that online behavior activity is both an important phenomenon and one that has significant risks, to which adolescents are particularly vulnerable, and should be considered in the treatment of individuals. Online behavior activity is also of broader public health concern and psychiatrists can play a role in community efforts to promote safe engagement with social media and other online activities.

AUTHORS:

Council on Children, Adolescents and Their Families
Caitlin R. Costello, M.D.
Swathi Krishna M.D.

NOTE: the Background information is not considered part of the Position Statement and if the statement is approved, will not be posted to the APA Website.

BACKGROUND INFORMATION for Position Statement on the Risks of Adolescents' Online Behavior Activity

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

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

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

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

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

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RECOMMENDATIONS to accompany Position Statement on the Risks of Adolescents' Online Behavior Activity

The APA can encourage the efforts of psychiatrists in promoting the safe engagement of adolescents online in several ways, including the following:

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

APA Official Actions

Position Statement on Access to Care for Transgender and Gender Diverse Individuals

Approved by the Board of Trustees, XXXX

Approved by the Assembly, XXXX

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Issue:

Significant and long-standing medical and psychiatric literature exists that demonstrates clear benefits of medical and surgical interventions to assist gender diverse individuals seeking transition. However, private and public insurers often do not offer, or may specifically exclude, coverage for medically necessary treatments for gender transition. Access to medical care (both medical and surgical) positively impacts the mental health of transgender and gender diverse individuals.

The APA’s vision statement includes the phrase: “Its vision is a society that has available, accessible quality psychiatric diagnosis and treatment,” yet currently, transgender and gender diverse individuals frequently lack available and accessible gender-affirming treatment. In addition, APA’s values include the following points:

- best standards of clinical practice
- patient-focused treatment decisions
- scientifically established principles of treatment
- advocacy for patients

Transgender and gender diverse individuals currently lack access to the best standards of clinical practice, frequently do not have the opportunity to pursue patient-focused gender-affirming treatment decisions, do not receive scientifically established treatment and could benefit significantly from APA’s advocacy.

Position:

Therefore, the American Psychiatric Association:

- 1. Recognizes that appropriately evaluated transgender and gender diverse individuals can benefit greatly from medical and surgical gender-affirming treatments.**

2. **Advocates for removal of barriers to care and supports both public and private health insurance coverage for gender transition treatment.**
3. **Opposes categorical exclusions of coverage for such medically necessary treatment when prescribed by a physician.**
4. **Supports evidenced-based coverage of all gender-affirming procedures which would help the mental well-being of gender diverse individuals**

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Authors: Jack Drescher, M.D., Ellen Haller, M.D., APA Caucus of Lesbian, Gay and Bisexual Psychiatrists.
Revised 2017 Eric Yarbrough, M.D., APA Caucus of LGBTQ Psychiatrists and the Council on Minority Mental Health and Health Disparities

APA Official Actions

Position Statement on Access to Care for Transgender and Gender ~~Variant~~ Diverse Individuals

Approved by the Board of Trustees, XXXX

Approved by the Assembly, XXXX

Approved by the Board of Trustees, July 2012

Approved by the Assembly, May 2012

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

Issue:

Significant and long-standing medical and psychiatric literature exists that demonstrates clear benefits of medical and surgical interventions to assist gender ~~variant~~ diverse individuals seeking transition. However, private and public insurers often do not offer, or may specifically exclude, coverage for medically necessary treatments for gender transition. Access to medical care (both medical and surgical) positively impacts the mental health of transgender and gender ~~variant~~ diverse individuals.

The APA’s vision statement includes the phrase: “Its vision is a society that has available, accessible quality psychiatric diagnosis and treatment,” yet currently, transgender and gender ~~variant~~ diverse individuals frequently lack available and accessible gender-affirming treatment. In addition, APA’s values include the following points:

- best standards of clinical practice
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Transgender and gender ~~variant~~ diverse individuals currently lack access to the best standards of clinical practice, frequently do not have the opportunity to pursue patient-focused gender-affirming treatment decisions, do not receive scientifically established treatment and could benefit significantly from APA’s advocacy.

Position:

Therefore, the American Psychiatric Association:

1. Recognizes that appropriately evaluated transgender and gender ~~variant~~ diverse individuals can benefit greatly from medical and surgical gender-affirming treatments.
2. Advocates for removal of barriers to care and supports both public and private health insurance coverage for gender transition treatment.
3. Opposes categorical exclusions of coverage for such medically necessary treatment when prescribed by a physician.
4. Supports evidenced-based coverage of all gender-affirming procedures which would help the mental well-being of gender diverse individuals

Authors:

Authors: Jack Drescher, M.D., Ellen Haller, M.D., APA Caucus of Lesbian, Gay and Bisexual Psychiatrists.
Revised 2017 Eric Yarbrough, M.D., APA Caucus of LGBTQ Psychiatrists and the Council on Minority Mental Health and Health Disparities

APA Official Actions

Position Statement on Discrimination Against Transgender and Gender ~~Variant~~ Diverse Individuals

Approved by the Board of Trustees, XXXX

Approved by the Assembly, XXXX

Approved by the Board of Trustees, July 2012

Approved by the Assembly, May 2012

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

Issue:

Being transgender ~~gender or variant~~ gender diverse implies no impairment in judgment, stability, reliability, or general social or vocational capabilities; however, these individuals often experience discrimination due to a lack of civil rights protections for their gender identity or expression. As a result, transgender and gender ~~variant~~ diverse persons face challenges in their marriage, adoption and parenting rights, are regularly discharged from uniformed services or are rejected from enlisting due to their gender identity, and have difficulty revising government identity documents. Incarcerated transgender and gender ~~variant~~ diverse persons suffer risks to their personal safety and lack of access to comprehensive healthcare. Further, transgender and gender ~~variant~~ diverse individuals may be inappropriately assigned space in gender-segregated facilities such as inpatient psychiatric units, homeless shelters, and residential treatment programs. Transgender and diverse ~~variant~~ people are frequently harassed and discriminated against when seeking housing or applying to jobs or schools and are often victims of violent hate crimes.

The APA declares in its vision statement that it is, “the voice and conscience of modern psychiatry.” Thus, this position statement is relevant to the APA because discrimination and lack of equal civil rights is damaging to the mental health of transgender and gender ~~variant~~ diverse individuals. In addition, APA’s values include “advocacy for patients.” Speaking out firmly and professionally against discrimination and lack of equal civil rights is a critical advocacy role that the APA is uniquely positioned to take

Position:

Therefore, the American Psychiatric Association:

1. **Supports laws that protect the civil rights of transgender and gender ~~variant~~ diverse individuals**
2. **Urges the repeal of laws and policies that discriminate against transgender and gender ~~variant~~ diverse individuals.**
3. **Opposes all public and private discrimination against transgender and gender ~~variant~~ diverse individuals in such areas as health care, employment, housing, public accommodation, education, and licensing.**
4. **Declares that no burden of proof of such judgment, capacity, or reliability shall be placed upon these individuals greater than that imposed on any other persons.**

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APA Official Actions

Position Statement on Discrimination Against Transgender and Gender Diverse Individuals

Approved by the Board of Trustees, XXXX

Approved by the Assembly, XXXX

Approved by the Board of Trustees, July 2012

Approved by the Assembly, May 2012

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

Issue:

Being transgender or-gender diverse implies no impairment in judgment, stability, reliability, or general social or vocational capabilities; however, these individuals often experience discrimination due to a lack of civil rights protections for their gender identity or expression. As a result, transgender and gender diverse persons face challenges in their marriage, adoption and parenting rights, are regularly discharged from uniformed services or are rejected from enlisting due to their gender identity, and have difficulty revising government identity documents. Incarcerated transgender and gender diverse persons suffer risks to their personal safety and lack of access to comprehensive healthcare. Further, transgender and gender diverse individuals may be inappropriately assigned space in gender-segregated facilities such as inpatient psychiatric units, homeless shelters, and residential treatment programs. Transgender and gender diverse people are frequently harassed and discriminated against when seeking housing or applying to jobs or schools and are often victims of violent hate crimes.

The APA declares in its vision statement that it is, “the voice and conscience of modern psychiatry.” Thus, this position statement is relevant to the APA because discrimination and lack of equal civil rights is damaging to the mental health of transgender and gender diverse individuals. In addition, APA’s values include “advocacy for patients.” Speaking out firmly and professionally against discrimination and lack of equal civil rights is a critical advocacy role that the APA is uniquely positioned to take

Position:

Therefore, the American Psychiatric Association:

- 1. Supports laws that protect the civil rights of transgender and gender diverse individuals**
- 2. Urges the repeal of laws and policies that discriminate against transgender and gender diverse**

individuals.

- 3. Opposes all public and private discrimination against transgender and gender diverse individuals in such areas as health care, employment, housing, public accommodation, education, and licensing.**
- 4. Declares that no burden of proof of such judgment, capacity, or reliability shall be placed upon these individuals greater than that imposed on any other persons.**

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Revised 2017 Eric Yarbrough, M.D., APA Caucus of LGBTQ Psychiatrists and the Council on Minority Mental Health and Health Disparities.

APA Official Actions

Position Statement on Solitary Confinement (Restricted Housing) of Juveniles

Approved by the Board of Trustees, XXXX
Approved by the Assembly, XXXX

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Position:

Solitary confinement of juveniles (also referred to as restrictive housing or segregation), with rare exceptions, should be avoided due to the potential for harm to the juveniles. Juveniles (persons under 18 years of age), are at particular risk of potential psychiatric consequences of prolonged solitary confinement, including depression, anxiety, and self-harm. In the rare case that a juvenile must be placed in solitary confinement, meaningful access to mental health care, medical care, education, and recreation should be provided in order to minimize the potential for psychological harm. Solitary confinement should never be used for punitive purposes.

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NOTE: The Background information is not considered part of the Position Statement and if the statement is approved, will not be posted to the APA Website.

Background Information

Juveniles in solitary confinement are isolated from the general correctional population and receive services and activities apart from other juveniles. For the purposes of this position statement, solitary confinement refers to conditions of confinement characterized by an incarcerated juvenile generally being locked in a cell separated from the general population. Juveniles may be segregated for institutional safety reasons (administrative segregation) or personal safety (protective custody), and in the past, for disciplinary reasons (disciplinary segregation). Correctional systems vary regarding the specific conditions of confinement in segregation units (e.g., one to two inmates in a cell, inmate access to a radio or television, other property restrictions, visitation privileges, etc.).

The potential psychiatric consequences of prolonged solitary confinement are well recognized and include depression, anxiety and self-harm (1-3). Due to their developmental vulnerability, juvenile offenders are at particular risk of such adverse reactions (1, 2). Juveniles with a serious mental illness, if placed in a restricted housing unit, are at significant risk of clinically deteriorating or not clinically improving (4, 5). Furthermore, about half of suicides in juvenile correctional facilities occur when the individual is isolated or in solitary confinement, and another 12% of such suicides had a history of room confinement (6).

Solitary confinement should be distinguished from brief interventions such as "time out," which may be used as a component of a behavioral treatment program in facilities serving children and/or adolescents, or seclusion, which is a short term emergency procedure, the use of which is governed by federal, state and local laws and subject to regulations developed by the Joint Commission, and is consistent with standards developed by the Commission on Accreditation of Rehabilitation Facilities (CARF), the National Commission of Correctional Healthcare (NCHHC), the American Correctional Association (ACA), and other accrediting entities. Interventions to avoid confinement, including appropriate behavioral plans and other interventions should be implemented (3).

In the rare circumstance when a juvenile is placed in solitary confinement, correctional mental health authorities should work closely with administrative custody staff to maximize access to clinically indicated programming for these individuals. In extraordinary circumstances in which a juvenile may be segregated and alone from others, such placement must not interfere with the juvenile's receiving structured programming according to the juvenile's developmental, emotional, social, educational, health, and mental health needs.

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APA Official Actions

Position Statement on Psychiatric Services in Adult Correctional Facilities

Approved by the Board of Trustees, XXXX
Approved by the Assembly, XXXX

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Issue: The provision of adequate mental health care in jails and prisons remains as important now as it was in 1974, when the APA published its first position statement on medical and psychiatric care in correctional institutions (1). The United States continues to see a growing percentage of individuals with mental illness in the criminal justice system even as the overall population of incarcerated individuals has declined in the past several years.

APA Position: This position statement addresses persons in the adult correctional system; “correctional facilities” include lockups, jails, prisons, U.S. Immigration and Customs Enforcement (ICE) detention centers, Bureau of Indian Affairs (BIA) detention centers, and U.S. Military jails, prisons, and detention centers. “Mental Health Services” in this document is inclusive of treatment for substance use disorders and individuals with intellectual disabilities. In this context, the APA endorses the following principles regarding the provision of mental health services in correctional facilities:

1. The fundamental goal of mental health services in a correctional setting is to provide the same level of care to patients in the criminal justice process that should be available in the community.
2. The effective delivery of mental health services in correctional settings requires that there be a balance and a mutually beneficial and effective partnership between security and treatment needs.
3. The effective provision of correctional mental health services requires integration of mental health administration into the overall management of the facility. Close integration of clinical services, substance use treatment, and security services fosters comprehensive treatment.
4. A therapeutic environment can be created in a jail or a prison setting if there is support, guidance, and advocacy from clinical leadership and collaboration from

correctional leadership to create such an environment.

5. **Timely and effective access to mental health screening, evaluation, and treatment is a hallmark of adequate mental health care. Quality improvement reviews are critical elements of a correctional mental health care system. Necessary staffing levels should be determined by what is essential to ensure access to care and to provide appropriate services.**

6. **Psychiatrists should advocate for psychiatric administrative and clinical leadership roles to assist with day to day oversight and management of services and quality improvement. Further, it is imperative that psychiatrists define their professional responsibilities to include advocacy for improving mental health services in jails and prisons.**

Elaborations and explications of these principles can be found in the 3rd Edition of *Psychiatric Services in Correctional Facilities* (2) as well as in the APA's position statement on segregation of prisoners with mental illness (3).

Finally, APA supports that psychiatrists take on leadership roles in the care and treatment of persons with mental illness in correctional facilities, in community settings on probation or parole, and those that are involved in jail diversion or other correctional post release programs. Increased commitment to this population is crucial to address the breadth and depth of their needs.

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NOTE: The background information is not considered part of the Position Statement and if the statement is approved, will not be posted to the APA Website.

BACKGROUND INFORMATION:

The U.S. Supreme Court (4,5) has affirmed a constitutional right, under the Eighth Amendment, to adequate medical and psychiatric treatment for incarcerated individuals. The third edition of the APA's Task Force Report on Psychiatric Services in Jails and Prisons emphasizes that "the fundamental policy goal or correctional mental health care is to provide the same quality of mental health services to each patient in the criminal justice system that should be available in the community" (2).

The current context of incarceration of persons with mental illness in the United States is sobering. Numerous studies have consistently demonstrated that about 16% of inmates in jails and prisons have serious mental illnesses and are in need of psychiatric care. Upwards of 700,000 men and women entering the U.S. criminal justice system each year have active symptoms of serious mental disorders, and studies have suggested that up to 3% (approximately 66,000) are actively psychotic. Suicide is the single leading cause of death in jails (6), at a rate 3-4 times that in the community (7). Historically, individuals with mental illness have been at higher risk of being victimized and also of greater risk of self-harm or clinical decompensation when placed in solitary confinement (8). Approximately three of every four incarcerated people with a serious mental illness have a co-occurring substance use disorder. Inmates with mental illness are likely to stay incarcerated longer, and return to prison more rapidly, than persons without mental disorders. The role of psychiatrists and other mental healthcare professionals has evolved as awareness of the mental health needs of inmates in correctional facilities has increased. It is clear that mental healthcare professionals are no longer "guests in the house of corrections" but are essential core staff.

The vast majority of psychiatrists who practice in jails and prisons function primarily in roles limited to diagnostic evaluations, consultation, and provision of psychotropic medication treatment services. There is a growing need and an important opportunity for psychiatrists to expand their roles. As a profession, we must address the relationship between mental illness and incarceration. Given extensive training and broad skillset, psychiatrists may benefit correctional systems by assuming greater leadership positions. In differing roles (e.g., direct patient care, leadership, management, consultation, and clinical research), psychiatrists can guide correctional administrators and public policy makers and more effectively advocate for their incarcerated patients and quality improvement through evidence based and best practices. Recent efforts to address this problem include increasing exposure to correctional practice as part of general and forensic psychiatry training programs, financial incentives for psychiatrists to work in correctional facilities, and increased advocacy of mental health professional organizations, including the APA (9). The ultimate goal is to help shape optimal correctional health care delivery systems that empower patients and family members, while supporting continuity of healthcare and successful transition back to the community.

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APA Official Actions

Position Statement on Research with Involuntary Psychiatric Patients

Approved by the Board of Trustees, XXXX
Approved by the Assembly, XXXX

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

Issue: There is an ongoing and urgent need for clinical research on serious mental disorders, including the treatment of acute episodes. Psychiatric patients who are involuntarily committed to treatment, including both hospitalized patients and those subject to outpatient commitment, are an important population for such research. It is important to safeguard the integrity of the informed consent process for these patients, but in general, the law presumes that all patients have adequate capacity to consent and voluntariness unless there is evidence to the contrary. Recently, however, some jurisdictions have placed restrictions on research participation for involuntarily committed patients as a class; for example, by creating the presumption that all such patients are unable to give adequate consent to research and should be excluded from participation.

POSITION:

It is the position of the APA that:

- 1. The existing guidelines and regulatory frameworks for research oversight, including those that provide guidance for research with potentially vulnerable populations, provide appropriate protections for involuntarily committed psychiatric patients.**
- 2. Properly constituted Institutional Review Boards are best situated to make case-by-case determinations about—and consider the need for additional safeguards for—each study proposal’s risks and benefits, including the potential vulnerability of participants due to impaired consent capacity or voluntariness.**
- 3. Hospitalized psychiatric patients, including those who are involuntarily committed, should be permitted to participate in research, so long as appropriate safeguards are in place and, consistent with respect for their autonomy, patients are able to exercise adequate informed consent. For involuntary patients, those safeguards should address both the voluntariness of a decision to participate in the research and the nature of the consent that will be required.**
- 4. Barring involuntarily committed patients as a class from participation in research unnecessarily impedes the progress of scientific and clinical research. It also promotes stigma by portraying people with mental disorders as more impaired than they actually are.**

AUTHORS: Carl Erik Fisher, M.D. (Chair); Paul Appelbaum, M.D.; Jessica Bayner, M.D.; Elizabeth Ford, M.D.; Steven K. Hoge, M.D.; Michelle Joy, M.D.; David Lowenthal, M.D.; Reena Kapoor, M.D.; Robert Trestman, M.D., Ph.D for the Council on Psychiatry and Law

NOTE: The background information is not considered part of the Position Statement and if the statement is approved, will not be posted to the APA Website.

BACKGROUND INFORMATION:

There is an ongoing and urgent need for clinical research on serious mental disorders, including the treatment of their acute presentations. Hospitalized psychiatric patients, including those involuntarily committed to treatment, are an important population for such research. Inclusion of involuntarily committed patients, when appropriate protections are provided, is particularly important given the systematic differences between involuntary and voluntary patients.

Studies comparing patients who are involuntarily committed to those who are voluntarily admitted to psychiatric hospitals have found differences, on average, in their social supports and socioeconomic circumstances. Involuntarily committed patients are more likely to be male and nonwhite, with lower levels of education and fewer economic and social resources (Nicholson 1986). Involuntary and voluntary psychiatric patients also differ with regard to the presentation and treatment of their mental illnesses. Involuntarily committed patients are likely to have more severe psychiatric symptoms, more psychotic symptoms, and a greater number of psychiatric medications prescribed (Craw and Compton 2006). They also tend to have lower rates of treatment engagement and adherence (including with general medical health care), longer hospital stays, higher readmission rates, and lower treatment satisfaction (Craw and Compton 2006; Kallert 2008; Nicholson 1986). Patients who are involuntarily admitted have higher rates of suicide, (Kallert 2008), as well as higher rates of aggression prior to hospitalization (Nicholson 1986).

To restrict research on involuntarily committed patients would impede the psychiatric profession's ability to improve care for these segments of the patient population.

That said, involuntary psychiatric patients may be subject to strong and sometimes unique influences on their decision making. Concerns about the ability of involuntarily committed patients to give adequate consent to research generally fall into two broad categories: questions about decision making capacity and questions about voluntariness (Elliott and Lamkin 2016).

Regarding decision making capacity, concerns have been expressed that involuntarily committed patients are so impaired that they do not have sufficient decision making capacity to give proper informed consent. However, strong evidence shows that psychiatric patients, including those with severe and disabling mental disorders, typically still retain the capacity to consent to research (Appelbaum et al. 1999; Candilis et al. 2008; Gardner et al. 1993; Jeste et al. 2007). Capacity is not a holistic property, and an individual may retain some individual capacities (e.g., managing finances, consenting to research) while losing others (e.g., refusing surgery, signing into a hospital voluntarily). These findings reinforce the basic principle that the decisional capacity of potential research subjects should be assessed as a particular function at a specific time, and not presumed to be absent simply on the basis of a "status" such as a psychiatric diagnosis or legal status of hospitalization (McGarvey et al. 2013). Furthermore, presuming that a class of patients lacks decisional capacity promotes stigma by portraying people with mental disorders as more impaired than they actually are.

Regarding voluntariness, concerns center on the possibility that involuntary patients will be subject to coercion or undue influence. Involuntary patients may experience strong influences on their decision making. For example, involuntarily committed patients may be eager for release, fear being subjected to

further constraints, or perceive coercion (even when it is not present) (Elliott and Lamkin 2016). However, once again, it is unreasonable to make categorical judgments about involuntary patients. In practice, many people who are involuntarily hospitalized refuse treatment, decline to participate in research, indicating a sustained ability to resist pressures to conform to the requests of their treaters; and some people who are involuntarily hospitalized are grateful that they were hospitalized and do not feel coerced (Appelbaum, Lidz, and Klitzman 2011). The issues of voluntariness, coercion and undue influence in research deserve careful attention, but systematic studies of and scholarly consensus regarding these concepts is still lacking (Appelbaum, Lidz, and Klitzman 2009). Accordingly, like decisional capacity, voluntariness should not be inferred on the basis of a status.

The existing practices of Institutional Review Boards exemplify a more nuanced approach to these issues. In general, IRBs are best situated to make case-by-case determinations about each study proposal's risks and anticipated benefits, including the potential vulnerability of subjects, impaired consent capacity, and the need for additional safeguards. On a group level, IRBs are experienced in assessing vulnerable populations and determining if their inclusion in research is adequately justified, and whether the proper safeguards to minimize risks unique to each population are present. At the individual level, when concerns are raised about informed consent, an IRB may appoint a monitor or institute other safeguards around the informed consent process. There exist extensive guidelines for research oversight through 45 CFR 46 (Department of Health and Human Services 2009) and related regulations.

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APA Official Actions

Position Statement on Inquiries about Diagnosis and Treatment of Mental Disorders in Connection with Professional Credentialing and Licensing

Approved by the Board of Trustees, XXXX

Approved by the Assembly, XXXX

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

Issue:

The APA recognizes the important role served by licensing boards, institutional privileging committees, insurance credentialing panels, and other entities charged with protecting the public from impaired physicians, attorneys, and other licensees. In discharging their responsibilities, these entities legitimately may inquire about current functional impairment in professional conduct and, when relevant, current general medical or mental disorders that may be associated with such impairment. However, the APA believes that prior diagnosis and treatment of a mental disorder are, *per se*, not relevant to the question of current impairment and that oversight entities should not include questions about past diagnosis and treatment of a mental disorder as a component of a general screening inquiry.

APA Position Statement:

The APA recommends the following principles to guide licensing boards and other regulatory agencies, and training programs.

1. General screening inquiries about past diagnosis and treatment of mental disorders are overbroad and discriminatory and should be avoided altogether. A past history of work impairment, but not a report of past treatment or leaves of absence, may be requested.
2. The salient concern for licensing entities is always the professional's current capacity to function and/or current functional impairment. Questions on application forms should inquire only about the conditions that currently impair the applicant's capacity to function as a licensee, and that are relevant to present practice. As examples of questions that might be asked, the following are suggested:

Question: Are you currently using narcotics, drugs, or intoxicating liquors to such an extent that your ability to practice [law / medicine / other profession] in a competent, ethical and professional manner would be impaired? (Yes/No)

Question: Are you currently suffering from a condition that impairs your judgment or that would otherwise adversely affect your ability to practice [law / medicine / other profession] in a competent, ethical and professional manner? (Yes/No)

3. If a relevant impairment of functioning has been acknowledged by the applicant or documented by other sources, inquiries about mental health treatment may be appropriate for the sole purpose of understanding current functioning and future performance.
4. If conduct that would otherwise provide grounds for denial or revocation of a professional license or privileges has been documented or acknowledged by the applicant, it would also be appropriate to ask the applicant whether a disorder or condition was raised to explain that conduct.
5. Applicants must be informed of the potential for public disclosure of any information they provide on applications.
6. If the applicant raises a mental health diagnosis or treatment as an explanation for conduct or behavior that may otherwise warrant denial of credentials or licensure, the licensing board may inquire into such diagnosis or treatment. Such inquiry shall be narrowly, reasonably, and individually tailored. Medical or hospital records requested shall be by way of narrowly tailored requests and releases that provide access only to information that is reasonably needed to assess the applicant's fitness to practice. All personal or health-related information shall be kept strictly confidential and shall be accessed only by individuals with a legitimate need for such access.¹
7. Personal health information collected by the board should be kept confidential and should be destroyed after a reasonable period of time.

Authors: Council on Psychiatry and the Law.
Written by Richard Bonnie, Paul Appelbaum, MD, and Patricia Recupero, MD, JD.

¹ Language adapted from Settlement Agreement Between the United States of America and the Louisiana Supreme Court under the Americans with Disabilities Act, August 13, 2014, http://www.ada.gov/louisiana-supreme-court_sa.htm, Terms and Conditions, § (A) (13) (c).

APA Official Actions

Position Statement on Inquiries about Diagnosis and Treatment of Mental Disorders in Connection with Professional Credentialing and Licensing

Approved by the Board of Trustees, XXXX

Approved by the Assembly, XXXX

Amended by the Council on Psychiatry and
the Law, September 2017

Approved by the Board of Trustees, July
2015 Approved by the Assembly, May
2015

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

Issue:

The APA recognizes the important role served by licensing boards, institutional privileging committees, insurance credentialing panels, and other entities charged with protecting the public from impaired physicians, attorneys, and other licensees. In discharging their responsibilities, these entities legitimately may inquire about current functional impairment in professional conduct and, when relevant, current general medical or mental disorders that may be associated with such impairment. However, the APA believes that prior diagnosis and treatment of a mental disorder are, *per se*, not relevant to the question of current impairment and that oversight entities should not include questions about past diagnosis and treatment of a mental disorder as a component of a general screening inquiry.

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- 2. The salient concern for licensing entities is always the professional’s current capacity to function and/or current functional impairment. Questions on application forms should inquire only about the conditions that currently impair the applicant’s capacity to function as a licensee, and that are relevant to present practice. As examples of questions that might be asked, the following are suggested:**

Question: Are you currently using narcotics, drugs, or intoxicating liquors to such an extent that your ability to practice [law / medicine / other profession] in a competent, ethical and professional manner would be impaired? (Yes/No)

Question: Are you currently suffering from a condition that impairs your judgment or that would otherwise adversely affect your ability to practice [law / medicine / other profession] in a competent, ethical and professional manner? (Yes/No)

- 3. If a relevant impairment of functioning has been acknowledged by the applicant or documented by other sources, inquiries about mental health treatment may be appropriate for the sole purpose of understanding current functioning and future performance.**
- 4. If conduct that would otherwise provide grounds for denial or revocation of a professional license or privileges has been documented or acknowledged by the applicant, it would also be appropriate to ask the applicant whether a disorder or condition was raised to explain that conduct.**
- 5. Applicants must be informed of the potential for public disclosure of any information they provide on applications.**
- 6. If the applicant raises a mental health diagnosis or treatment as an explanation for conduct or behavior that may otherwise warrant denial of credentials or licensure, the licensing board may inquire into such diagnosis or treatment. Such inquiry shall be narrowly, reasonably, and individually tailored. Medical or hospital records requested shall be by way of narrowly tailored requests and releases that provide access only to information that is reasonably needed to assess the applicant's fitness to practice. All personal or health-related information shall be kept strictly confidential and shall be accessed only by individuals with a legitimate need for such access.¹**
- 7. Personal health information collected by the board should be kept confidential and should be destroyed after a reasonable period of time.**

Authors: Council on Psychiatry and the Law.
Written by Richard Bonnie, Paul Appelbaum, and Patricia Recupero.

¹ Language adapted from Settlement Agreement Between the United States of America and the Louisiana Supreme Court under the Americans with Disabilities Act, August 13, 2014, http://www.ada.gov/louisiana-supreme-court_sa.htm, Terms and Conditions, § (A) (13) (c).

NOTE: The background information is not considered part of the Position Statement and if the statement is approved, will not be posted to the APA Website.

BACKGROUND INFORMATION:

Professional licensing agencies have traditionally made wide-ranging inquiries into applicants' past psychiatric histories. Although the passage of the Americans with Disabilities Act in 1990 raised serious doubts about the legality of these inquiries, licensing agencies have been reluctant to abandon them, notwithstanding official statements disapproving them by the American Bar Association in 1994¹ and the American Psychiatric Association in 1997. The issue has recently received renewed attention in the press, in the legal literature and in the courts. Against this backdrop, the Department of Justice's Civil Rights Division launched a formal investigation of Louisiana's attorney licensure system in 2011, culminating in a settlement agreement in August, 2014.² The provisions of this agreement significantly clarify the position of the Justice Department regarding the scope and type of questions about mental health histories and current condition that may be used in professional licensing inquiries. In light of these developments, it is likely that responsible licensing and privileging agencies will be reconsidering their current practices. This Position Statement is designed to summarize the key principles that ought to guide these agencies as they review their questionnaires and protocols.

The APA's Position Statement is congruent, in principle, with the 1994 Resolution adopted on this subject by the American Bar Association, which states:

BE IT RESOLVED, That the American Bar Association recommends that when making character and fitness determinations for the purpose of bar admission, state and territorial bar examiners, in carrying out their responsibilities to the public to admit only qualified applicants worthy of the public trust, should consider the privacy concerns of bar admission applicants, tailor questions concerning mental health and treatment narrowly in order to elicit information about current fitness to practice law, and take steps to ensure that their processes do not discourage those who would benefit from seeking professional assistance with personal problems and issues of mental health from doing so.

BE IT FURTHER RESOLVED, That fitness determinations may include specific, targeted questions about an applicant's behavior, conduct or any current impairment of the applicant's ability to practice law.

The prefatory paragraph of the APA's Position Statement briefly reaffirms the basic anti-discrimination principle that lies at the heart of the ADA. Overly broad inquiries about past behavioral health treatment discriminate against applicants by: making overbroad and unwarranted inquiries regarding applicants' behavioral health diagnoses and treatment; subjecting applicants to burdensome supplemental investigations triggered by their behavioral health status or treatment; making unwarranted licensure or admissions recommendations based on stereotypes of persons with disabilities; imposing additional financial burdens on people with disabilities; failing to provide adequate confidentiality protections during the licensing or admissions process; and implementing burdensome, intrusive, and unnecessary conditions on licensure or admissions that are improperly based on individuals' behavioral health diagnoses or treatment.

The APA's Position Statement enunciates these principles:

- The first principle declares that open-ended inquiries about past mental health diagnosis and treatment, or proxy questions pertaining to leaves of absence, are unacceptable. The DOJ-Louisiana Settlement Agreement acknowledges this principle.
- The second principle declares that inquiries about the person's current mental and physical condition are acceptable if and only if they relate to the person's current capacity to carry out professional functions. The illustrative questions are similar to the questions used by the National Conference of Bar Examiners and were specifically endorsed in the DOJ-Louisiana Settlement Agreement. The meaning of "current" condition is not defined in the Settlement

Agreement or the APA Position Statement.

The third and fourth principles are designed to address the limited circumstances under which licensing agencies may inquire about past mental health history and treatment. They may do so only when they are exploring the current and future significance of past impairments of functioning or misconduct documented in the record or acknowledged by the applicant. The kinds of questions that would be compatible with these principles are illustrated in paragraph 14 of the DOJ-Louisiana Settlement Agreement which specifically endorses question 27 on the National Conference of Bar Examiners questionnaire:

27. Within the past five years, have you engaged in any conduct that:

- (1) resulted in an arrest, discipline, sanction or warning;
- (2) resulted in termination or suspension from school or employment;
- (3) resulted in loss or suspension of any license;
- (4) resulted in any inquiry, any investigation, or any administrative or judicial proceeding by an employer, educational institution, government agency, professional organization, or licensing authority, or in connection with an employment disciplinary or termination procedure; or
- (5) endangered the safety of others, breached fiduciary obligations, or constituted a violation of workplace or academic conduct rules?

If so, provide a complete explanation and include all defenses or claims that you offered in mitigation or as an explanation for your conduct.

- The fifth through seventh principles are designed to assure that applicant's personal health data remain confidential unless there are specific circumstances under which information obtained during the agency's inquiry may be made public.

The settlement agreement in Louisiana further provides that if any inquiry is made regarding the applicant's health status, the licensing board (or a medical professional retained by the board) will first request statements from the applicant and, if reasonably deemed necessary by the licensing board (or a medical professional retained by the board), the applicant's treating professional. The treating professional's statements shall be accorded considerable weight, and medical records shall not be requested unless a statement from, and further dialogue with, the applicant's treating professional fails to resolve the board's reasonable concerns regarding the applicant's fitness to practice.²

The settlement agreement in Louisiana also provides that an independent medical examination shall not be requested unless all other means described in this paragraph fail to resolve the board's reasonable concerns regarding the applicant's fitness to practice, and, if requested, shall occur at a time and location convenient to the applicant.²

¹ ABA Bar Admissions Resolution, 18 Mental and Physical Disability Law Reporter 597 (1994).

² Settlement Agreement Between the United States of America and the Louisiana Supreme Court under the Americans with Disabilities Act, August 13, 2014, http://www.ada.gov/louisiana-supreme-court_sa.htm.

**Joint Reference Committee
February 11-12, 2018
DRAFT SUMMARY OF ACTIONS**

As of February 21, 2018

JRC Members Present:

Altha Stewart, MD: President-elect; Full time faculty at University of Tennessee Health Science Center; Small consulting contract with WNBA; APA honoraria as President-elect

James Batterson, MD: Full time faculty Children's Mercy Hospital; APA honoraria as Speaker-elect

Daniel J Anzia, MD: Immediate Past Speaker; salary as independent contractor for Advocate Healthcare (part-time)

Lama Bazzi, MD: receives income from Maimonides Medical Center; forensic private practice

Philip R Muskin, MD: APA Secretary: Income from Columbia University – part-time; volunteer faculty at New York Psychiatric Institute; Private practice; and honoraria from APA Publishing

Saul Levin, MD, MPA: CEO/Medical Director; APA salary; Chair of the APAF Board of Directors; Clinical Professor at George Washington University

Paul O'Leary: receives income from SHKO Medicine; University of Alabama Medicine; Cooper Green Mercy Hospital; provides telepsychiatry to three facilities; small private practice; and forensic work related to court martials and independent medical exams.

Excused Absence:

Linda Drozdowicz, MD (APAF Leadership Fellow)

JRC Administration:

Margaret Cawley Dewar – Director, Association Governance

Laurie McQueen, MSSW – Associate Director, Association Governance

APA Administration:

Yoshie Davison, MSW

Chief of Staff

Jon Fanning, MS, CAE

Chief Membership and Strategy Officer – RFM/ECP Liaison

Kristin Kroeger

Chief of Policy, Programs, and Partnerships

Ranna Parekh, MD, MPH

Director, Division of Diversity and Health Equity

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

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
2	<p data-bbox="170 217 793 272"><u>Review and approval of the Summary of Actions from the October 2017 Joint Reference Committee Meeting</u></p> <p data-bbox="170 315 884 370"><i>Will the Joint Reference Committee approve the draft summary of actions from the October 2017 meeting?</i></p>	<p data-bbox="911 217 1255 337">The Joint Reference Committee approved the draft summary of actions from the October 2017 meeting.</p>	<p data-bbox="1341 217 1604 305">Yoshie Davison, MSW Margaret Cawley Dewar Laurie McQueen</p>	<p data-bbox="1677 217 1940 240">Association Governance</p>
3	<p data-bbox="170 412 562 435">Report of the CEO Medical Director</p>			

DRAFT

3.1	<p>Referral Update <u>ACGME Standard for Common Program Requirement for Psychiatry Residency Programs (JRCOCT178.I.3)</u> The Joint Reference Committee referred to the Council on Medical Education and Lifelong Learning for review, the Council on Minority Mental Health and Health Disparities' support for an ACGME accreditation standard for psychiatry residency programs on diversity programs and partnerships to achieve health care equity and eliminate health disparities.</p>	<p>On November 21, 2017, the Executive Committee of the APA Board of Trustees held a conference call during which it supported sending comments drafted by the Council on Medical Education and Lifelong Learning regarding the importance of diversity training to the ACGME.</p> <p>The comments were submitted by APA Administration on Wednesday, November 22, 2017, and ACGME confirmed receipt the following week. Specifically, the comments submitted to ACGME contained the following language: "The American Psychiatric Association wishes to communicate to the ACGME its support of the establishment of an ACGME accreditation standard III. C. in the section "The Learning and Working Environment" in the Institutional Requirements on diversity programs and partnerships to achieve health care equity and eliminate health care disparities. In a medical education program, the facts that having medical students and faculty members from a variety of socioeconomic backgrounds, racial and ethnic groups, and other life experiences can 1) enhance the quality and content of interactions and discussions for all students throughout the preclinical and clinical curricula and 2) result in the preparation of a physician workforce that is more culturally aware and competent and better prepared to improve access to healthcare and address current and future health care disparities."</p>	<p>The Joint Reference Committee thanked the CEO/Medical Director for this update and for addressing the issue brought forth in the action paper.</p>	<p>Completed</p>
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Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
4	<p>Update from the Ethics Committee</p> <p>In November 2017, the Assembly approved action paper 2017A2 12.K, which asks that the APA will direct the authors of the <i>APA Commentary on Ethics in Practice</i> to bring its language into congruence with that of the <i>AMA Principles of Medical Ethics 10.1.1</i>, including a thoughtful exploration of the complexities involved. This would apply to any psychiatrist making any benefit and/or policy determinations. Please see the memo from the Ethics Committee which responds to the action paper's request.</p>	<p>The Joint Reference Committee referred the report back to the Ethics Committee respectfully requesting that they consider revising the wording on page 3rd of the report regarding primary and secondary obligations of a physician medical director/physician reviewer.</p> <p>The Joint Reference Committee commended the Ethics Committee on their thoughtful and considered response to this issue. With the revision of this sentence the report will be stronger and provide more clarity to the issue.</p>	Colleen Coyle, JD Alison Crane, JD	<p>Ethics Committee</p> <p>Report to JRC – June 2018 Deadline: 5/23/2018</p>
5	<p>Board of Trustees Referral</p>			
5.A	<p><u>Proposed Position Statement on Human Trafficking</u></p> <p>The Board of Trustees voted to refer the Proposed Position Statement on <i>Human Trafficking</i> to the Joint Reference Committee.</p> <p>Will the Joint Reference Committee refer the proposed Position Statement back to the Council on Minority Mental Health and Health Disparities for additional review and revision?</p>	<p>The Joint Reference Committee referred the proposed Position Statement on <i>Human Trafficking</i> to the Council on Minority Mental Health and Health Disparities for revision. The feedback from the Board of Trustees will be provided to the Council.</p>	Ranna Parekh, MD, MPH Omar Davis	<p>Council on Minority Mental Health and Health Disparities</p> <p>Report to JRC – June 2018 Deadline: 5/23/2018</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
5.B	<p><u>Revised Position Statement on Abuse and Misuse of Psychiatry</u> The Board of Trustees voted to refer the Revised Position Statement on Abuse and Misuse of Psychiatry to the Joint Reference Committee.</p> <p>Will the Joint Reference Committee refer the proposed Position Statement back to the Council on International Psychiatry for additional review and revision?</p>	<p>The Joint Reference Committee referred the Revised Position Statement on <i>Abuse and Misuse of Psychiatry</i> to the Council on International Psychiatry for revision. The feedback from the Board of Trustees will be provided to the Council.</p> <p>The Joint Reference Committee also requested that the Council on International Psychiatry reformat the proposed position statement in keeping with the APA position statement template.</p>	Jon Fanning, MS, CAE Ricardo Juarez, MS	<p>Council on International Psychiatry</p> <p>Report to JRC – June 2018 Deadline: 5/23/2018</p>
6	Report of the Assembly			
6.1	<p><u>Designation of Psychiatry as Primary Care for Any Medical School Scholarships Requiring Primary Care Service (ASM2017A2 12.A)</u></p> <p>The action paper asks that APA advocate for state and federal legislation labeling psychiatry as primary care for any medical school scholarships requiring primary care residencies and service to a community.</p> <p>Will the Joint Reference Committee refer action paper 2017A2 12.A: Designation of Psychiatry as Primary Care for Any Medical School Scholarships Requiring Primary Care Service to the appropriate Component(s) for input or follow-up?</p>	<p>The Joint Reference Committee referred the action paper <i>Designation of Psychiatry as Primary Care for Any Medical School Scholarships Requiring Primary Care Service (ASM2017A2 12.A)</i> to the Council on Advocacy and Government Relations (LEAD) and the Council on Medical Education and Lifelong Learning for input and recommendations regarding potential implementation.</p>	<p>Ashley Mild Deana McRae</p> <p>Tristan Gorrindo, MD Kristen Moeller</p>	<p>Council on Advocacy and Government Relations (LEAD)</p> <p>Council on Medical Education and Lifelong Learning</p> <p>Report to JRC – June 2018 Deadline: 5/23/2018</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.2	<p><u>Medical School Loan Repayment Subsidies for Psychiatrists Practicing in Community Mental Health Centers and State Psychiatric Facilities</u> (ASM2017A2 12.B)</p> <p>The action paper asks that the APA advocate for state and federal legislation to provide funds to help repay loans for psychiatrists in community mental health centers and state psychiatric hospitals.</p> <p>Will the Joint Reference Committee refer action paper 2017A2 12.B: <i>Medical School Loan Repayment Subsidies for Psychiatrists Practicing in Community Mental Health Centers and State Psychiatric Facilities</i> to the appropriate Component(s) for input or follow-up?</p>	<p>The Joint Reference Committee referred the action paper <i>Medical School Loan Repayment Subsidies for Psychiatrists Practicing in Community Mental Health Centers and State Psychiatric Facilities</i> (ASM2017A2 12.B) to the Council on Advocacy and Government Relations (LEAD) and the Council on Medical Education and Lifelong Learning for input and recommendations.</p>	<p>Ashley Mild Deana McRae</p> <p>Tristan Gorrindo, MD Kristen Moeller</p>	<p>Council on Advocacy and Government Relations</p> <p>Council on Medical Education and Lifelong Learning</p> <p>Report to JRC – June 2018 Deadline: 5/23/2018</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.3	<p><u>Transitional Care Services Post-Psychiatric Hospitalization (ASM2017A2 12.C)</u></p> <p>Action paper asks:</p> <p>That the American Psychiatric Association advocate to national policymakers to increase federal funding for psychiatric access-to-care/transition-based clinics aimed at readily available short-term coverage in psychiatric care for uninsured, low-income, and serious mental illness populations.</p> <p>That the American Psychiatric Association promotes the concept of a transitional care based clinic model, aimed at bridging the gap between hospitalization and outpatient follow-up, to ACGME/GME leadership, in an effort to grow interest in implementation of such clinics in GME based settings.</p> <p>Will the Joint Reference Committee refer the action paper 2017A2 12.C: <i>Transitional Care Services Post-Psychiatric Hospitalization</i> to the appropriate Component(s) for input or follow-up?</p>	<p>The Joint Reference Committee referred the action paper <i>Transitional Care Services Post-Psychiatric Hospitalization</i> (ASM2017A2 12.C) to the Council on Advocacy and Government Relations (LEAD), Council on Healthcare Systems and Financing, Council on Quality Care and the Council on Addiction Psychiatry. The councils are asked to provide input and recommendations to the JRC on the potential implementation of this action paper. The Council on Addiction Psychiatry is asked to address transitional care services post-psychiatric hospitalization for persons with substance use disorders and make recommendations as to the inclusion of substance-use disorders in the ask.</p>	<p>Ashley Mild Deana McRae</p> <p>Kristin Kroeger Kathy Orellana</p> <p>Samantha Shugarman, MS</p> <p>Michelle Dirst</p>	<p>Council on Advocacy and Government Relations (LEAD)</p> <p>Council on Healthcare Systems and Financing</p> <p>Council on Quality Care</p> <p>Council on Addiction Psychiatry</p> <p>Report to JRC – June 2018 Deadline: 5/23/2018</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.4	<p><u>Enacting APA Positions: State Medical Board Licensure Queries (ASM2017A2 12.D)</u></p> <p>Action paper asks that:</p> <ol style="list-style-type: none"> 1. The American Psychiatric Association query the licensing boards (M.D., D.O) and, in each state, territory or licensure jurisdiction query their compliance with APA policy and with the ADA act allowing questions only about current mental and physical impairment affecting current ability to practice medicine. 2. The American Psychiatric Association notify each Board of Medicine in writing whether or not their medical licensure application(s) reflect current APA position regarding queries about their applicants' mental health history. The APA will notify each District Branch of the APA of the status of the Board of Medicine or Board of Osteopathic Medicine in its jurisdiction, and will publish on the APA website a list of jurisdictions and whether or not their policies on queries are congruent with the Position of the APA. 3. The American Psychiatric Association notify the Federation of State Medical Boards Work Group of its Position Statement entitled Position Statement on Inquiries about Diagnosis and Treatment of Mental Disorders in Connection with Professional Credentialing and Licensing, adopted in 2015, in advance of the January 2018 meeting of the FSMB Work Group. <p>Will the Joint Reference Committee refer the action paper 2017A2 12.D: Enacting APA Positions: State Medical Board Licensure Queries to the appropriate Component(s) for input or follow-up?</p>	<p>The Joint Reference Committee referred the action paper <i>Enacting APA Positions: State Medical Board Licensure Queries (ASM2017A2 12.D)</i> to the CEO/Medical Director's Office – Office of the General Counsel for input and recommendations on potential implementation as well as other departments as needed.</p>	<p>Saul Levin, MD, MPA Colleen Coyle, JD</p>	<p>CEO/Medical Director's Office Office of the General Counsel</p> <p>Report to JRC – June 2018 Deadline: 5/23/2018</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.5	<p><u>Recognition of Psychiatric Expertise: Efficiency and Sufficiency</u> (ASM2017A2 12.E)</p> <p>Action paper asks that:</p> <ol style="list-style-type: none"> 1. APA encourages the AMA to adopt a policy that the MOC should not be a requirement for maintenance of licensure, hospital privileges, insurance credentialing or employment 2. The APA should support a SA-CME learning option in lieu of the 10-year exam and encourage the ABPN to accelerate the timeline for reform of the MOC process. 3. The MOC should not be part of the licensure requirements for interstate compacts. <p>Will the Joint Reference Committee refer the action paper 2017A2 12.E: Recognition of Psychiatric Expertise: Efficiency and Sufficiency to the appropriate Component(s) for input or follow-up?</p>	<p>The Joint Reference Committee referred the action paper <i>Recognition of Psychiatric Expertise: Efficiency and Sufficiency</i> (ASM2017A2 12.E) to the Council on Medical Education and Lifelong Learning and the APA AMA Delegation for implementation.</p> <p>The JRC requested a report back in June 2018 on the Council's and the Delegation's progress.</p>	<p>Tristan Gorrindo, MD Kristen Moeller</p> <p>Kristin Kroeger Becky Yowell</p>	<p>Council on Medical Education and Lifelong Learning</p> <p>APA AMA Delegation</p> <p>Report to JRC – June 2018 Deadline: 5/23/2018</p>
6.6	<p><u>Conflicts of Interest Not Limited to Pharmaceutical Companies</u> (ASM2017A2 12.G) (Attachment 6 - Action paper, cost estimate, administration comments)</p> <p>The action paper asks that the American Psychiatric Association, through its Annual Meeting Scientific Program Committee, review the current mechanism for reporting conflicts of interest, which mainly are limited to pharmaceutical companies, with an eye toward encouraging the reporting of conflicts which extend beyond pharmaceutical companies.</p> <p>Will the Joint Reference Committee refer the action paper 2017A2 12.G: Conflicts of Interest Not Limited to Pharmaceutical Companies to the appropriate Component(s) for input or follow-up?</p>	<p>The Joint Reference Committee referred action paper <i>Conflicts of Interest Not Limited to Pharmaceutical Companies</i> (ASM2017A2 12.G) to the Scientific Program Committee and Conflict of Interests Committee for their input with recommendations to expand COI forms, define terms, and link COIs in submission process. A report to the JRC was requested for the October 2018 meeting.</p>	<p>Tristan Gorrindo, MD Leon Lewis</p> <p>Yoshie Davison, MSW Margaret Cawley Dewar Laurie McQueen</p>	<p>Scientific Program Committee</p> <p>Association Governance</p> <p>Report to JRC – October 2018 Deadline: TBD</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.7	<p data-bbox="163 214 890 272"><u>Non-Physician Registration Fee for Annual Meetings (ASM2017A2 12.H)</u></p> <p data-bbox="163 311 890 402">The action paper asks that allied health professionals pay the same registration fee as non-member physicians at the Annual Meeting.</p> <p data-bbox="163 441 890 532">Will the Joint Reference Committee refer the action paper 2017A2 12.H: <i>Non-Physician Registration Fee for Annual Meeting</i> to the appropriate Component(s) for input or follow-up?</p>	<p data-bbox="907 214 1316 467">The Joint Reference Committee referred the action paper <i>Non-Physician Registration Fee for Annual Meetings (ASM2017A2 12.H)</i> to the CEO/Medical Director's office and requested that a response be provided to the Assembly May 2018 meeting.</p> <p data-bbox="907 506 1316 1019">The JRC noted that this issue was raised previously and reviewed twice by component groups, the Board of Trustees, and the Administration. While it is postulated that non-psychiatrists are filling sessions instead of APA Members, it is due to the complexities involved in allocating the variable space available for scientific programs, courses and other sessions at the Annual Meeting, that caused the five incidents of too small a conference room, and not due to non-physician members taking up space. This task is highly complex.</p>	<p data-bbox="1333 214 1652 305">Saul Levin, MD Tristan Gorrindo, MD Cathy Nash</p>	<p data-bbox="1669 214 2030 305">CEO/Medical Director's Office Education Department Meetings Department</p> <p data-bbox="1669 344 2030 402">Assembly – May 2018 Deadline: 3/15/18</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.8	<p>APA Position Statement Strongly Recommending Twelve Weeks of Paid Parental Leave (ASM2017A2 12.I) (Attachment 8 - Action paper, cost estimate, administration comments) The action paper asks that the APA approve and adopt the attached position statement recommending 12 weeks of paid parental leave. [Note: The Assembly voted to approve the action paper as a position statement.]</p> <p>Will the Joint Reference Committee refer the position statement 2017A2 12.I: APA Position Statement Strongly Recommending Twelve Weeks of Paid Paternal Leave to the appropriate Component(s) for input or follow-up?</p>	<p>The Joint Reference Committee referred the action paper <i>APA Position Statement Strongly Recommending Twelve Weeks of Paid Parental Leave</i> (ASM2017A2 12.I) to the Office of the General Counsel, Council on Healthcare Systems and Financing (LEAD), and the Council on Advocacy and Government Relations.</p> <p>Prior to review by the Councils, the Office of the General Counsel is asked to provide input on the current APA parental leave policy and how this may or may not differ with APA's policy and the laws of the District of Columbia.</p> <p>The Council on Healthcare Systems and Financing is asked to assess how such a policy may affect members in different practice settings. Council on Advocacy and Government Relations is asked to review how such a policy may be received or accepted in the political and advocacy arena.</p>	<p>Colleen Coyle, JD</p> <p>Kristin Kroeger Kathy Orellana</p> <p>Ashley Mild Deana McRae</p>	<p>Office of the General Counsel</p> <p>Council on Healthcare Systems and Financing</p> <p>Council on Advocacy and Government Relations</p> <p>Report to JRC – June 2018 Deadline: 5/23/2018</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.9	<p><u>Helping Members Join Caucuses</u> (ASM2017A2 12.J)</p> <p>The action paper asks that the APA new member and membership renewal emails have a direct link to joining a caucus.</p> <p>Will the Joint Reference Committee refer the Assembly passed action paper 2017A2 12.J: <i>Helping Members Join Caucuses</i> to the appropriate Component(s) for input or follow-up?</p>	<p>The Joint Reference Committee referred the action paper <i>Helping Members Join Caucuses</i> (ASM2017A2 12.J) to the Membership Committee for input and recommendations regarding implementation of the action paper. A report to the JRC is requested for June 2018.</p>	<p>Jon Fanning, MS, CAE Stephanie Auditore</p>	<p>Membership Committee</p> <p>Report to JRC – June 2018 Deadline: 5/23/2018</p>
6.10	<p><u>Achieving Congruence between the APA Commentary on Ethics in Practice and the AMA Principles of Medical Ethics Concerning Ethical Obligations of Psychiatrists Making Benefit Determination Decisions</u> (ASM2017A2 12.K)</p> <p>The action paper asks that the APA will direct the authors of the <i>APA Commentary on Ethics in Practice</i> to bring its language into congruence with that of the <i>AMA Principles of Medical Ethics 10.1.1</i>, including a thoughtful exploration of the complexities involved. This would apply to any psychiatrist making any benefit and/or policy determinations.</p> <p>Will the Joint Reference Committee refer the action paper 2017A2 12.K: <i>Achieving Congruence between the APA Commentary on Ethics in Practice and the AMA Principles of Medical Ethics Concerning Ethical Obligations of Psychiatrists Making Benefit Determination Decisions</i> to the appropriate Component(s) for input or follow-up?</p>	<p>Please see item 4, the Ethics Committee Report on page 2 of this summary.</p>	<p>Colleen Coyle, JD</p>	<p>Ethics Committee</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.11	<p><u>Adopting an APA Position Statement Supporting Implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA or parity law)</u> (ASM2017A2 12.L)</p> <p>Action paper asks:</p> <p>A. That the Assembly recommend adoption of an APA position statement, appropriately formatted, as follows: It is the position of the APA that:</p> <ol style="list-style-type: none"> 1. Insurance and/or other third party MHSUD utilization management and medical necessity criteria should be developed by individuals who are trained as psychiatrists or by work groups that include psychiatrists. 2. Insurance and/or other third party MHSUD utilization management and medical necessity criteria should be in full compliance with requirements of applicable state and federal parity laws, including with MHPAEA requirements that quantitative limits (QTLs) and non-quantitative limits (NQTLs) for MHSUD care should be comparable to and no more stringent than medical necessity criteria for medical and surgical care, except as allowed by the law. 3. Insurance companies and/or other third parties offering coverage for both medical/surgical and MHSUD treatment—including those that do so through MHSUD “carve outs”—have an obligation to provide to their medical directors, psychiatrist reviewers, other clinicians who make benefit determinations, and to treating clinicians and to covered individuals, current and accurate information about whether and how their MHSUD utilization review and medical necessity criteria comply with MHPAEA QTL and NQTL requirements. <p>B. The Assembly will directly refer this action paper outlining specific elements of a position statement to the Board of Trustees for adoption at their next meeting, including holding a separate vote to this effect, if required by Assembly rules.</p> <p>Will the Joint Reference Committee refer the Assembly passed action paper 2017A2 12.L: <i>Adopting an APA Position Statement Supporting Implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA or parity law)</i> to the appropriate Component(s) for input or follow-up?</p>	<p>The Joint Reference Committee referred the action paper <i>Adopting an APA Position Statement Supporting Implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA or parity law)</i> (ASM2017A2 12.L) to the Council on Healthcare Systems and Financing (LEAD) and the Council on Advocacy and Government Relations for input and feedback.</p>	<p>Kristin Kroeger Kathy Orellana</p> <p>Ashley Mild Deana McRae</p>	<p>Council on Healthcare Systems and Financing (LEAD)</p> <p>Council on Advocacy and Government Relations</p> <p>Report to JRC – June 2018 Deadline: 5/23/2018</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.12	<p><u>Joint Meeting of the Council on Minority Mental Health and Health Disparities and the Assembly Committee of Representatives of Minority/Underrepresented Groups (ASM2017A2 12.M)</u></p> <p>The action paper asks that:</p> <p>1) That the American Psychiatric Association will support another Joint Meeting of the Council on Minority Mental Health and Health Disparities and the Assembly Committee of Representatives of Minority/Underrepresented Groups, in alignment with the APA's fourth strategic initiative addressing diversity.</p> <p>2) That such meeting will take place during the Annual September Components Meeting of the American Psychiatric Association in September 2018.</p> <p>[N.B.: At its meeting in October, the Joint Reference Committee recommended that the Board of Trustees approve the request for the seven M/UR Caucus Assembly Representatives (or their designees) to meet with the Council at the 2018 September Components Meeting at the same level of funding as this year at approximately \$9,000 from the Assembly Budget and additional costs for members of the Council on Minority Mental Health and Health Disparities from the component's budget. This action was approved by Board of Trustees at its December 2017 meeting.]</p> <p>Will the Joint Reference Committee refer the action paper 2017A2 12.M: Joint Meeting of the Council on Minority Mental Health and Health Disparities and the Assembly Committee of Representative of Minority/Underrepresented Groups to the appropriate Component(s) for input or follow-up?</p>	<p>The Joint Reference Committee thanked the Assembly for forwarding action paper ASM2017A212.M <i>Joint Meeting of the Council on Minority Mental Health and Health Disparities and the Assembly Committee of Representatives of Minority/Underrepresented Groups</i> for consideration. In October 2017, the Board of Trustees approved the request of the Council on Minority Mental Health and Health Disparities to hold a joint meeting of the Council and the Assembly Committee of Representatives of Minority/Underrepresented Groups. The Assembly agreed to fund their M/UR representatives.</p> <p>No further action is needed.</p>	Ranna Parekh, MD, MPH	Division of Diversity and Health Equity December 2018

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.13	<p><u>Civil Liability Coverage for District Branch Ethics Investigations (ASM2017A2 12.N)</u></p> <p>The action paper asks that:</p> <ol style="list-style-type: none"> 1. The American Psychiatric Association shall make a copy of the APA Director & Officer Liability policy available upon request by District Branch. 2. The American Psychiatric Association shall amend the APA Operations manual to include information regarding indemnification of district branches for liability related to ethics investigations. 3. The American Psychiatric Association shall develop a written policy and protocol to provide expenditures to district branches specifically to support ethics investigations. <p>Will the Joint Reference Committee refer the action paper 2017A2 12.N: <i>Civil Liability Coverage for District Branch Ethics Investigation</i> to the appropriate Component(s) for input or follow-up?</p>	<p>The Joint Reference Committee referred the action paper <i>Civil Liability Coverage for District Branch Ethics Investigations (ASM2017A2 12.N)</i> to the Board of Trustees. The JRC noted that it was not in the best interests of the APA to release the APA Director and Officer Liability policy beyond the summary document already provided to the District Branches on the DB Executives Website.</p>	<p>Yoshie Davison, MSW Margaret Cawley Dewar Ardell Lockerman</p>	<p>Board of Trustees – March 2018</p>

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6.14	<p data-bbox="163 214 768 240"><u>Council on Women's Mental Health (ASM2017A2 12.O)</u></p> <p data-bbox="163 279 869 402">The action paper asks that the American Psychiatric Association develop a Council on Women's Mental Health to address mental health conditions and health related disorders pertaining to mental health that affect women</p> <p data-bbox="163 441 898 532">Will the Joint Reference Committee refer the action paper 2017A2 12.O: Council on Women's Mental Health to the appropriate Component(s) for input or follow-up?</p>	<p data-bbox="907 214 1289 532">The Joint Reference Committee discussed the action paper <i>Council on Women's Mental Health</i> (ASM2017A2 12.O) followed by an executive session. The Joint Reference Committee appreciated that the leadership's attention was brought to this issue as it is important and needs better coordination.</p> <p data-bbox="907 571 1310 954">The Joint Reference Committee referred the action paper to the Board of Trustees and requested that an Ad Hoc Work Group on Women's Mental Health be formed. It was the JRC's hope that an Ad Hoc Work Group would thoughtfully assess the issues at hand and make recommendations to the Board of Trustees on how to address Women's Mental Health issues across the Association.</p>	<p data-bbox="1333 214 1604 305">Yoshie Davison, MSW Margaret Cawley Dewar Ardell Lockerman</p>	<p data-bbox="1669 214 2024 240">Board of Trustees – March 2018</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.15	<p><u>Addressing the Negative Impact of the Rule of 95 on Dues Revenue (ASM2017A2 12.P)</u></p> <p>The action papers asks that the Board of Trustees (BOT) establish a Task Force charged with reviewing the Rule of 95 and making recommendations to be presented to the BOT in time for possible action by the BOT and the Assembly at the November 2018 Assembly Meeting. Membership on this Task Force could be drawn from the BOT, APA management, the Assembly leadership, the Membership Committee, and DB and State Association leadership and staff and shall include representation from the Senior Psychiatrists, RFMs, and ECPS.</p> <p>Will the Joint Reference Committee refer the action paper 2017A2 12.P: <i>Addressing the Negative Impact of the Rule of 95 on Dues Revenue</i> to the appropriate Component(s) for input or follow up?</p>	<p>The Joint Reference Committee thanked the Assembly for forwarding action paper ASM2017A212.P <i>Addressing the Negative Impact of the Rule of 95 on Dues Revenue</i> for consideration and reports that a Board of Trustees Ad Hoc Work Group on the Rule of 95 has been established. This action paper has been referred to the BOT AWHG on the Rule of 95 to be incorporated into its ongoing work.</p>	<p>Jon Fanning, MS, CAE Colleen Coyle, JD</p>	<p>Board of Trustees Ad Hoc Work Group on the Rule of 95</p>
6.16	<p><u>Revised Position Statement: Need to Maintain Long-Term Care Facilities for Certain Individuals with Serious Mental Illness (JRCJUNE178.F.1/ASMNOV174.B.2)</u></p> <p>The Assembly <u>did not</u> approve the Revised Position Statement: <i>Need to Maintain Long-Term Care Facilities for Certain Individuals with Serious Mental Illness</i> as the Assembly had concerns about the title and felt some revisions are needed to clarify the intent of the position statement.</p> <p>Will the Joint Reference Committee refer the Revised Position Statement: <i>Need to Maintain Long-Term Care Facilities for Certain Individuals with Serious Mental Illness</i> to the appropriate Component(s) for input or follow-up?</p>	<p>See item 8.F.2 – The Council on Healthcare Systems and Financing revised the proposed <i>Position Statement on the Need to Maintain Intermediate and Long-Term Hospital Care for Certain Individuals with Serious Mental Illness</i> to address the concerns raised by the Assembly in November 2017.</p>	<p>Kristin Kroeger Kathy Orellana</p>	<p>Council on Healthcare Systems Financing</p>
8.A	<p>Council on Addiction Psychiatry Please see item 8.A for the Council’s report, summary of current activities, and information items.</p>	<p>The Joint Reference Committee thanked the Council for its report on current activities.</p>		<p>Completed</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.B	<p>Council on Advocacy and Government Relations Please see item 8.B for the Council’s report, summary of current activities, and information items.</p>	<p>The Joint Reference Committee thanked the Council for its report on current activities.</p>		<p>Completed</p>
8.B.1	<p><u>Revised Position Statement on Psychologists and Other Mental Health Professionals and Hospital Privileges</u> Will the Joint Reference Committee recommend that the Assembly approve the revised <i>Position Statement Psychologists and Other Mental Health Professionals and Hospital Privileges</i> and if approved, forward it to the Board of Trustees for consideration?</p> <p>Through JRC directive, the Council on Advocacy and Government Relations established a joint Council work group with the Council on Psychosomatic Medicine to broaden the 2007 position statement to encompass perspective of those psychiatrists working in general medical and hospital setting in addition to those in psychiatric hospitals. Taking into consideration the work group’s recommended modifications, the Council voted to support advancing the revised position statement as written.</p>	<p>The Joint Reference Committee referred the revised <i>Position Statement Psychologists and Other Mental Health Professionals and Hospital Privileges</i> back to the Council on Advocacy and Government Relations. The JRC is concerned about the phrase “to act in roles consistent with their specialization and training” in the last sentence. In consultation with Council on Healthcare Systems and Financing, the JRC asked that the Council on Advocacy and Government Relations review and address how this phrase could potentially be misconstrued given scope of practice issues. If the goal is to recommend that a psychiatrist should be the lead of the medical team, then consider revising the statement to so indicate.</p> <p>The Joint Reference Committee requested that the Council on Advocacy and Government Relations reformat the proposed position statement in keeping with the APA position statement template.</p> <p>In addition, there was a minor edit to add a period after “disease” to break up the sentence in “...and often co-morbid general medical disease the APA Advocates....”</p>	<p>Ashley Mild Deana McRae</p> <p>Kristin Kroeger Kathy Orellana</p>	<p>Council on Advocacy and Government Relations (LEAD)</p> <p>Council on Healthcare Systems and Financing</p> <p>Report to JRC – June 2018 Deadline: 5/23/2018</p>

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8.C	<p>Council on Children, Adolescents, and Their Families Please see item 8.C for the Council’s report, a summary of current activities, and information items.</p>	<p>The Joint Reference Committee thanked the Council for its report on current activities.</p> <p>The Joint Reference Committee brought to the Council’s attention potential discriminatory practices in insurance coverage plans for college tuition costs due to a student’s medical issue. The Chair will confer with College Mental Health Caucus for input and provide recommendations.</p>	Ranna Parekh, MD, MPH Tatiana Claridad	<p>Council on Children, Adolescents, and Their Families</p> <p>Report to JRC – June 2018 Deadline: 5/23/2018</p>
8.D	<p>Council on Communications Please see item 8.D for the Council’s report, a summary of current activities, and information items.</p>	The Joint Reference Committee thanked the Council for its report on current activities.		Completed
7.A	<p><u>3-year Assessment of the Council on Communications</u> Will the Joint Reference Committee review and provide feedback to the Council on Communications based on the materials submitted for its 3-year assessment?</p>	The Joint Reference Committee accepted the 3-year assessment materials from the Council on Communications. The JRC suggested that the Council partner with APA Publishing to promote its publications via social media.		Completed
8.E	<p>Council on Geriatric Psychiatry Please see item 8.E for the Council’s report, summary of current activities, and information items.</p>	The Joint Reference Committee thanked the Council for its report on current activities.		Completed

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7.B	<p>Council Assessments – Council on Geriatric Psychiatry</p> <p>Will the Joint Reference Committee review and provide feedback to the Council on Geriatric Psychiatry based on the materials submitted for its 3-year assessment?</p>	<p>The Joint Reference Committee accepted the 3-year assessment materials from the Council on Geriatric Psychiatry and thanked the Council for its work over the past year. The Council is very hard working and has developed high-quality work product.</p>		<p>Completed</p>
8.F	<p>Council on Healthcare Systems and Financing</p> <p>Please see item 8.F for the Council’s report, summary of current activities, and information items.</p>	<p>The Joint Reference Committee thanked the Council for its report on current activities.</p>		<p>Completed</p>
8.F.1	<p><u>Proposed Position Statement on Peer Support Services</u></p> <p>Will the Joint Reference Committee recommend that the Assembly approve the <i>proposed Position Statement on Peer Support Services</i> and if approved, forward it to the Board of Trustees for consideration?</p> <p>N.B. If the revised position statement is approved by both the Assembly and the Board of Trustees, the <i>2012 Position Statement Support for Peer Support Services</i> will be retired.</p>	<p>The Joint Reference Committee recommended that Assembly approve the proposed <i>Position Statement on Peer Support Services</i>.</p> <p>The Joint Reference Committee requested that the Council on Healthcare Systems and Financing reformat the proposed position statement in keeping with the APA position statement template and return the reformatted statement to the JRC not later than March 7, 2018.</p>	<p>Kristin Kroeger Kathy Orellana</p> <p>Yoshie Davison, MSW Margaret Cawley Dewar Allison Moraske</p>	<p>Council on Healthcare Systems and Financing Report to JRC: MARCH 7, 2018</p> <p>Assembly – May 2018 Deadline: 3/15/18</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.F.2	<p><u>Proposed Position Statement on the Need to Maintain Intermediate and Long-Term Hospital Care for Certain Individuals with Serious Mental Illness</u> Will the Joint Reference Committee recommend that the Assembly approve the proposed Position Statement on the Need to Maintain Intermediate and Long-Term Hospital Care for Certain Individuals with Serious Mental Illness and if approved, forward it to the Board of Trustees for consideration?</p> <p>N.B. If the revised position statement is approved by both the Assembly and the Board of Trustees, the <i>1974 Position Statement on the Need to Maintain Long-Term Inpatient Psychiatric Hospitals and the 2014 Position Statement on the Federal Exemption from Medicaid Institutions for Mental Disease</i>, will be retired.</p>	<p>The Joint Reference Committee recommended that Assembly approve the proposed <i>Position Statement on the Need to Maintain Intermediate and Long-Term Hospital Care for Certain Individuals with Serious Mental Illness</i>.</p> <p>The Joint Reference Committee requested that the Council on Healthcare Systems and Financing reformat the proposed position statement in keeping with the APA position statement template and return the reformatted statement to the JRC not later than March 7, 2018.</p>	<p>Kristin Kroeger Kathy Orellana</p> <p>Yoshie Davison, MSW Margaret Cawley Dewar Allison Moraske</p>	<p>Council on Healthcare Systems and Financing Report to JRC: MARCH 7, 2018</p> <p>JRC March 8, 2018 Referred to the Assembly Committee on Community and Public Psychiatry</p> <p>Report to JRC through Council on Healthcare Systems and Financing</p> <p>Report to JRC – June 2018 Deadline: 5/23/2018</p>
8.F.3	<p><u>Revised Position Statement on Telemedicine in Psychiatry</u> Will the Joint Reference Committee recommend that the Assembly approve the revised Position Statement on Telemedicine in Psychiatry and if approved, forward it to the Board of Trustees for consideration?</p> <p>N.B. If the revised position statement is approved by both the Assembly and the Board of Trustees, the <i>2015 Position Statement on Telemedicine in Psychiatry</i> will be retired.</p>	<p>The Joint Reference Committee recommended that Assembly approve the revised <i>Position Statement on Telemedicine in Psychiatry</i>.</p> <p>The Joint Reference Committee requested that the Council on Healthcare Systems and Financing reformat the proposed position statement in keeping with the APA position statement template and return the reformatted statement to the JRC not later than March 7, 2018.</p>	<p>Kristin Kroeger Kathy Orellana</p> <p>Yoshie Davison, MSW Margaret Cawley Dewar Allison Moraske</p>	<p>Council on Healthcare Systems and Financing Report to JRC: MARCH 7, 2018</p> <p>Assembly – May 2018 Deadline: 3/15/18</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.F.4	<p><u>Resource Document: Best Practices in Videoconferencing-Based Telemental Health</u> Will the Joint Reference Committee approve the Resource Document <i>Best Practices in Videoconferencing-Based Telemental Health</i>, developed in concert with the American Telemedicine Association?</p> <p>Note: Over the past six months, the APA’s Committee on Telepsychiatry has worked jointly with the American Telemedicine Association (ATA) to develop this guidance document. The document is currently moving through the approval process at both the APA and the ATA and it is hoped that the document will be approved by both associations by their May Annual Meetings. Once approved, the document would reside concurrently on the APA’s Telepsychiatry toolkit and the website of the American Telemedicine Association.</p>	<p>The Joint Reference Committee approved the Resource Document: <i>Best Practices in Videoconferencing-Based Telemental Health</i>.</p> <p>The JRC requested that a disclaimer be added to the document noting that this is not an APA Practice Guideline.</p>	<p>Yoshie Davison, MSW Margaret Cawley Dewar Ardell Lockerman</p>	<p>Board of Trustees – March 2018 For Information Only</p>
8.F.5	<p><u>Request for Work Group: Level of Service Intensity Instrument</u> Will the Joint Reference Committee support the creation of a joint workgroup, under the Council on Healthcare Systems and Financing, the Council on Quality Care, and the Council on Research, to develop an APA-owned Level of Service Intensity Instrument?</p> <p>The council supports the APA developing a levels of care assessment tool, but only if APA will commit the funding and resources to achieve the gold standard. For reference, AACAPs tool is estimated to have cost \$200,000 over 15 years ago for research alone.</p>	<p>The Joint Reference Committee supported the creation of a joint workgroup, under the Council on Healthcare Systems and Financing, with membership derived from the Council on Healthcare Systems and Financing, Council on Quality Care, and Council on Research. The JRC requests a report in October 2018 on the work group’s progress.</p> <p>It is expected that that work group will evaluate the pros and cons of the development of a level of service instrument, the potential avenues and funding for such development and make a recommendation to the JRC.</p>	<p>Kristin Kroeger Kathy Orellana</p> <p>Samantha Shugarman, MS</p> <p>Philip Wang, MD, DrPH</p>	<p>Council on Healthcare Systems and Financing (LEAD)</p> <p>Council on Quality Care</p> <p>Council on Research</p> <p>Report to JRC – October 2018 Deadline: TBD</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.G	Council on International Psychiatry Please see item 8.G for the Council's report, summary of current activities, and information items.	The Joint Reference Committee thanked the Council for its report on current activities.		Completed
8.G.1	Information Item: Update on the status of the proposed Caucus on Mental Health and Climate Change	<p>The Joint Reference Committee thanked the Council on International Psychiatry for its report and feedback on the status of the proposed Caucus on Mental Health and Climate Change.</p> <p>The JRC, in consultation with the Administration, will assign a proposed Caucus on Mental Health and Climate Change, once established, under the Committee on Psychiatric Dimensions of Disasters.</p>	Philip Wang, MD, DrPH Ricardo Juarez, MS	Council on Research Committee on Psychiatric Dimensions of Disasters
8.H	Council on Medical Education and Lifelong Learning Please see item 8.H for the Council's report, summary of current activities, and information items.	The Joint Reference Committee thanked the Council for the update on its current activities and thanked the council for providing more information on the ABPN pilot program on MOC.		Completed
8.I	Council on Minority Mental Health and Health Disparities Please see item 8.I for the Council's report, summary of current activities, and information items.	The Joint Reference Committee thanked the Council for its report on current activities.		Completed

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.1.1	<p><u>Revised Position Statement on Abortion</u> Will the Joint Reference Committee recommend that the Assembly approve the <i>revised Position Statement on Abortion</i> and if approved, forward it to the Board of Trustees for consideration?</p> <p>NB: If the revised position statement is approved by both the Assembly and the Board of Trustees, the 1978 Position Statement on Abortion will be retired.</p>	<p>The Joint Reference Committee recommended that the Assembly approve the <i>revised Position Statement on Abortion</i> and if approved, forward it to the Board of Trustees for consideration.</p> <p>The JRC made minor editorial revisions to the position statement.</p>	<p>Yoshie Davison, MSW Margaret Cawley Dewar Allison Moraske</p>	<p>Assembly – May 2018 Deadline: 3/15/18</p>
8.1.2	<p><u>Revised Position Statement: Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health</u> Will the Joint Reference Committee recommend that the Assembly approve the <i>revised Position Statement: Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health</i> and if approved, forward it to the Board of Trustees for consideration?</p> <p>NB: If the revised position statement is approved by both the Assembly and the Board of Trustees, the 2006 <i>Position Statement: Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health</i> will be retired.</p>	<p>The Joint Reference Committee recommended that the Assembly approve the <i>revised Position Statement: Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health</i> and if approved, forward it to the Board of Trustees for consideration.</p> <p>The Joint Reference Committee requested that the Council on Minority Mental Health and Health Disparities reformat the proposed position statement in keeping with the APA position statement template and return the reformatted statement to the JRC not later than March 7, 2018.</p>	<p>Ranna Parekh, MD, MPH Omar Davis</p> <p>Yoshie Davison, MSW Margaret Cawley Dewar Allison Moraske</p>	<p>Council on Minority Mental Health and Health Disparities Report to JRC: MARCH 7, 2018</p> <p>Assembly – May 2018 Deadline: 3/15/18</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.1.3	<p><u>Revised Position Statement on Religious Persecution and Genocide</u> Will the Joint Reference Committee recommend that the Assembly approve the revised <i>Position Statement on Religious Persecution and Genocide</i> and if approved, forward it to the Board of Trustees for consideration?</p> <p>NB: If the revised position statement is approved by both the Assembly and the Board of Trustees, the 1977 <i>Position Statement on Religious Persecution and Genocide</i> will be retired.</p>	<p>The Joint Reference Committee recommended that the Assembly approve the revised <i>Position Statement on Religious Persecution and Genocide</i> and if approved, forward it to the Board of Trustees for consideration.</p> <p>The Joint Reference Committee requested that the Council on Minority Mental Health and Health Disparities reformat the proposed position statement in keeping with the APA position statement template and return the reformatted statement to the JRC not later than March 7, 2018.</p>	<p>Ranna Parekh, MD, MPH Omar Davis</p> <p>Yoshie Davison, MSW Margaret Cawley Dewar Allison Moraske</p>	<p>Council on Minority Mental Health and Health Disparities Report to JRC: MARCH 7, 2018</p> <p>Assembly – May 2018 Deadline: 3/15/18</p>
8.1.4	<p><u>Proposed Position Statement on Mental Health Needs of Undocumented Immigrants, including Childhood Arrivals, Asylum Seekers, and Detainees</u> Will the Joint Reference Committee recommend that the Assembly approve the proposed <i>Position Statement on Mental Health Needs of Undocumented Immigrants, including Childhood Arrivals, Asylum Seekers, and Detainees</i> and if approved, forward it to the Board of Trustees for consideration?</p>	<p>The Joint Reference Committee referred the proposed <i>Position Statement on Mental Health Needs of Undocumented Immigrants, including Childhood Arrivals, Asylum Seekers, and Detainees</i> to the Council on Psychiatry and Law for review and input. A report to the JRC is request for its meeting in June 2018.</p>	<p>Colleen Coyle, JD Alison Crane, JD</p>	<p>Council on Psychiatry and Law</p> <p>Report to JRC – June 2018 Deadline: 5/23/2018</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.1.5	<p><u>Proposed Position Statement on Equitable Treatment of Substance Use Disorders Across Racial Lines</u> Will the Joint Reference Committee recommend that the Assembly approve the <i>proposed Position Statement on Equitable Treatment of Substance Use Disorders Across Racial Lines</i> and if approved, forward it to the Board of Trustees for consideration?</p>	<p>The Joint Reference Committee referred the proposed <i>Position Statement on Equitable Treatment of Substance Use Disorders Across Racial Lines</i> to the Council on Addiction Psychiatry and requested that they review the document and provide comment and feedback, including any potential revisions.</p>	<p>Kristin Kroeger Michelle Dirst</p>	<p>Council on Addiction Psychiatry Report to JRC – June 2018 Deadline: 5/23/2018</p>
8.1.6	<p><u>Proposed Position Statement on Mental Health Equity and the Social and Structural Determinants of Mental Health</u> Will the Joint Reference Committee recommend that the Assembly approve the <i>proposed Position Statement on Mental Health Equity and the Social and Structural Determinants of Mental Health</i> and if approved, forward it to the Board of Trustees for consideration?</p>	<p>The Joint Reference Committee referred the proposed <i>Position Statement on Mental Health Equity and the Social and Structural Determinants of Mental Health</i> back to the Council on Minority Mental Health and Health Disparities for further revision and requested a report back to the JRC in June 2018.</p> <p>The JRC requested that the Council review the World Psychiatric Association’s statement on mental health equity and social determinants of health.</p> <p>The JRC requested the that Council revise the language of bullet #3 to indicate that mental health systems would assess their capacity to screen. Additionally, it was unclear if there are evidence-based instruments for systems to use to accomplish this assessment.</p>	<p>Ranna Parekh, MD, MPH Omar Davis</p>	<p>Council on Minority Mental Health and Health Disparities Report to JRC – June 2018 Deadline: 5/23/2018</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.1.7	<p>Proposed Position Statement on Police Brutality and Black Men</p> <p>Will the Joint Reference Committee recommend that the Assembly approve the <i>proposed Position Statement on Police Brutality and Black Men</i> consideration?</p>	<p>The Joint Reference Committee referred the proposed <i>Position Statement on Police Brutality and Black Men</i> back to be reformatted by the Council on Minority Mental Health and Health Disparities into a brief issue statement. Much of the information in the introductory statement could form background information for the position statement.</p> <p>The JRC suggested that the wording on the 3rd recommendation be revised to acknowledge the ongoing collaboration and partnership between the APA and the International Association of Chiefs of Police and other law enforcement agencies.</p> <p>The JRC also referred the position statement for review and comment to the Council on Psychiatry and Law after the position statement has been reformatted by the Council on Minority Mental Health and Health Disparities.</p>	<p>Ranna Parekh, MD, MPH Omar Davis</p> <p>Colleen Coyle, JD Alison Crane, JD</p>	<p>Council on Minority Mental Health and Health Disparities</p> <p>Council on Psychiatry and Law</p> <p>Report to JRC – June 2018 Deadline: 5/23/2018</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.1.8	<p><u>Proposed Position Statement on Discrimination of Religious Minorities</u> Will the Joint Reference Committee recommend that the Assembly approve the <i>proposed Position Statement on Discrimination of Religious Minorities</i> and if approved, forward it to the Board of Trustees for consideration?</p>	<p>The Joint Reference Committee recommended that the Assembly approve the <i>Proposed Position Statement on Discrimination of Religious Minorities</i> as revised by the JRC.</p> <p>The JRC requested that the Council on Minority Mental Health and Health Disparities review the title revision and suggested rewording to recommendation #4 made by the JRC and reformat the proposed position statement in keeping with the APA position statement template and return the reformatted statement to the JRC not later than March 7, 2018.</p>	<p>Ranna Parekh, MD, MPH Omar Davis</p> <p>Yoshie Davison, MSW Margaret Cawley Dewar Allison Moraske</p>	<p>Council on Minority Mental Health and Health Disparities Report to JRC: MARCH 7, 2018</p> <p>Assembly – May 2018 Deadline: 3/15/18</p>
8.1.9	<p><u>Retire 2013 Position Statement on Detained Immigrants with Mental Illness</u> Will the Joint Reference Committee recommend that the Assembly retire the 2013 <i>Position Statement on Detained Immigrants with Mental Illness</i> and if retired, forward it to the Board of Trustees for consideration?</p> <p>Rationale: A newly drafted Position Statement — <i>Mental Health Needs of Undocumented Immigrants, including Childhood Arrivals, Asylum-Seekers, and Detainees</i> — incorporates content from <i>Detained Immigrants with Mental Illness</i> and includes additional resources that address the current political and social climate. To eliminate duplicative publications, CMMH/HD recommends the Position Statement be retired.</p>	<p>The Joint Reference Committee deferred consideration of retiring the 2013 <i>Position Statement on Detained Immigrants with Mental Illness</i> until the June 2018 JRC meeting pending revision of the proposed Position Statement — <i>Mental Health Needs of Undocumented Immigrants, including Childhood Arrivals, Asylum-Seekers, and Detainees</i> — incorporates content from <i>Detained Immigrants with Mental Illness</i>.</p>		<p>JRC – June 2018 Add as Old Business on Agenda Deadline: 5/23/2018</p>

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.J	Council on Psychiatry and Law Please see item 8.J for the Council's report, summary of current activities, and information items.			Completed
8.J.1	<u>Revised Proposed Position Statement: Weapons Use in Hospitals and Patient Safety</u> Will the Joint Reference Committee recommend that the Assembly approve the revised proposed <i>Position Statement on Weapons Use in Hospitals and Patient Safety</i> and if approved, forward it to the Board of Trustees for consideration? The Council on Psychiatry and Law has developed a Position Statement on Weapons Use in Hospitals and Patient Safety. The draft Position Statement was revised by the Council in response to feedback from the Joint Reference Committee after considering the draft document during its October meeting. Specifically, revisions were made to clarify that the document focuses on appropriate clinical responses to patient violence, and that the usual clinical response from clinical personnel should never include weapons use.	The Joint Reference Committee recommended that the Assembly approve the revised proposed <i>Position Statement on Weapons Use in Hospitals and Patient Safety</i> and if approved, forward it to the Board of Trustees for consideration. The JRC made an editorial revision to the position statement.	Yoshie Davison, MSW Margaret Cawley Dewar Allison Moraske	Assembly – May 2018 Deadline: 3/15/18
8.K	Council on Psychosomatic Medicine Please see item 8.K for the Council's report, summary of current activities, and information items.			Completed
8.K.1	<u>Request to Change the Name of the Council</u> Will the Joint Reference Committee recommend that the Board of Trustees approve changing the name of the Council on Psychosomatic Medicine to the Council on Consultation-Liaison Psychiatry to conform with the official name change of the subspecialty?	The Joint Reference Committee recommended that the Board of Trustees approve the changing the name of the Council on Psychosomatic Medicine to the Council on Consultation-Liaison Psychiatry.	Yoshie Davison, MSW Margaret Cawley Dewar Ardell Lockerman	Board of Trustees – March 2018

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.K.2	<p><u>Resource Document: The Assessment of Capacity for Medical Decision Making</u> Will the Joint Reference Committee approve the Resource Document on the Assessment of Capacity for Medical Decision Making?</p> <p>The authors of the resource document reviewed the classic and emerging literature on decisional capacity, including literature on clinical approaches to determination of decisional capacity, specific psychiatric and neurologic illness affecting decisional capacity, use of standardized rating instruments, and modification of clinical examination techniques specific to decisional capacity determinations. The authors cover nine topic areas pertinent to decisional capacity determinations, with review of the relevant literature for each topic, and offer a proposed clinical methodology for decisional capacity determinations in the context of comprehensive psychiatric evaluations.</p>	<p>The Joint Reference Committee thanked the council for developing this much needed resource document and referred it back to the Council on Psychosomatic Medicine for additional revisions. The Resource Document was also referred to the Council on Psychiatry and Law and the Council on Geriatric Psychiatry for their review and feedback.</p> <p>The content of the document would be strengthened with the addition of content related to the process for obtaining informed consent, how decisional capacity changes over time especially in those with neurocognitive disorders, and information on how to clarify and operationalize these processes.</p> <p>The JRC thought that the document would benefit from some copy editing for consistency and clarity. Specific comments from the JRC will be provided to the Council on Psychosomatic Medicine.</p>	<p>Kristin Kroeger Michelle Dirst</p> <p>Colleen Coyle, JD Alison Crane, JD</p> <p>Ranna Parekh, MD, MPH Sejal Patel</p>	<p>Council on Psychosomatic Medicine (LEAD)</p> <p>Council on Psychiatry and Law</p> <p>Council on Geriatric Psychiatry</p> <p>Report to JRC – June 2018 Deadline: 5/23/2018</p>
8.L	<p>Council on Quality Care Please see item 8.L for the Council’s report, summary of current activities, and information items.</p>			Completed

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.L.1	<p>Referral Update – no action required</p> <p>Providing Education and Guidance for the Use and Limitations of Pharmacogenomics in Clinical Practice (JRCJUNE176.5, ASM2017A1 12.G).</p> <p>LEAD: Council on Quality Care</p> <p>As originally requested by the JRC in June 2017, the Council on Quality Care continued to work with several APA component groups to address the varying resolves found within the Action Paper:</p> <ul style="list-style-type: none"> • The APA Staff Liaison to the Council on Research shared the Council on Research-charged Work Group on Biomarkers draft paper on the use of pharmacogenomics and the treatment of depression (recently approved by the Board of Trustees for submission to the American Journal of Psychiatry) with the Council on Quality Care. • After reviewing the paper, the Council discussed and agreed there is insufficient evidence to draft a resource document describing the use and limitations of pharmacogenomics in psychiatric clinical practice. The Council agreed they would charge the Committee on Practice Guidelines with including pharmacogenomics considerations as part of systematic literature reviews, when appropriate to the practice guidelines topic under development. • They also suggested the APA Staff Liaison to the Council on Research speak with AJP staff about the possibility of linking this paper to practice guidelines, when appropriate recommendations are made on the subject of pharmacogenomics 	<p>The Joint Reference Committee thanked the Council for the update. In light of recent data suggesting the positive impact of pharmacogenomics on those with major depression, the JRC asked that the Council on Research re-evaluate the need to draft a resource document on this issue.</p> <p>An update from the council is requested for the JRC June 2018 meeting.</p>	Philip Wang, MD, DrPH	<p>Council on Research</p> <p>Report to JRC – June 2018 Deadline: 5/23/2018</p>
8.M	<p>Council on Research</p> <p>Please see item 8.M for the Council’s report, summary of current activities, and information items.</p>			

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.M.1	<p>Revised Proposed Position Statement: <u>Mental Health Screening, Diagnosis, and Treatment During Pregnancy and Postpartum</u></p> <p>Will the Joint Reference Committee recommend that the Assembly vote to approve the proposed <i>Position Statement on Mental Health Screening, Diagnosis, and Treatment During Pregnancy and Postpartum</i> and if approved, forward it to the Board of Trustees for consideration?</p>	<p>The Joint Reference Committee recommended that the Assembly approve the proposed <i>Position Statement on Mental Health Screening, Diagnosis, and Treatment During Pregnancy and Postpartum</i> and if approved, forward it to the Board of Trustees for consideration.</p>	<p>Yoshie Davison, MSW Margaret Cawley Dewar Allison Moraske</p>	<p>Assembly – May 2018 Deadline: 3/15/18</p>
9	Other Items			
9.A	<p>Proposed Resource Document: <u>Psychiatric Impact of Environmental Toxicants</u></p> <p>Will the Joint Reference Committee approve the proposed Resource Document <i>Psychiatric Impact of Environmental Toxicants</i>?</p>	<p>The Joint Reference Committee referred the proposed Resource Document <i>Psychiatric Impact of Environmental Toxicants</i> to the Council on Children, Adolescents, and Their Families (LEAD) and the Council on Research and requested that they review and provide input on the proposed resource document.</p>	<p>Ranna Parekh, MD, MPH Tatiana Claridad</p> <p>Philip Wang, MD, DrPH</p>	<p>Council on Children, Adolescents, and Their Families (LEAD)</p> <p>Council on Research</p>

NEXT JOINT REFERENCE COMMITTEE MEETING

June 4, 2018 – Monday
 APA Headquarters
 Washington, DC

Report Deadline: May 23, 2018 @ Noon (Wednesday)

Item 2018A1 4.B.15
All Areas/Assembly Groups: Primary – Area 6, Secondary – Area 1
Assembly
May 4-6, 2018

JRC Report to the Assembly
ADDEDUM
March 2018

ACTION:

Will the Assembly approve the Revised 2014 Position Statement on Firearms Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services?

N.B.

The amended version of the position statement was approved by the Board of Trustees at its meeting in March 2018 pending the approval of the Joint Reference Committee and the Assembly.

Attachments:

Amended version of the 2014 Position Statement (Redline / Clean)
Memo to the Board of Trustees from the Council on Psychiatry and Law

Position Statement on Firearm Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services

Approved by the Board of Trustees, December 2014
 Approved by the Assembly, November 2014

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

The American Psychiatric Association recognizes the critical public health need for action to promote safe communities and reduce morbidity and mortality due to firearm-related violence. Specifically, the APA supports the following principles and positions:

1. Many deaths and injuries from gun violence can be prevented through national and state legislative and regulatory measures. Recognizing that the vast majority of gun violence is not attributable to mental illness, the APA views the broader problem of firearm-related injury as a public health issue and supports interventions that reduce the risk of such harm. Actions to minimize firearm injuries and violence should include:
 - a. Requiring background checks and waiting periods on all gun sales or transactions;
 - b. Requiring safe storage of all firearms in the home, office or other places of daily assembly;
 - c. Regulating the characteristics of firearms to promote safe use for lawful purposes and to reduce the likelihood that they can be fired by anyone other than the owner without the owner's consent;
 - d. Restricting the manufacture and sale for civilian use of large-capacity magazines and firearms with features designed to increase their rapid and extended killing capacity;
 - e. Banning possession of firearms on the grounds of colleges, hospitals, and similar institutions by anyone other than law enforcement and security personnel; and
 - f. Assuring that physicians and other health care professionals are free to make clinically appropriate inquiries of patients and others about possession of and access to firearms and take necessary steps to reduce the risk of loss of life by suicide, homicide, and accidental injury.
2. Research and training on the causes of firearm violence and its effective control, including risk assessment and management, should be a national priority.
 - a. Administrative, regulatory and/or legislative barriers to federal support for violence research, including research on firearms violence and deaths, should be removed.
3. Reasonable restrictions on gun access are appropriate, but such restrictions should not be based solely on a diagnosis of mental disorder. Diagnostic categories vary widely in the kinds of symptoms, impairments, and disabilities found in affected individuals. Even within a given diagnosis, there is considerable heterogeneity of symptoms and impairments. Only a small proportion of individuals with a mental disorder pose a risk of harm to themselves or others. The APA supports banning access to guns for persons whose conduct indicates that they present a heightened risk of violence to themselves or others, whether or not they have been diagnosed with a mental disorder.
 - b. Given the difficulty in accurately identifying those persons likely to commit acts of violence, federal resources should be directed toward the development and testing of methods that assist in the identification of individuals at heightened risk of committing violence against themselves or others with firearms.
 - c. The federal government should develop and fund a national database of firearm injuries. This database should include information about all homicides, suicides, and unintentional deaths and injuries, categorized by specific weapon type, as well as information about the individuals involved (absent personal identifiers), geographic location, circumstances, point of purchase, date and other policy-relevant information.
 - d. Funding for research on firearm injuries and deaths should draw on a broad range of public and private resources and support, such as the Centers for Disease Control, the National Institutes of Health, and the National Science Foundation.
 - e. All physicians and other health professionals should continue to be trained to assess and respond to those individuals who may be at heightened risk for violence or suicide. Such training should include education about speaking with patients about firearm access and safety. Appropriate federal, state, and local resources should be allocated for training of these professionals. Resources should be increased for safety education programs related to responsible use and storage of firearms.

4. Given that the right to purchase or possess firearms is restricted for specific categories of individuals who are disqualified under federal or state law, the criteria for disqualification should be carefully defined, and should provide for equal protection of the rights of those disqualified. There should be a fair and reasonable process for restoration of firearm rights for those disqualified on such grounds.

When restrictions are based on federal law, disqualifying events related to mental illness, such as civil commitment or a finding of legal incompetence, are reported to the federal background check database (National Instant Criminal Background Check System, NICS). Some states have expanded the scope of disqualifying events to be reported to NICS to include non-adjudicated events, such as temporary hospital detentions.

 - a. Non-adjudicated events should not serve as sufficient grounds for a disqualification from gun ownership and should not be reported to the NICS system. The adjudicatory process provides important protections that ensure the accuracy of determinations (such as dangerousness-based civil commitment), including the right to representation and the right to call and cross-examine witnesses.
 - b. Rational policy with regard to implementation of such restrictions calls for the duration of the restriction to be based on individualized assessment rather than a categorical classification of mental illness or a history of a mental health-related adjudication.
 - c. Although the restrictions on access to firearms recommended in items 1 and 2 above would decrease the risk of suicide and violence in the population, extending restrictions to individuals who voluntarily seek mental health care and incorporating their names and mental health histories into a national registry is inadvisable because it could dissuade persons from seeking care and further stigmatize persons with mental disorder.
 - d. A person whose right to purchase or possess firearms has been suspended on grounds related to mental disorder should have a fair opportunity to have his or her rights restored in a process that properly balances the person's rights with the need to protect public safety and the person's own well-being. Accordingly, the process for restoring an individual's right to purchase or possess a firearm following a disqualification relating to mental disorder should be based on adequate clinical assessment, with decision-making responsibility ultimately resting with an administrative authority or court.
5. Improved identification and access to care for persons with mental disorders may reduce the risk of suicide and violence involving firearms for persons with tendencies toward those behaviors. However, because of the small percentage of violence overall attributable to mental disorders (estimated at 3-5% in the U.S., excluding substance use disorders), it will have only a limited impact on overall rates of violence.
 - a. Early identification and treatment of mental disorders, including school-based screening, should be prioritized in national and local agendas, along with other efforts to augment prevention strategies, reduce the stigma of seeking or obtaining mental health treatment, and diminish the consequences of untreated mental disorders.
 - b. For those people with mental illness who may pose an increased risk of harm to themselves or other people, barriers to accessing appropriate treatment should be removed. Access to care and associated resources to enhance community follow up, which includes care and resources to address mental disorders, including substance use disorders, should be maximized to ensure that patients who may need to transition between service providers or settings, e.g., from an inpatient setting to community-based treatment, continue to obtain treatment and are not lost to care.
 - c. Because privacy in mental health treatment is essential to encourage persons in need of treatment to seek care, laws designed to limit firearm possession that mandate reporting to law enforcement officials by psychiatrists and other mental health professionals of all patients who raise concerns about danger to themselves or others are likely to be counterproductive and should not be adopted. In contrast to long-standing rules allowing mental health professionals flexibility in acting to protect identifiable potential victims of patient violence, these statutes intrude into the clinical relationship and are unlikely to be effective in reducing rates of violence.
 - d. The President of the United States should consolidate and coordinate current interests in improving mental health care in this country by appointing a Presidential Commission to develop a vision for an integrated system of mental health care for the 21st century.

Position Statement on Firearm Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services

Approved by the Board of Trustees, December 2014
 Approved by the Assembly, November 2014

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

The American Psychiatric Association recognizes the critical public health need for action to promote safe communities and reduce morbidity and mortality due to firearm-related violence. Specifically, the APA supports the following principles and positions:

1. Many deaths and injuries from gun violence can be prevented through national and state legislative and regulatory measures. Recognizing that the vast majority of gun violence is not attributable to mental illness, the APA views the broader problem of firearm-related injury as a public health issue and supports interventions that reduce the risk of such harm. Actions to minimize firearm injuries and violence should include:
 - a. Requiring background checks and waiting periods on all gun sales or transactions;
 - b. Requiring safe storage of all firearms in the home, office or other places of daily assembly;
 - c. Regulating the characteristics of firearms to promote safe use for lawful purposes and to reduce the likelihood that they can be fired by anyone other than the owner without the owner's consent;
 - d. Restricting the manufacture and sale for civilian use of large-capacity magazines and firearms with features designed to increase their rapid and extended killing capacity;
 - e. d Banning possession of firearms on the grounds of colleges, hospitals, and similar institutions by anyone other than law enforcement and security personnel; and
 - f. e Assuring that physicians and other health care professionals are free to make clinically appropriate inquiries of patients and others about possession of and access to firearms and take necessary steps to reduce the risk of loss of life by suicide, homicide, and accidental injury.
 2. Research and training on the causes of firearm violence and its effective control, including risk assessment and management, should be a national priority.
 - a. Administrative, regulatory and/or legislative barriers to federal support for violence research,
- b. including research on firearms violence and deaths, should be removed.
 - b. Given the difficulty in accurately identifying those persons likely to commit acts of violence, federal resources should be directed toward the development and testing of methods that assist in the identification of individuals at heightened risk of committing violence against themselves or others with firearms.
 - c. The federal government should develop and fund a national database of firearm injuries. This database should include information about all homicides, suicides, and unintentional deaths and injuries, categorized by specific weapon type, as well as information about the individuals involved (absent personal identifiers), geographic location, circumstances, point of purchase, date and other policy-relevant information.
 - d. Funding for research on firearm injuries and deaths should draw on a broad range of public and private resources and support, such as the Centers for Disease Control, the National Institutes of Health, and the National Science Foundation.
 - e. All physicians and other health professionals should continue to be trained to assess and respond to those individuals who may be at heightened risk for violence or suicide. Such training should include education about speaking with patients about firearm access and safety. Appropriate federal, state, and local resources should be allocated for training of these professionals. Resources should be increased for safety education programs related to responsible use and storage of firearms.
3. Reasonable restrictions on gun access are appropriate, but such restrictions should not be based solely on a diagnosis of mental disorder. Diagnostic categories vary widely in the kinds of symptoms, impairments, and disabilities found in affected individuals. Even within a given diagnosis, there is considerable heterogeneity of symptoms and impairments. Only a small proportion of individuals with a mental disorder pose a risk of harm to themselves or others. The APA supports banning access to guns for persons whose conduct indicates that they present a heightened risk of violence to themselves or others, whether or not they have been diagnosed with a mental disorder.

4. Given that the right to purchase or possess firearms is restricted for specific categories of individuals who are disqualified under federal or state law, the criteria for disqualification should be carefully defined, and should provide for equal protection of the rights of those disqualified. There should be a fair and reasonable process for restoration of firearm rights for those disqualified on such grounds.

When restrictions are based on federal law, disqualifying events related to mental illness, such as civil commitment or a finding of legal incompetence, are reported to the federal background check database (National Instant Criminal Background Check System, NICS). Some states have expanded the scope of disqualifying events to be reported to NICS to include non-adjudicated events, such as temporary hospital detentions.

- a. Non-adjudicated events should not serve as sufficient grounds for a disqualification from gun ownership and should not be reported to the NICS system. The adjudicatory process provides important protections that ensure the accuracy of determinations (such as dangerousness-based civil commitment), including the right to representation and the right to call and cross-examine witnesses.
- b. Rational policy with regard to implementation of such restrictions calls for the duration of the restriction to be based on individualized assessment rather than a categorical classification of mental illness or a history of a mental health-related adjudication.
- c. Although the restrictions on access to firearms recommended in items 1 and 2 above would decrease the risk of suicide and violence in the population, extending restrictions to individuals who voluntarily seek mental health care and incorporating their names and mental health histories into a national registry is inadvisable because it could dissuade persons from seeking care and further stigmatize persons with mental disorder.
- d. A person whose right to purchase or possess firearms has been suspended on grounds related to mental disorder should have a fair opportunity to have his or her rights restored in a process that properly balances the person's rights with the need to protect public safety and the person's own well-being. Accordingly, the process for restoring an individual's right to purchase or possess a firearm following a disqualification relating to mental disorder should be based on adequate

clinical assessment, with decision-making responsibility ultimately resting with an administrative authority or court.

5. Improved identification and access to care for persons with mental disorders may reduce the risk of suicide and violence involving firearms for persons with tendencies toward those behaviors. However, because of the small percentage of violence overall attributable to mental disorders (estimated at 3-5% in the U.S., excluding substance use disorders), it will have only a limited impact on overall rates of violence.
 - a. Early identification and treatment of mental disorders, including school-based screening, should be prioritized in national and local agendas, along with other efforts to augment prevention strategies, reduce the stigma of seeking or obtaining mental health treatment, and diminish the consequences of untreated mental disorders.
 - b. For those people with mental illness who may pose an increased risk of harm to themselves or other people, barriers to accessing appropriate treatment should be removed. Access to care and associated resources to enhance community follow up, which includes care and resources to address mental disorders, including substance use disorders, should be maximized to ensure that patients who may need to transition between service providers or settings, e.g., from an inpatient setting to community-based treatment, continue to obtain treatment and are not lost to care.
 - c. Because privacy in mental health treatment is essential to encourage persons in need of treatment to seek care, laws designed to limit firearm possession that mandate reporting to law enforcement officials by psychiatrists and other mental health professionals of all patients who raise concerns about danger to themselves or others are likely to be counterproductive and should not be adopted. In contrast to long-standing rules allowing mental health professionals flexibility in acting to protect identifiable potential victims of patient violence, these statutes intrude into the clinical relationship and are unlikely to be effective in reducing rates of violence.
 - d. The President of the United States should consolidate and coordinate current interests in improving mental health care in this country by appointing a Presidential Commission to develop a vision for an integrated system of mental health care for the 21st century.

To: Board of Trustees, American Psychiatric Association
From: Debra A. Pinals, MD, Chair of Council on Psychiatry and Law
Date: March 14, 2018
Re: Proposed change to 2014 Position Statement on Firearm Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services

The Council on Psychiatry and Law is proposing the one-sentence addition to the 2014 Position Statement shown in redline on the attached document. In 2014, when the Position Statement was first drafted, an item was originally included after existing item 1.c, which included language that was meant to address rapid and extended killing capacity but used the term “semi-automatic firearms.” That sentence was removed on the Assembly floor due to concerns about ambiguity regarding the word “semi-automatic” and the possibility that it could encompass some guns used for hunting. The Position Statement was approved without the sentence in an up or down vote at the time.

The Council on Psychiatry and Law has since addressed that feedback and now is proposing a sentence that will not make reference to specific types of firearms. The proposed phrase is “Restricting the manufacture and sale for civilian use of large-capacity magazines and firearms with features designed to increase their rapid and extended killing capacity.” Given the present discussion of firearms and mental illness, we believe it is important to have an official position that formally joins with other medical organizations in affirming a formal a stance toward limiting access to mass-casualty type of weapons utilized in some of the very tragic incidents in our country. We believe the proposed additional sentence helps address this but also addresses the comments of members at the time of the last revision. We note that this statement was provided in advance to several Assembly members and it received favorable feedback.

In addition to this proposed change that we believe has some urgency for the May 2018 Assembly to review, the Council is aware that there are several other existing Position Statements in addition to the 2014 Position Statement which touch upon the issue of firearms. In addition to the change it is now proposing, the Council is willing to review all Position Statements that concern firearms and offer suggestions to make them consistent and/or necessary revisions to reconcile any conflicts between them.

In the meantime, pending that more thorough analysis, the Council would like to pass the 2014 Position Statement as amended.

ACTION: If the Joint Reference Committee and Assembly approve the amendment, will the Board of Trustees approve the Revised 2014 Position Statement on Firearms Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services?

**Draft Minutes of a Meeting of the Assembly
American Psychiatric Association
Omni Shoreham Hotel, Washington, DC
November 3-5, 2017**

Welcome and Introductions

Dr. Theresa Miskimen, Speaker of the Assembly, called the 87th meeting of the Assembly of the American Psychiatric Association (APA) to order on November 3, 2017, at the Omni Shoreham in Washington D.C. Dr. Miskimen and the other Assembly officers welcomed the new members of the Assembly.

During the second Assembly plenary session, Dr. Miskimen presented Dr. Roger Peele, DLFAPA, with a Speaker's Award "in recognition of a lifetime of leadership, mentorship, and outstanding vision in working for the benefit of our members and our patients."

1. Remarks of the Board of Trustees

Report of the APA President

Dr. Anita Everett, APA President, addressed the Assembly, highlighting some of the issues she is focusing on during her presidency. Dr. Everett spoke about well-being and professional burnout and the steps the APA has begun to take to address these issues, including articles in *Psychiatric News*, town hall meetings, the development of a self-assessment test and additional helpful resources. Dr. Everett also highlighted the work the APA has been doing to enrich the professional lives of the membership. Dr. Everett explained that she created a Board Work Group on innovation to explore ways to create strategies and communicate innovative ideas. Dr. Everett concluded her remarks by showing the Assembly a short video on innovation titled, "From Fortress to Frontier: How Innovation Can Save Health Care".

Report of the APA President-Elect

Dr. Altha Stewart, APA President-Elect, began her remarks by outlining some the initiatives she will undertake during her presidency. One of the areas Dr. Stewart wants to address is the work force issue. She explained that psychiatry is a specialty that is in certain parts of the country, leaving large segments of the population unserved and Dr. Stewart wants to have the APA explore how to creatively address that issue. In addition, Dr. Stewart plans to have the APA examine where members train and practice their specialties as the APA continues to study collaborative care. Dr. Stewart also intends to continue Dr. Everett's initiative on well-being, burnout, and job satisfaction. And finally, Dr. Stewart wants the APA to continue to look at addressing the needs of patients, including parity, health equity and disparities. Dr. Stewart concluded her remarks by thanking Dr. Everett for including her in many discussions around these areas, Dr. Levin and the APA Administration for their work, and the Assembly for its support.

1.C Report of the APA Treasurer

Dr. Bruce Schwartz, Treasurer, presented his report to the Assembly. Through August 31, 2017, the APA's net income is \$12 million, compared with \$14.9 million in August 2015. Dr. Schwartz noted that operating revenues were lower by \$410,000 due to lower dues revenue and decreased print advertising. Annual Meeting revenue is up by \$615,000 and miscellaneous revenue is up as well. These decreases are offset by lower operating expenses (\$1.7 million), vacancy savings, and a reduction in publication expenses.

Dr. Schwartz completed his report by updating the Assembly on the APA's investment portfolio and the APAF budget summary which includes a net income of \$3.9 million, compared to \$1.6 million in 2016.

2. Report of the Chief Executive Officer and Medical Director

Dr. Saul Levin, CEO and Medical Director, addressed the Assembly. Dr. Levin began his remarks by thanking the Assembly and its leadership for their hard work. He also acknowledged the hard work of the APA Administration. Dr. Levin noted that CMS gave the APA a Support and Alignment Networks (SAN) Grant, which is now entering its third year. The SAN grant is used to train psychiatrists to work with primary care physicians on mental health issues. So far, the APA has trained 1,835 psychiatrists and 98 primary care physicians.

Dr. Levin spoke about the Joint Commission's recently announced ligature risk issue which announced that all ligature and self-harm risks be corrected. The APA believes the proposed regulations would be overly burdensome to implement and plans to take part in the CMS task force in December.

Dr. Levin addressed the recent natural disasters that have affected this country including Hurricane Harvey, Hurricane Maria, and the Sonoma wildfires. Dr. Levin noted that the APA has the Lindemann Disaster Relief Grant and dues relief for psychiatrists impacted by natural disasters. The APAF is working with the American Red Cross to provide funding support, and APA members created Crear Con Salud, a nonprofit to provide supplies and mental health resources to residents of Puerto Rico.

Dr. Levin explained that the APA continues to monitor funding for the Children's Health Insurance Program (CHIP). Funding for CHIP expired on September 30th, however many states are using reserve funding to temporarily continue this program. Some states are alerting enrollees that the program will end without new funding from Congress. As such, the APA supports a five-year bipartisan extension of CHIP. Dr. Levin also updated the Assembly on APA's continued work on Maintenance of Certification (MOC). He noted that ABMS hosted a webinar for members of CMSS to discuss the MOC Commission they are launching. The Commission brings together stakeholders from across medicine to critically evaluate the future of MOC across ABMS boards. The process is expected to take at least 18 months, with a report to the ABMS Board some time in 2019.

Dr. Levin concluded his remarks by updating the Assembly about the new APA headquarters located at The Wharf in Washington, DC.

4. Report of the Speaker-Elect

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

5. Report of the Recorder

Dr. James R. Batterson, Speaker-Elect, acting as substitute Recorder for the day, determined if a quorum was present by asking if Representatives from the following District Branches were in attendance: Northern New York District Branch, Psychiatric Society of Westchester County, Minnesota Psychiatric Society, Puerto Rico Psychiatric Society, Tennessee Psychiatric Association, Orange County Psychiatric Society, Psychiatric Medical Association of New Mexico. The Psychiatric Society of Westchester County, Minnesota Psychiatric Society, and Orange County Psychiatric Society had representation at the meeting. Hearing no further responses from the named District Branches, Dr. Batterson declared a quorum of the Assembly.

Dr. Batterson referred to the Recorder's report in Section 5, items A-C, of the backup materials. He asked that the Assembly approve the minutes and summary of actions of the May 19-21, 2017 Assembly meeting (5.A).

Action: Will the Assembly vote to approve the Minutes and Summary of Actions from the May 19-21, 2017 Assembly meeting?

The Assembly voted to approve the May 19-21, 2017 Assembly Minutes and Summary of Actions.

6. Report of the Rules Committee

Dr. Daniel Anzia, Chair of the Assembly Rules Committee, referred the Assembly to the Rules Committee report and explained the role of the Rules Committee. Item 6.A included the action assignments to reference committees and other Assembly groups. Dr. Anzia presented Item 6.B, the consent calendar, and asked if any member of the Assembly wished to remove an item. Item 4.B.18 was removed from the consent calendar.

Action: Will the Assembly vote to approve the Consent Calendar with item 4.B.18 removed?

The Assembly voted to approve the Consent Calendar with item 4.B.18 removed.

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

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

The Assembly voted to adopt the *Special Rules of the Assembly* for the November 2017 meeting.

7. Reports from Assembly Committees

7.A Nominating Committee

Dr. Daniel Anzia, Chair of the Nominating Committee, thanked the committee members for their work and also thanked all members who expressed interest in running for Assembly office. The candidates for 2018-2019 are:

Speaker-Elect:

C. Deborah Cross, M.D., Area 2
Paul O'Leary, M.D., Area 5

Recorder:

Jacob Behrens, M.D., Area 4
Stephen Brown, M.D., Area 7
Seeth Vivek, M.D., Area 2

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

Action: Will the Assembly vote to accept the candidates for the 2018-2019 Assembly election?

The Assembly voted to accept the candidates for the 2018-2019 Assembly election.

Special Election of Assembly Recorder

The Assembly a Special Election to fill the unexpired term of the Assembly Recorder.

The Assembly voted to elect the following candidate as Recorder of the Assembly from November 2017 to May 2018:

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

8. Reports from APA Councils

APA Council Reports may be found in the backup materials.

9. Reports from APA Standing Committees

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

10. Reports from Special Components

Reports may be found in the backup materials.

Report of the APA Work Group on Physician Well-Being and Burnout

Dr. Richard Summers, Chair of the APA Work Group on Physician Well-Being and Burnout addressed the Assembly on the topic of physician well-being and burnout and what the work group has accomplished so far. Dr. Summers noted that according to the latest epidemiologic study of burnout among physicians, psychiatrists have a lower rate of burnout compared to some other physician groups (such as neurology) but it is still a serious issue for psychiatrists. He explained that there are evidence-based

interventions that can decrease physician burnout, which are grouped into two categories. One is individual level interventions which are geared towards increasing individual resilience. The other is institutional or systematic level interventions. The Work Group is looking at organizations/work places and what kinds of interventions that exist and what can be created. The Work Group is also developing an online portal, educational toolkits, and advocacy resources. Dr. Summers had the Assembly take an online self-assessment test which allows for members to reflect on their own experiences with burnout as well as allow the APA to gather data. The self-assessment (<https://www.psychiatry.org/psychiatrists/practice/well-being-and-burnout/assess-yourself>) will be rolled out to all members and will be used to develop data about predictors of burnout for psychiatrists. Dr. Summers concluded his remarks by reviewing the data submitted by the Assembly.

Report from the American Psychiatric Association Political Action Committee [APAPAC]

Dr. Jeffrey Akaka, Vice Chair, APAPAC, presented a report to the Assembly. He announced that 71% of eligible members of the Board of Trustees, 83% of the Assembly Executive Committee, and 82% of the Assembly have contributed to the APAPAC. He also provided a breakdown by Area. Dr. Akaka noted that APAPAC allows our Advocacy with Congress to be more effective. It is currently working on issues related to the ACA Repeal, the opioid epidemic, network adequacy, mental health parity, and telepsychiatry. Dr. Akaka concluded his remarks by asking members of the Assembly to contribute to the APAPAC to help the APA's ongoing advocacy efforts.

Report from the American Psychiatric Association Foundation

Dr. Saul Levin, MPA, (Chairperson of the APAF Board of Directors and Chief Executive Officer and Medical Director of APA) and Daniel Gillison, Jr., (Executive Director of the APAF) reported on the recent activities of the American Psychiatric Association Foundation (APAF). Mr. Gillison highlighted some of the areas of responsibility and current programs of the American Psychiatric Association Foundation, including research (early career training and program evaluation), fellowships and awards (recognizing and supporting leaders in psychiatry), schools (*Typical or Troubled*), workplace (*The Partnership for Workplace Mental Health*) and justice/public safety (*Stepping Up Summit*). He noted that the Assembly's contributions to the Foundation is \$29,851 compared to \$5,946 in 2016. Mr. Gillison thanked Drs. Miskimen and Batterson for their work with the APEX Awards, Assembly Reception, and disaster relief. He also thanked the APA leadership for its hard work and allowing the APAF to be innovative and take risks.

11. Reports from Area Councils

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

12. Action Papers

Please refer to the Summary of Assembly actions.

13. Unfinished Business

Please refer to the Summary of Assembly actions.

14. New Business

Please refer to the Summary of Assembly actions.

Adjournment - The meeting adjourned at 11:00 am on Sunday, November 5, 2017.

**Respectfully submitted,
Paul J. O'Leary, MD
Assembly Recorder**

DRAFT

Assembly
 November 3-5, 2017
 Washington, D.C.

DRAFT SUMMARY OF ACTIONS

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A2 4.B.1	Retain Position: <i>Endorsement of United States Ratification of the Convention of the Rights of the Child</i>	The Assembly voted, on its Consent Calendar, to approve the retention of the position: <i>Endorsement of United States Ratification of the Convention of the Rights of the Child.</i>	Board of Trustees, December 2017 FYI- Joint Reference Committee, February 2018
2017 A2 4.B.2	Revised Position Statement: <i>Need to Maintain Long-Term Care Facilities for Certain Individuals with Serious Mental Illness</i>	The Assembly did not approve the Revised Position Statement: <i>Need to Maintain Long-Term Care Facilities for Certain Individuals with Serious Mental Illness.</i>	Joint Reference Committee, February 2018
2017 A2 4.B.3	Retire 2010 Position Statement: <i>Psychiatry and Primary Care Integration across the Lifespan</i>	The Assembly voted to approve the retirement of the 2010 Position Statement: <i>Psychiatry and Primary Care Integration across the Lifespan.</i>	Board of Trustees, December 2017 FYI- Joint Reference Committee, February 2018
2017 A2 4.B.4	Retain 2011 Position Statement: <i>Remuneration for Psychiatrists' Time Performing Utilization Review (Endorsement of AMA policy H-385.951)</i>	The Assembly voted, on its Consent Calendar, to approve the retention of the 2011 Position Statement: <i>Remuneration for Psychiatrists' Time Performing Utilization Review (Endorsement of AMA policy H-385.951).</i>	Board of Trustees, December 2017 FYI- Joint Reference Committee, February 2018
2017 A2 4.B.5	Retain 2014 Position Statement: <i>Universal Access to Health Care</i>	The Assembly voted, on its Consent Calendar, to approve the retention of the 2014 Position Statement: <i>Universal Access to Health Care.</i>	Board of Trustees, December 2017 FYI- Joint Reference Committee, February 2018

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A2 4.B.6	Proposed Position Statement on <i>Human Rights</i>	The Assembly voted to approve the Proposed Position Statement on <i>Human Rights</i> .	Board of Trustees, December 2017 FYI- Joint Reference Committee, February 2018
2017 A2 4.B.7	Proposed Position Statement: <i>Domestic Violence Against Women</i>	The Assembly voted to approve the Proposed Position Statement: <i>Domestic Violence Against Women</i> .	Board of Trustees, December 2017 FYI- Joint Reference Committee, February 2018
2017 A2 4.B.8	Proposed Position Statement: <i>Prevention of Violence</i>	The Assembly voted to approve the Proposed Position Statement: <i>Prevention of Violence</i> .	Board of Trustees, December 2017 FYI- Joint Reference Committee, February 2018
2017 A2 4.B.9	Proposed Position Statement: <i>Human Trafficking</i>	The Assembly voted to approve the Proposed Position Statement: <i>Human Trafficking</i> .	Board of Trustees, December 2017 FYI- Joint Reference Committee, February 2018
2017 A2 4.B.10	Proposed Position Statement: <i>Police Interactions with Persons with Mental Illness</i>	The Assembly voted to approve the Proposed Position Statement: <i>Police Interactions with Persons with Mental Illness</i> .	Board of Trustees, December 2017 FYI- Joint Reference Committee, February 2018
2017 A2 4.B.11	Proposed Position Statement: <i>Lengthy Sentences Without Parole for Juveniles</i>	The Assembly voted to approve the Proposed Position Statement: <i>Lengthy Sentences Without Parole for Juveniles</i> .	Board of Trustees, December 2017 FYI- Joint Reference Committee, February 2018
2017 A2 4.B.12	Retire 2011 Position Statement: <i>Review of Sentences for Juveniles Serving Lengthy Mandatory Terms of Imprisonment</i>	The Assembly voted to approve the retirement of the Position Statement: <i>Review of Sentences for Juveniles Serving Lengthy Mandatory Terms of Imprisonment</i> .	Board of Trustees, December 2017 FYI- Joint Reference Committee, February 2018

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A2 4.B.13	Retain 2012 Position Statement: <i>Segregation of Prisoners with Mental Illness</i>	The Assembly voted, on its Consent Calendar, to approve the retention of the 2012 Position Statement: <i>Segregation of Prisoners with Mental Illness</i> .	Board of Trustees, December 2017 FYI- Joint Reference Committee, February 2018
2017 A2 4.B.14	Retain 2012 Position Statement: <i>Assessing the Risk for Violence</i>	The Assembly voted, on its Consent Calendar, to approve the retention of the 2012 Position Statement: <i>Assessing the Risk for Violence</i> .	Board of Trustees, December 2017 FYI- Joint Reference Committee, February 2018
2017 A2 4.B.15	Retain 2012 Position Statement: <i>Firearms Access: Inquiries in Clinical Settings</i>	The Assembly voted, on its Consent Calendar, to approve the retention of the 2012 Position Statement: <i>Firearms Access: Inquiries in Clinical Settings</i> .	Board of Trustees, December 2017 FYI- Joint Reference Committee, February 2018
2017 A2 4.B.16	Retain 2007 Position Statement: <i>Use of Jails to Hold Persons Without Criminal Charges Who are Awaiting Civil Psychiatric Hospital Beds</i>	The Assembly voted, on its Consent Calendar, to approve the retention of the 2007 Position Statement: <i>Use of Jails to Hold Persons Without Criminal Charges Who are Awaiting Civil Psychiatric Hospital Beds</i> .	Board of Trustees, December 2017 FYI- Joint Reference Committee, February 2018
2017 A2 4.B.17	Retain 2007 Position Statement: <i>Psychiatric Services in Jails and Prisons</i>	The Assembly voted, on its Consent Calendar, to approve the retention of the 2007 Position Statement: <i>Psychiatric Services in Jails and Prisons</i> .	Board of Trustees, December 2017 FYI- Joint Reference Committee, February 2018
2017 A2 4.B.18	Retain 1993 Position Statement: <i>Homicide Prevention and Gun Control</i>	The Assembly voted to approve the retention of the 1993 Position Statement: <i>Homicide Prevention and Gun Control</i> .	Board of Trustees, December 2017 FYI- Joint Reference Committee, February 2018
2017 A2 5.A	Will the Assembly vote to approve the minutes of the May 19-21, 2017, meeting?	The Assembly voted to approve the Minutes & Summary of Actions from the May 19-21, 2017 Assembly meeting.	Chief of Staff <ul style="list-style-type: none"> • Association Governance
2017 A2 6.B	Will the Assembly vote to approve the Consent Calendar?	Item 2017A2 4.B.18 was removed from the consent calendar. The Assembly approved the consent calendar as amended.	Chief of Staff <ul style="list-style-type: none"> • Association Governance

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A2 6.C	Will the Assembly vote to approve the Special Rules of the Assembly?	The Assembly voted to approve the Special Rules of the Assembly.	Chief of Staff <ul style="list-style-type: none"> Association Governance
2016 A2 7.A.1	The Assembly voted to accept the report of the Nominating Committee.	<p>The Assembly voted to accept the report of the Nominating Committee.</p> <p>The slate of candidates for the May 2018 Assembly election is as follows:</p> <p><i>Speaker-Elect:</i> C. Deborah Cross, M.D., Area 2 Paul O’Leary, M.D., Area 5</p> <p><i>Recorder:</i> Jacob Behrens, M.D., Area 4 Stephen Brown, M.D., Area 7 Seeth Vivek, M.D., Area 2</p>	Chief of Staff <ul style="list-style-type: none"> Association Governance
2017 A2 7.A.2	Special Election of Assembly Recorder	<p>The Assembly voted to elect the following candidate as Recorder of the Assembly from November 2017 to May 2018:</p> <p>Paul O’Leary, M.D., Area 5</p>	Chief of Staff <ul style="list-style-type: none"> Association Governance
2017 A2 12.A	<u>Designation of Psychiatry as Primary Care for Any Medical School Scholarships Requiring Primary Care Service</u>	The Assembly voted to approve action paper 2017A2 12.A, which asks that the APA advocate for state and federal legislation labeling psychiatry as primary care for any medical school scholarships requiring primary care residencies and service to a community.	Joint Reference Committee, February 2018
2017 A2 12.B	<u>Medical School Loan Repayment Subsidies for Psychiatrists Practicing in Community Mental Health Centers and State Psychiatric Facilities</u>	The Assembly voted to approve action paper 2017A2 12.B, which asks that the APA advocate for state and federal legislation to provide funds to help repay loans for psychiatrists in community mental health centers and state psychiatric hospitals.	Joint Reference Committee, February 2018

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A2 12.C	<u>Transitional Care Services Post-Psychiatric Hospitalization</u>	<p>The Assembly voted to approve action paper 2017A2 12.C, which asks:</p> <p>That the American Psychiatric Association advocate to national policymakers to increase federal funding for psychiatric access-to-care/transition-based clinics aimed at readily available short-term coverage in psychiatric care for uninsured, low-income, and serious mental illness populations.</p> <p>That the American Psychiatric Association promotes the concept of a transitional care based clinic model, aimed at bridging the gap between hospitalization and outpatient follow-up, to ACGME/GME leadership, in an effort to grow interest in implementation of such clinics in GME based settings.</p>	Joint Reference Committee, February 2018

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Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A2 12.D	<u>Enacting APA Positions: State Medical Board Licensure Queries</u>	<p>The Assembly voted to approve action paper 2017A2 12.D, which asks that:</p> <ol style="list-style-type: none"> 1. The American Psychiatric Association query the licensing boards (M.D., D.O) and, in each state, territory or licensure jurisdiction query their compliance with APA policy and with the ADA act allowing questions only about current mental and physical impairment affecting current ability to practice medicine. 2. The American Psychiatric Association notify each Board of Medicine in writing whether or not their medical licensure application(s) reflect current APA position regarding queries about their applicants' mental health history. The APA will notify each District Branch of the APA of the status of the Board of Medicine or Board of Osteopathic Medicine in its jurisdiction, and will publish on the APA website a list of jurisdictions and whether or not their policies on queries are congruent with the Position of the APA. 3. The American Psychiatric Association notify the Federation of State Medical Boards Work Group of its Position Statement entitled <i>Position Statement on Inquiries about Diagnosis and Treatment of Mental Disorders in Connection with Professional Credentialing and Licensing</i>, adopted in 2015, in advance of the January 2018 meeting of the FSMB Work Group. 	Joint Reference Committee, February 2018
2017 A2 12.E	<u>Recognition of Psychiatric Expertise: Efficiency and Sufficiency</u>	<p>The Assembly voted to approve action paper 2017A2 12.E, which asks that:</p> <ol style="list-style-type: none"> 1. APA encourages the AMA to adopt a policy that the MOC should not be a requirement for maintenance of licensure, hospital privileges, insurance credentialing or employment 2. The APA should support a SA-CME learning option in lieu of the 10-year exam and encourage the ABPN to accelerate the timeline for reform of the MOC process. 3. The MOC should not be part of the licensure requirements for interstate compacts. 	Joint Reference Committee, February 2018

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A2 12.F	<u>APA Member Survey on Medical Aid in Dying as Option for End-of-Life Care</u>	The Assembly did not approve item 2017A2 12.F.	N/A
2017 A2 12.G	<u>Conflicts of Interest Not Limited to Pharmaceutical Companies</u>	The Assembly voted to approve action paper 2017A2 12.G, which asks that the American Psychiatric Association, through its Annual Meeting Scientific Program Committee, review the current mechanism for reporting conflicts of interest, which mainly are limited to pharmaceutical companies, with an eye toward encouraging the reporting of conflicts which extend beyond pharmaceutical companies.	Joint Reference Committee, February 2018
2017 A2 12.H	<u>Non-Physician Registration Fee for Annual Meetings</u>	The Assembly voted to approve action paper 2017A2 12.H, which asks that allied health professionals pay the same registration fee as non-member physicians at the Annual Meeting.	Joint Reference Committee, February 2018
2017 A2 12.I	<u>APA Position Statement Strongly Recommending Twelve Weeks of Paid Parental Leave</u>	The Assembly voted to approve, as a position statement , action paper 2017A2 12.I, which asks that the APA approve and adopt the attached position statement recommending 12 weeks of paid parental leave.	Joint Reference Committee, February 2018
2017 A2 12. J	<u>Helping Members Join Caucuses</u>	The Assembly voted, on its Consent Calendar, to approve action paper 2017A2 12.J, which asks that the APA new member and membership renewal emails have a direct link to joining a caucus.	Joint Reference Committee, February 2018
2017 A2 12.K	<u>Achieving Congruence between the APA Commentary on Ethics in Practice and the AMA Principles of Medical Ethics Concerning Ethical Obligations of Psychiatrists Making Benefit Determination Decisions</u>	The Assembly voted to approve action paper 2017A2 12.K, which asks that the APA will direct the authors of the <i>APA Commentary on Ethics in Practice</i> to bring its language into congruence with that of the <i>AMA Principles of Medical Ethics 10.1.1</i> , including a thoughtful exploration of the complexities involved. This would apply to any psychiatrist making any benefit and/or policy determinations.	Joint Reference Committee, February 2018

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A2 12.L	<u>Adopting an APA Position Statement Supporting Implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA or parity law)</u>	<p>The Assembly voted to approve action paper 2017A2 12.L, which asks:</p> <p>A. That the Assembly recommend adoption of an APA position statement, appropriately formatted, as follows:</p> <p>It is the position of the APA that:</p> <ol style="list-style-type: none"> 1. Insurance and/or other third party MHSUD utilization management and medical necessity criteria should be developed by individuals who are trained as psychiatrists or by work groups that include psychiatrists. 2. Insurance and/or other third party MHSUD utilization management and medical necessity criteria should be in full compliance with requirements of applicable state and federal parity laws, including with MHPAEA requirements that quantitative limits (QTLs) and non-quantitative limits (NQTLs) for MHSUD care should be comparable to and no more stringent than medical necessity criteria for medical and surgical care, except as allowed by the law. 3. Insurance companies and/or other third parties offering coverage for both medical/surgical and MHSUD treatment—including those that do so through MHSUD “carve outs”—have an obligation to provide to their medical directors, psychiatrist reviewers, other clinicians who make benefit determinations, and to treating clinicians and to covered individuals, current and accurate information about whether and how their MHSUD utilization review and medical necessity criteria comply with MHPAEA QTL and NQTL requirements. <p>B. The Assembly will directly refer this action paper outlining specific elements of a position statement to the Board of Trustees for adoption at their next meeting, including holding a separate vote to this effect, if required by Assembly rules.</p>	<p>Joint Reference Committee, February 2018</p>

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A2 12.M	<u>Joint Meeting of the Council on Minority Mental Health and Health Disparities and the Assembly Committee of Representatives of Minority/Underrepresented Groups</u>	<p>The Assembly voted to approve action paper 2017A2 12.M, which asks that</p> <ol style="list-style-type: none"> 1) That the American Psychiatric Association will support another Joint Meeting of the Council on Minority Mental Health and Health Disparities and the Assembly Committee of Representatives of Minority/Underrepresented Groups, in alignment with the APA's fourth strategic initiative addressing diversity. 2) That such meeting will take place during the Annual September Components Meeting of the American Psychiatric Association in September 2018. <p>[N.B.: At its meeting in October, the Joint Reference Committee recommended that the Board of Trustees approve the request for the seven M/UR Caucus Assembly Representatives (or their designees) to meet with the Council at the 2018 September Components Meeting at the same level of funding as this year at approximately \$9,000 from the Assembly Budget and additional costs for members of the Council on Minority Mental Health and Health Disparities from the component's budget. This action will be voted on at the December 2017 Board of Trustees meeting.]</p>	Joint Reference Committee, February 2018

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A2 12.N	<u>Civil Liability Coverage for District Branch Ethics Investigations</u>	<p>The Assembly voted to approve action paper 2017A2 12.N, which asks that:</p> <ol style="list-style-type: none"> 1. The American Psychiatric Association shall make a copy of the APA Director & Officer Liability policy available upon request by District Branch. 2. The American Psychiatric Association shall amend the APA Operations manual to include information regarding indemnification of district branches for liability related to ethics investigations. 3. The American Psychiatric Association shall develop a written policy and protocol to provide expenditures to district branches specifically to support ethics investigations. 	Joint Reference Committee, February 2018
2017 A2 12.O	<u>Council on Women's Mental Health</u>	<p>The Assembly voted to approve action paper 2017A2 12.O, which asks that the American Psychiatric Association develop a Council on Women's Mental Health to address mental health conditions and health related disorders pertaining to mental health that affect women.</p>	Joint Reference Committee, February 2018
2017 A2 12.P	<u>Addressing the Negative Impact of the Rule of 95 on Dues Revenue</u>	<p>The Assembly voted to approve action paper 2017A2 12.P, which asks that the Board of Trustees (BOT) establish a Task Force charged with reviewing the Rule of 95 and making recommendations to be presented to the BOT in time for possible action by the BOT and the Assembly at the November 2018 Assembly Meeting. Membership on this Task Force could be drawn from the BOT, APA management, the Assembly leadership, the Membership Committee, and DB and State Association leadership and staff and shall include representation from the Senior Psychiatrists, RFMs, and ECPs.</p>	Joint Reference Committee, February 2018

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A2 14.A	<u>New Business: Addressing the Negative Impact of New Joint Commission and CMS Policies on Ligature Risk on Inpatient Psychiatric Units</u>	The Assembly voted to approve new business item 2017A2 14.A, which asks that the American Psychiatric Association immediately request that CMS and the Joint Commission delay implementation of the new-ligature risk standards on inpatient psychiatric units pending completion of the CMS process to assess ligature risk and to request that CMS include representatives from American Hospital Association, AMA, APA and other appropriate stakeholders in its assessment of ligature risks and development of appropriate accreditation standards.	Board of Trustees, December 2017

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MEMBERS AND INVITED GUESTS
ASSEMBLY
May 4-6, 2018

*As of 4/12/18

[Red indicates new member]

ASSEMBLY EXECUTIVE COMMITTEE

Speaker	Theresa Miskimen, M.D.
Speaker-Elect	James R. Batterson, M.D.
Recorder	Paul J. O'Leary, M.D.
Immediate Past Speaker	Daniel Anzia, M.D.
Past Speaker	Glenn Martin, M.D.
Parliamentarian	Jeremy Lazarus, M.D.
Area 1 Representative	A. Evan Eyler, M.D., MPH
Area 1 Deputy Representative	Manuel Pacheco, M.D.
Area 2 Representative	Seeth Vivek, M.D.
Area 2 Deputy Representative	Jeffrey Borenstein, M.D.
Area 3 Representative	Joseph Napoli, M.D.
Area 3 Deputy Representative	William Greenberg, M.D.
Area 4 Representative	Bhasker Dave, M.D.
Area 4 Deputy Representative	Kenneth Busch, M.D.
Area 5 Representative	Philip Scurria, M.D.
Area 5 Deputy Representative	Debra Bolick, M.D.
Area 6 Representative	Joseph Mawhinney, M.D.
Area 6 Deputy Representative	Barbara Weissman, M.D.
Area 7 Representative	Craig F. Zarling, M.D.
Area 7 Deputy Representative	Charles Price, M.D.
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RFM Chair	Nazanin Silver, M.D., MPH
ECP Chair	Mark Haygood, D.O., MS
ACROSS Chair	Eric Plakun, M.D.
CEO and Medical Director	Saul Levin, M.D., MPA

DISTRICT BRANCH REPRESENTATIVES

Area 1

Connecticut Psychiatric Society

Reena Kapoor, M.D., Representative
Caren Teitelbaum, M.D., Representative
Melissa Welby, M.D., for Brian Keyes, M.D., Representative

Maine Association of Psychiatric Physicians

Andres Abreu, M.D, Representative
Annya Tisher, M.D., Representative

Massachusetts Psychiatric Society

Patrick Aquino, M.D., Representative
John Bradley, M.D., Representative
Michelle Durham, M.D., MPH, Representative
Marshall Forstein, M.D., Representative
Sejal Shah, M.D., Representative

New Hampshire Psychiatric Society

Robert Feder, M.D., Representative
Isabel Norian, M.D., Representative

Ontario District Branch

Leslie Kiraly, M.D., Representative
Katalin Margittai, M.D., Representative
Renata Villela, M.D., Representative

Quebec & Eastern Canada District Branch

Vincenzo Di Nicola, M.D., Representative
Judy Glass, M.D., Representative

Rhode Island Psychiatric Society

Paul Lieberman, M.D., Representative
L. Russell Pet, M.D., Representative

Vermont Psychiatric Association

Lisa Catapano-Friedman, M.D., Representative
Winston Chung, M.D., Representative

Area 2

Bronx District Branch

Robert Neal, M.D., Representative

Brooklyn Psychiatric Society, Inc.

Lenore Engel, M.D., Representative

Central New York District Branch

Marvin Koss, M.D., Representative

Genesee Valley Psychiatric Association

Elizabeth Santos, M.D., Representative

Greater Long Island Psychiatric Society

Lisa Bogdonoff, M.D., Representative
Phyllis Edelheit, M.D., Representative
Meenatchi Ramani, M.D., Representative

Mid-Hudson Psychiatric Society

Kenneth Wilson, M.D., Representative

New York County Psychiatric Society

Kenneth Ashley, M.D., Representative
Gabrielle Shapiro, M.D., Representative
Shabnam Shakibaie-Smith, M.D., for David Roane, M.D., Representative
Felix Torres, M.D., Representative
Henry Weinstein, M.D., Representative

New York State Capital District Branch

Edmond Amyot, M.D., Representative

Northern New York District Branch

Colleen Livingston, M.D., Representative

Queens County Psychiatric Society

Adam Chester, D.O., Representative

West Hudson Psychiatric Society

Ulrick Vieux, D.O., Representative

Psychiatric Society Of Westchester County, Inc

Edward Herman, M.D., Representative

Western New York Psychiatric Society

Norma Panahon, M.D., Representative

Area 3

Psychiatric Society of Delaware

Gerard Gallucci, M.D., Representative
Ranga Ram, M.D., Representative

Maryland Psychiatric Society, Inc

Annette Hanson, M.D., Representative
Elias Shaya, M.D., Representative
Brian Zimnitzky, M.D., Representative

New Jersey Psychiatric Association

Lily Arora, M.D., Representative
Charles Blackinton, M.D., Representative
Charles Ciolino, M.D., Representative

Pennsylvania Psychiatric Society

Mary Anne Albaugh, M.D., Representative
Kenneth M. Certa, M.D., Representative
Michael Feinberg, M.D., PhD, for Melvin Melnick, M.D., Representative
Daniel Neff, M.D., for Manuel Reich, D.O., Representative
Dimal Shah, M.D., for Kenneth Thompson, M.D., Representative

Washington Psychiatric Society

Constance Dunlap, M.D., Representative
Elizabeth Morrison, M.D., Representative
Eliot Sorel, M.D., Representative

Area 4

Illinois Psychiatric Society

Jeffrey Bennett, M.D. Representative
Linda Gruenberg, D.O., Representative
Jagannathan Srinivasaraghavan, M.D., Representative
Shastri Swaminathan, M.D., Representative

Indiana Psychiatric Society

Michael Francis, M.D., Representative
Brian Hart, M.D., Representative

Iowa Psychiatric Society

Eric Johnson, M.D., for Robert Smith, M.D., Representative
Carver Nebbe, M.D., Representative

Area 4 (continued)

Kansas Psychiatric Society

Donald Brada, M.D., Representative
Matthew Macaluso, D.O., Representative

Michigan Psychiatric Society

Lisa MacLean, M.D., Representative
Vasilis Pozios, M.D., Representative
Michele Reid, M.D., Representative

Minnesota Psychiatric Society

Dionne Hart, M.D., Representative
Maria Lapid, M.D., Representative

Missouri Psychiatric Association

James Fleming, M.D., Representative
Loon-Tzian Lo, M.D., Representative

Nebraska Psychiatric Society

Praveen Fernandes, M.D., Representative
Syed Qadri, M.D., Representative

North Dakota Psychiatric Society

Gabriela Balf-Soran, M.D., Representative
Monica Taylor-Desir, M.D., Representative

Ohio Psychiatric Physicians Association

Tamara Campbell, M.D., for Karen Jacobs, D.O., Representative
Eileen McGee, M.D., Representative
Suzanne Sampang, M.D., Representative
Megan Testa, M.D., for James Wasserman, M.D., Representative

South Dakota Psychiatric Association

William Fuller, M.D., Representative
Timothy Soundy, M.D., Representative

Wisconsin Psychiatric Association

Clarence Chou, M.D., Representative
Michael Peterson, M.D., PhD, Representative

Area 5

Alabama Psychiatric Society

Daniel Dahl, M.D., Representative

Clinton Martin, M.D., for Paul J. O'Leary, M.D., Representative

Arkansas Psychiatric Society

Molly Gathright, M.D., Representative

Eugene Lee, M.D., Representative

Florida Psychiatric Society

John Bailey, D.O., Representative

Debra Barnett, M.D., Representative

Cassandra Newkirk, M.D., PC, Representative

Rigoberto Rodriguez, M.D., Representative

Georgia Psychiatric Physicians Association, Inc

Howard Maziar, M.D., Representative

Joe L. Morgan, M.D., Representative

Sultan Simms, M.D., Representative

Kentucky Psychiatric Medical Association

Mary Helen Davis, M.D., Representative

Mark Wright, M.D., Representative

Louisiana Psychiatric Medical Association

Mary Fitz-Gerald, M.D., Representative

Mark Townsend, M.D., Representative

Mississippi Psychiatric Association, Inc

Jon Jackson, M.D., Representative

Sudhakar Madakasira, M.D, Representative

North Carolina Psychiatric Association

Samina Aziz, M.D., Representative

Stephen Buie, M.D., Representative

Manuel Castro, M.D., Representative

Oklahoma Psychiatric Physicians Association

Harold Ginzburg, M.D., Representative

Shreekumar Vinekar, M.D., Representative

Puerto Rico Psychiatric Society

Francisco Amador, M.D., Representative

Michael Woodbury-Farina, M.D., Representative

Area 5 (continued)

South Carolina Psychiatric Association

Rachel Houchins, M.D., Representative
Edward Thomas Lewis, III, M.D., Representative

Tennessee Psychiatric Association

James Gregory Kyser, M.D., Representative
Rodney Poling, M.D., for Valerie Arnold, M.D., Representative

Texas Society of Psychiatric Physicians

Debra Atkisson, M.D., Representative
A. David Axelrad, M.D., Representative
Daryl Knox, M.D., Representative
J. Clay Sawyer, M.D., Representative

Society of Uniformed Services Psychiatrists

Heather Hauck, M.D., Representative
James West, M.D., Representative

Psychiatric Society of Virginia, Inc

Rizwan Ali, M.D., for Varun Choudhary, M.D., Representative
Adam Kaul, M.D., Representative
John Shemo, M.D., Representative

West Virginia Psychiatric Association

Erica Arrington, M.D., Representative
T.O. Dickey, M.D., Representative

AREA 6

Central California Psychiatric Society

Robert McCarron, D.O., Representative

Northern California Psychiatric Society

Robert Cabaj, M.D., Representative
Peter Forster, M.D., Representative
Adam Nelson, M.D., Representative
Raymond Reyes, M.D., Representative

Orange County Psychiatric Society

Richard Granese, M.D., Representative

San Diego Psychiatric Society

Maria Tiamson-Kassab, M.D., Representative

Area 6 (continued)

Southern California Psychiatric Society

David Fogelson, M.D., Representative
Larry Lawrence, M.D., Representative
Mary Ann Schaepper, M.D., Representative
Simon Soldinger, M.D., Representative

Area 7

Alaska Psychiatric Association

John Pappenheim, M.D., Representative
Alexander von Hafften, M.D., Representative

Arizona Psychiatric Society

Mona Amini, M.D., Representative
Payam Sadr, M.D., Representative

Colorado Psychiatric Society

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

Hawaii Psychiatric Medical Association

Iqbal Ahmed, M.D., Representative
Leslie Gise, M.D., Representative

Idaho Psychiatric Association

Maisha Correia, M.D., Representative
Charles Novak, M.D., for James G. Saccomando Jr., M.D., Representative

Montana Psychiatric Association

Joan Green, M.D., Representative
TBD, Representative

Nevada Psychiatric Association

Philip Malinas, M.D., Representative
Dodge Slagle, D.O., Representative

Psychiatric Medical Association of New Mexico

Brooke Parish, M.D., Representative
Reuben Sutter, M.D., Representative

Oregon Psychiatric Association

Amela Blekic, M.D., Representative
Elizabeth Tiffany, M.D., for Annette Matthews, M.D., Representative

Area 7 (continued)

Utah Psychiatric Association

Stamatios Dentino, M.D., Representative

Jason Hunziker, M.D., Representative

Washington State Psychiatric Association

Ray Hsiao, M.D., Representative

Matthew Layton, M.D., PhD, Representative

James Polo, M.D., Representative

Western Canada District Branch

F. Fiona McGregor, M.D., Representative

Trevor Prior, M.D., Representative

TBD, Representative

Wyoming Association of Psychiatric Physicians

Stephen Brown, M.D., Representative

O'Ann Fredstrom, M.D., Representative

EARLY CAREER PSYCHIATRISTS (ECP) REPRESENTATIVES

Area 1

Simha Ravven, M.D., Representative
Tobias Wasser, M.D., Deputy Representative

Area 2

Maria Bodic, M.D., Representative
Deval Zaveri, M.D., Deputy Representative

Area 3

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

Area 4

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

Area 5

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

Area 6

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

Area 7

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

* Also listed with the Assembly Executive Committee

MINORITY/ UNDERREPRESENTED GROUPS

M/UR Chair

Francis Sanchez, M.D.*

American Indian, Alaska Native and Native Hawaiian Psychiatrists

Linda Nahulu, M.D., Representative

Mary Roessel, M.D., Deputy Representative

Asian-American Psychiatrists

Anish Dube, M.D., Representative

Jesus Ligot, M.D., Deputy Representative

Black Psychiatrists

Rahn Bailey, M.D., Representative

Steven Starks, M.D., Deputy Representative

Hispanic Psychiatrists

Jose De La Gandara, M.D., Representative

Oscar Perez, M.D., Deputy Representative

International Medical Graduate Psychiatrists

Antony Fernandez, M.D., Representative

Sarit Hovav, M.D., Deputy Representative

LGBTQ Psychiatrists

Ubaldo Leli, M.D., Representative

David A. Tompkins, M.D., Deputy Representative

Women Psychiatrists

Maureen Van Niel, M.D., Representative

Jennifer Payne, M.D., Deputy Representative

* Also listed with the Assembly Executive Committee

RESIDENT-FELLOW MEMBER (RFM) REPRESENTATIVES

Area 1

Daniella Palermo, M.D., Representative
Jessica Isom, M.D., MPH, Deputy Representative

Area 2

Shiby Abraham, M.D., Representative
Navjot Brainch, MBBS, Deputy Representative

Area 3

Nazanin Silver, M.D., MPH, *Representative
Cristina Secarea, M.D., Deputy Representative

Area 4

Spencer Gallner, M.D., Representative
Anita Rao, M.D., Deputy Representative

Area 5

Stephen Marcoux, M.D., Representative
Jonathan Martin, M.D., Deputy Representative

Area 6

Darinka Aragon, M.D., Representative
Jorien Campbell, M.D., Deputy Representative

Area 7

David Braitman M.D., Representative
Krin Walta, D.O., Deputy Representative

Resident-Fellow Member (RFM) Mentor

Matthew Kruse, M.D.

* Also listed with the Assembly Executive Committee

ASSEMBLY COMMITTEE OF REPRESENTATIVES OF SUBSPECIALTIES & SECTIONS (ACROSS)

Area 1

Academy of Psychosomatic Medicine

David Gitlin, M.D.

American Academy of Psychodynamic Psychiatry and Psychoanalysis

Eric Plakun, M.D.*

Area 2

American Academy of Child & Adolescent Psychiatry

Warren Ng, M.D.

American Group Psychotherapy Association

C. Deborah Cross, M.D.

Area 3

American Association of Psychiatric Administrators

Barry Herman, M.D.

American Society for Adolescent Psychiatry

Richard Ratner, M.D.

Southern Psychiatric Association

Mark Komrad, M.D.

Area 4

American Academy Addiction Psychiatry

David Lott, M.D.

American Academy of Clinical Psychiatrists

Donald Black, M.D.

American Academy of Psychiatry & Law

Cheryl Wills, M.D.

American Association of Community Psychiatrists

Michael Flaum, M.D.

American Association for Social Psychiatry

Aidaspahic Mihajlovic, M.D., for Beverly Fauman, M.D.

American Psychoanalytic Association

TBD

Area 5

AGLP: The Association of LGBTQ Psychiatrists

Margery Sved, M.D.

Senior Psychiatrists, Inc

Jack Bonner, M.D.

Area 6

American Association for Geriatric Psychiatry

Daniel Sewell, M.D.

Area 7

American Association for Emergency Psychiatry

Kimberly Nordstrom, M.D., JD

Association of Family Psychiatrists

Gregory Miller, M.D.

* Also listed with the Assembly Executive Committee

PRIVILEGED GUESTS OF THE ASSEMBLY

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President-Elect	Altha Stewart, M.D.
Secretary	Philip Muskin, M.D.
Treasurer	Bruce Schwartz, M.D.

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Area 2	Vivian Pender, M.D.
Area 3	Roger Peele, M.D.
Area 4	Ronald Burd, M.D.
Area 5	Jenny L. Boyer, M.D., JD., PhD
Area 6	Melinda Young, M.D.
Area 7	Jeffrey Akaka, M.D.

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Trustee	Renée Binder, M.D.
Trustee	Paul Summergrad, M.D.
Trustee-at-Large	Richard Summers, M.D.
ECP Trustee-at-Large	Lama Bazzi, M.D.
RFM Trustee	Uchenna Okoye, M.D., MPH
RFM Trustee-Elect	Tanuja Gandhi, M.D.
M/UR Trustee	Ramaswamy Viswanathan, M.D., DMSc

FELLOWS

APA/APAF/SAMHSA/Diversity Fellow	Rustin Carter, M.D.
APA/APAPF/Leadership Fellow	Abhisek Khandai, M.D., MS
APA/APAF Public Psychiatry Fellow	Mary Vance, M.D.
Minority Fellow	Raissa Tanquedo, M.D.
Minority Fellow	Muhammad Zeshan, M.D.

DISTRICT BRANCH PRESIDENTS, PRESIDENTS-ELECT & EXECUTIVES

standing invitation

PAST SPEAKERS OF THE ASSEMBLY

Daniel Anzia, M.D.*	2016-2017
Glenn Martin, M.D.*	2015-2016
Jenny L. Boyer, M.D., JD, PhD	2014-2015
Melinda Young, M.D.	2013-2014
R. Scott Benson, M.D.	2012-2013
Ann Marie T. Sullivan, M.D.	2011-2012
Bruce A. Hershfield, M.D.	2010-2011
Gary S. Weinstein, M.D.	2009-2010
Ronald Burd, M.D.	2008-2009
Jeffrey Akaka, M.D.	2007-2008
Michael Blumenfield, M.D.	2006-2007
Joseph Ezra V. Rubin, M.D.	2005-2006
James E. Nininger, M.D.	2004-2005
Prakash N. Desai, M.D.	2003--2004
Albert Gaw, M.D.	2002-2003
Nada Stotland, M.D., MPH	2001-2002
R. Michael Pearce, M.D.	2000-2001
Alfred Herzog, M.D.	1999-2000
Donna Marie Norris, M.D.	1998-1999
Jeremy Allan Lazarus, M.D.*	1997-1998
Roger Dale Walker, M.D.	1996-1997
Richard Kent Harding, M.D.	1995-1996
Norman A. Clemens, M.D.	1994-1995
Richard M. Bridburg, M.D.	1993-1994
G. Thomas Pfaehler, M.D.	1991-1992
Edward Hanin, M.D.	1990-1991
Gerald H. Flamm, M.D.	1989-1990
John S. McIntyre, M.D.	1988-1989
Irvin M. Cohen, M.D.	1987-1988
Roger Peele, M.D.	1986-1987
Fred Gottlieb, M.D.	1984-1985
Harvey Bluestone, M.D.	1983-1984
Lawrence Hartmann, M.D.	1981-1982
Melvin M. Lipsett, M.D.	1980-1981
Robert O. Pasnau, M.D.	1979-1980
Robert J. Campbell, III, M.D.	1978-1979
Daniel A. Grabski, M.D.	1977-1978
Irwin N. Perr, M.D.	1976-1977
Miltiades L. Zaphiropoulos, M.D.	1975-1976
Harry H. Brunt, Jr., M.D.	1971-1972
John S. Visher, M.D.	1970-1971
Robert S. Garber, M.D.	1963-1964
Mathew Ross, M.D.	1956-1957

*Also listed with Assembly Executive Committee

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

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

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

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

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

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

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

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

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

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

Voting Strength by State for the
November 2018 and May 2019
 Assembly Meeting

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

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

The Central Office will use the report that was run on December 28, 2017 to determine the voting strength for the November 2018 and May 2019 meeting.

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

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

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

District Branch/State Association (alphabetical order)	Voting Strength	# Reps
Alabama Psychiatric Physicians Association	245	2
Alaska Psychiatric Association	55	2
Arizona Psychiatric Society	408	2
Arkansas Psychiatric Society	126	2
Bronx District Branch	187	1
Brooklyn Psychiatric Society, Inc.	300	1
Central California Psychiatric Society	395	1
Central New York District Branch	117	1
Colorado Psychiatric Society	452	3
Connecticut Psychiatric Society	621	3
Delaware, Psychiatric Society of	101	2
Florida Psychiatric Society	1212	4
Genesee Valley Psychiatric Association	160	1
Georgia Psychiatric Physicians Association, Inc	626	3
Greater Long Island Psychiatric Society	468	3
Hawaii Psychiatric Medical Association	157	2
Idaho Psychiatric Association	50	2
Illinois Psychiatric Society	1003	4
Indiana Psychiatric Society	345	2

District Branch/State Association (alphabetical order)	Voting Strength	# Reps
Iowa Psychiatric Society	173	2
Kansas Psychiatric Society	216	2
Kentucky Psychiatric Medical Association	255	2
Louisiana Psychiatric Medical Association	316	2
Maine Association of Psychiatric Physicians	142	2
Maryland Psychiatric Society, Inc	670	3
Massachusetts Psychiatric Society	1460	5
Michigan Psychiatric Society	734	3
Mid-Hudson Psychiatric Society	61	1
Minnesota Psychiatric Society	444	2
Mississippi Psychiatric Association, Inc	149	2
Missouri Psychiatric Association	410	2
Montana Psychiatric Association	51	2
Nebraska Psychiatric Society	152	2
Nevada Psychiatric Association	169	2
New Hampshire Psychiatric Society	122	2
New Jersey Psychiatric Association	851	3
New Mexico, Psychiatric Medical Association of	166	2
New York County Psychiatric Society	1788	5
New York State Capital District Branch	140	1
North Carolina Psychiatric Association	873	3
North Dakota Psychiatric Society	57	2
Northern California Psychiatric Society	1027	4
Northern New York District Branch	38	1
Ohio Psychiatric Physicians Association	956	4
Oklahoma Psychiatric Physicians Association	227	2
Ontario District Branch	673	3
Orange County Psychiatric Society	244	1
Oregon Psychiatric Physicians Association	417	2
Pennsylvania Psychiatric Society	1391	5
Puerto Rico Psychiatric Society	132	2
Quebec & Eastern Canada District Branch	339	2
Queens County Psychiatric Society	253	1
Rhode Island Psychiatric Society	228	2
San Diego Psychiatric Society	355	1
South Carolina Psychiatric Association	393	2
South Dakota Psychiatric Association	83	2
Southern California Psychiatric Society	1046	4
Tennessee Psychiatric Association	295	2
Texas Society of Psychiatric Physicians	1222	4
Uniformed Services Psychiatrists, Society of	380	2
Utah Psychiatric Association	172	2
Vermont Psychiatric Association	102	2
Virginia, Psychiatric Society of	586	3
Washington Psychiatric Society	853	3
Washington State Psychiatric Association	539	3
West Hudson Psychiatric Society	112	1
West Virginia Psychiatric Association	190	2
Westchester County, Psychiatric Society of	367	1

District Branch/State Association (alphabetical order)	Voting Strength	# Reps
Western Canada District Branch	455	3
Western New York Psychiatric Society	134	1
Wisconsin Psychiatric Association	410	2
Wyoming Association of Psychiatric Physicians	20	2

Voter Instructions for “Standing Vote” with ARS devices

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

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

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



To submit your vote:

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

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

Assembly Executive Committee

FINAL REPORT

Friday, November 3, & Sunday, November 5, 2017

Omni Shoreham, Washington, DC

Theresa Miskimen, MD, Speaker
James R. Batterson, MD, Speaker-Elect
Paul O'Leary, MD, Recorder (*Sunday*)
Jeremy Lazarus, MD, Parliamentarian
A. Evan Eyster, MD, MPH, Area 1 Rep
Manuel Pacheco, MD, Area 1 Dep Rep
Seeth Vivek, MD, Area 2 Rep
Jeffrey Borenstein, MD, Area 2 Dep Rep
Joseph Napoli, MD, Area 3 Rep
William Greenberg, MD, Area 3 Dep Rep
Bhasker Dave, MD, Area 4 Rep
Kenneth Busch, MD, Area 4 Dep Rep
Philip Scurria, MD, Area 5 Rep

Debra Bolick, MD, Area 5 Dep Rep
Joseph Mawhinney, MD, Area 6 Rep
Barbara Weissman, MD, Area 6 Dep Rep
Craig Zarling, MD, Area 7 Rep
Charles Price, MD, Area 7 Dep Rep
Francis Sanchez, MD, M/UR Chair
Nazanin Silver, MD, MPH, RFM Chair
Mark Haygood, DO, MS, ECP Chair
Eric Plakun, MD, ACROSS Chair
Daniel Anzia, MD, Immediate Past Speaker
Glenn Martin, MD, Past Speaker
Saul Levin, MD, MPA, CEO and Medical Director

Guests:

Altha Stewart, MD, APA President-Elect (*Friday*)
Jenny Boyer, MD, PhD, JD, Area 5 Trustee (*Friday*)

Governance Administration:

Margaret Cawley Dewar, Director of Association
Governance (*Friday*)
Laurie McQueen, MSSW, Associate Director,
Association Governance (*Sunday*)
Allison Moraske, Senior Governance Specialist,
Assembly

APA Administration:

Tanya Bradsher, Chief Communications Officer
Colleen Coyle, JD, APA General Counsel (*Sunday*)
Yoshie Davison, MSW, Chief of Staff
Jon Fanning, MS, CAE, Chief Membership & Strategy
Officer, RFM/ECP Liaison
Daniel Gillison, Jr., Executive Director, APAF
(*Sunday*)
Tristan Gorrindo, MD, Director, Division of
Education (*Sunday*)
David Keen, CPA, Chief Financial Officer

Kristin Kroeger, Chief of Policy, Programs, &
Partnerships
Ashley Mild, Interim Chief of Government Affairs
(*Sunday*)
Ranna Parekh, MD, MPH, Director, Division of
Diversity & Health Equity
Judson Wood, JD, Special Assistant to the CEO and
Medical Director (*Friday*)

A. Friday, November 3, 2017

1. **Call to Order and Opening Remarks — Dr. Miskimen**

Dr. Miskimen welcomed the Assembly Executive Committee and guests to the meeting. The members then introduced themselves and disclosed any potential conflicts of interest.

2. **Approval of Report of AEC Meeting, July 2017**

MOTION APPROVED: The AEC voted to accept the report of the Assembly Executive Committee from July 2017.

3. **Remarks from the Speaker-Elect — Dr. Batterson**

Dr. Batterson noted that the special election for Assembly Recorder will take place Saturday afternoon. As such, the candidates for Recorder will be coming to the Area Council meetings for campaigning purposes. Dr. Batterson worked with the American Psychiatric Association Foundation (APAF) to include disaster relief fundraising during the Assembly reception Saturday evening. This will include a raffle for a two -night stay at the Omni Shoreham generously donated by the hotel. He encouraged everyone to attend.

4. **Remarks from the CEO and Medical Director — Dr. Levin**

Dr. Levin began his remarks by thanking Drs. Miskimen and Batterson for their hard work leading up to the Assembly meeting. He also thanked Dr. Altha Stewart, APA President-Elect for her work for the Association as well as the APA administration.

Dr. Levin gave a brief update on the CMS TCPI SAN Grant. The APA is in its third year of a four-year grant. The APA is on track to train 3,500 psychiatrists and 300 primary care physicians. Dr. Levin noted that CMS recently identified the need for increased direction and guidance regarding the definition of what constitutes a ligature risk. The APA will be monitoring this closely and is aiming to have a meeting with CMS in the near future.

The APA has been focused on supporting the areas of the country impacted by natural disasters. There is the Lindemann Disaster Relief Grant and dues relief for psychiatrists impacted by natural disasters. The APAF is working with the Red Cross to provide funding.

Dr. Levin concluded his remarks by providing an update on the new APA headquarters in Washington, D.C. He announced there would be a ribbon cutting ceremony March 16 and an open house for the Assembly in November 2018.

5. **Review of Assembly Agenda — Dr. Miskimen**

The AEC reviewed the Assembly agenda. There are 18 position statements, 16 action papers, and one new business item for consideration at the Assembly. Dr. Miskimen will be presenting a Speaker's Award to Dr. Roger Peele during the second plenary session Saturday morning.

6. **Reports of Assembly Component Chairs**

A. Rules Committee — Dr. Anzia

Dr. Anzia reviewed the work of the Rules Committee prior to the Assembly meeting. He noted that the committee placed on the draft consent calendar that the Rules Committee felt were clear and straight forward. Many of the proposed position statements were assigned to Reference Committees.

B. Awards Committee — Dr. Martin

Dr. Martin announced that the Assembly Profile of Courage Award will not be given this year as the committee did not receive any nominations.

C. Committee on Procedures

Dr. Miskimen noted that there would be no actions coming from the Assembly Committee on Procedures to the Assembly at this meeting.

D. Assembly Nominating Committee — Dr. Anzia

Dr. Anzia noted that the special election for Recorder would be held Saturday afternoon. The Assembly Nominating Committee will be meeting Friday evening to review the slate of candidates for the Speaker-Elect and Recorder positions and may meet one additional time Saturday evening after the special election as needed. The slate will be announced Sunday morning during the fourth plenary session, with the opportunity to nominate candidates from the floor.

7. New Business

Dr. Francis Sanchez, Chair, M/UR Committee gave an update on the M/UR committee members who joined the Council on Minority Mental Health and Health Disparities meeting at the September Components Meeting. The M/UR committee members were able to help draft workshop submissions and develop toolkits related to minority mental health. The AEC will be discussing this further at its meeting in February 2018.

B. Sunday, November 5, 2017

8. Review of Assembly Business and Actions — Drs. Miskimen, Batterson, and O’Leary

The AEC reviewed the passed Assembly actions and the draft action assignments.

JRC Items: The Assembly voted to approve all the position statements submitted by the JRC except for item 4.B.2: *Revised Position Statement: Need to Maintain Long-Term Care Facilities for Certain Individuals with Serious Mental Illness*. This will be submitted to the JRC for action by the appropriate APA component(s).

The AEC then prioritized the action papers of those referred to the Joint Reference Committee. The AEC determined that the following papers had priority:

- 12.C: Transitional Care Services Post-Psychiatric Hospitalization
- 12.N: Civil Liability Coverage for District Branch Ethics Investigations
- 14.A (new business item): Addressing the Negative Impact of New Joint Commission and CMS Policies on Ligature Risk on Inpatient Psychiatric Units [**N.B.**: Given the urgency of this issue, this paper will be sent directly to the Board of Trustees for consideration at its December 2017 meeting.]

9. Assembly Work Group on Increasing APA Voter Turnout

At its meeting in July, the Board of Trustees discussed referendum issues and approved the following action:

The Board of Trustees discussed the issue of the 40% voting member requirement for approval of a referendum. A process was approved to support Board discussion and vote on issues that receive strong support from members even if they do not meet the 40% threshold. The Board of Trustees voted to approve the following policy:

1. If a majority of the members voting approve a referendum but the minimum requirement of 40% of

eligible voters is not met, the referendum will go to the next Board of Trustees as an action item for a vote.

2. The Board of Trustees asked the Assembly Speaker to convene a work group of the Assembly, in coordination with the Elections Committee, to develop a grass roots campaign or strategy to increase the percentage of eligible voters to 40 percent or above other than including the referendum in the annual dues billing.

Dr. Miskimen will be sending an email to the AEC to request members of each Area and Assembly Group to sit on the work group. She requested that the AEC submit names of members who will be committed to working on this issue.

10. **Discussion of February 2018 AEC Meeting**

The AEC had a brief discussion about its meeting in February 2018. The following items were identified as agenda items:

- Pilot AEC-ASM mentorship program
- Codifying the election method for preferential votes by strength
- Updating the *Procedural Code* on position statement voting (majority votes) and Assembly action papers which contain draft position statements, and
- Review of the November Assembly meeting.

Dr. Miskimen requested that the AEC send her additional agenda items via email no later than January 2, 2018.

11. **Area Councils**

Area 1: Area 1 will be meeting will be March 10-11, 2018 in Avon, Connecticut.

Area 2: Area 2 meeting will be March 24, 2018, at the LaGuardia Marriott in Queens, New York.

Area 3: The date and location of the Area 3 meeting is TBD.

Area 4: Area 4 will be meeting March 10-11, 2018 at the Chicago O'Hare Loews Hotel in Chicago, Illinois.

Area 5: Area 5 will be meeting in the Spring, date and location TBD.

Area 6: Area 6 will be meeting Sunday, April 15, Hyatt Regency Sacramento, California.

Area 7: Area 7 will be having a telephone meeting March 2nd and a summer meeting in Las Vegas, Nevada.

12. **New Business/Other Issues**

District Branch Best Practice Award:

The AEC reviewed the updated District Branch Best Practice Award description which added two categories for this award, one for smaller District Branches/State Associations (with 200 or fewer members) and one for larger District Branches/State Associations (with 201+ members).

MOTION APPROVED: The Assembly Executive Committee voted to approve the recommended District Branch Best Practice Award description as developed by the Assembly Awards Committee.

Assembly Members' Conduct at Meetings:

The AEC discussed, in executive session, an incident that occurred at the Friday afternoon Reference Committee meetings during which an Assembly member spoke inappropriately to another member.

MOTION APPROVED: The Assembly Executive Committee voted to consider, at its February meeting, the directions it might want to give the Assembly Rules Committee and/or edits to the *Procedural Code of the Assembly* related to member conduct at the Assembly meetings.

13. **Next Meeting:** February 9-11, 2018, location: Omni Amelia Island Plantation Resort, Amelia Island,

Florida. *(The JRC will be meeting February 11-12 at the same location.)*

14. **Adjournment**

**American Psychiatric Association
Assembly Executive Meeting
Omni Amelia Island Plantation Resort
Amelia Island, Florida
February 9-11, 2018
Draft Report**

Assembly Executive Committee Members:

Theresa Miskimen, MD, Speaker	Debra Bolick, MD, Area 5 Dep Rep
James R. Batterson, MD, Speaker-Elect	Joseph Mawhinney, MD, Area 6 Rep
Paul J. O'Leary, MD, Recorder	Barbara Weissman, MD, Area 6 Dep Rep
Jeremy Lazarus, MD, Parliamentarian	Craig Zarling, MD, Area 7 Rep
A. Evan Eyler, MD, Area 1 Rep	Charles Price, MD, Area 7 Dep Rep
Manuel Pacheco, MD, Area 1 Dep Rep	Francis Sanchez, MD, M/UR Chair [A]
Seeth Vivek, MD, Area 2 Rep	Nazanin Silver, MD, MPH, RFM Chair
Jeffrey Borenstein, MD, Area 2 Dep Rep	Mark Haygood, DO, ECP Chair
Joseph Napoli, MD, Area 3 Rep	Eric Plakun, MD, ACROSS Chair
William Greenberg, MD, Area 3 Dep Rep	Daniel Anzia, MD, Immediate Past Speaker
Bhasker Dave, MD, Area 4 Rep	Glenn Martin, MD, Past Speaker
Kenneth Busch, MD, Area 4 Dep Rep	Saul Levin, MD, MPA, CEO and Medical Director
Philip Scurria, MD, Area 5 Rep	

Guests:

Rahn Bailey, MD, Representative, Black Psychiatrists (*via speakerphone*)
Helena B. Hansen, MD, PhD, Vice Chair, Council on Minority Mental Health & Health Disparities (*via speakerphone*)
Altha Stewart, MD, APA President-Elect (*Saturday & Sunday*)
Eric Yarbrough, MD, Vice Chair, Council on Minority Mental Health & Health Disparities (*via speakerphone*)

Governance Administration:

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

APA Administration:

Yoshie Davison, MSW, Chief of Staff
Jon Fanning, MS, CAE, Chief Membership & Strategy Officer & RFM/ECP Liaison
David Keen, Chief Financial Officer (*via speakerphone*)
Kristin Kroeger, Chief of Policy, Programs, and Partnerships
Ranna Parekh, MD, MPH, Director, Division of Diversity and Health Equity

Call to Order of the Assembly Executive Committee – Theresa Miskimen, MD

- Introductions

Dr. Miskimen welcomed the AEC to Amelia Island and had everyone introduce themselves and disclose any potential conflicts of interest.

- Approval of the November 2017 AEC Report

MOTION APPROVED: The Assembly Executive Committee voted to approve the report of the Assembly Executive Committee from the November 2017 meetings.

- Review of the Agenda

The AEC reviewed the meeting agenda. Dr. Miskimen noted that the discussion of the December 2017 Board of Trustees meeting would take place on Saturday and that the AEC would discuss the APA's participation policy for 30 minutes Friday evening in executive session. Dr. Miskimen added that two items of new business would be discussed on Sunday morning: an update on the Board Work Group on Physician Well-Being and Burnout and a discussion on the Assembly approved position statement, "APA Position Statement Strongly Recommending Twelve Weeks of Paid Parental Leave" which is on the agenda for the Joint Reference Committee.

Report from the Speaker – Theresa Miskimen, MD

The AEC discussed the APA participation policy (below) in executive session.

The American Psychiatric Association's policy is to promote an environment of mutual respect, well-being, and collegiality at its meetings. APA values and benefits from the diverse opinions its members hold on the issues with which the Association and the psychiatric profession are confronted. All individuals at the meeting agree to conduct themselves in a manner appropriate for health care professionals. This includes respect for the intellectual property of others, proper display and use of meeting badges, and the avoidance of aggressive or inappropriate behavior towards others. Individuals participating in APA sponsored meetings agree to listen respectfully to all views presented, be courteous to others regardless of whether you agree or disagree with the views presented, and to exhibit the professionalism and collegiality expected of psychiatrists. In order to gain the full understanding of the issues, all members will be heard within the bounds of the rules of parliamentary procedure. If an individual believes that these rules have been violated or acceptable social decorum has otherwise been breached, he or she shall contact APA staff to help with the situation.

Dr. Miskimen gave an update on the December 2017 Board of Trustees meeting. She referred the AEC to the draft summary of actions from the meeting and highlighted several actions the Board took including:

- Approval of the request for the seven M/UR Caucus Assembly Representatives (or their designees) to meet with the Council on Minority Mental Health and Health Disparities at the 2018 September Components Meeting at the same level of funding as 2017.
- Approval of the action paper 14.A: Addressing the Negative Impact of New Joint Commission and CMS Policies on Ligature Risk on Inpatient Psychiatric Units.
- Approval of the position statement *Health Care, inclusive of mental health care, is a human right.*
- Approval of adding Chicago, IL as one of the future meeting locations to the previously approved list of meeting locations for APA Annual Meetings.

Dr. Miskimen reported that she informed the Board in December 2017 about the successful fundraising efforts at the November Assembly which raised \$33,000 in donations for disaster relief. Dr. Miskimen completed her report by answering questions from the AEC.

Report from the Speaker-Elect – James R. Batterson, MD

Dr. Batterson reported that the ABPN and APA met on February 2nd at the APA offices in Washington DC. This is an annual meeting with several purposes, chief of which is for the APA to communicate member concerns about MOC and Initial Certification. The ABPN reported on their Pilot Project for Self-Assessment CME. This project not only awards SA CME but will also offer the opportunity for diplomats to get credit for the 10-year exam if they answer enough questions correctly on the self-assessment. The process is as follows: ABPN has formed a committee for General Psychiatry and another for Child Psychiatry. Each committee will identify 40 articles and of those a diplomate must answer questions on 30 articles. There will be 5 questions on each article and to qualify, a diplomate must have 4 of 5 answered correctly. Signups will be in March 2018 and the process will start in 2019. The APA was represented by Anita Everett, 3 Assembly members including Russell Pet who chairs the MOC Committee and Drs. Levin and Gorrindo from APA administration. The ABPN was represented by Dr. Faulkner and the president of the ABPN board, Dr. Keepers.

The Assembly had been in support of the development of alternatives to every 10-year exam and for options that would be educational.

Report from the Recorder – Paul J. O’Leary, MD

Dr. O’Leary reviewed the draft summary of actions from the November 2017 Assembly meeting and highlighted some of the action items on the agenda for the Joint Reference Committee, which is meeting immediately following the AEC meeting on Sunday. He noted that in addition to the fifteen items coming from the Assembly, the JRC will also be reviewing several items from various APA components as well as two position statements which were referred back to the JRC from the Board of Trustees. Dr. O’Leary concluded his remarks by reminding the AEC that the next Assembly meeting will be May 4-6 in New York City.

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

Dr. Levin began his remarks by stating that the APA national election results were announced today. He congratulated the winners and thanked all that ran in the election. Dr. Levin announced that at the end of 2017, APA membership totals were 37,896 which is a 13% increase since 2013. The APA’s registry, PsychPRO is running ahead of schedule. It has been certified in 2017 and 2018 as a Qualified Clinical Data Registry (QCDR). The patient portal shows that more members and hospitals are joining PsychPRO. Dr. Levin thanked members of the AEC for joining the registry and encouraged those who haven’t yet signed up to speak with Jon Fanning at the meeting. He stated that the APA continues to work with the DB/SAs on scope issues and encouraged the Areas to work with their local medical societies on this issue as well. Dr. Levin announced that Elinore McCance-Katz, MD, PhD, Assistant Secretary for Mental Health and Substance Use at SAMHSA will be the Convocation speaker at the APA Annual Meeting in New York City. Dr. Levin completed his report by announcing that the APA has moved to its new headquarters at the Wharf in Washington, DC. The grand opening will be March 16 and another open house will be held in conjunction with the November Assembly meeting.

Assembly Meeting: Recap Discussion of November Assembly

The AEC discussed the Assembly meeting in November.

Voting: There was a suggestion that the Assembly use the Audience Response System (ARS) clickers for votes by strength. It was explained that the clickers could not be used for a vote by strength due to the way in which votes can be split by Assembly Reps. Additionally, it was noted that members are in and out of the room which would affect the voting results. It was suggested that the Assembly do a pilot of using the clickers for all votes during a plenary session of the Assembly.

Reference Committees: Dr. Miskimen explained that she had chosen Reference Committee Chairs for the November Assembly who had never been a chair of a reference committee. She held a conference call with the Chairs, explaining the Chair guidelines and the role of the Reference Committees. Dr. Miskimen stated she will hold additional calls with the Chairs prior to the Assembly meeting in May. The AEC discussed decreasing the amount of Reference Committees (currently there are 5) to help increase staff support however it was noted that this would mean that the duration of the Reference Committee meetings would have to be lengthened given each Committee would have an increased work load of material to review. The AEC determined this suggestion would not be feasible for the upcoming Assembly meeting.

Report of the Work Group on Area Council Finances

(David Keen, Chief Financial Officer, joined the meeting via conference call for this portion of the meeting.)

Dr. Martin gave the report of the Work Group on Area Council Finances. The Work Group considered the following questions regarding Area Council financing:

- 1) Block Grants:
 - Should the block grants be limited to funding Area Council meetings?
 - Should the notion of “revenue sharing” for other purposes be eliminated?
 - Should the block grant allocations try to cover two in person meetings of the Area Councils, or an alternative, like one and a second limited meeting (e.g., one Rep from each DB) and/or an electronic meeting?

- 2) Accumulated Funds:
 - What is the purpose of accumulated funds?
 - Should there be a cap?
 - Should the cap be exceeded? What happens when the cap is exceeded?
 - How should the fixed amount being received by Areas 2 and 6 be evaluated?
 - Considerable funds are now being separately budgeted for RFMs, ECPs, and M/URs for attending Area Council meetings, several of which are not even taking place because of block grant constraints. How should part of these be redistributed?

The Work Group examined funding the Assembly Reps since the three other groups (ECPs, RFMs, M/URs) are funded out of the general Assembly budget. The Work Group did not have any specific recommendations for the accumulated funds however it felt that these funds should be used for appropriate Area business. The AEC discussed numerous issues raised in the Work Group’s report including:

- Area Council dues/ “tax/tariff”
- The development of a funding formula for the Area Council grants
- Possibly changing the name of the Area Council Block Grants to instead refer to the funding as, for example, ASA (Assembly Support for the Area)
- Virtual meetings

It was strongly felt that the Work Group should continue exploring these issues, along with input from David Keen, APA's Chief Financial Officer. Dr. Miskimen reported she and the other Assembly Officers would update the charge of the Work Group and that it would continue through at least May 2018.

Report of the Pilot Assembly Executive Committee-Assembly (AEC-ASM) Mentorship Program

Dr. Zarling presented the report of the Pilot Assembly Executive Committee-Assembly (AEC-ASM) Mentorship Program. The objective of the AEC-ASM Mentorship Program is to allow participating APA/APAF Fellows (mentees) to:

- Understand the Assembly and its parliamentary procedure
- Become familiar with the pathway for an idea to become APA Policy
- Network with APA Assembly

Dr. Haygood reported on the feedback from the pilot program for the last two years. The participants enjoyed the program and recommended that it be continued and possibly expanded. It was suggested in the report that, if the AEC decided to continue the program, the Pilot Program Committee (Drs. Craig Zarling, Mark Haygood, and Matthew Kruse) recommended the following:

- AEC-ASM Mentorship Program should be offered up to 10 APA/APAF Fellows.
- Existing matchmaking guidelines will be used to match ACORF mentors and APA/APAF Fellows (mentees).
- APA/APAF Fellows (mentees) will be onboarded about the Mentorship Program, goals, and expectations.
- ACORF mentors will be onboarded by AEC-ACORF Chair.
- The Program will begin at least 3 months in advance of the Assembly to allow time for ACORF mentors and APA/APAF Fellows (mentees) to connect and prepare.
- Mark Haygood, DO, ECP Chair to AEC, and his successors will offer ongoing mentorship opportunities for APA/APAF Fellows (mentees) who have successfully completed the program.

MOTION APPROVED: The Assembly Executive Committee voted to support the continued funding of the Pilot Assembly Executive Committee-Assembly (AEC-ASM) Mentorship Program for three years for up to 10 participants and/or \$2,000 per year, with an annual report to the AEC and a cumulative report after three years.

Assembly Work Group on Increasing APA Voter Turnout

The Board of Trustees asked the Assembly Speaker to convene a work group of the Assembly, in coordination with the APA Elections Committee, to develop a grass roots campaign or strategy to increase the percentage of eligible voters to 40 percent or above other than including the referendum in the annual dues billing.

It was noted that the issue was related to increasing voter turnout when there is a referendum, not increasing voter turnout for the APA national election. The AEC had concerns about whether there could be enough planning time for increasing voter turnout for a referendum. Additionally, it was felt that if members aren't voting in elections, then it would be difficult for a work group to develop ways to increase voter turnout for a referendum vote.

Dr. Miskimen thanked the AEC for its feedback. She requested that the AEC submit names of members for the work group to her by the end of the AEC meeting so that she can provide an update to the Board of Trustees at its meeting in March.

Update on the M/UR Committee Members Attending the September Components Meeting

AEC Report February 9-11, 2018

(Drs. Bailey, Hansen, and Yarbrough joined the meeting via conference call for this portion of the meeting.)

The AEC received an update on the joint meeting of the M/UR committee and the Council on Minority Mental Health and Health Disparities at the September 2017 Components Meeting in Washington, DC. It was noted that the joint meeting amplified collaboration between the two groups, including the development of position statements, workgroups/symposia for the Annual Meeting, and the finalization of a toolkit on minority mental health, which should be completed by late spring. It was indicated that funding for the joint meeting (approximately \$9,000) would be provided again for the September 2018 Components Meeting.

Ratification of the Warren Williams Award

MOTION APPROVED: The Assembly Executive Committee voted to ratify Area 5's nomination of Gary Weinstein, MD, for the Warren Williams Award.

Discussion on the AMA's Opioid Task Force

<https://www.ama-assn.org/delivering-care/reversing-opioid-epidemic>

The AEC discussed the report of the AMA's Opioid Task Force. Dr. Miskimen highlighted the six recommendations of the task force which are:

- Support physicians' use of effective PDMPs
- Enhance education on effective, evidence-based prescribing and treatment
- Support access to comprehensive, affordable, compassionate treatment
- Put an end to stigma
- Expand access to naloxone in the community and through co-prescribing
- Encourage safe storage and disposal of prescription medication

Dr. Miskimen requested that the AEC distribute the report to the Areas at the upcoming Area Council meetings so that it can also be shared with the DB/SAs. It was strongly suggested that the Areas alert the DB/SAs that there are a lot of state initiatives on the opioid crisis. Ms. Kroeger noted that the APA is collaborating with the American Academy of Addiction Psychiatry (AAAP) on initiatives on this topic and that this information will be rolled out to the DB/SAs shortly.

Preliminary Discussion of the May 4-6, 2018 Assembly

The AEC discussed the May 2018 Assembly meeting.

Draft Schedule: The AEC reviewed the Assembly draft schedule. They were reminded that changes to the schedule should be submitted to Ms. Moraske as soon as possible and that changes on site are not allowed due to cost. There was a question about the necessity of the Area Trustee/AEC meeting on Friday evening. Dr. Miskimen indicated she will review the schedule and determine whether this meeting should be continued.

Candidate Visits to Area Councils (both national and Assembly elections): Dr. O'Leary, Assembly Recorder, will work with the APA Administration to coordinate Assembly candidate visits in May. The AEC discussed other ways for candidates to address the Assembly other than at Area Council meetings. Suggestions included having a presentation at breakfast and allowing time on the agenda during one of the plenary sessions. The Assembly Officers will review the issue and make some suggestions to the AEC after the meeting.

Reference Committees: Ms. Moraske will be sending the Reference Committee rosters to the AEC prior to the Area Council meetings. It was requested that the Areas/Assembly Committees secure substitutes in a timely

fashion. The Assembly Officers will be reminding the Chairs of the Reference Committees onsite that a completed report is needed before they leave for the evening.

Speaker's Call for Action Papers: Dr. Miskimen's call for action papers will focus on education, specifically the education of peers and patients on evidence-based treatment. This will be posted to the Assembly listserv shortly.

Action Papers: The action paper deadline is **March 15**. The AEC was asked to remind the Assembly members to use the action paper template and develop cost estimates.

Guest Speakers: There was a suggestion to have the President of the Canadian Psychiatric Association address the Assembly as it was felt this might help foster a better relationship with the Canadian members of the APA. Dr. Miskimen will review this suggestion when she develops the Assembly agenda.

Discussion about Assembly Listservs

The AEC discussed the Assembly listservs due to some complaints from Assembly members that the listserv occasionally had postings from members relating to the Goldwater Rule, political cartoons, and disparaging comments of political nature. Dr. Miskimen reminded the AEC that she had posted a message on the Assembly listserv in September, reminding the Assembly of the listserv guidelines (see below). The AEC agreed with Dr. Miskimen that it was up to the members to follow the rules of the listserv.

Listserv Guidelines *[Approved by the Assembly Executive Committee July 2009]*

Email lists work best when members share their experiences and bring fresh knowledge and challenging suggestions to the fore. New ideas can stimulate discussion and move the organization forward. The email list also provides members with up-to-date information from the APA Administration and the Assembly leadership.

Guidelines for use of the Email list:

1. Consider your colleagues. Remember that you're sending an email to over 200 individuals and consider whether it's worth their time. Some discussion points are important and should be shared and some.....should be reconsidered.
2. Whenever possible, respond to one person, not the whole list. The e-mail list is shared by hundreds of people. Personal messages, including congratulations or condolence should be shared with the individual for whom they are intended.
3. Make subject lines descriptive.
4. Make your point clearly and succinctly, especially if you wish your colleagues to read your postings.
5. Assume that others also have a valid point of view. Make your argument in support of an action paper, a policy or other issue forcefully, but without devolving into rancor or ad hominem comments.
6. Be judicious with humor and sharing personal political views. While humor can defuse many difficult situations, don't assume that all 200+ individuals want to read your favorite jokes or New Yorker cartoons. Similarly, the email list is not the appropriate venue for political debate.
7. **Campaigning is not allowed on the Assembly email list.** The only APA e-mail list where campaigning is permitted is the M2M email list, open to all APA members. A link to the APA Election Guidelines for Candidates

and Supporters is included below: <http://www.psychiatry.org/psychiatrists/awards-leadership-opportunities/leadership-opportunities/election-information>.

8. The email list is intended for the professional use of Assembly members. The Assembly officers may remove the email list privilege of an individual for flagrant or repeated violation of these guidelines.

Unfinished Business

There had been a question about whether candidates running for office can attend an Area Council meeting if not all candidates could attend the meeting. APA national election guidelines (<https://www.psychiatry.org/File%20Library/Psychiatrists/Leadership-Awards/Leadership/Election/Election-Guidelines.pdf>) addresses this issue:

k. Mutual Campaign Presentations

A mutual campaign presentation is defined as an event where all candidates for an APA office appear together to acquaint voters with the candidates and/or to discuss campaign issues. Candidates may appear in person or through electronic media.

- *If all candidates have been given equal opportunity to attend and one cannot attend, the other candidate(s) may present.*
- *Endorsement or favoritism of any candidate is prohibited.*

New Business

Action Paper 12.I: APA Position Statement Strongly Recommending Twelve Weeks of Paid Parental Leave:

The Assembly approved this action paper as a position statement at the November Assembly meeting. Dr. Napoli is requesting that the JRC send this position statement directly to the Board of Trustees in March and not send it to APA components for additional review. The AEC discussed drafting a request that the JRC refer this position statement directly to the Board of Trustees. There was concern that this might lengthen the process in that the Board might refer it back to the JRC for additional review/feedback by the APA components. There was also some discussion on the Assembly's role in the development of APA position statements. Dr. Miskimen announced that she would develop a document outlining how the Assembly can develop or request position statements prior to the May Assembly meeting.

[**N.B.:** The Joint Reference Committee referred action paper *APA Position Statement Strongly Recommending Twelve Weeks of Paid Parental Leave* (ASM2017A2 12.I) to the Office of the General Counsel, Council on Healthcare Systems and Financing (LEAD), and the Council on Advocacy and Government Relations. Prior to review by the Councils, the Office of the General Counsel is asked to provide input on the current APA parental leave policy and how this may or may not differ with APA's policy and the laws of the District of Columbia. The Council on Healthcare Systems and Financing is asked to assess how such a policy may affect members in different practice settings. Council on Advocacy and Government Relations is asked to review how such a policy by be received or accepted in the political and advocacy arena.]

Physician Well-Being and Burnout:

Dr. Miskimen, a member of the Board Work Group on Physician Well-Being and Burnout, gave an update on the work group's efforts to date. She showed the AEC the APA's website on physician well-being: www.psychiatry.org/wellbeing. She requested that this information be shared and highlighted at the upcoming Area Council meetings. It was suggested that the work group broaden the issue and include other professions. Additionally, it was suggested that the work group examine how to teach others how to avoid burnout and how to help others develop this skill. There was a question as to whether the information is available in a one-pager for distribution. Dr. Miskimen will check and, if it is available, she will share it with the AEC.

Adjournment

Dr. Miskimen thanked the AEC for its hard work, time, energy, support and its productive exchange of ideas over the course of the meeting.



Upcoming Meetings:

Assembly, May 4-6, 2018, New York City, New York

Assembly Executive Committee, July 20-22, 2018, APA Headquarters, Washington, DC

Assembly, November 2-4, 2018, Omni Shoreham, Washington, DC

Assembly Executive Committee, February 8-10, 2019, Savannah, GA

Assembly, May 17-19, 2019, San Francisco, California

Assembly Executive Committee, July 26-28, 2019, APA Headquarters, Washington, DC

Rules Committee Report

Draft Action Assignments – as of 4/16/18

Reference Committee Rosters

Reference Committee 1 — Advancing Psychiatric Care

Meets: Friday, May 4, 3:00 PM-6:00 PM, Odets, Fourth Floor, New York Marriott Marquis

Presents: 3rd PLENARY — SATURDAY, May 5, 2018, 2:15 PM- 4:15 PM

Roster:

John Korpics, M.D., ECP, CHAIR	Richard Granese, M.D., Area 6
Lisa Catapano-Friedman, M.D., Area 1	O’Ann Fredstrom, M.D., Area 7
Meenatchi Ramani, M.D., Area 2	Mark Komrad, M.D., ACROSS
Constance Dunlap, M.D., Area 3	Steven Starks, M.D., M/UR
Eileen McGee, M.D., Area 4	Stephen Marcoux, M.D., RFM
Mary Jo Fitz-Gerald, M.D., Area 5	

Assignments: 4.B.2, 4.B.7, 12.A, 12.B, 12.C, 12.D., 12.E

cc	2018A1 4.B.2	Revised Position Statement on Telemedicine in Psychiatry
cc	2018A1 4.B.7	(Revised) Proposed Position Statement: Weapons Use in Hospitals and Patient Safety
	2018A1 12.A	APA Endorsement of AMA Position Opposing Unsupervised Practice of Non-Physician Practitioners
	2018A1 12.B	Enforcing Parity Laws with Insurance Companies
	2018A1 12.C	Supervision of Psychiatric Mental Health Nurse Practitioners and Physician Assistants in Psychiatry by Psychiatrists
	2018A1 12.D	Requesting CMS Help Us Improve Addiction Treatment Process
	2018A1 12.E	Adoption of the American Academy of Child and Adolescent Psychiatry’s Policy Statement on Psychologist Prescribing

Reference Committee 2 — Advancing Psychiatric Knowledge and Research

Meets: Friday, May 4, 3:00 PM-6:00 PM, Wilder, Fourth Floor, New York Marriott Marquis

Presents: 4th PLENARY — SUNDAY, May 6, 2018, 8:00 AM - 11:30 AM

Roster:

Mary Ann Schaepper, M.D., Area 6, CHAIR	Stephen Brown, M.D., Area 7
Katalin Margittai, M.D., Area 1	Richard Ratner, M.D., ACROSS
Elizabeth Santos, M.D., Area 2	Mirabela Bodic, M.D., ECP
William Greenberg, M.D., Area 3	Jennifer Payne, MD, M/UR
Matthew Macaluso, M.D., Area 4	Shilby Abraham, M.D., RFM
Mark Townsend, M.D., Area 5	

Assignments: 4.B.11, 4.B.13, 12.F, 12.G, 12.H, 12.I

cc	2018A1 4.B.11	Proposed Position Statement: Solitary Confinement (Restricted Housing) of Juveniles
	2018A1 4.B.13	Proposed Position Statement: Research with Involuntary Psychiatric Patients

2018A1 12.F Medication Assisted Treatment and Physician Health Plans
2018A1 12.G Endorsing a Single Payer Nationwide Health Care System
2018A1 12.H Towards a Single Payer Nationwide Health Care System
2018A1 12.I Improving Identification and Treatment of Borderline Personality Disorder

Reference Committee 3 — Education& Lifelong Learning

Meets: Friday, May 4, 3:00 PM-6:00 PM, Columbia/Duffy, Seventh Floor, New York Marriott Marquis

Presents: 2nd PLENARY — SATURDAY, May 5, 2018, 10:30 AM- 12:00 noon

Roster:

David A. Tompkins, M.D., M/UR, CHAIR	Iqbal Ahmed, M.D., Area 7
John Bradley, M.D., Area 1	Jack Bonner, M.D., ACROSS
Adam Chester, D.O., Area 2	Jacob Behrens, M.D., ECP
Daniel Neff, M.D., Area 3	Spencer Gallner, M.D., RFM
Vasilis Pozios, M.D., Area 4	
Stephen Buie, M.D., Area 5	
Simon Soldinger, MD, Area 6	

Assignments: 4.B.8, 4.B.12, 12.J, 12.K, 12.L, 12.M, 12.N

cc	2018A1 4.B.8	Proposed Position Statement: Risks of Adolescents' Online Activity
cc	2018A1 4.B.12	Proposed Position Statement: Psychiatric Services in Adult Correctional Facilities
	2018A1 12.J	Improving Access to the ABPN Examinations
	2018A1 12.K	Veterans and Their Families Deserve Quality Psychiatric Treatment
	2018A1 12.L	Defending the Public Service Loan Forgiveness (PSLF) Program
	2018A1 12.M	APA Supports Psychiatrists to Practice Psychiatry Without the Unproven Requirements of the MOC In a Time of Severe Psychiatry Shortage
	2018A1 12.N	Developing a Web Based Tool Kit for Psychiatrists and Patients Who Wish to Appeal Adverse Medical Necessity Decisions by Managed Care Entities

Reference Committee 4 — Diversity & Health Disparities

Meets: Friday, May 4, 3:00 PM-6:00 PM, Cantor/Jolson, Ninth Floor, New York Marriott Marquis

Presents: 4th PLENARY — SUNDAY, May 6, 2018, 8:00 AM - 11:30 AM

Roster:

Mary Roessel, M.D., M/UR, CHAIR	Darinka Aragon, M.D., Area 6
Caren Teitelbaum, M.D., Area 1	F. Fiona McGregor, M.D., Area 7
Felix Torres, M.D., Area 2	Gregory Miller, M.D., ACROSS
Lily Arora, M.D., Area 3	Deval Zaveri, M.D., ECP
Michele Reid, M.D., Area 4	Danielle Palermo, M.D., RFM
Erica Arrington, M.D., Area 5	

Assignments: 4.B.4, 4.B.5, 4.B.6, 12.O, 12.P, 12.Q, 12.R

cc	2018A1 4.B.4	Revised Position Statement: Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health
cc	2018A1 4.B.5	Revised Position Statement on Religious Persecution and Genocide
	2018A1 4.B.6	Proposed Position Statement on Discrimination Against Religious Minorities

- 2018A1 12.O Addition of Adequate Amounts of Phosphatidylcholine (choline) to all Prenatal Vitamins
- 2018A1 12.P Aligning the Financial Contributions of the APAPAC with the Stated Policy of the APA Regarding Firearm Regulation
- 2018A1 12.Q Study of the Impact of Racism on Clinical Treatment
- 2018A1 12.R A Call to Recognize and Honor the Psychiatrists Who Served in Vietnam

Reference Committee 5 — Membership & Organization

Meets: Friday, May 4, 3:00 PM-6:00 PM, Marquis Ballroom, Ninth Floor, New York Marriott Marquis

Presents: 2nd PLENARY — SATURDAY, May 5, 2018, 10:30 AM- 12:00 noon

Roster:

Brian Hart, M.D., Area 4, CHAIR

Patrick Aquino, M.D., Area 1

Lisa Bogdonoff, M.D., Area 2

Michael Feinberg, M.D., PhD, Area 3

Shree Vinekar, M.D., Area 5

Peter Forster, M.D., Area 6

James Polo, M.D., Area 7

David Gitlin, M.D., ACROSS

Baiju Gandhi, M.D., ECP

Jesus Ligot, M.D., M/UR

David Braitman, M.D., RFM

Assignments: 12.S, 12.T, 12.U, 12.V, 12.W

- 2018A1 12.S Guidelines for Public Statements by Psychiatrists
- 2018A1 12.T Streamlining the APA Application Renewal Process
- 2018A1 12.U Action Paper Follow up by the Assembly
- 2018A1 12.V Survey of Membership
- 2018A1 12.W APA Referendum Voting Procedure

Area Council and Assembly Group Action Assignments

Presents: See note below each action item.

Assignments: 1.A.1, 4.B.1, 4.B.3, 4.B.9, 4.B.10, 4.B.14, 4.B.15

- 2018A1 1.A.1 Ratification of APA Bylaws: Will the Assembly vote to ratify the proposed language to be incorporated into the APA by-laws replacing the Rule of 95 with a semi and fully retired category? **[NOTE: This action requires a vote by strength.]**
All Areas/Assembly Groups: Primary – Area 5, Secondary – Area 3
Presents: 3rd PLENARY — SATURDAY, May 5, 2018, 2:15 PM- 4:15 PM

- 2018A1 4.B.1 Proposed Position Statement on Peer Support Services
All Areas/Assembly Groups: Primary – Area 7, Secondary – ECPs
Presents: 4th PLENARY — SUNDAY, May 6, 2018, 8:00 AM - 11:30 AM

- 2018A1 4.B.3 Revised Position Statement on Abortion
All Areas/Assembly Groups: Primary – Area 3, Secondary – ACROSS
Presents: 4th PLENARY — SUNDAY, May 6, 2018, 8:00 AM - 11:30 AM
- cc** 2018A1 4.B.9 Revised Position Statement Access to Care for Transgender and Gender Diverse Individuals
All Areas/Assembly Groups: Primary – Area 2, Secondary – M/URs
Presents: 4th PLENARY — SUNDAY, May 6, 2018, 8:00 AM - 11:30 AM
- cc** 2018A1 4.B.10 Revised Position Statement Discrimination Against Transgender and Gender Diverse Individuals
All Areas/Assembly Groups: Primary – Area 2, Secondary – RFMs
Presents: 4th PLENARY — SUNDAY, May 6, 2018, 8:00 AM - 11:30 AM
- cc** 2018A1 4.B.14 Revised Position Statement: Inquiries about Diagnosis and Treatment of Mental Disorders in Connection with Professional Credentialing and Licensing (2015)
All Areas/Assembly Groups: Primary – Area 4, Secondary – Area 5
Presents: 4th PLENARY — SUNDAY, May 6, 2018, 8:00 AM - 11:30 AM
- 2018A1 4.B.15 Revised 2014 Position Statement: on Firearms Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services
All Areas/Assembly Groups: Primary – Area 6, Secondary – Area 1
Presents: 4th PLENARY — SUNDAY, May 6, 2018, 8:00 AM - 11:30 AM

Assembly Rules Committee
DRAFT Consent Calendar

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

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

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

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

cc #1	2018A1 4.B.2	Revised Position Statement on Telemedicine in Psychiatry If removed: Reference Committee #1
cc#2	2018A1 4.B.4	Revised Position Statement: Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health If removed: Reference Committee #4
cc#3	2018A1 4.B.5	Revised Position Statement on Religious Persecution and Genocide If removed: Reference Committee #4
cc#4	2018A1 4.B.7	(Revised) Proposed Position Statement: Weapons Use in Hospitals and Patient Safety If removed: Reference Committee #1
cc#5	2018A1 4.B.8	Proposed Position Statement: Risks of Adolescents' Online Activity If removed: Reference Committee #3
cc#6	2018A1 4.B.9	Revised Position Statement Access to Care for Transgender and Gender Diverse Individuals If removed: All Areas/Assembly Groups: Primary – Area 2, Secondary – M/URs
cc#7	2018A1 4.B.10	Revised Position Statement Discrimination Against Transgender and Gender Diverse Individuals If removed: All Areas/Assembly Groups: Primary – Area 2, Secondary – RFMs

- cc#8 2018A1 4.B.11** Proposed Position Statement: Solitary Confinement (Restricted Housing) of Juveniles
If removed: **Reference Committee #2**
- cc#9 2018A1 4.B.12** Proposed Position Statement: Psychiatric Services in Adult Correctional Facilities
If removed: **Reference Committee #3**
- cc#10 2018A1 4.B.14** Revised Position Statement: Inquiries about Diagnosis and Treatment of Mental Disorders in Connection with Professional Credentialing and Licensing (2015)
If removed: **All Areas/Assembly Groups: Primary – Area 4, Secondary – Area 5**

Special Rules of the Assembly

- 1) There will be a maximum of three minutes for each presentation during debate.
- 2) The author or presenter has priority in making statements.
- 3) The Speaker will attempt to solicit a balance of pros and cons.
- 4) The Speaker will entertain a motion for the question when it is felt that there has been sufficient debate, both positive and negative on the motion.
- 5) A Reference Committee model is being used as an alternative to Area Council review for some Action Papers. The Rules Committee will select the papers to be processed in this way. The Reference Committee will be selected by the Speaker from nominees submitted by the Area Councils, the ECP Committee, the RFM Committee, the M/UR Committee, and the ACROSS Committee, to equalize participation as much as possible. Council Chairs may be appointed as non-voting participants in the Reference Committees. The Reference Committees may modify or combine Action Papers. Their recommended actions will be distributed in time for discussion in the Area Council meetings before being brought to the floor.
- 6) Presenters of reports should be limited to spelling out clearly the title and identification of the report, giving a short summary of the salient points if necessary, calling for action if indicated, and being available for questions from the floor.
- 7) New Business should be kept to a minimum, particularly if the issue is already reflected in another Action Paper on the Agenda that was emailed before the meeting.
- 8) The author will move his or her paper. The Reference Committee will give a report of recommendations to approve, not approve, amend, or otherwise act on the paper. If the Reference Committee proposes amendments, they will move them en bloc as an amendment by substitution, which does not require a second or acceptance by the author. The discussion will be on the amendment by substitution. Two additional levels of amendment will be permitted to this amendment by the Reference Committee. At the end of the discussion, if the Reference Committee's wording with any passed amendment fails, then discussion will revert to the original paper.
- 9) The question of direct referral of an Action Paper to the Board of Trustees will be divided and handled as a separate motion following passage of the Action Paper, even if direct referral is included in the Action Paper's "Be it Resolved." The Reference Committee's input regarding the direct referral motion will be taken into consideration. Debate on this motion will be limited as to timeliness and thus the appropriateness of a direct referral.

Report of the Assembly Committee on Public and Community Psychiatry

April 2018

In November, the committee was asked to submit comments regarding HR 4242 (VA Care in the Community Act) to the Department of Governmental Relations. Members' comments were compiled and submitted on this important topic.

The committee held a conference call on March 12th. Members discussed the release of the report of the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) and implications for the committee's work. We discussed other significant developments, including the matter of ligature risk surveys and anticipated updates on this issue. We reviewed proposed revisions of APA position statements, including those previously worked on by the committee and those requiring our attention. We reviewed passed action papers pertinent to the charge of the committee and tracking of their progress.

During the conference call, members received an update from the liaison to the Access to Care Committee and we continued discussion of opportunities for coordination between the committees. We reviewed a proposed action paper referred to the committee which focused on a single payer healthcare system, and prepared feedback for later submission to the authors. We discussed a draft position statement of the American Association of Community Psychiatrists (AACP) entitled "Putting Patients First by Improving Treatment Planning and Reducing Administrative and Clinical Burden of Treatment Plan Documentation." There was broad support expressed regarding this effort, and we discussed potential next steps for coordinating with the AACP. We discussed challenges related to proper psychiatric facility construction and the beginnings of an action item on this issue.

Subsequent to our conference call, the JRC referred the proposed position statement on the "Need to Maintain Intermediate and Long-Term Hospital Care for Certain Individuals with Serious Mental Illness" to the committee for comments and recommendations, which will be shared with the Council on Healthcare Systems and Financing this spring.

Preparations are underway for a full agenda for our May meeting, which will include a peer presentation on the physician workforce shortage and opportunities for advocacy.

We look forward to our work ahead in the coming year, and to continuing to serve the mission of the ACPCP and the Assembly.

Respectfully submitted,
Isabel Norian, MD
Chair, Assembly Committee on Public and Community Psychiatry

ACORF Report to the Assembly Meeting

ACORF members continue to be an excited group demonstrating varied interests in community & public psychiatry, access to care, MOC, and physician well being. They are a supportive and hard working bunch. Our monthly conference calls continue to connect us together and allow us to discuss important issues.

Cristina Secarea has been elected as ACORF chair and the current ACORF Chair, Nazanin Silver, has been elected as ACORF Mentor for next year starting June 2018 through May 2019. All area RFM Reps & Dep Reps have chosen their nominee for the Assembly Resident-Fellow Member (RFM) Mentor Award which will be presented at the May 2018 Assembly Meeting. Lastly, matches for the ACORF/APAF Mentor/Mentee program have been completed. APA fellows were invited to join our April conference call and encouraged to arrange for a phone or in-person meeting, if possible, with their ACORF mentors prior to the May 2018 Assembly. Everyone is excited to further learn more from each other during the upcoming May 2018 Assembly.

ACROSS Minutes

November 3-5, 2017 Assembly Meeting

Omni Hotel, Washington, DC

- Introductions and attendance: Those attending the meetings were as follows:

Representative	11/3	11/4	11/5	Group represented	Acronym
Dave Gitlin	X	X	X	Academy of Consultation Liaison Psychiatry	ACLP*
David Lott	X	X		American Academy of Addiction Psychiatry	AAAP
Warren Ng	X	X		American Academy of Child & Adolescent Psychiatry	AACAP
Donald Black	X	X		American Academy of Clinical Psychiatrists	AACP
Cheryl Wills	X	X	X	American Academy of Psychiatry and the Law	AAPL
Eric Plakun	X	X	X	American Academy of Psychoanalysis & Dynamic Psychiatry	AAPDP
Jon Berlin for Kimberly Nordstrom	X	X	X	American Association for Emergency Psychiatry	AAEP
Dan Sewell	X	X	X	American Association for Geriatric Psychiatry	AAGP
Beverly Fauman	X	X	X	American Association for Social Psychiatry	AASP
Michael Flaum	X		X	American Association of Community Psychiatrists	AACP
Barry Herman	X	X		American Association of Psychiatric Administrators	AAPA
Deborah Cross	X	X	X	American Group Psychotherapy Association	AGPA
Prudy Gourguechon	X	X	X	American Psychoanalytic Association	APsaA
Richard Ratner				American Society for Adolescent Psychiatry	ASAP
Greg Miller	X			Association of Family Psychiatrists	AFP

Margie Sved	X	X		Association of Gay & Lesbian Psychiatrists	AGLP
Andrew Krystal				International Society for Neurostimulation	ISN
Jack Bonner	X	X	X	Senior Psychiatrists of the APA	SP
Mark Komrad	X	X	X	Southern Psychiatric Association	SPA
Kristin Kroeger	X	X	X	APA Staff	APA

* Denotes name change from Academy of Psychosomatic Medicine

Other APA officials were also present on Friday evening, including CEO/Medical Director Saul Levin, President Anita Everett, Secretary Phil Muskin, Speaker Theresa Miskimen and Speaker Elect Bob Batterson. On Sunday Anya Tisher of Area 1 visited as a member of the American Neuropsychiatric Association to explore whether joining ACROSS made sense for her group. We encouraged her to consider this option with the ANPA leadership.

- Minutes of May 2017 were approved as circulated
- Google Drive:

Several of us have begun to use this option, provided for ACROSS members by Prudy. Some academic institution IT systems do not allow access to Google Drive, but people can still access this from their personal computers. We plan to post these minutes on Google Drive as well as sending them as an email attachment.

Here are the instructions from Prudy for uploading a document to the shared ACROSS folder in Google Docs.

The trick is to open Google Drive, not Google Docs. I have uploaded these instructions to the folder too.

How to Upload files to the Shared ACROSS Folder on Google Docs

1. Go to drive.google.com

(Note: this is confusing. You can view the file in "Google Docs" which is accessible at docs.google.com. But you can't add files or work with the folder in google docs, you have to go to Google Drive, which is sort of a parent of Google Docs. This is something I cannot explain but eventually discovered to be the case.)

2. Sign in
3. Open the ACROSS shared folder.

4. *If you want to upload your file to one of the subfolders, e.g. Fall, 2017 open that folder.*
5. *Now click on “NEW”, a big blue box in the upper left-hand corner.*
6. *Click on “File upload”*
7. *Locate your file and select it. It will upload to the subfolder you have selected, or to the ACROSS folder if you didn’t pick a subfolder.*
8. *That’s it!*

- Reports from ACROSS entities about their activities

ACROSS represents approximately 14,000 APA member psychiatrists. The following bullet points were provided about the wide range of ACROSS activities.

American Academy of Psychoanalysis and Dynamic Psychiatry

1. Working on a name change to American Academy of Psychodynamic Psychiatry and Psychoanalysis
2. Holds annual meeting before the APA annual meeting
3. Works with AADPRT to administer the Teichner Award, which sends psychodynamic teachers to a residency program with limited resources for such teaching
4. Publishes the journal Psychodynamic Psychiatry and a newsletter called the Forum
5. American College of Psychoanalysts is merging with AAPDP to form a group with total membership close to 600.

American Association of Community Psychiatrists supports psychiatrists working in publicly funded, safety-net settings and systems of care, with a public health and recovery-oriented perspective. We organize our work around three main areas:

1. Connection and Collaboration: Fostering a “community for community psychiatrists” – i.e., providing ways that community psychiatrists can connect with and support each other
2. Policy and Advocacy: Policy statements and position papers around various topics and issues that affect our patients and our ability to provide optimal care.
3. Products and Services: Initiatives include a certification program in public and community psychiatry, the Community Mental Health Journal and the “Community Psychiatrist” newsletter, a series of “clinical tips” (starting with one on Clozapine and one on long acting antipsychotics, clinical tools such as the LOCUS (Level of Care Utilization System), presenting workshops and symposia at the APA meetings.

Academy of Consultation Liaison Psychiatry

1. An organization of 1400 members focused on clinical, educational and research efforts in the field of Consultation-Liaison Psychiatry.
2. Annual meeting in November, with greater than 1000 international attendees
3. Published major journal in the field - PSYCHOSOMATICS
4. ACLP works closely with the APA Council of Psychosomatic Medicine
5. Primary content focused on psychiatric issues in medical illnesses and Integrated Care

American Psychoanalytic Association

1. Transformation from structure of a founder's organization, focused on gatekeeping and definition, to a successor organization that is more flexible, inclusive and interested in quality of education in addition to "standards"
2. Press releases and position statements offer a psychoanalytic perspective on current social issues, such as availability of dangerous firearms, psychological effects of disasters, protecting "dreamers"
3. Support for research in psychoanalytic psychotherapy and public education efforts to disseminate evidence about the efficacy of psychodynamic psychotherapy.

American Association for Social Psychiatry

1. Present two or more symposia or workshops at the annual meeting on the theme of social issues impacting psychiatry (and vice versa)
2. One symposium honors a person, usually a psychiatrist, who embodies the humanitarian values of addressing social concerns - named after Abraham Halpern. This award is now in its seventh year.
3. Attends and often presents at the World Association for Social Psychiatry

American Association of Geriatric Psychiatry has an overall mission to promote the field of geriatric psychiatry and geriatric mental health. Current priorities include:

- 1) The Pipeline: increasing interest in the field of geriatric psychiatry among our early career colleagues. Perhaps our biggest effort in this arena is our "Scholars Program," a member supported scholarship program that funds attendance of early career colleagues at our annual meeting. Scholarship are awarded on a competitive basis. So far this year we have collected \$57K which will allow us to fund 22 early career colleagues to attend our 2018 annual meeting. This year we had a record number of applicants (95) and so we are still striving to collect more donations so that we will not have to turn 77 applicants away.
- 2) Advocacy: Public Policy Caucus working to deepen our relationship with the APA's Government Affairs and the APA PAC.
- 3) Education: Numerous programs and efforts that promote education in the field of geriatric mental health including publication in 2017 of the 4th Edition of the Geriatric Psychiatry Self-Assessment Program (GPSAP), a 500 question study guide to help members prepare for the subspecialty certification examinations, presenting Symposia

at the APA annual meeting, publishing the American Journal of Geriatric Psychiatry, holding an annual meeting.

- 4) Promotion of the field in various ways including helping APA select and give awards at the APA annual meeting and giving our own awards in various categories

American Association of Psychiatry and the Law is an educational organization that addresses matters that involve psychiatry and law, including litigation, policy, and assessment and treatment of individuals involved in the legal system.

1. Our Annual Meeting in Denver had more registrants than any in AAPL's history. Based on the interests of the Forensic Psychiatry Review Course attendees, course instructors are revamping the curriculum to increase the proportion of practical forensic skills for everyday practice.
2. Our members are actively involved in the APA, including the Council on Psychiatry and the Law, the Committee on Judicial Action, the Isaac Ray (life achievement) Award committee and the Manfred S. Guttmacher Award committee that AAPL co-sponsors with the APA and PRMS insurance company.
3. AAPL publishes a quarterly Newsletter and the Journal of the American Academy of Psychiatry and the Law. AAPL sends members to the AMA as part of the APA delegation, and to the meetings of the National Commission on Correctional Health Care.

Association of Gay and Lesbian Psychiatrists

- 1) Primary foci are education of others and support for our members, advocacy where possible, coordination with other organizations
- 2) Continue to have declining membership, though concerned about current political climate and our need to retain a voice
- 3) Willing to provide speakers on LGBT topics/issues at meetings

American Academy of Child and Adolescent Psychiatry

1. Held annual meeting in Washington DC 10/2017 with over 4200 attendees (31% of members). Greg Fritz completed his presidential term with a focus on Integrated Care.
2. A new website was created www.integratedcareforkids.org that serves as a resource for tools, literature, materials and programs on integrated care.
3. Karen Wagner announced her Presidential Initiative will focus on Depression.
4. Building a resource area on the AACAP website to provide information on screening, evaluations and treatment for children and adolescents.
5. Advocacy focused on 2 Legislative events in Washington DC. Legislative priorities include CHIP reauthorization and NHSC loan repayment for pediatric subspecialties, including child psychiatry.

American Association of Emergency Psychiatry

1. Our consensus guideline on verbal de-escalation (Western Journal of Emergency Med, Feb 2012: open access) was cited last month in an online Quartz article about the techniques Secretary of State Rex Tillerson is using with President Trump.
2. We remain very active supporting members who maintain the safety net of the nation's mental health system. We see patients from virtually every subspecialty represented in ACROSS, and we benefit from the partnerships and clinical expertise of those subspecialists.
3. We have a journal and an annual national conference.

Senior Psychiatrists

1. Offer free dues for a year
2. Webinar on How to Close a Psychiatric Practice
3. APA Scientific Program proposal: Successful Aging of Physicians; Promoting Wellness Through Wisdom
4. The Berson Award: For Life Members who continue to make significant contributions to the field. Steve Sharfstein was recipient last year.

Southern Psychiatric Association activities each year:

1. Our reception at the APA meetings in the Spring
2. Annual CME Symposium
3. Our newsletter is named *Southlands*

- Review status of ACROSS group sign on to APA statements

A number of ACROSS groups have used this mechanism to join APA statements, but it has been utilized less recently as the APA has entered more formal affiliations with other major national medical groups in offering commentary on evolving issues. It remains an option.

- Action papers by ACROSS members and action papers assigned to ACROSS

There was discussion of Eric's 2 action papers concerning ethical tensions faced by managed care medical directors and seeking an APA position statement on managed care practices complying with the parity law, but limitations in time prevented a vote.

ACROSS was assigned as secondary reviewer for a new business action paper addressing recent Joint Commission adoption of stringent engineering requirements for inpatient units to minimize ligature risk exposure. Unfortunately, the Joint Commission standards are being imposed before CMS completes development of the overall strategy, including seeking input from hospital stakeholders. Although all are concerned about suicide at any level of care, there is more to reducing suicide risk than engineering solutions. The action paper called on the APA to use its good offices to stop implementation of the new Joint Commission requirements until the CMS process has been completed. ACROSS voted unanimously to support the action paper

with a minor editorial change (removing the words “and onerous” in description of the Joint Commission changes). Area I, the primary reviewer, agreed with our editorial change and also supported the action paper. Dan Sewell spoke on the Assembly floor to offer the ACROSS perspective and his own experience from geriatric hospitals that have been forced to adopt the new Joint Commission standards, leaving geriatric patients unable to get out of low beds or unable to use ligature free faucets.

- Status of 1 rep, 1 vote

Not an active issue at this point.

- Candidate visits—and the implications for ACROSS of candidacy for Trustee positions

No candidates for Assembly or national office attended.

Both Eric and Cheryl are running for positions on the Board of Trustees from Area 1 and Area 4, respectively. The procedure code does not allow members of the Board to serve as voting members of the Assembly, so their seats would be filled by new people if they win. ACROSS would need a new chair if Eric is elected to the Trustee position.

- Mission Statement most recent **draft** (included for reference, but not discussed):
The Assembly Committee of Representatives of Subspecialties and Sections is known as ACROSS. The mission of ACROSS is to
 - Share the perspectives and expertise of representative subspecialties and related groups that ***cut across geographic lines***
 - **Enhance communication both ways between ACROSS groups and the APA**
 - **Advance** psychiatric practice and governance.

Respectfully submitted,

Eric M. Plakun, MD

Eric M. Plakun, MD

ACROSS Chair

**Assembly Committee on Access to Care
Minutes of Conference Call
March 6, 2018**

Attendees: Paul Lieberman, Area I; Jim Fleming, Area 4; T.O. Dickey, Area5; James Palo; Amela Belsic, Liaison, Assembly Public and Community Psychiatry; Joe Mawhinney, Area 6, Chair.

The conference call focused primarily on proposed Action Papers, reviewing feedback on the Action Paper developed by David Fogelson and others titled “Endorsing a Single Payer Nationwide Health Care System”, as well as discussion about a proposed Action Paper to study Single Payer Health Plan compared to other Health Care Systems which could provide universal access to health care in the United States.

The discussion resulted in support for submitting the single payer plan to the Assembly for discussion and consideration. The committee endorsed the Action Paper for a study and resource document comparing health care systems from the perspective of patients with psychiatric disorders with consideration of issues of discrimination and lack of parity in existing systems of health care.

Committee members were reminded to prepare for the Annual Meeting and our Access to Care Committee meeting with review of members constituencies for emergent and continuing concerns.

In addition, members were reminded that committee membership needs to be reestablished after May for the 2018-19 year so that those members not rotating off the Assembly and wanting to continue on the committee should contact their Area Representative Chair for a reappointment.

From a personal stand point I want to thank all members for their involvement and support for our work.

I am sad to announce that I will be rotating out of the Assembly because of Area 6 term limits. Bob Batterson will be appointing a new chair and I am certain that you will be as supportive of your new chair as have been to me. I will miss you and our work together.

Thanks,
Joe

Report of the Council on Addiction Psychiatry
Andrew Saxon, MD, Chair
Executive Summary

The Council on Addiction Psychiatry provides psychiatric leadership in the growing field of prevention and treatment of addictive disorders. The Council works to develop and clarify the role of the psychiatrist in the prevention and treatment of addictive disorders and formulates policy recommendations related to these disorders. The Council cooperates with other APA bodies to enhance the quality of medical education in addictive disorders at all levels.

The national epidemic of prescription drug and heroin misuse remains a major area of focus for the Council. Through its active collaboration with APA's Division of Government Relations (DGR), the Council informs and contributes to the association's legislative and regulatory advocacy efforts. As Congress takes up several legislative proposals to address the crisis, the Council's newly-formed Opioid Work Group will be a rapid response resource to DGR.

In the past few months, the Council has been active in providing feedback on the Trump administration's major actions on substance use disorders including:

- APA's public comments to the President's Commission on Combating Drug Addiction and the Opioid Crisis
- The National Institute on Alcohol Abuse and Alcoholism's new Treatment Navigator Tool
- New state Medicaid guidance to include residential treatment for opioid use disorder and other substance use disorders.
- Final report from the President's Commission on Combating Drug Addiction and the Opioid Crisis
- APA's public comments on the Centers for Medicare and Medicaid Innovation's (CMMI) Request for Input on the future of CMMI and alternative payment models

The Council has also collaborated with the Council on Quality by:

- Providing feedback on the National Quality Forum's proposed measure of safe use of concurrent opioid prescribing
- Providing feedback on a CMS measure on continuity of pharmacotherapy for opioid use disorder
- Nominating two members to the Workgroup on Performance and Quality Measurement to work on the measure concept on substance use disorders

The Council's Tobacco Work Group is working on assembling a tobacco use disorder (TUD) toolkit for members to more easily access the available resources via the APA website. The group has also created a series of questions focused on TUD for the APA's Pulsed Learning Platform and has started to engage the Department of Veterans Affairs about a possible collaboration to share their resources. APA will also participate in the VA's upcoming promotion of World No Tobacco Day.

The Council offers a variety of training opportunities for psychiatrists and other interested clinicians. Waiver-eligible courses on office-based treatment of opioid use disorder with buprenorphine are offered at APA's Annual Meeting and the Institute on Psychiatric Services (IPS). The waiver-eligible courses were augmented by a monthly webinar series conducted by the association as a partner organization in the SAMHSA-funded Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT). As part of APA's ongoing collaboration with PCSS-MAT, the APA will produce a series of podcast episodes on medication assisted treatment. Each episode features a guest expert discussing topics related to pain management and substance use disorders, with the goal of helping physicians improve their knowledge and understand their role in the treatment of these conditions.

In addition, APA is a clinical site for the PCSS-MAT Implementation Program (PCSS-MIP), a pilot program funded by SAMHSA to provide technical support to healthcare organizations and providers for the implementation and integration of substance use disorder (SUD) services, especially the use (or expansion) of medication assisted treatment (MAT) for patients with SUD and in particular opioid use disorder (OUD).

Members of the Council on Addiction Psychiatry have also focused their efforts on reviewing position statements. Specifically, the Council is working to finalize the position statements on Prescription Drug Monitoring Programs and Physician Health Services. The Council will also be reviewing position statements on Equitable Treatment of Substance Use Disorders Across Racial Lines, Use of Opioid Medications with Terminally Ill Patients, and several others related to medical marijuana.

**COUNCIL ON ADVOCACY AND
GOVERNMENT RELATIONS
ASSEMBLY
REPORT, MAY
2018**

Patrick Runnels,
M.D., Chairperson

The Council on Advocacy and Government Relations (CAGR), established in May 2009, continues to serve as the APA's coordinating body for all legislative and regulatory actions involving the federal and state governments. Activities include analyzing issues and/or policies and where applicable, providing strategic planning support relating to the APA's advocacy-related agenda. This report outlines the 2018 year-to-date major activities and considerations of the Council of Advocacy and Government Relations.

Reauthorization of Children's Health Insurance Program

Following a four-month lapse in federal funding, Congress passed a six-year reauthorization of the Children's Health Insurance Program (CHIP) in January, as part of a short-term continuing resolution to maintain funding for the federal government. The bipartisan budget deal in February provided an additional four-year funding extension, accumulating to a full decade of federal support of the CHIP program. The \$14 billion program provides health insurance to nearly nine million children and adolescents from low-income families who do not qualify for their state's Medicaid program. It also provides access to quality evidence-based mental health care services for the estimated 850,000 CHIP beneficiaries experiencing serious behavioral or emotional disorders. APA Administration collaborated with District Branches 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, Council members and APA's advocates sent over 1,400 letters to their respective federal lawmakers and governors, phoned congressional offices, or urged action through social media.

Joint Principles on Section 1115 Demonstration Waivers

In November 2017, the Centers for Medicare and Medicaid Services (CMS) released revised criteria for evaluating whether Section 1115 waiver applications further Medicaid program objectives. In response, six nationally recognized medical societies and associations (American Psychiatric Association, American Academy of Family Physicians, American Academy of Pediatrics, American Congress of Obstetricians and Gynecologists, American College of Physicians, and American Osteopathic Association), representing 560,000 physicians and medical students, released a statement urging CMS to evaluate the Section 1115 demonstration waivers, and other legislative or regulatory policies, based on the standard healthcare principle of *first, do no harm* to patients enrolled in Medicaid. The collaboration of these front-line physicians yielded joint principles for designing, evaluating, reviewing, and approving proposals to

change Medicaid benefits, including financing and cost sharing through Section 1115 demonstration waivers. Driven in part by efforts to address the opioid epidemic, there has been an increase in behavioral health waivers – 19 approved and 13 pending waivers in 26 states. States are using Medicaid funds to implement one or more initiative, i.e., to pay for substance use and/or mental health services in institutions for mental disease or expanding community-based behavioral health benefits. The APA Administration remains engaged with the US Department of Health and Human Services and the Center for Medicare and Medicaid Innovation on strengthening and preserving Medicaid. The Council continues to work closely with the APA Administration and respective District Branches for political and policy recommendations to drive APA’s agenda forward through the Medicaid demonstration waiver process.

Position Statement: Hospital Privileges for Psychologists

The Council continued their work in amending APA’s 2007 Position Statement on Hospital Privileges for Psychologists. The Council on Advocacy and Government Relations will establish a small work group in conjunction with the Council on Psychosomatic Medicine and the Council on Healthcare Systems and Financing to assess the original statement and draft a broadened revised position to reflect the most effective way to maximize the complementary skill sets of all health care professionals by working within physician-led team-based care in a general medical and hospital setting, in addition to those in psychiatric hospitals.

APA Advocacy Training Tools

An overarching priority for the Council on Advocacy and Government Relations this year has been to strengthen APA’s member advocacy efforts when addressing federal and state issues impacting psychiatry and our patients. The Council continues their work within three component groups to develop advocacy resource tools for APA membership—to encourage membership to engage in advocacy efforts as a significant area for action in mental health policy, whether at the federal, state, or local level.

- One work group has developed an online interactive training module providing APA members with a comprehensive approach to advocating and effectively communicating with policymakers about issues of concern to mental health and field of psychiatry.
- The second work group drafted a white paper on the *Current State of Advocacy Teaching in Psychiatry Residency Training Programs*, highlighting various successful programs and urging APA to lead the effort to ensure that all psychiatry residents get excellent teaching and training in advocacy during their residency years.
- And lastly, the Council established three work groups to address advocacy effort to tackle the demand for mental health services outweighing supply and the emergence of legislation allowing for the expansion of scope of practice for allied professionals. The three work groups are fostering strategic plans to: engage our grassroots in local efforts; develop an action plan for utilizing our scope toolkit; and develop an advocacy strategy for promoting evidence-based solutions to improving patient access to care.

Member Engagement on State Legislative Activity

With state legislatures continuing a rigorous legislative agenda in 2018, The Council and APA administration continue to work with APA membership, District Branches and State Associations on a legislative agenda focusing on mental health access for patients, while also continually striving to enhance and defend the psychiatric profession through both the legislative and regulatory process. Initiatives include parity enforcement, scope of practice concerns, maintenance of certification (MOC) involuntary commitment, substance abuse disorders, and adoption of integrated care models such as telemedicine and collaborative care models.

- The APA and its DB/SAs are proactively promoting evidence-based alternatives to mental health and substance use disorder treatment access challenges, such as mental health parity, network adequacy, reimbursement, and expansion of collaborative care models.
- Legislation has been introduced in nearly every state surrounding involuntary commitment and/or involuntary treatment for mental health or substance abuse. Psychiatrists are at the epicenter of these discussions as subject matter experts. APA and District Branches have launched advocacy efforts to educate policymakers regarding the preservation of patients' rights.
- Psychologists, nurse practitioners, and physician assistants continue to seek the ability to prescribe with minimal or no physician involvement. The APA Administration engages in ongoing collaboration with the Council and DB/SAs to respond to legislation that would inappropriately expand the scope of practice of non-physician practitioners. This year, APA staff and DB/SA have worked together in response to psychologist prescribing (RxP) legislation introduced in five states (Vermont, New Jersey, Hawaii, and Ohio).
- Telemedicine has emerged as a cost-effective alternative to traditional face-to-face examinations. Across the country, legislators have considered measures to reduce barriers and expand access to telemedicine. The Council and APA District Branches continue to proactively promote access to evidence-based psychiatric treatments while lowering overall healthcare costs.
- Maintenance of certification (MOC) is a heavily debated topic in the house of medicine. Legislation was offered in several states and was often introduced by physician lawmakers. The Council worked with APA to engage membership in a grassroots effort, recommending that MOC not be a condition of licensure, employment, malpractice insurance, reimbursement, or hospital admitting privileges. So far, ten states have enacted legislation that prevent MOC from being tied to licensure.

Congressional Advocacy Network and Engage

The Congressional Advocacy Network (CAN) is APA's political grassroots network. Our Congressional Advocacy Network advocates serve as "key contacts" for their members of Congress so that when a key issue comes up before the Congress APA can quickly get its message to Members of Congress. To date, there are nearly 200 APA members actively participating in the CAN program to engage with their Members of Congress to cultivate champions for mental health.

The Engage program is APA's grassroots network, which allows APA members to efficiently communicate with their elected officials and make APA's voice heard in Congress and state legislatures. Since October of last year, nearly 200 APA members have participated in "calls to actions" contacting Members of Congress via 735 emails and calls. Indeed, the Engage program played a critical role in our success reauthorizing the Children's Health Insurance Program (CHIP) by contacting Members of Congress and other decision makers over 1,380 times over the course of our campaign. The Council encourages APA members and District Branches/State Associations to continue these successful efforts in effectively battling bills that impact the mental health community. You can get involved by visiting psychiatry.org/advocacy.

The APA Political Action Committee (APAPAC)

The APA Political Action Committee (APAPAC) is governed by a Board of Directors that is composed of 13 APA members. Chaired by Corresponding Council member Charles Price, M.D., APAPAC is the bipartisan political voice of the APA and enables APA to invigorate its patient and professional advocacy activities by supporting candidates for federal office with political contributions. In 2017 APAPAC had one of its most successful fundraising years on record, raising over \$279,789. APAPAC also saw the average contribution rise from \$165 in 2016 to \$178 in 2017. In 2018 APAPAC is aiming to meet and exceed 2017's fundraising success. With an average participation rate of under 5% since 2008, APAPAC will focus on raising this percentage in 2018. This participation rate ranks among the lowest of all medical specialty PACs, and increasing the number is vital to the PAC's future success. Of eligible CAGR members, 93% contributed to the APAPAC in 2017. APAPAC's goal for individual contributors in 2018 is 1,751, which would be a 15% increase in participation and bring the participation rate above 5%. As of April 1, 2018, APAPAC has received contributions from 369 individual donors for a total of over \$60,000 raised (21% of the 1,751 goal).

Council on Children, Adolescents, and Their Families

REPORT TO THE ASSEMBLY

The work of the Council on Children, Adolescents, and Their Families is directed toward maximizing the effectiveness of APA in addressing the mental health needs of children, adolescents, and their families. Its charge is primarily carried out through Position Statements, APA-sponsored workshops, and collaborations with allied children and adolescent organizations.

The Council on Children, Adolescents, and Their Families reports that:

- The Council reviewed and supported a letter addressed to the Netflix Executive Producers of “13 Reasons Why”. The letter was in response to Season 1 and the upcoming Season 2. In addition, the Council on Communication also reviewed the letter and supported the document as written.
- The Council is in the process of reviewing and providing feedback on AACAP’s Parent Medication Guide on anxiety and obsessive related disorders.
- In collaboration with the APA Telemental Health Committee, the Council reviewed and recommended APA approval of the Higher Education Mental Health Alliance (HEMHA) Guide, *College Counseling from a Distance: Deciding Whether and When to Engage in Telemental Health Services*.
- As a request from the Council on Quality Care, the Council reviewed and provided feedback for a letter to the editor of the *Journal of the American Academy of Child and Adolescent Psychiatry* regarding the paper “Specific Components on Pediatricians’ Medication-Related Care Predict Attention-Deficit/Hyperactivity Disorder Symptom Improvement” (Epstein, JN, et. al).
- The following interest groups were created within the Council: Integrated Care, Juvenile Justice/Corrections, Social Media, TAY/Adult Psychiatrists, Gender Dysphoria/Transgender Mental Health, Immigrant and Refugees, First Break Psychosis

Council on Communications Report to APA Assembly

Dr. Levin has requested that the Council on Communications review the APA's current Vision statement and revise it to bring it in line with current psychiatric practice standards and terminology. The Council will review the vision statement during the May Annual Meeting and submit a revised version to the JRC for review and approval at a later date.

The Council on Communications has helped spearhead APA's move onto the social media platform Instagram. APA staff curates the channel, and guest curation from Council members and other prominent psychiatrists could occur in the coming months. Instagram is a vibrant and active social media platform, and APA's growth on the channel has exceeded expectations, organically generating over 750 followers in just a few short months. The Council aims to harness this positive growth and activity as a way to signal boost APA programs and initiatives to psychiatrists and the public.

Council on Geriatric Psychiatry

The Council supports APA in its work on behalf of older adults and the psychiatrists who care for them. To this end, the Council develops Position Statements and Resource Documents on important issues in geriatric psychiatry, thereby providing APA with background information essential for advocacy efforts and interactions with the media. The Council also works collaboratively with other professional groups to develop best practices in geriatric psychiatry, to promote research, and to provide education and training to psychiatrists, other physicians, residents, medical students, and allied mental health professionals.

The Council is working on following products and assignments:

Position Statements:

Role of Psychiatrists in Long-term Care Settings (LTC): A workgroup consisting of volunteers from the Council on Geriatric Psychiatry and the Council on Psychosomatic Medicine worked on this statement. The Council on Child and Adolescent Psychiatrists also reviewed the statement. The BOT has asked the Council for some clarifications and amplifications. The Council is working to include these suggestions in the revised draft.

Role of Psychiatrists in Palliative Care: A workgroup consisting of volunteers from the Council on Geriatric Psychiatry and the Council on Consultation-Liaison Psychiatry developed and submitted this Position statement to the JRC in advance of the fall meeting. The JRC requested that the statement be reformatted and revised. This work is underway in collaboration with the Council on Psychosomatic Medicine.

The Council started working on the following Position Statements:

- **Elder Abuse, Neglect, and Exploitation (2008):** The Council reviewed the statement and agreed that it needs to be updated. The Council intends to collaborate with APA Ethics Committee in the of this statement.
- **HIV Infection in People Over 50 (2008):** The Council agreed that the statement needs revision and has formed a workgroup. The revised statement will also address other diseases like gonorrhea and syphilis.
- **Disaster Response (New position statement):** The Council discussed that there would be value in developing a new statement regarding the needs of older adults during and after disasters. A new statement concerning this topic is underway.

Medical Beds and Ligatures Risks:

In response to pressure from The Centers of Medicare and Medicaid Services (CMS), the Joint Commission is tightening its standards in relation to ligature risk in psychiatric hospitals. As a result, many psychiatric facilities have been compelled to make widespread and expensive renovations very rapidly, disrupting patient care and diverting resources from other critical needs. One especially disruptive element is the identification of medical beds as an important ligature risk. There is agreement that no medical bed is entirely ligature free, even if the electric cord is short or the bed is low to the floor. But it is important that CMS and The Joint Commission recognize that some persons in psychiatric hospitals (e.g., the elderly; persons with eating disorders) may require a medical bed and that it would harmful for these patients if such beds were not permitted in psychiatric facilities. It is essential that TJC

/

and CMS accept suicide risk assessment and other clinical interventions as adequate measures to mitigate risks associated with the use of these beds without requiring that all patients in medical beds require 1:1 observation or other similarly onerous and impractical solutions.

At the components meeting in September, the Council invited representatives from APA Division of Government Relations and Council on Quality Care to the September Meeting to explore the possibilities of collaboration to advocate for this issue more effectively.

Use of Antipsychotics in Treatment of Elderly: A letter to Centers for Medicare and Medicaid Services (CMS):

Currently nursing homes are under pressure from CMS to reduce antipsychotic prescribing for dementia, and rates of prescribing are a quality measure for these facilities. CMS excludes patients with schizophrenia, Tourette's, and Huntington's from the calculation but includes patients with schizoaffective disorder and bipolar disorder, unreasonably penalizing nursing facilities willing to admit patients with these conditions. The Council agreed to work with APA's Policy Division to draft a letter to CMS that communicates the support for including bipolar and schizoaffective disorders in the quality measure exclusion.

Resource Document on Decisional Capacity by Council on Consultation-Liaison Psychiatry

The Council was requested to review a resource document developed by the Council on Consultation-Liaison Psychiatry. Upon the thorough review of the document, the Council responded that the document is well-written and will prove helpful to clinicians looking for guidance. However, the Council noted that physicians should not assume that an individual lacks decisional capacity simply because s/he is making an unwise or unpopular decision. To say that an individual lacks capacity for psychiatric reasons, it is necessary to show that individual has a capacity-compromising condition (i.e., a diagnosis) and that the symptoms of his/her condition are interfering with the decision-making process.

Comments on National Quality Form (NQF) measure on Use of Antipsychotics in Older Adults in the Inpatient Hospital Settings:

The NQF, the only nationally recognized quality measure endorser, invited comments for behavioral health quality measures in March 2018. Of the five measures under endorsement consideration, APA asked the Council to provide feedback on NQF measure #3315: **"Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting"**. This measure is based on the premise that patients started on antipsychotics in medical-surgical settings for delirium or dementia-related behavioral disturbance are at risk of being discharged on these meds and harmed by them. The Council appreciated the fact that patients on psychiatric units are excluded from the denominator, as are patients with schizophrenia, bipolar disorder, Huntington's, and Tourette's; it was suggested that patients with schizoaffective disorder should also be excluded from the denominator. The Council also appreciated that patients being treated with antipsychotics because they were dangerous to self or others are excluded from the numerator; it was suggested that patients with documented psychotic symptoms (e.g., delusions and hallucinations), whatever the cause, should also be excluded from the numerator.

Culture, Heritage and Diversity in Older Adult Mental Health Care (Formerly "Cultural Competency Guide for the Treatment of Elderly Adults")

In 2004, the Council on Aging (former name of the Council on Geriatric Psychiatry) developed a cultural competency curriculum to guide clinicians treating elderly patients. Dr. Maria Llorente, who worked on

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the original curriculum, offered to work with DDHE to lead a project to revise the document. A workgroup consisting the members of the Council and AAGP, and APA/APAF Fellows worked to develop the 11-chapter guide.

Considering the quality and comprehensiveness of the guide, the Council agreed to explore the idea of publishing the Guide in the form of a book. The manuscript was sent to APA Publishing for review. After reviewing the contents, APA Publishing agreed to publish the guide in book form. Dr. Dilip Jeste agreed to write the preface.

Annual Meeting Submissions

Council members submitted numerous proposals for potential presentation at 2018 Annual Meeting:

- 1) *Successes and Challenges in Working with H-PACT (Homeless Patient Aligned Care Team) Workshop*
- 2) *Psychiatry and US Veterans Workshop*
- 3) *Mission Possible: Successful Integration of Alcohol Use Disorder Pharmacotherapy in Primary Care Symposium*
- 4) *The AAGP Presidential Symposium*
- 5) *Transforming the Geriatric Workforce: Today is Tomorrow*
- 6) *Dementia with Behavior Disturbance Assessment and Management*
- 7) *Beyond Clinical Interview: Technology in Psychiatry Assessment*
- 8) *Course on Palliative Care*
- 9) *Ageism in Medical Students*
- 10) *End-of-Life Care*
- 11) *Integrated Substance Abuse in Primary Care*
- 12) *Homeless and Primary Care*
- 13) *Every Psychiatrist Need to Know about Bed Bugs*

Report of the Council on Healthcare Systems and Financing
Harsh K. Trivedi, MD, MBA, Chair
Executive Summary

The Council on Healthcare Systems and Financing has focused their efforts on reviewing position statements, responding to action papers, and providing input on regulatory comments on a variety of issues. As the new administration began addressing its own legislative and regulatory health policy priorities, the Council has continued to provide feedback on health reform, quality and payment reform, parity, and alternative payment methods. The Council has continued to monitor APA activities on parity implementation and regulatory issues, as well as the Trump Administration's efforts to combat the opioid crisis.

Summary of Council Activities and Items of Interest

The Council continues to work on several important issues, including:

1. The Council has been working on finalizing several position statements. These statements include the following:
 - Position Statement on Peer Support Services
 - Position Statement on the Need to Maintain Intermediate and Long-Term Hospital Care for Certain Individuals with Serious Mental Illness
 - Position Statement on Telemedicine in Psychiatry

The Council also submitted the Best Practices in Videoconferencing-Based Telemental Health document for JRC approval.

Additionally, the Council will begin to work on reviewing the following items:

- Action paper: Transitional Care Services Post Psychiatric Hospitalization
 - Action paper: Adopting an APA Position Statement Supporting Implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA or parity law)
 - Position Statement Strongly Recommending Twelve Weeks of Paid Parental Leave
 - Position Statement Psychologists and Other Mental Health Professionals and Hospital Privileges
 - Position Statement on Core Principles for Alternative Payment Models for Behavioral Health
2. Following up on an action paper requesting the Council make a recommendation on whether APA should endorse an existing level of care tool or develop its own tool, the Council has gotten approval to create the Level of Care Tool Work Group. Based on initial research on the available tools, CHSF supports APA developing our own levels of care tool, but only if the organization is willing to commit to the funding, resources, and time necessary to achieve the gold standard.

The JRC directed CHSF to create the work group, consisting of members from the Council on Healthcare Systems and Financing, the Council on Quality, and the Council on Research, and requested a report in October 2018. It is expected that that work group will evaluate the pros and cons of the development of a level of service instrument, the potential avenues and funding for such development and make a recommendation to the JRC.

3. Members of the Committee on RBRVS, Codes and Reimbursements will be working with other specialties and CMS to review and possibly revise the current evaluation and management documentation guidelines. We are in the process of finalizing a call with CMS staff to provide feedback on potential changes. We anticipate that CMS may propose changes as early as the proposed rule on the 2019 Medicare Physician Fee Schedule. Their initial focus has been on documentation of the history and exam and in part is due to the increasing use of electronic medical records and the ability to copy and paste information forward. Any revisions will need to be balanced against the ability to clearly define the criteria used to determine the level of service.
4. In December, the Committee on Integrated Care released a white paper, "The Psychiatrist's Role on Improving the Physical Health of Patients with Serious Mental Illness," during a congressional briefing. The Committee is also in the process of developing an addendum to the Resource Document on "Risk Management and Liability Issues in Integrated Care Models" that focuses on liability issues related to cross-state consultation for integrated care. The Committee is also developing a brief on the advantages of collaborative care for risk bearing contracts and accountable care organizations.
5. Parity and Network Adequacy Update: The APA Office of Parity Enforcement and Implementation is working with states to understand why there are varying levels of compliance nine years following the initial implementation of the law. We have found that most state regulators are ready willing and able to facilitate better compliance but face several practical hurdles: filing systems, forms and procedures that do not facilitate in-depth reviews at the pre-market stage, insufficient staff resources, limited clinical expertise for parity issues which arise at the post-market stage involving medical management and criteria which also represents an expansion of their traditional regulatory role, wariness of instructing issuers to amend their plans for fear of legal challenges, among others. Yet most realize that they cannot rely on simple compliance attestations without verification through documentation to truly assure compliance. These issues cannot be ignored if we are going to affect improved oversight and enforcement.

There are two key principles which we have derived from our due diligence with the states: 1) compliance oversight must be meaningful; that is, issuer accountability for fulfillment of and documentation for all the rules and tests, and 2) compliance review must be feasible and efficient for regulators. To enable this and design an approach it is essential that it be recognized

that MHPAEA compliance is fundamentally different than other types of insurance compliance procedures. MHPAEA requires, as a component of compliance, that the issuer perform and document their analysis and processes in detail and be submitted as requested for regulator review and independent evaluation. The burden is on the issuer/plan not the regulator to do the primary analysis and justification for compliance. This is not well understood.

APA, primarily in collaboration with Kennedy Forum staff, has undertaken the development of regulatory tools and review/audit protocols consistent with these principles. We have conducted numerous trainings and currently have several agreements with states to provide ongoing technical assistance and consultation on parity issues. APA, through a collaboration with Milliman, has been awarded two projects in New York to work with the NY Insurance and Medicaid staff on regulatory compliance issues and a project in North Carolina on regulatory compliance in the commercial market. APA has also interacted in a substantive manner with several other states' regulators, such as Texas, Rhode Island, Massachusetts, New Hampshire, Maryland, Pennsylvania, and Connecticut, that are taking steps to improve plans' compliance with parity and particularly, NQTL tests.

Since the December 2017 release of the Milliman report on network use and provider rates disparities, APA has met with state attorneys generals and/or insurance commissioners on the report's implications for consumers in their states where plans are not abiding by consumer protection and/or parity laws. AG investigations are confidential and therefore, APA has no further information on the outcome of these meetings with AG. However, APA continues to provide expertise, training, and testimony, to state insurance commissioners including, Illinois, Minnesota, Mississippi, Nebraska, and Virginia.

Recently have begun collaborating with work group of insurance commissioners created to expand the NAIC Market regulation handbook to include a section on auditing for parity compliance.

Council on International Psychiatry

The Council on International Psychiatry (Council) is focused on supporting bilateral education and development between psychiatrists around the world through engagement activities and programs aimed at increasing international exchange and APA membership, utilizing the network of the Caucus on Global Mental Health and Psychiatry (Caucus). The Council also supports the development of policy, coordinating with other APA components as necessary, and recognizes organizations supporting the human rights of populations with mental health needs through the Chester M. Pierce Human Rights Award Nominating Committee (Committee). The Council works in coordination with the Membership Committee on international membership development initiatives and other APA components on education and policy initiatives. The Chair of the Council is Bernardo Ng, M.D., the Chair of the Committee is James Griffith, M.D., and the Chair of the Caucus is Khurshid Khurshid, M.D.

Education and Professional Development

Scientific Program. Council and Caucus members continue to identify and support opportunities for the development of quality abstracts on global mental health and international topics for presentation at the APA Annual Meeting and other international psychiatric meetings. Below is a selection of sessions being presented at the 2018 APA Annual Meeting by Council and Caucus members:

- Cooperation Between American Psychiatrists and Colleagues in Developing and Emerging Countries
- Cultural Issues of Suicide, Sociopathy, and Opioids: An International Latino Perspective
- Emerging Ethical Considerations in a Globalized Psychiatry
- Innovative Quality Improvement Initiatives: International Perspectives
- Global Mental Health Research and the Fogarty International Center's 50th Anniversary
- Promoting Sustainable Mental Health Systems After Humanitarian Disasters: "Building Back Better" Strategies in Global Mental Health

In addition to these sessions, the tracks "Global, Political, and Social Issues" and "International Collaborations" reflect the breadth of issues on global mental health topics the Council and Caucus continue to monitor, including sessions on the topics of human rights, human trafficking, and refugee mental health. Below is a selection of relevant sessions being presented at the 2018 APA Annual Meeting:

- Beyond Borders: Innovative Medical-Legal Partnerships to Assist Refugees and Asylum-Seekers
- Hikikomori: Recent Findings and Their Relevance to American Psychiatry
- Innovations in Global Psychiatric Education
- Middle Eastern Arab Psychiatry: Innovative Initiatives in Clinical Service, Policy, Education, and Research
- Social Discrimination and Mental Illness Around the Globe

While not part of the scientific program, the annual in-person meeting of the Caucus on Global Mental Health and the Africa Discussion Group, which reports to the Caucus, along with the discussion groups for resident and early career psychiatrists using selections from the American Journal of Psychiatry series "Perspectives in

Global Mental Health”, are all opportunities for attendees and members to engage in dialogue on global mental health topics. Additionally the liaison to the United Nations, Vivian Pender, M.D., who reports to the Council, assisted in the coordination of an EduTour to the United Nations Headquarters during the 2018 APA Annual Meeting which will include a global mental health briefing. Council and Caucus members are also in the process of submitting abstracts for the 2018 World Psychiatric Association International Congress in Mexico City, Mexico, September 27-30, 2018.

Presenter Development. In coordination with the APA Scientific Programs Committee and the APA Division of Education, the Council developed a pilot program designed to connect Council members with international poster presenters at the APA Annual Meeting. The APA Board of Trustees approved incorporating the program into the charge of the Council and the Council identified a work group of Council members to organize the program for the 2018 APA Annual Meeting, led by Uyen-Khanh Quang-Dang, MD. At the writing of this report, the Council received submissions from participants, already accepted by the APA SPC to present at the APA Annual Meeting, traveling from Argentina, Brazil, Canada, Colombia, Singapore, and Thailand. Assigned reviewers from the Council and Caucus will coordinate with these individuals during the poster sessions at the APA Annual Meeting to discuss their research, posters, and opportunities to engage and collaborate with APA through the Council and the Caucus.

Membership Development and Engagement

Global Mental Health Caucus. The APA Caucus on Global Mental Health and Psychiatry, which reports to the Council, has experienced an increase in participation and membership growing from less than 50 members in 2014 to now over 600 members. The Caucus meets in-person during each APA Annual Meeting, maintaining an active listserv in between meetings, and coordinates the submission and presentation of scientific sessions at the APA Annual Meeting. While Caucus membership is limited to APA members, attendance at the Caucus in-person meeting is open to all Annual Meeting attendees. The current Caucus Chair is Khurshid Khurshid, M.D.

International Distinguished Fellows. Council and Caucus members were involved in the 2018 nomination of APA International Distinguished Fellows. The APA Board of Trustees approved the following individuals:

- Maria Diaz (Argentina)
- Andres Mega (Argentina)
- Ahmed Mubarak (Egypt)
- M.S.V.K. Raju (India)
- Silvana Galderisi (Italy)
- David Ndetei (Kenya)
- Iuliana Dobrescu (Romania)
- Tae-Youn Jun (South Korea)
- Julian Beezhold (United Kingdom)

These individuals are recognized at the Convocation Ceremony during and the new International Member Welcome during the APA Annual Meeting. Council and Caucus members plan to connect with these individuals to identify opportunities for future collaboration. Assembly members are encouraged to identify colleagues outside the United States and Canada who may be eligible for International Fellowship and International Distinguished Fellowship.

International Relationships. The Council and the Caucus are focused on building relationships with psychiatric organizations and groups worldwide by liaising with organized groups of international medical graduate

psychiatrists in the United States and national allied organizations across the globe. Council members are affiliated with U.S. based psychiatric organizations, such as the American Society of Hispanic Psychiatry and the Indo-American Psychiatric Association, and national and international psychiatric organizations, such as the Mexican Psychiatric Association and the World Psychiatric Association (WPA). The WPA Zonal Representative to the Council is Edmond Pi, MD. Council members are also connected with global mental health programs through various universities and institutes. The Council is also in the process of connecting with the APA International Medical Graduate (IMG) Caucus and the Society for the Study of Culture and Psychiatry to identify opportunities for collaboration. The Council and Caucus continue to expand and enhance its relationships with other organizations and welcomes outreach from representatives of such organizations. Assembly members are encouraged to connect relevant organizations to the Council and the Caucus.

Policy Development and Recognition

Chester M. Pierce Human Rights Award. The Chester M. Pierce Human Rights Award recognizes the extraordinary efforts of individuals and organizations to promote the human rights of populations with mental health needs by bringing attention to their work. Originally established in 1990 to raise awareness of human rights abuses, the award was renamed in 2017 to honor Chester M. Pierce, M.D. (1927-2016) and recognize his dedication as an innovative researcher on humans in extreme environments, an advocate against disparities, stigma, and discrimination, and as a pioneer and visionary in global mental health. The Chester M. Pierce Human Rights Award Nominating Committee is comprised of members of the Council on International Psychiatry, the Council on Minority Mental Health and Health Disparities, the Assembly Committee of Representatives of Minority/Under-Represented Groups, and Black Psychiatrists of America, Inc. The Committee focuses on identifying nominees working on the front lines of advocacy, often outside of public acclaim and sometimes at risk of peril, with emphasis on outcomes and documented impact of advocacy, rather than mere recognition of efforts, championing, or promotion. Selection criteria includes the following: (1) Advocacy that has resulted in significant benefits to persons or groups, which can include but are not limited to persons with mental illnesses, who have been systematically marginalized, stigmatized, discriminated against, coerced, or exploited; (2) Sustained contributions, on a national or international scale, that have entailed direct personal involvement, sacrifice, and placing one's own well-being at risk, while challenging human rights and equality violations.

Validity Foundation. The 2018 APA Chester M. Pierce Human Rights Award is scheduled to be presented to the Validity Foundation during the 2018 APA Annual Meeting. The Validity Foundation, formerly the Mental Disability Advocacy Center, is an international non-governmental organization which uses the law to advance the human rights of people with mental health issues and people with intellectual disabilities worldwide. Validity has been at the forefront of using strategic litigation to promote equality, inclusion and justice and its achievements include framing guardianship as a human rights issue, tackling long-term institutionalization, and exposing abusive practices. Validity campaigns for reform of outdated legal systems in sub-Saharan Africa and regularly provides expertise at the United Nations Committee on the Rights of Persons with Disabilities and other international forums. The Assembly should feel free to learn more about the Validity Foundation by visiting their website at www.validity.ngo.

Human Rights. The APA Board of Trustees approved the updated APA Position Statement on Human Rights submitted by the Council which consolidated the 1992 Position Statement on Human Rights with the 2008 Position Statement on Denial of Human Rights Abuses (see position statement below):

The American Psychiatric Association (APA) recognizes that human rights abuses, such as, unjust incarceration, cruel and unusual punishment, torture, the misuse of involuntary psychiatric confinement for political purposes, the denial of access to care, and human trafficking, have adverse psychiatric consequences on victims of such abuses and their families. The denial or cover-up of well-documented human rights abuses by governments and institutions is antithetical to a humane society and the ability to attend properly to the psychiatric needs of those who have been subject to such abuse. APA supports working with agencies and organizations dedicated to advancing human rights and fighting human rights abuses.

The Council is in the process of reviewing and consolidating the 1998 Position Statement on Identification of Abuse and Misuse of Psychiatry with the 2007 Position Statement on Abuse and Misuse of Psychiatry. The Council also supported the development and establishment of the Position Statement Health Care, Including Mental Health Care, is a Human Right and the development of the Position Statement on Mental Health Needs of Undocumented Immigrants, including Childhood Arrivals, Asylum Seekers, and Detainees, in coordination with the Council on Minority Mental Health and Health Disparities.

COUNCIL ON MEDICAL EDUCATION AND LIFELONG LEARNING
Report to the Assembly

The Council's purview covers issues affecting the continuum of medical education in psychiatry – from undergraduate medical education to the lifelong learning and professional development of practicing physicians. The Council is a convening body for allied educational organizations including AADPRT, ADMSEP, AACDP, AAP and the ABPN.

Updates from the Council for the Assembly's information:

- 1. Maintenance of Certification (MOC) –ABPN Pilot program.** The American Board of Psychiatry and Neurology (ABPN) is piloting a journal article–based assessment beginning in 2019 as an alternative to the proctored 10-year Part III Maintenance of Certification (MOC) examination. The Pilot Project Test Writing Committees include nominated members from professional societies APA, AACAP, AAN, and CNS and ABPN. The pilot project will run for three years, from 2019-2021. If approved by the American Board of Medical Specialties (ABMS), the ABPN plans to transition diplomates into this program in 2022 as a permanent alternative to the secure MOC examination.

Those who were eligible to participate in the pilot were contacted by email. The end date to register is May 1. Eligible diplomates are those who are currently certified and who fall into one of two categories: those who have earned ABPN certification or who passed the MOC examination in the years 2012, 2013, or 2014; or those whose certificate is expiring in 2019, 2020, or 2021 in psychiatry, child and adolescent psychiatry, neurology, or child neurology.

Additional information about the pilot program is posted on [ABPN's website](#). Those who have questions about enrollment or the program should send them to questions@abpn.com.

- 2. Expanding Access to Psychiatry Subspecialty Fellowships (ASM2017A1 12.H)**

In the ACGME common requirements, to be final in summer 2018 there are now more opportunities available, here is the requirement as included in the 2018 revision.

Residency review committees choose from two options:

Option 1: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-accredited residency program, in a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or in a Royal College of Physicians and Surgeons of Canada (RCPSC)- accredited or a College of Family Physicians of Canada (CFPC)- accredited residency program located in Canada. (Core)

Option 2: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, or an AOA-accredited residency program. (Core)

Eligibility for ABMS or AOA Board certification may not be satisfied by fellowship training.

Applicants must be notified of this at the time of application.

The Review Committee for _____ will allow the following exception to the fellowship eligibility requirements:

[Note: The Review Committee will decide whether or not to allow this exception. This section will be deleted for Review Committees that do not allow the exception.]

III.A.1.b).(1)

An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1.

<http://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements/In-Revision>

The APA is supportive of creating additional pathways for expanding access to psychiatry subspecialty fellowships, especially for fellowships that do not fill all of the training slots each year.

3. APA Comment on ACGME Common Program Requirements

The APA submitted comments to the ACGME on the importance of diversity in residency training as part of the ACGME's revision of its Common Program 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. The language was incorporated into the current version of requirement as item 1.C:

1.C. The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse workforce inclusive of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community. (Core)

Background and Intent: It is expected that the Sponsoring Institution will have developed policies and procedures related to recruitment and retention of underrepresented minorities in accordance with the Sponsoring Institution's mission and aims. The program's annual evaluation must include an assessment of the program's efforts to recruit and retain a diverse workforce, as noted in V.C.2.a).(5).(c).

4. APA Comment on the ACGME revision of the Common Program Requirements

Further comment on the revised requirements was submitted March 22. APA's comments are included below:

On behalf of the American Psychiatric Association and its 37,800+ members, we wish to provide feedback to the ACGME on the proposed CPR revisions.

We offer two friendly amendments (1.C) which strengthen the steps ACGME has already taken to support broader diversity and inclusiveness within medicine and medical leadership.

Additionally, and as has been noted in separate comments from American Association of Chairs of Departments of Psychiatry (AACDP) and American Association of Directors of Psychiatry Residency Training (AADPRT), the APA encourages the ACGME to evaluate any unfunded mandates that may be placed on training directors as a result of the CPR revisions. Specifically,

we would encourage the ACGME to limit the scope of responsibility of program directors and Program Evaluation Committees to issues regarding the well-being, education, and scholarly activity of trainees. Issues related to faculty well-being, faculty development, and the quality/safety of care provide should be left to existing systems within hospital administrations and physician organizations that already monitor, track, and report on these issues.

Suggested revision to 1C appears in bold below.

*“The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse **and inclusive** workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community. (Core)*

*Background and Intent: It is expected that the Sponsoring Institution will have developed policies and procedures related to recruitment and retention of **minorities underrepresented in medicine and medical leadership** in accordance with the Sponsoring Institution’s mission and aims. The program’s annual evaluation must include an assessment of the program’s efforts to recruit and retain a diverse workforce, as noted in V.C.2.a).(5).(c).”*

APA Comments on the revised program Requirements

- The APA believes that the department should be primarily responsible for faculty hiring and duties, but the program directors should have input in the selection of teaching faculty.*
- The APA believes that the review of and the creation of faculty development plans is the responsibility of the Department Chairs and sponsoring institutions.*
- The APA believes that the responsibility for faculty wellness, the development of wellness programs, and the monitoring of career development is the responsibility of the institution, the GME office and DIO and department or division chair.*

5. ASMAY1512.M –Promoting Military Cultural Knowledge among Psychiatrists

The Council has overseen the completion of instructions 2, 3, and 4 including the development of an issue of FOCUS entitled Treating the Invisible Wounds of War: Focus on PTSD and TBI. <http://focus.psychiatryonline.org/toc/foc/15/4>. Additionally, several sessions were selected for the APA Annual Meeting on this topic. Development of a position paper (instructions 1 and 5) was referred to the Caucus of VA Psychiatrists.

6. ASMNOV1712.G. Conflicts of Interest Not Limited to Pharmaceutical Companies

Improvements were made to the financial conflict disclosure system for APA meetings. In addition to the ACCME required list of covered entities, individual submitters may now enter disclosures they feel are relevant in an “other” box. Additionally, instructions for authors have been updated and now state:

Using the form below, please report any financial relationships you or a spouse have

*with a commercial interest, including all pharmaceutical and device companies, **as well as any other relevant financial interests which may affect the content of this educational activity.** If you are providing disclosure for an interest that is not included in our list, please select "Other" and enter it in the text box.*

7. Personal Learning Project Tool

Council has completed beta-testing and usefulness appraisal of Personal Learning Project Tool. The program could provide members with a new way to earn MOC part 2 credit for self-directed learning relative to in-time questions in practice.

8. Feedback Survey - The Council continued a project to survey training directors and residents about feedback.

9. Charge of the Council - The Council is reviewing its charge to align it with the scope of the Council.

10. Representation –Dr. Tristan Gorrindo, executive staff assigned to the Council, represented APA at the ACGME RRC meetings, AADPRT Executive Council meeting, ADMSEP Executive Council meeting, and participated in meetings with ABPN leadership and ABMS leadership.

Council on Minority Mental Health and Health Disparities Report to the Assembly

The Council on Minority Mental Health and Health Disparities (CMMH/HD) advocates for minority and underserved populations and psychiatrists who are underrepresented within the profession and APA. CMMH/HD seeks to reduce mental health disparities in clinical services and research, which disproportionately affect women and minority populations. CMMH/HD aims to promote the recruitment and development of psychiatrists from minority and underrepresented groups both within the profession and in APA.

CMMH/HD reports the following:

APA Toolkit: Stress and Trauma Related to the Political and Social Environment

CMMH/HD, Division of Diversity and Health Equity (DDHE), Division of Communications, in collaboration with the Office of the Medical Director, is organizing a toolkit about stress and trauma related to the current state of the political and social environment in the U.S. The toolkit aligns with CMMH/HD's mission of creating resources that focus on diversity and inclusion. Several workgroups, consisting of members from M/UR Caucuses and CMMH/HD, were formed to develop this resource. Final versions are currently in the editing phase.

2nd Vice Chair Appointed

CMMH/HD leadership appointed Eric Yarbrough, M.D., as the 2nd Vice Chair. This appointment comes with several responsibilities including overseeing Position Statements (e.g. New, Revised, etc.) being developed and reviewed by CMMH/HD.

Accepted Submissions for 2018 Annual Meeting

The Scientific Program Committee accepted 20 abstracts that were developed by members of CMMH/HD, APA M/UR Caucuses, and Council affiliates.

Workgroup Discussions

Continuing the work outlined from the 2017 September Components meeting, the Council has progressed with its effort to provide support to M/UR psychiatrists, the communities they serve, and general APA membership. Workgroups are organized around the following topics:

- Efforts to increase M/UR membership (Co-led by a CMMH/HD Council member and a M/UR Caucus leader)
- Community-based work and reducing stigma
- History & Intergenerational relationships

Mental Health Disparities: Diverse Populations Fact Sheets

The CMMH/HD worked with M/UR Caucuses and DDHE to produce fact sheets on mental health disparities in diverse populations. The fact sheets can be viewed at <https://www.psychiatry.org/psychiatrists/cultural-competency/mental-health-disparities>.

Position Statements

The CMMH/HD revised the list of new Position Statements below as requested by the Joint Reference Committee (JRC). All revisions are expected to be submitted in the Council's June JRC report.

- Position Statement on "Police Brutality and African-American Males"
- Position Statement on "Mental Health Equity and the Social and Structural Determinants of Mental Health"
- Position Statement on "Human Trafficking"

The CMMH/HD drafted a new Position Statement on "Conversion Therapy and LGBTQ Peoples." CMMH/HD will submit an approved version in the June JRC report.

Council on Psychiatry and Law

Debra Pinals, M.D., Chairperson

The Council on Psychiatry and Law has continued its work evaluating legal developments of national significance, proposed legislation, regulations, and other government intervention that will affect the practice of psychiatry, including the subspecialty of forensic psychiatry.

Some of the matters on which the Council has worked recently are:

Several Draft Position Statements Currently Before the Assembly for Consideration

The Council has created draft Position Statements on the following matters, each of which were recommended for approval by the Joint Reference Committee in October 2017, and are now before the Assembly for its consideration: (1) Research with Involuntary Psychiatric Patients; (2) Psychiatric Services in Adult Correctional Facilities; (3) Inquiries about Diagnosis and Treatment of Mental Disorders in Connection with Professional Credentialing and Licensing (revision to the 2015 Position Statement); (4) Solitary Confinement (Restricted Housing) of Juveniles.

Proposed Revision to the 2014 Position Statement on Firearm Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services

The Council is currently proposing the addition of one sentence to the 2014 Position Statement on Firearm Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services. The proposed phrase does not make reference to any specific type of firearms, but would say "Restricting the manufacture and sale for civilian use of large-capacity magazines and firearms with features designed to increase their rapid and extended killing capacity."

Physician Health Programs

The Council has created a resource document that is intended to provide guidance, including safeguards and best practices, for Physician Health Programs and for physicians who seek help voluntarily from such programs as well as those who are mandated participants. The draft Resource Document was approved by the Joint Reference Committee in October and approval to seek publication was granted by the Board of Trustees in December 2017; the Council is now pursuing publication of the document.

Physician Assisted Death

The Council created a resource document intended to provide guidance for physicians facing the issue of Physician Assisted Death. The document was approved by the Joint Reference Committee in October and approval to seek publication was granted by the Board of Trustees in December 2017; the Council is now pursuing publication of the document.

Weapons Use in Hospitals and Patient Safety

The Council has drafted a proposed Position Statement on Weapons Use in Hospitals and Patient Safety, which focuses on appropriate clinical responses to patient violence. The document is under consideration by the Joint Reference Committee.

Pharmaceutical Marketing

The Council recently considered the marketing activities of pharmaceutical companies, and in particular those targeted at criminal justice entities. It identified the issue as an item to monitor and confirmed that it is one of which APA leadership is already aware.

Other Matters on Which the Council is Working

The Council also has ongoing active workgroups considering a number of topics, including: (1) laws restricting access to firearms during a crisis; (2) the use of involuntary commitment for Substance Use Disorders; (3) stalking and other intrusive behaviors towards psychiatrists by patients; (4) regulation of mobile medical apps involving psychiatry; and (5) involuntary psychiatric commitment. The Council will continue its work to produce policy or other guidance documents for the organization regarding each of these subjects, as well as others which may come to its attention.

Council on Consultation-Liaison Psychiatry

The Council on Psychosomatic Medicine (CPM) focuses on psychiatric care of persons who are medically ill and/or pregnant and works at the interface of psychiatry with all other medical, obstetrical, and surgical specialties. It recognizes that integration of biopsychosocial care is vital to the well-being and healing of patients and that full membership in the house of medicine is essential for our profession.

Since the JRC report in November 2017, the Council has focused on the following issues:

- **Name Change:** The subspecialty officially changed its name this spring with the Council receiving board approval for a name change to the Council on Consultation-Liaison Psychiatry in March and the Academy of Consultation-Liaison Psychiatry officially changing its name in April. The Council is launching a series in *Psychiatric News* to show the breadth and depth of Consultation-Liaison Psychiatry, with the first article being included in the Annual Meeting issue. The name change will also be promoted throughout the Annual Meeting and year, including through videos developed by medical students to be used as a recruiting tool.
- **Resource Documents:** The Council has workgroups in the process of developing Resource Documents on the following topics:
 - “QTc Prolongation and Psychiatric Disorders”
 - “The Assessment of Capacity for Medical Decision Making”,
 - “Emergency Department Boarding of Individuals with Acute Mental Illness”, and
 - “Infertility and Mental Health”
- **HIV Steering Committee:** This committee developed and submitted a Position Statement on Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for HIV prevention that was approved; they are currently working to update other outstanding position statements. The committee is also preparing for the HIV Psychiatry Elective, a medical student program that creates a pipeline for new HIV psychiatry experts in the field. The elective will be held at the end of August through September 2018.

**Report to the Assembly
Council on Quality Care: Grayson Norquist, MD, Chair
April 2018**

Committee on Practice Guidelines (CPG)

The Committee continues to focus on overseeing the development of evidence-based practice guidelines to assist psychiatrists in clinical decision-making. As part of a recent Council on Quality Care meeting, Michael Vergare, MD, Committee chair, discussed the concept of APA disseminating resources that do not meet the National Academy of Medicine's (NAM, formerly the Institute of Medicine) standards as a clinical practice guideline but meet a reduced standard and represent emerging psychiatric practice standards. Ongoing requests from APA members have been for the CPG to provide a rapid release of smaller more direct resource material to inform psychiatric practice. However, while not opposed to this, CPGs desires to remain focused on NAM's stringent standards when developing APA clinical practice guidelines. Opportunities exist for central statements about several areas such as (e.g., ketamine, PET imaging and pharmacogenetics). However, input from other APA components (e.g., Council on Research) should be required, this effort should not be the responsibility of the Committee on Practice Guidelines alone. Updates to the website should reflect new interventions and other areas of interest.

The Committee will look to APA approved resource documents on certain topics for dissemination and for posting on the APA website. The Committee will work to streamline various documents posted on psychiatry.org in different areas within the site, which make it difficult for one to know what is current and applicable to members. This will help prevent resources from going unused.

The Committee also continues to discuss and prioritize the guideline development pipeline. The topics currently in development are as follows:

Use of Pharmacotherapy for Patients with Alcohol Use Disorder

The Guideline Writing Group led by Victor Reus, MD, developed a draft guideline on the use of pharmacological treatment for patients with alcohol use disorder, which was approved by the Assembly during the May 2017 Annual Meeting and by the BOT at its July 2017 meeting. The guideline was published online and in-print on January 5, 2018. The group also developed companion works like an online, interactive CME program, and training/clinician summary slides launched along with the guideline. However, the patient guide is not yet finalized.

Eating Disorders

Dr. Catherine Crone, chair, and the remainder of the Guideline Writing Group have been appointed to work on recommendations for the treatment of patients with eating disorders. In the meantime, an

expert opinion survey on the treatment of eating disorders was completed in February 2017 with almost 200 responses. This data has been analyzed. Laura Fochtman, MD, is finalizing a database for data abstracted from the screened-in studies, and a systematic review group will soon begin extracting data.

Schizophrenia

A third Guideline Writing Group chaired by George Keepers, MD, has been formed to work on a new guideline on schizophrenia, which covers both pharmacological and non-pharmacological treatments, though the group is still looking for a measures expert and fellows to help with the writing of this draft. The Agency for Healthcare Research and Quality (AHRQ) draft literature review was released for public comment, but due to a large number of responses, a final version has not been issued yet and is expected to be available in fall 2017.

Bipolar Disorder

A systematic review by AHRQ on bipolar disorder is currently in process, but has again been delayed. This underscores the concerns with APA needing to rely on outside systematic reviews for practice guideline development (e.g., lack of control of topics chosen, criteria used in selecting studies for the systematic review, development timetables, etc.). It is hoped that this review will still be completed by December 2017. Once the AHRQ review becomes available, Dr. Reus' group will begin work on a new guideline on this topic. Reappointments of the core members and appointments of the expert members is underway.

Committee on Mental Health Information Technology

The Committee on Mental Health and Information Technology is under new leadership, as Brent Nelson, MD, began his new role as chair following the May 2017 Annual Meeting. Under his leadership, the Committee has identified several projects they will conduct this year.

The Committee plans to assess and potentially redesign the mental health and information technology webpage on the APA website. They also plan to identify relevant topic areas within health information technology and psychiatry so they may draft and publish articles in member accessible publications, like *Psych News*.

During the September 2017 meeting of the Council on Quality Care, Council members spent time considering other new projects for the Committee and voiced their satisfaction with the successful completion of the Software Applications Project. The resulting evaluation tools, now available to APA members, called the "App Evaluation Form" and the "App Evaluation Model," prompted the Council to suggest a similar resource be developed to assist APA members to better choose an electronic health record system. Like the "App Evaluation Model" and "App Evaluation Form," Council members thought that a resource could be developed to assist those interested in identifying the best electronic health record (EHR) system for their practice. Members could benefit from viewing a hierarchical rating system and rubric so they may be aware of important information that should be considered when picking an EHR system. Without APA endorsing an EHR, this could ensure all important information is considered

and will result in better-informed decisions for selection of EHR Products. Council on Quality Care members also suggested the Committee help PsychPRO as it interfaces with various EHRs as well as helping to understand the ways that EHRs can be used for implementing quality measures in clinical practice. Council members also suggested, for the Annual meeting, that the APA have a session in which all EHR vendors are available at the same time to discuss their products. The Council leadership will communicate these suggestions to the Committee.

Quality and Performance Measurement

In December 2017, the BOT approved some key revisions to the former charge of the Committee that better reflect the needs of the Association, and position APA to play a leading role in the provision of quality psychiatric care in a value-based system. Given these changes, so that the work defined in the charge could be executed, the Workgroup on Quality and Performance Measurement was formed. Much of this Workgroup's goals align with APA's rapid development of PsychPRO, and the necessity for the APA to become a developer of quality measures, rather than simply providing expertise for quality measure development projects by other societies and measure developers. For example, as a "qualified clinical data registry," PsychPRO can develop and test new quality measures for the Medicare's new Merit-based Incentive Payment System (MIPS), without requiring evaluation or endorsement by the National Quality Forum (NQF). The Workgroup has been essential in defining the quality measure concepts required for the APA to submit a proposal for developing new MIPS quality measures for mental health, for the multi-million-dollar CMS measure development Funding Opportunity.

The Workgroup is also drafting a position statement on the utilization of measurement-based care (MBC) and will share with the Council before submitting to the Assembly in November 2018.

Work initiated by the original Committee on Performance Measurement (prior to the formation of the Workgroup), like the Gap Analysis Project now titled, "Essential Domains for Quality Measurement," has been completed and approved by the Council as a guide for future APA measure development technical expert panels.

Reporting Workgroups

Several other workgroups developed under the Council are active. The **Patient Safety Workgroup** focuses on a variety of patient safety issues such as better defining *observation* practices during acute care hospitalizations and developing sample mock root cause analyses for psychiatry training programs. The **Standards and Survey Procedures Workgroup** continues to address policies related to institutional surveys as well as development of standards in collaboration with national organizations (e.g., The Joint Commission, TJC). Most recently, Ronald Burd, MD was appointed as the APA representative to the new Joint Commission-convened Behavioral Health Advisory Council. This new council will provide counsel and input to TJC Enterprise management on:

- How its work can support meaningful improvements with regards to patient safety and quality in the field of Behavioral Healthcare;
- Present and evolving Behavioral Healthcare issues;
- How current Joint Commission Enterprise activities are impacting the patient care experience through our Behavioral Healthcare accreditation program;

- How potential changes in Joint Commission standards, policies, products, and services will impact the quality of care for patients served by Joint Commission-accredited and -certified organizations;
- Development of new products and services relevant to the Behavioral Healthcare environment.
- Strategic direction of the Behavioral Healthcare Accreditation program; and more.

This council will replace the former professional and technical advisory committees (PTACS) recently dissolved by TJC. The fourth meeting of the **Caucus on Psychotherapy** will occur during the APA Annual Meeting in May 2018, with a growing membership of over 300 APA members who have interest in this area. This Caucus convenes psychiatrists interested in advancing psychotherapy and psychosocial treatment. Due to Eric Plakun, MD being elected as the Area 1 Trustee, he will step down as Caucus chair. A vote will be held to determine who will take on the role of Caucus chair.

The Council brings the following Information Items to the Assembly:

1. The Council wishes to provide the Assembly with an update on the APA mental health registry, PsychPRO. Over the past few months, PsychPRO has been preparing participants to meet their MIPS reporting requirements within the 2017 CMS program reporting period (January 1 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. Many of these practices 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 via the clinician and patient portals to meet minimum reporting requirements and avoid penalties. The registry team has provided instruction through webinars for the use of the portals for MIPS reporting during this process. Similar to 2017, PsychoPRO was successful in becoming certified as a 2018 Qualified Clinical Data Registry. For additional information on PsychPRO, please visit www.psychiatry.org/psychiatrists/registry.
2. The Council wishes to inform the Assembly of the 2018 Research Award recipients:
 - Bruno Lima Award- Michael Blumenfield, M.D. & Robert J. Ursano, M.D.
 - Kempf Fund Award—
 - Mentor: L. Elliot Hong, M.D. &
 - Mentee: Joshua Chiappelli, M.D.
 - Blanche Ittleson Award- Hilary P. Blumberg, M.D.
 - Award for Research in Psychiatry- Maria A. Oquendo, M.D., Ph.D.
 - Research Mentorship Award- David Ross, M.D., Ph.D.
 - Judd Marmor Award- Alan F. Schatzberg, M.D.
 - Health Services Research Award—
 - Senior Research Award: Roberto Lewis-Fernández, M.D. &
 - Early Career Award: Sonya Gabrielian, M.D., M.P.H
3. Reports from the Workgroups and Committee:
 - **Diagnostic and Treatment Markers Workgroup**
The Workgroup has recently submitted the following manuscripts for publication:
 - i. *“Electroencephalographic Biomarkers for Treatment Response Prediction in Major Depressive Illness: A Meta-Analysis”* was submitted to JAMA Psychiatry led by Dr. Alik Widge.
 - ii. *“Clinical Implementation Of Pharmacogenetic Decision Support Tools For Antidepressant Drug Prescribing”* was submitted to the American Journal of Psychiatry led by Dr. Charles Nemeroff and his colleague, Dr. Zane Zeier.
 - **Workgroup on Research Training**
The Research Colloquium for Junior Investigators continues to be a success. The 2018 Colloquium has expanded from 1 day to 1.5 days and will be held from May 5-6, 2018. A total of 52 junior investigators including 12 international investigators from various

countries have been accepted to participate in the program. This year, the Colloquium research areas will focus on: 1) Molecular, Translational, and Neuroscience Research; 2) Clinical Psychobiology; 3) Treatment from Psychopharmacology and Psychotherapy to Neural Strategies; 4) Alcohol, Pain, and Drug Abuse Research; and 5) Health Disparities and Health Services Research. The Society of Biological Psychiatry and American College of Neuropsychopharmacology continue to collaborate with the APA Foundation on this year's Colloquium with partial funding of the event.

- **The Committee on Psychiatric Dimensions of Disaster**

The Committee coordinated with the APA Communications Department to reach out to the District Branches and State Associations impacted by recent tragic events including, but not limited to, shootings in Florida, Texas, and Nevada, wildfires in California, and the areas impacted by the 2017 hurricane season. Committee member, Joshua Morganstein, M.D., was also present for the awarding of \$30,000 to the American Red Cross (ARC) by the APA Foundation for disaster relief efforts in mainland United States and Puerto Rico. The funds will help support the ARC's mental health volunteer program, made up of 3,500 licensed professionals, including psychiatrists, social workers, counselors, marriage and family therapists, psychiatric nurses, psychologists, school counselors, and school psychologists, all of whom are trained in disaster mental health interventions.

Assembly members with questions about this report or the work of the Council on Research should contact Ms. Keila Barber, Staff Liaison to the Council, at kbarber@psych.org or 202-559-3901.

To: APA Assembly

From: Carolyn B. Robinowitz, M.D., Sr. Delegate, APA AMA Delegation, and Chair, AMA Section Council on Psychiatry

Re: Update on the Activities of the APA AMA Delegation/AMA Section Council on Psychiatry

Thank you for the opportunity to update you on the activities of the APA AMA Delegation and the Section Council on Psychiatry.

While much of the work of the APA AMA Delegation occurs during the two major House of Delegates meetings in June and November (see attachment A for a short list of items from the AMA Interim Meeting in November 2017), AMA's State Legislative Strategy Conference (SLSC) and National Advocacy Conference (NAC) held each winter focus on current AMA advocacy efforts at the state and national levels. They also offer an opportunity to network with our physician colleagues in smaller more interactive settings. Members of the Section Council on Psychiatry attended each of these meetings. Patrice Harris, M.D. chaired and Kristin Kroeger, APA Chief of Practice, Programs and Partnerships was a discussant on a panel at the SLSC titled "Mental Health and Substance Use Disorder: What we can do to improve access to and coverage for care." The NAC featured an address by Seema Verma, CMS Administrator and a Congressional perspective from Representative Peter Roskam (R-IL), chair of the Health Subcommittee of the Committee on Ways and Means (handles payments for health care including research and tax credit, and deduction provisions of the IRS related to premiums and healthcare costs).

Jeff Akaka, M.D. has been selected to participate in an AMA-convened multi-stakeholder group charged to create a national strategy to address scope of practice and its relation to patient safety across medical specialties.

As I have mentioned previously, several members of the AMA Section Council on Psychiatry will be seeking elected office over the coming months:

Patrice Harris, M.D., who will be speaking to the Assembly on behalf of the AMA, will be seeking election as AMA President-Elect, and Louis Kraus, M.D., will be seeking a seat on the AMA Board of Trustees, during the June 2018 AMA Annual Meeting. Both campaigns are highly competitive. Dr. Harris, immediate past-chair of the AMA Board of Trustees has been the leader and spokesperson in AMA efforts related to the opioid epidemic and is very well regarded by her AMA colleagues. She will be running against a fellow BOT member, Carl Sirio, M.D., an internist from Pennsylvania. If successful, Patrice will be the first President of the AMA from the Section Council on Psychiatry (Jeremy Lazarus, M.D. was a Delegate from Colorado when elected to AMA leadership positions as Speaker and then President). Dr. Kraus recently completed an eight-year term on the Council on Science and Public Health where he served as chair during his final year. There are nine other physicians who are competing for four seats on the Board, so that race will be quite challenging as well. Active campaigning is prohibited until the AMA BOT approves the official slate of candidates in April, 2018 at which time we will advise you as to how you can specifically support their candidacy.

Barbara Schneidman, M.D., another APA Delegate is running for Delegate from the AMA Senior Physicians Section. Dr. Schneidman, a highly respected medical educator, has been very active in that Section, serving as past chair and holding a seat on its Governing Council for the past several years. If successful, she will represent the Section as a voting delegate within the AMA HOD. We will know the outcome of this election by the time of the May Assembly as the on-line voting for this position takes place in April.

I have had the honor of participating in the AMA House of Delegates meetings, either as an APA staff member, medical school representative, or APA delegate for forty years, eighteen of them as an APA delegate. Much has changed during that time—for the AMA as an organization as well as for psychiatry within the House of Medicine. As I work with Jerry Halverson M.D., APA Delegate and incoming Section Council Chair, during the leadership transition, I am reminded of how far we have come, as our influence and effectiveness grew in the House. Our medical colleagues now recognize Psychiatry as a vital component of medicine, and the needs of our patients as well as our profession have garnered strong support from colleagues across all specialties and geographic areas. This change did not happen rapidly or easily, and our successes document the importance of APA's focused participation in the AMA. I cannot stress enough the contributions and impact that current and previous members of our delegation, those in the Section Council on Psychiatry, as well as our psychiatry colleagues in state delegations have had on the AMA. Our leaders, especially Doctors English, McIntyre, and Scully were vital not only in developing strategic plans, but in keeping us on track for their implementation and maintaining focus on priorities. As a result, the entire House of Medicine now advocates in support of our goals for patient care, research, and education. And I know our successes will continue under the leadership of Dr. Halverson.

APA has been a marvelous resource for our work, and we continue to be grateful not only for the support of the Board and Assembly, but also for the outstanding administrative leadership. In addition to your important contributions to substantive issues vital for AMA policy development, you can be involved individually. Join and maintain your AMA membership. The number of psychiatrists who are AMA members matters for our representation in the House of Delegates. You can participate more directly through your local and state medical society to ensure that psychiatry is a valued part of their discussions and activities (there is no health without mental health).

Thank you for the opportunity and privilege to serve our association and our profession.

Cmte*	Item	Title / Recommendations or Resolves	Final Actions
Reference Committee on C&B			
.Con	BOT 07	<p>Medical Reporting for Safety-Sensitive Positions</p> <p>In light of these considerations, the Board of Trustees recommends that the following be adopted and the remainder of this report be filed:</p> <ol style="list-style-type: none"> 1. That our American Medical Association (AMA) promote awareness among all licensed physicians of the safety implications of mental health and other potentially impairing conditions for their patients who are aviator. Physicians need to be aware that for some patients the FAA's BasicMed program now makes the treating physician a gatekeeper for pilot and public safety. Physicians who are not FAA Aviation Medical Examiners should be educated about when to seek guidance from colleagues with aeromedical expertise. Physicians should also recognize that the range of mental health conditions in particular that may compromise an aviator's ability to fly safely is more extensive than the specific conditions identified in the FAA Comprehensive Medical Examination Checklist. (New HOD Policy) 2. That our AMA urge physicians to screen routinely for factors that may compromise pilot safety by the least intrusive means reasonable and take steps with the patient to mitigate identified risks. Physicians should be encouraged to consult with or refer the patient to the appropriate FAA Aviation Medical Examiner or FAA Regional Flight Surgeon. (New HOD Policy) 3. That our AMA advocate for adoption of a uniform mechanism for reporting aviators who have potentially compromising medical conditions. (New HOD Policy) 4. That the Council on Ethical and Judicial Affairs be encouraged to review implications for existing ethics guidance in light of the FAA's alternative requirements for pilot physical examination and education codified in BasicMed. (New HOD Policy) 	<p>Referred for further study.</p> <p>Section Council on Psychiatry supported testimony highlighted existing APA policy.</p> <p>file:///C:/Users/BYowell/Downloads/Position-2015-Inquiries-about-Diagnosis-and-Treatment-of-Mental-Disorders-in-Connection-with-Professional-Credentialing-and-Licensing%20(2).pdf</p> <p>file:///C:/Users/BYowell/Downloads/Position-2014-Discrimination-Psychiatric-Treatment-Related%20(1).pdf</p>
Reference Committee B			
B	Res 211	<p>Exclusive State Control of Methadone Clinics</p> <p>RESOLVED, That our American Medical Association support complete state control of all aspects of methadone clinic approval and operations; and, if deemed necessary, this control could be granted on a state by state basis. (Directive to Take Action)</p>	<p>Referred for further study.</p> <p>Section Council on Psychiatry requested referral for study. (Impact of state regulations that vary by state would be problematic).</p>

Cmte*	Item	Title / Recommendations or Resolves	Final Actions
B		<p>APRN Compact RESOLVED, That our American Medical Association convene an in-person meeting of relevant <u>physician</u> stakeholders to initiate a national strategy to address the APRN (Advanced Practice Registered Nurses) Compact. <u>creation of a consistent national strategy (consensus principles of agreement/solutions, model legislation, national and state public relations campaigns) purposed to: 1) Effectively oppose the continual, nationwide efforts to grant independent practice (e.g., APRN Consensus Model, APRN Compact) to non-physician practitioners; 2) Effectively educate the public, legislators, regulators, and healthcare administrators; and 3) Effectively oppose state and national level legislative efforts aimed at inappropriate scope of practice expansion of non-physician healthcare practitioners; with report back at the 2018 Annual Meeting.</u> (Directive to Take Action)</p> <p>(Amended H-35.988) Independent Practice of Medicine by “Nurse Practitioners” Advanced Practice registered Nurses Our AMA, in the public interest, opposes enactment of legislation to authorize the independent practice of medicine by any individual who has not completed the state’s requirements for licensure to engage in the practice of medicine and surgery in all of its branches. <u>Our AMA opposes enactment of the Advanced Practice registered Nurse (APRN) Multistate Compact, due to the potential of the APRN Compact to supersede state laws that require APRNs to practice under physician supervision, collaboration or oversight.</u></p>	<p>Adopted as amended.</p> <p>Section Council on Psychiatry testified in support and requested to be part of the process.</p> <p>The AMA also amended existing policy H-35.988.</p>
B	Res 223	<p>Treating Opioid Use Disorder in Correctional Facilities RESOLVED, That our American Medical Association advocate for legislation, standards, policies and funding that encourage correctional facilities to increase access to evidence-based treatment of opioid use disorder, including initiation and continuation of opioid replacement therapy, <u>in conjunction with counseling, in correctional facilities within the United States and that this apply to all incarcerated individuals including pregnant women.</u> (New HOD Policy); and be it further RESOLVED, That our AMA support legislation, standards, policies and funding that encourage correctional facilities within the United States to work in ongoing collaboration with addiction treatment providers <u>physician-led teams</u>, case managers, social workers, and pharmacies in the communities where patients <u>including pregnant women, are</u></p>	<p>Adopted as amended.</p> <p>Section Council on Psychiatry testified in support underscoring the importance of the issue.</p>

Attachment A: Select Actions from November 2017

Cmte*	Item	Title / Recommendations or Resolves	Final Actions
		released to offer post-incarceration treatment plans for opioid use disorder, including education, medication for addiction treatment <u>and counseling</u> , and medication for preventing overdose deaths <u>and help ensure post-incarceration medical coverage and accessibility to medication assisted therapy</u> . (New HOD Policy)	
B	Res 224	Modernizing Privacy Regulations for Addiction Treatment Records RESOLVED, That our American Medical Association seek <u>support</u> regulatory and legislative changes that better balance patients' privacy protections against the need for health professionals to be able to offer appropriate medical services to patients with substance use disorders (Directive to Take Action); and be it further RESOLVED, That our AMA seek regulatory and legislative changes that enable physicians to fully collaborate with all clinicians involved in providing health care services to patients with substance use disorders (Directive to Take Action); and be it further RESOLVED, That our AMA support continued protections against the unauthorized disclosure of substance use disorder treatment records outside the healthcare system. (New HOD Policy)	Adopted as amended. Section Council on Psychiatry developed this resolution in collaboration with ASAM.
Reference Committee F			
F	Res 601	Physician Burnout and Wellness Challenges RESOLVED, That our American Medical Association advocate for health care organizations to develop a wellness plan to prevent and combat physician burnout and improve physician wellness (Directive to Take Action); and be it further RESOLVED, That our AMA advocate for state and county medical societies to implement wellness programs to prevent and combat physician burnout and improve physician wellness. (Directive to Take Action)	Referred for study. (combined with Resolution 604 and 605) Section Council on Psychiatry testified in support of addressing physician burnout and wellness. Testimony included reference to APA's task force and the sharing of the link to the resources available on the APA website.
F	Res 604	Physician and Physician Assistant Safety Net RESOLVED, That our American Medical Association study a safety net, such as a national hotline, that all United States physicians and physician assistants can call when in a suicidal crisis. Such safety net services would be provided by doctorate level mental health clinicians experienced in treating physicians (Directive to Take Action); and be it further	See above (combined with Resolution 601 and 605)

Attachment A: Select Actions from November 2017

Cmte*	Item	Title / Recommendations or Resolves	Final Actions
		RESOLVED, That our AMA advocate that funding for such safety net program be sought from such entities as foundations, hospital systems, medical clinics, and donations from physicians and physician assistants.	
F	Res 605	<p>Identification and Reduction of Physician Demoralization</p> <p>RESOLVED, That our American Medical Association recognize that physician demoralization, defined as a consequence of externally imposed occupational stresses, including but not limited to EHR-related and administrative burdens imposed by health systems or by regulatory agencies, is a problem among medical staffs (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA advocate that hospitals be required by accrediting organizations to confidentially survey physicians to identify factors that may lead to physician demoralization (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA develop guidance to help hospitals and medical staffs implement organizational strategies that will help reduce the sources of physician demoralization and 29 promote overall medical staff wellness (Directive to Take Action).</p>	See above (combined with Resolution 601 and 604)
Reference Committee J			
J	CMS 04	<p>Health Insurance Affordability: Essential Health Benefits and Subsidizing the Coverage of High-Risk Patients</p> <p>The Council on Medical Service recommends that the following be adopted and the remainder of the report be filed:</p> <ol style="list-style-type: none"> 1. That our American Medical Association (AMA) oppose the removal of categories from the essential health benefits (EHB) package and their associated protections against annual and lifetime limits, and out-of-pocket expenses. (New HOD Policy) 2. That our AMA oppose waivers of EHB requirements that lead to the elimination of EHB categories and their associated protections against annual and lifetime limits, and out-of-pocket expenses. (New HOD Policy) 3. That our AMA prefer reinsurance as a cost-effective and equitable mechanism to subsidize the costs of high-cost and high-risk patients. (New HOD Policy) 4. That AMA Policy H-165.995 be rescinded. (Rescind HOD Policy) 	<p>Adopted as written.</p> <p>Section Council on Psychiatry testified in support underscoring the need to ensure appropriate coverage for mental health and substance use disorders.</p>
J	CMS 5	Reaffirmation of AMA Policy Opposing Caps on Federal Medicaid Funding	Adopted as written.

Attachment A: Select Actions from November 2017

Cmte*	Item	Title / Recommendations or Resolves	Final Actions
		<p>The Council on Medical Service recommends that the following be adopted in lieu of Council on Medical Service Report 9-A-17 and the remainder of the report be filed: That our American Medical Association Policy H-290.963, "Federal Medicaid Funding," which opposes caps on federal Medicaid funding, be reaffirmed. (Reaffirm HOD Policy)</p>	<p>Section Council on Psychiatry testified in support of retaining current policy opposing caps on Medicaid funding.</p>
J	Res 804	<p>Prior Authorization RESOLVED, That our American Medical Association promote the appropriate use of prior authorization primarily for initial requests and services that fall outside the standard of care (Directive to Take Action); and be it further RESOLVED, That our AMA implement and promote policy that minimizes the need for prior authorization annually or on any other schedule when the request is for continuity of care and the prior authorization is for regimens that are working well to control a patient's condition (Directive to Take Action); and be it further RESOLVED, That our AMA create a policy that prior authorizations need to be completed within three working days by the health plan or pharmacy if approved, or if the prior authorization is denied, the denial must include an explanation, unique and specific to the individual patient, and, if no answer is obtained within three days, the prior authorization is deemed approved and patient care may proceed (New HOD Policy); and be it further RESOLVED, That our AMA create a policy for the prior authorization process that, unless a health plan, pharmacy vendor or other payer source can document that medical care or a specific service or pharmaceutical is NOT appropriate or medically-indicated based on nationally recognized evidence-based guidelines, the health plan, pharmacy vendor or other payer source shall approve the request of the attending physician (New HOD Policy); and be it further RESOLVED, That our AMA schedule quarterly meetings with insurance companies to discuss any prior authorization issues, as well as any other matters pertinent to physicians and patients (Directive to Take Action); and be it further RESOLVED, That our AMA support any effort to allow the physician to bill the insurance company directly for prior authorization time, and that the cost not be a pass-through charge to the patient (New HOD Policy); and be it further RESOLVED, That our AMA work, both by administrative and/or legislative means, to address the problem of excessive burden from prior authorizations and meaningful use</p>	<p>On the Reaffirmation Calendar</p>

Cmte*	Item	Title / Recommendations or Resolves	Final Actions
		<p>regulations by regulatory and/or legislative means (Directive to Take Action); and be it further RESOLVED, That our AMA work with Medicare Advantage plans to follow Medicare guidelines if the plan chooses to follow their own guidelines. The plan must be transparent on the criteria for approval or denial. (Directive to Take Action)</p>	
J	Res 806	<p>Mandate Transparency by Pharmacy Benefit Managers RESOLVED, That our American Medical Association ask Congress and other appropriate entities to require that there be transparency of drug pricing by pharmacy benefit managers (PBM) to help prevent PBM price manipulation of patient prescription costs (Directive to Take Action); and be it further RESOLVED, That retail pharmacies and health plans be required to disclose to patients the lowest possible cost of any prescription medication--specifically, any price differential between the price of a drug when using an insurance benefit vs the price of the drug without using that benefit. (Directive to Take Action)</p>	<p>Adopted a substitute resolution (see NEW below) (combined with 810 and 823)</p> <p>Section Council on Psychiatry testified in support of the resolutions highlighting concerns about PBMs in increased cost and reduced access. Pushed for transparency.</p>
J	Res 810	<p>Pharmacy Benefit Managers and Prescription Drug Affordability RESOLVED, That our American Medical Association expand the Truth in Rx advocacy campaign to include and explicitly address through educational outreach the effects of pharmacy benefit manager (PBM) practices on drug prices and access to affordable treatment (Directive to Take Action); and be it further RESOLVED, That our AMA engage in efforts to educate federal lawmakers about the role of PBM practices in drug pricing and urge Congressional action to increase transparency of PBM practices (Directive to Take Action); and be it further RESOLVED, That our AMA work at the federal and state level to increase transparency for PBMs by: eliminating increases in patient cost-sharing obligations for prescription drugs if such drugs are chosen for profit to the PBM; restricting PBM use of non-medical switching and other utilization management techniques related to PBM formulary development that disrupt the patient treatment plan; and further regulating PBM practices in order to ensure patients have access to effective and affordable medication therapies (Directive to Take Action); and be it further</p>	<p>See above (combined with Resolution 806 and 823)</p>

Attachment A: Select Actions from November 2017

Cmte*	Item	Title / Recommendations or Resolves	Final Actions
		RESOLVED, That our AMA develop model guidelines for effective and meaningful transparency in the rebate system, to include PBM and health plan disclosure to physicians of the contracted cost of medications including discounts and rebates from manufacturers paid back to health plans and PBMs, and urge PBMs to take active steps to implement those guidelines. (Directive to Take Action)	
J	Res 823	RESOLVED, That our American Medical Association advocate for national legislation that will prohibit price gouging on off-patent medications where there are fewer than three manufacturers and where there have been no external factors to justify the price increase (New HOD Policy); and be it further RESOLVED, That our AMA report back at the 2018 Annual Meeting on the results of the AMA Truth in Rx Campaign designed to bring attention to the rising prices of prescription drugs and the status of any proposed legislation on drug pricing transparency, price gouging, and expedited review of generic drug applications as called for in AMA Policy H-110.987. (Directive to Take Action)	See above (combined with Resolution 806 and 810)
NEW	Sub Res	PRESCRIPTION DRUG PRICE AND COST TRANSPARENCY RESOLVED, That our AMA reaffirm Policy H-110.987, which encourages prescription drug price and cost transparency among pharmaceutical companies, pharmacy benefit managers (PBMs) and health insurance companies; and supports drug price transparency legislation that requires pharmaceutical manufacturers to provide public notice before increasing the price of any drug by 10% or more each year or per course of treatment and provide justification for the price increase, and legislation that authorizes the Attorney General and/or the Federal Trade Commission (FTC) to take legal action to address price gouging by pharmaceutical manufacturers and increase access to affordable drugs for patients (Reaffirm HOD Policy); and be it further RESOLVED, That our AMA reaffirm Policy H-125.986, which encourages the FTC and the Food and Drug Administration to continue monitoring the relationships between pharmaceutical manufacturers and PBMs, especially with regard to manufacturers' influences on PBM drug formularies and drug product switching programs, and to take enforcement actions as appropriate; and states that certain actions/activities by pharmacy benefit managers and others constitute the practice of medicine without a license and	

Attachment A: Select Actions from November 2017

Cmte*	Item	Title / Recommendations or Resolves	Final Actions
		<p>interfere with appropriate medical care to our patients (Reaffirm HOD Policy); and be it further RESOLVED, That our AMA reaffirm Policy H-125.979 containing provisions to improve private health insurance formulary transparency (Reaffirm HOD Policy); and be it further RESOLVED, That our AMA oppose provisions in pharmacies' contracts with pharmacy benefit managers that prohibit pharmacists from disclosing that a patient's co-pay is higher than the drug's cash price (New HOD Policy); and be it further RESOLVED, That our AMA continue its efforts with the National Association of Insurance Commissioners addressing the development and management of pharmacy benefits (Directive to Take Action); and be it further RESOLVED, That our AMA develop model state legislation on the development and management of pharmacy benefits (Directive to Take Action); and be it further RESOLVED, That our AMA advocate for policies that prohibit price gouging on prescription medications when there are no justifiable factors or data to support the price increase (New HOD Policy); and be it further RESOLVED, That our AMA continue implementation of its TruthinRx grassroots campaign to expand drug pricing transparency among pharmaceutical manufacturers, pharmaceutical benefit managers and health plans, and to communicate the impact of each of these segments on drug prices and access to affordable treatment (Directive to Take Action); and be it further RESOLVED, That our AMA report back to the House of Delegates at the 2018 Interim Meeting on the progress and impact of the TruthinRx grassroots campaign (Directive to Take Action).</p>	
J	Res 816	<p>Social Determinants of Health in Payment Models RESOLVED, That our American Medical Association support payment reform policy proposals that incentivize screening for social determinants of health, as defined by Healthy People 2020, and referral to community support systems. (New HOD Policy)</p>	<p>Referred for study. Section Council on Psychiatry testified in support of the resolutions highlighting the impact of these elements on overall health and mental health. This will be rolled into a study currently under way.</p>
Reference Committee K			

Cmte*	Item	Title / Recommendations or Resolves	Final Actions
K	CSAPH 05	<p>Clinical Implications and Policy Considerations of Cannabis Use</p> <p>The Council on Science and Public Health recommends that the following statements be adopted in lieu of Resolution 907-I-16 and the remainder of this report be filed:</p> <p>1. That portions of Policies H-95.998, “AMA Policy Statement on Cannabis,” H-95.995 “Cannabis Use,” H-95.938 “Immunity from Federal Prosecution for Physicians Recommending Cannabis,” and D-95-976 “Cannabis – Expanded AMA Advocacy,” be retained and used, in part, to establish the following new policies:</p> <p>Cannabis Legalization for Recreational Use</p> <p>Our AMA: (1) believes that cannabis is a dangerous drug and as such is a serious public health concern; (2) believes that the sale of cannabis for recreational use should not be legalized; (3) discourages cannabis use, especially by persons vulnerable to the drug's effects and in high-risk populations such as youth, pregnant women, and women who are breastfeeding; (3) believes states that have already legalized cannabis (for medical or recreational use or both) should be required <u>to</u> take steps to regulate the product effectively in order to protect public health and safety and that laws and regulations related to legalized cannabis use should consistently be evaluated to determine their effectiveness; (5) encourages local, state, and federal public health agencies to improve surveillance efforts to ensure data is available on the short- and long-term health effects of cannabis use; (6) supports public health based strategies, rather than incarceration, in the handling of individuals possessing cannabis for personal use. (New HOD Policy)</p> <p>Cannabis Legalization for Medicinal Use</p> <p>Our AMA: (1) believes that scientifically valid and well-controlled clinical trials conducted under federal investigational new drug applications are necessary to assess the safety and effectiveness of all new drugs, including potential cannabis products for medical use; (2) opposes <u>believes that the legalization of cannabis for medicinal use should not be legalized</u> through the state legislative, ballot initiative, or referendum process; (3) will develop model legislation requiring the following warning on all cannabis products not approved by the U.S. Food and Drug Administration: "Marijuana has a high potential for abuse. This product has not been approved by the Food and Drug Administration for preventing or treating any disease process."; (4) supports legislation ensuring or providing immunity against federal prosecution for physicians who certify that a patient has an approved medical condition or recommend cannabis in accordance with their state's laws; and (5) believes that effective</p>	<p>Adopted as amended.</p> <p>Section Council on Psychiatry testified in support of the report based on existing APA policy.</p> <p>https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-2014-Legalizing-Marijuana.pdf</p> <p>https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-2013-Marijuana-As-Medicine.pdf</p>

Attachment A: Select Actions from November 2017

Cmte*	Item	Title / Recommendations or Resolves	Final Actions
		<p>patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions. (New HOD Policy)</p> <p>2. That the following new policy be adopted: Taxes on Cannabis Products Our AMA encourages states and territories to allocate a substantial portion of their cannabis tax revenue for public health purposes, including: substance abuse prevention and treatment programs, cannabis-related educational campaigns, scientifically rigorous research on the health effects of cannabis, and public health surveillance efforts. (New HOD Policy)</p> <p>3. That Policy H-95.952, "Cannabis for Medicinal Use," be amended by addition and deletion to read as follows: H-95.952, "<u>Cannabis and Cannabinoid Research for Medicinal Use</u>" (1) Our AMA calls for further adequate and well-controlled studies of marijuana and related cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease. (2) Our AMA urges that marijuana's status as a federal schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. This should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product. (3) Our AMA urges the National Institutes of Health (NIH), the Drug Enforcement Administration (DEA), and the Food and Drug Administration (FDA) to develop a special schedule and implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research involving cannabis and its potential medical utility. This effort should include: a) disseminating specific information for researchers on the development of safeguards for cannabis clinical research protocols and the development of a model informed consent form for institutional review board evaluation; b) sufficient funding to support such clinical research and access for qualified investigators to adequate supplies of cannabis for clinical research purposes; c) confirming that cannabis of various and consistent strengths and/or placebo will be supplied by the National Institute on</p>	

Attachment A: Select Actions from November 2017

Cmte*	Item	Title / Recommendations or Resolves	Final Actions
		<p>Drug Abuse to investigators registered with the DEA who are conducting bona fide clinical research studies that receive FDA approval, regardless of whether or not the NIH is the primary source of grant support. (4) Our AMA believes that effective patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions. Our AMA supports research to determine the consequences of long-term cannabis use, especially among youth, adolescents, pregnant women, and women who are breastfeeding. (5) <u>Our AMA urges legislatures to delay initiating the legalization of cannabis for recreational use until further research is completed on the public health, medical, economic, and social consequences of its use.</u> (Modify Current HOD Policy)</p> <p>4. That Policy H-95.936, “Cannabis Warnings for Pregnant and Breastfeeding Women,” be reaffirmed. (Reaffirm HOD Policy)</p> <p>5. That Policies H-95.998, “AMA Policy Statement on Cannabis,” H-95.995, “Cannabis Use,” H-95.938, “Immunity from Federal Prosecution for Physicians Recommending Cannabis,” and D-95.976, “Cannabis – Expanded AMA Advocacy,” be rescinded since they have been implemented, were duplicative of another policy, or portions were incorporated into new policies proposed in this report. (Rescind HOD Policy)</p>	
K	Res 907	<p>Addressing Healthcare Needs of Foster <u>Children in Foster Care</u> RESOLVED, That our American Medical Association advocate for comprehensive and evidence-based care that addresses the specific health care needs of <u>children in</u> foster care children. (New HOD Policy)</p>	<p>Adopted as amended. Section Council on Psychiatry testified in support of this resolution.</p>
K	Res 909	<p>Expanding Naloxone Programs RESOLVED, That our American Medical Association <u>urge the Food and Drug Administration to study the practicality and utility of Naloxone rescue stations (public availability of Naloxone through wall-mounted display/storage units that also include instructions).</u> (Directive to Take Action)</p>	<p>Adopted as amended. Section Council on Psychiatry testified in support of this resolution.</p>
K	Res 910	<p>Improving Treatment and Diagnosis of Maternal Depression Through Screening and State-Based Care Coordination RESOLVED, That our American Medical Association work with stakeholders to encourage the implementation of a routine protocol for depression screening in pregnant and</p>	<p>Adopted as written Section Council on Psychiatry testified in support of this resolution.</p>

Cmte*	Item	Title / Recommendations or Resolves	Final Actions
		<p>postpartum women presenting alone or with their child during prenatal, postnatal, pediatric, or emergency room visits (Directive to Take Action); and be it further RESOLVED, That our AMA encourage the development of training materials related to maternal depression to advise providers on appropriate treatment and referral pathways (Directive to Take Action); and be it further RESOLVED, That our AMA encourage the development of state-based care coordination programs (e.g., staffing a psychiatrist and care coordinator) to assure appropriate referral, treatment and access to follow-up maternal mental health care. (Directive to Take Action)</p>	
K	Res 952	<p>Implicit Bias, Diversity and Inclusion in Medical Education and Residency Training RESOLVED, That our American Medical Association: (1) actively support the development and implementation of training <u>regarding</u> implicit bias, diversity and inclusion as a component of medical education in all medical schools and residency programs; (2) identify and publicize effective strategies for educating residents in all specialties about disparities in their fields related to race, ethnicity, and all populations at increased risk according to race and ethnicity, with particular regard to access to care and health outcomes, <u>as well as effective strategies for educating residents about managing the implicit biases of patients and their caregivers</u>; and (3) support research to identify the most effective strategies for educating physicians on how to take steps to minimize bias in the ERAS and the to eliminate disparities in health outcomes according to race and ethnicity, <u>in all at-risk populations</u>. (Directive to Take Action)</p>	<p>Adopted as amended. Section Council on Psychiatry testified in support of this resolution.</p>
K	Res 955	<p>Minimization of Bias in the Electronic Residency Application Service Residency Application RESOLVED, That our American Medical Association advocate for the formation of an <u>encourage the Association of American Medical Colleges (AAMC) and its Electronic Residency Application Service (ERAS) Residency Application Bias Minimization Advisory Committee to develop steps to minimize bias in the ERAS and the examine the role of bias</u> in the residency training selection process (Directive to Take Action); and be it further RESOLVED, That our AMA advocate for the <u>that modifications in</u> of the ERAS Residency Application to minimize its bias <u>consider the effects these changes may have on efforts to increase diversity in residency programs in accordance with the suggestions of the ERAS Residency Application Bias Minimization Committee</u>. (Directive to Take Action)</p>	<p>Adopted as amended. Section Council on Psychiatry testified in support of this resolution offering revisions which were then adopted.</p>

Area 3 Report to Assembly

Member Services

- Washington Psychiatric Society celebrated the 10th Anniversary of its Career, Leadership, Mentorship (CLM) Program with a dinner at the Cosmos Club in Washington, DC. Dr Napoli attended to represent Area 3 and join in the recognition of this successful program that has provided membership value to RFMs and ECPs.
- Area 3 hosted the three Area 3 RFM Dep Rep / Rep nominees at its March 10th meeting for a meet-and-greet that provided them an opportunity to network with their senior psychiatric colleagues in Area 3 and nationally including the Assembly Candidates for Speaker-Elect and Recorder.
- Area 3 moving ahead on its RFM Merit Award program. A “Welcome to Area 3” Website page has been created for the RFM Merit Award, providing a description and a digital submission form. WPS has recommended two RFMs and a submission from NJPA is pending.
- Area 3 has established a policy and procedure for proposals from the Area 3 DBs for programs that serve and benefit Area 3 members and add value to APA membership. A “Welcome to Area 3” Website page has been created with the necessary information and a digital submission form.

Diversity There were three outstanding diverse nominees for the position of Area 3 Dep Rep / Rep

Advocacy Area 3 is experiencing a set back in its advocacy efforts because of the personnel changes in the Department of Government Affairs and (DGA). Amanda Blecha is temporarily covering Angela Gochenaur, MPA, our Regional Field Director, State Government Affairs, who is no longer with the APA, but she was not able to attend our March 10th meeting because she was at another Area meeting. Hiring a replacement is ongoing.

Education The District Branches and the ACROSS organizations continue to provide outstanding CME activities. Area 3 Council members will be educational activity directors and/or faculty for the APA 2018 Annual Meeting scientific program.

Standards, Quality of Care, Healthcare and Health Economics: In the tradition of Roger Peele, who is presently our Area 3 Trustee, Area action paper productivity continues.

- The following action papers were discussed at our winter Area 3 Council Meeting: 1. Addition of Adequate Amounts of Phosphatidylcholine (choline) to All Prenatal Vitamins 2. Regulation of Alcohol at the Federal Level 3. Study of Racism as a Clinical Disorder (Primary Author 1-3: Dr Dunlap) 4. The APA Encourages Perinatal Mental Health Training for Behavioral Health Clinicians (Primary Author: Dr Payne)
- The authors of Area 3 action papers passed by the Assembly reported on the status of the following action papers: 1. Civil Liability Coverage for District Branch Ethics Investigations (Dr Hanson) 2. Conflicts of Interest Not Limited to Pharmaceutical Companies (Dr Certa) 3. Council on Women’s Mental Health (Dr Silver) 4. Health Care is a Human Right (Dr Sorel) 5. Providing Education and Guidance for the Use and Limitations of Pharmacogenomics in Clinical Practice (Dr Napoli)

Strength of Organization/Group:

- There was good attendance at the Area 3 Council meeting on March 10th at Jefferson Medical College in Philadelphia. We thank Dr Ken Certa, Director of Psychiatric Training at Jefferson and Assembly Representative, Pennsylvania Psychiatric Society, for being our host and arranging for our meeting.
- The Area 3 Council held its election for the Area 3 Dep Rep /Rep at its March 10 meeting. The nominees were: Kurana Poddar, MD, MS (NJPA & Cooper Medical School at Rowan University), Lindsay Standeven, MD (MPS & John Hopkins Hospital) and Mani Yavi, MD. (WPS & St Elizabeths Hospital). The Area 3 Council elected Dr Standeven.
- Financial: Dr Napoli is serving on the AHWG on Area Financing that was commissioned by Speaker Miskimen. Dr Napoli presented the workgroups report, which was presented to the AEC in February, to the Area 3 Council.

- Assembly officer candidates presented at our March 10th Council Meeting: Speaker-Elect (Drs Cross & O'Leary) Recorder (Drs Behrens & Vivek). Dr Brown was invited but was unable to attend.

Respectfully submitted,

Joseph C Napoli, MD, Area 3 Representative

William M Greenberg, MD, Area 3 Deputy Representative

AREA 4 COUNCIL

REPORT TO THE APA ASSEMBLY – MAY 4-6, 2018

1. Introduction

Area 4 is a large geographic area comprising twelve midwest states. The Area stretches from Ohio to the Dakotas and Minnesota to Missouri. The Area includes large DBs (e.g. Illinois Psychiatric Society with 1,014 members) and small DBs (e.g. North Dakota Psychiatric Society with 50 members).

2. Winter Meeting

The Area Council had its winter meeting at the Loews Chicago O'Hare Hotel in Chicago on March 10 and 11, 2018. We had a highly successful and productive meeting with 53 individuals attending, a larger than usual turnout.

Following this page are the comprehensive **minutes of the meeting** compiled by Dr. Kenneth Busch, the Area 4 Deputy Representative.

3. Area 4 Legislative Institute

As is our tradition, we conducted the Area 4 Legislative Institute during the morning of Saturday, March 11, 2018. The Institute also was well attended, with about 30 participants. Details of the Legislative Institute (and pertinent legislative issues in the states comprising Area 4) are provided on pages 8 and 9 of the minutes.

4. RFM Participation

We also again invited RFMs to attend the Council meeting, the Legislative Institute and other co-occurring events. In attendance were **10 RFMs** representing 6 states and 10 training institutions. The residents had a special breakout session during the afternoon of Saturday, March 10, 2018, to discuss specific RFM issues. Details of the RFM session are on page 20 of the minutes. Of special note is the fact that for the first time we had **two medical students who attended** an Area 4 Council meeting.

5. Summer Meeting

The Area 4 Council will hold its summer meeting in **Cleveland**, Ohio on August 18-19, 2018.

We have begun the planning for a **Resident Seminar**, to be held along with the Council meeting in Cleveland. The seminar will be about five to six hours long on Saturday, August 18, 2018. Subject matter will include topics of interest to the RFMs such as practice management, contracting, etc. The Resident Seminar will be funded with outside sponsors that provide funding for speakers, meals and the fee for the program organizer.

Respectfully submitted,

Bhasker J. Dave M.D., D.L.F.A.P.A.
Area 4 Representative

April 5, 2018

**Area 4 Council Meeting Minutes
Loews Chicago O'Hare Hotel
Chicago, Illinois**

March 10-11, 2018

Attendance

Area 4 Rep: Dr. Bhasker Dave

Area 4 Dep Rep: Dr. Kenneth Busch

Area 4 Trustee: Dr. Ronald Burd

Illinois Reps: Dr. Shastri Swaminathan, Dr. Jeffrey Bennett, Dr. Jagannathan Srinivasaraghavan, Dr. Linda Gruenberg

Indiana Reps: Dr. Brian S. Hart, Dr. Michael Francis

Iowa: Dr. Carver Nebbe

Kansas Reps: Dr. Matthew Macaluso

Michigan Reps: Dr. Vasilis Pozios, Dr. Lisa MacLean, Dr. Michele Reid

Minnesota Reps: Dr. Dionne Hart, Dr. Laura Pientka [For Dr. Maria Lapid]

Missouri Reps: Dr. James Fleming, Dr. Loon-Tzian Lo

Nebraska: Dr. S. Faiz Qadri

North Dakota Reps: Dr. Monica Taylor-Desir

Ohio Reps: Dr. Eileen McGee, Dr. Karen Jacobs, Dr. Suzanne Sampang, Dr. James Wasserman

South Dakota Rep: Dr. Timothy Soundy

Wisconsin Reps: Dr. Clarence Chou

RFM: Dr. Spencer Gallner [Area 4 RFM Rep]
Dr. Anita Rao [Area 4 RFM Dep Rep]

ECP: Dr. Jacob Behrens [Area 4 ECP Rep]
Dr. John Korpics [Area 4 ECP Dep Rep]

MUR: Dr. Sarit Hovav [IMG Dep Rep]

ACROSS: Dr. Cheryl Wills [American Academy of Psychiatry and the Law]
Dr. Aida Mihajlovic [For Dr. Beverly Fauman], [American Association for Social Psychiatry]

APA: Dr. Vabren Watts [Staff Liaison Area 4]
Ms. Ashley Mild [Interim Chief of Government Relations]
Mr. Mikael Troubh [Director of Federal Relations]
Ms. Amanda Blecha [Regional Director of State Governmental Affairs]

Guests: Dr. Bob Batterson [Speaker-Elect]
Dr. Daniel Anzia [Immediate Past Speaker]
Dr. Louis Kraus [Treasurer, APA Foundation]
Ms. Ingrid Kiehl [Area 4 PsychSign Rep, Medical Student]
Ms. Amy Humrichhauser [Medical Student, Michigan]
Dr. Bianca Pullen [RFM, Illinois]
Dr. Nicholas Brown [RFM, Illinois]
Dr. Jay Rawal [RFM, Illinois]
Dr. Chandan Khandai [RFM, Illinois]
Dr. Shea Jorgenson [RFM, Iowa]
Dr. Kyle Jamison [RFM, Indiana]
Dr. Rana Elmaghraby [RFM, Minnesota]
Dr. Matthew Kruse [ECP, Minnesota]
Dr. Erum Khan [ECP, Missouri]
Ms. Meryl Sosa [Executive Director, Illinois Psychiatric Society]
Ms. Sara Stramel Brewer [Executive Director, Iowa Psychiatric Society & Indiana Psychiatric Society]

Saturday, March 10, 2018

1. Call to Order and Introductions

Dr. Dave called the meeting to order at 1:05 p.m. Introductions were made of those attending the meeting, with each attendee reporting any pertinent conflicts.

The agenda was reviewed and accepted as distributed. A mentor was assigned for new members attending the Area Council Meeting.

Dr. Dave welcomed the RFMs and ECPs and informed them they would have a separate breakout session later in the afternoon.

2. Approval of Minutes

Dr Dave distributed the minutes that Dr. Busch had prepared for the Area 4 Council Meeting from Washington DC, November 3-4, 2017.

A motion was made and seconded to accept the minutes as distributed. The motion was approved.

3. Central Office Report

Dr. Watts distributed a 12-page report electronically to Area 4 Council regarding APA administrative update prepared by the Office of the CEO and Medical Director. Dr. Watts spoke about each issue in the report: Opioid Epidemic Funding Measures, Parkland Florida tragedy, Children's Health Insurance Program, Veterans Health Care Legislation, Federal FY '18 Budget/Appropriation Issues, 42 CFR Part 2 Federal Rule regarding the limits of disclosure of patients' substance use records, Ligature issue from CMS, Two-Midnight Rule and Antipsychotics, APA Response to the DHHS Draft Strategic Plan for FY 2018-2022, Proposals for Changes to DSM-5, APA Mental Health Registry (PsychPRO), Research Colloquium for Junior Investigators, 2018 Annual Meeting in New York City May 5-9, Workgroup of Physician Well-being and Burnout, 2018 IPS Conference in Chicago October 4-7, ABPN Maintenance of Certification (MOC) Part 3 Pilot, Substance Abuse Education, APA Comments to ACGME, Medical Mind Podcast, and Membership Update.

Area 4 Council thanked Dr. Watts for providing the details of this report.

4. Area Trustee Report

Dr. Burd reported on APA Board of Trustees meeting from December 9-10, 2017 in Washington DC. The next BOT meeting is March 17-18 and will include the grand opening ceremony (March 16) for our APA's new headquarters in the Wharf development. Staff has been working from the site since January 2nd and the BOT toured the nearly completed project at their meeting in December. Another celebration is scheduled at the time of the November Assembly.

Update on Physician Well-being and Burnout: Zeev Neuwirth MD spoke about innovation and its impact on psychiatric practice. He is authoring a book on innovation in healthcare, should be out later this spring. Also has a 6-part web-based prevention program for individuals.

Significant parity issues persist, APA is pursuing with State Insurance Commissioners and States Attorneys General. APA hosted a Capitol Hill briefing on this issue and used

the opportunity to release a white paper “Psychiatry’s Role in Improving the Physical Health of Patients with Serious Mental Illness.”

BOT approved the funding request for the M/UR Caucus Assembly Representatives to meet with the Council on Minority Mental Health and Health Disparities at the 2018 Components Meeting.

ABPN is piloting an alternative to the current 10-year MOC examination. It is described as open-book, journal article-based assessment. Questions would be on 30-40 journal articles. This will begin in January 2019.

Financially APA finished 2017 very strongly. APA budgeted for a \$0.7M deficit, ended with \$10.8M net income, principally due to year end performance of investments. Membership net income continues to decline. Publishing income is also lower, principally due to decline in print advertising. IPS is under review.

Operating budget, Capital Budget and Foundation Operating Budget were approved. Decisions were made regarding rent and purchase of the new Headquarters space. Decision was made to fund the Registry as a separate cost center.

Membership is reported at 37,896 - a 15-year high. A work-group has considered the “Rule of 95” and will be presenting their recommendations for action at the March BOT. Group Membership Pilot transitioned to established membership program.

APAF has been very involved in disaster relief. BOT is contributing to the Foundation at a 100% level.

The AHWG on Access and Innovation in Psychiatric Care presented an overview of their work. Their final report is on the March agenda for BOT considerations. Their recommendations include both pragmatic and inspirational recommendations.

PsychPRO Registry continues to be significantly ahead of schedule. The registry closed 2017 with over 400 participants.

The meeting schedule (for now) will have the Annual meeting 2 of 3 years in either San Francisco or New York. Chicago will be added to the list of potential meeting locations.

5. Speaker-Elect Report

Dr. Dave warmly welcomed Dr. Batterson to Area 4 Council and asked him to provide the Speaker-Elect Report.

Dr. Batterson spoke about the following topics which were discussed at the Assembly Executive Committee Meeting in February:

1. Assembly Work Group on Area Council Finances: The Work Group considered the following questions regarding Area Council financing.

Block Grants:

- Should the block grants be limited to funding Area Council meetings?
- Should the notion of “revenue sharing” for other purposes be eliminated?
- Should the block grant allocations try to cover two in person meetings of the Area Councils, or an alternative, like one and a second limited meeting (e.g., one Rep from each DB) and/or an electronic meeting?

Accumulated Funds:

- What is the purpose of accumulated funds?
- Should there be a cap?
- Should the cap be exceeded? What happens when the cap is exceeded?

The Work Group on Area Council Finances continues to meet and will report back to AEC in May at the Assembly Meeting.

2. Assembly Work Group on Increasing APA Voter Turnout

The Board of Trustees asked the Assembly Speaker to convene a work group of the Assembly, in coordination with the APA Elections Committee, to develop a grass roots campaign or strategy to increase the percentage of eligible voters to 40 percent or above other than including the referendum in the annual dues billing.

It was noted that the issue was related to increasing voter turnout when there is a referendum, not increasing voter turnout for the APA national election. The AEC had concerns about whether there could be enough planning time for increasing voter turnout for a referendum. Additionally, it was felt that if members are not voting in elections, then it would be difficult for a work group to develop ways to increase voter turnout for a referendum vote.

3. The AEC received an update on the joint meeting of the M/UR committee and the Council on Minority Mental Health and Health Disparities at the September 2017 Components Meeting in Washington, DC. It was noted that the joint meeting amplified collaboration between the two groups, including the development of position statements, workgroups/symposia for the Annual Meeting, and the finalization of a toolkit on minority mental health, which should be completed by late spring. It was indicated that funding for the joint meeting (approximately \$9,000) would be provided again for the September 2018 Components Meeting
4. The Speaker of the Assembly informed the BOT at the meeting in December 2017 about the successful fundraising efforts at the November Assembly which raised \$33,000 in donations for disaster relief.

5. The Assembly Executive Committee voted at its meeting in February to the nomination of Gary Weinstein, MD, for the Warren Williams Award at the Assembly Meeting in New York City.
6. Dr. Batterson informed Area 4 Council of the new APA participation policy for the Annual Meeting in NYC. The American Psychiatric Association's policy is to promote an environment of mutual respect, well-being, and collegiality at its meetings. APA values and benefits from the diverse opinions its members hold on the issues with which the Association and the psychiatric profession are confronted. All individuals at the meeting agree to conduct themselves in a manner appropriate for health care professionals.
7. Dr. Batterson reported that the ABPN and APA met on February 2nd at the APA offices in Washington DC. This is an annual meeting with several purposes, chief of which is for the APA to communicate member concerns about MOC and Initial Certification. The ABPN reported on their Pilot Project for Self-Assessment CME. Signups will be in March 2018 and the process will start in 2019.

Area 4 Council provided feedback to Dr. Batterson. Dr. Dave and the Council thanked Dr. Batterson for attending our meeting and providing this report.

6. Area Representative Report

Dr. Dave talked about selected items from the Winter AEC Meeting in February:

1. APA Well-being and Burnout website

APA launched a website, <https://psychiatry.org/wellbeing>. This includes an online self-assessment tool and well-being resources. This tool, which provides a real-time comparison to other physicians on the burnout and depression scale, has received over 900 responses. A Toolkit to help physicians advocate for wellbeing in their home institution was launched in January 2018 and is hosted on the well-being website. New content to the website is being added including resources, short and informative video testimonials from psychiatrists, news articles, and other educational tools.

2. 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 opioid crisis.

The Speaker is calling for Action Papers for the May Assembly Meeting to address the crisis.

3. AEC Work Group on Area Council Finances

Dr. Dave spoke about the need for more resources for Area 4 in order for Area 4 to have two meetings (winter and summer) each year. The AEC Work Group on Area Council Finances is looking at different ways for funding Area Council meetings. This includes additional sources of revenue and redistribution of funds and exploring alternative ways to meet such as through videoconferencing and teleconferencing. The work group will update its report at the May meeting in New York City.

4. Assembly Work Group on Increasing Voter Turnout

Dr. Dave indicated that the Speaker-Elect has already reported on this topic. The work group will be in coordination with the APA Elections Committee, to develop a grass roots campaign or strategy to increase the percentage of eligible voters to 40 percent or above. The Speaker of the Assembly has asked each Area for recommendations for appointments on the Work Group. Dr. Dave will be recommending that Dr. Michael Francis be appointed and thanked Dr. Francis for his approval to put forth the appointment.

Dr. Dave also informed the Area Council about the APA PAC Reception in the evening for Congressman Brad Schneider (D-10-IL) and that the group dinner would be afterwards.

7. Report from APA Foundation

Dr. Dave warmly welcomed Dr. Louis Kraus, Treasurer of the American Psychiatric Foundation and asked Dr. Kraus to report on APF.

APF is the charitable Foundation of the American Psychiatric Association. APF raises awareness and overcomes barriers, invests in the future leaders of psychiatry through fellowships and awards, supports research and training and develops partnerships to address public challenges to mental health. Altogether, APF manages 15 programs and partnership initiatives, 25 awards and 8 fellowships. Gifts to the Foundation help support APF programs. The Annual Benefit of APF will be held during the APA Annual Meeting in New York on Saturday May 5 from 6 PM to 9 PM at the Broadway Lounge in Times Square.

Dr. Dave thanked Dr. Kraus for attending Area 4 Council and providing the report on APF.

8. Area Legislative Representative's Report

Dr. Swaminathan talked about the highlights of the Area 4 Legislative Institute held this morning. A total of about 30 participants attended including Legislative Reps, RFMs & ECPs and Council members.

Dr. Swaminathan thanked Ms. Ashley Mild, Interim Chief of APA Government Relations, and Mr. Mikael Troubh, APA Director of Federal Relations for attending the Institute and reporting on APA priorities on Capitol Hill. State by state updates were given separately by the participants.

The guest Speaker was State Representative Deborah Conroy, Chair of the Mental Health Committee in the Illinois House of Representatives. Rep. Conroy spoke about some of the priorities such as increasing public awareness, reducing stigma, increasing reimbursements, and promotion of parity. Rep Conroy encouraged participants to develop relationships with their legislators and work on ways to help organize mental health committees in their state legislatures.

Legislative Goals for 2018:

1. To move forward with state advocacy day in all of the State Capitols (currently 50%).
2. To move forward with collaborative care codes for Medicaid reimbursement.
3. To establish Mental Health Committees in state legislatures.

Dr. Swaminathan thanked the Area 4 Council for their support of the Legislative Institute which is a model for other Areas in the Assembly to move forward with.

9. State Legislative Update

This report was given by Ms. Amanda Blecha, APA Regional Director of State Governmental Affairs.

APA and its DB/SAs are proactively promoting evidence-based alternatives to mental health and substance use disorder treatment access challenges, such as mental health parity, network adequacy, reimbursement, expansion of collaborative care models, and telepsychiatry implementation. For example, they are supportive of parity bills in Missouri and Minnesota. DB/SAs are seeking higher Medicaid reimbursement rates, such as Illinois.

APA developed model legislation providing for Medicaid reimbursement of collaborative care codes. APA staff is available to collaborate with DB/SAs in seeking

the introduction of such bills. Oregon is currently considering a collaborative care bill.

DB/SAs, supported by APA, are working proactively and defensively to ensure individuals with substance use disorders receive the appropriate care. For instance, Wisconsin continues to build upon its robust Heroin Opioid Prevention and Education (HOPE) agenda.

Various involuntary commitment bills have been considered in most Northeastern states and now in the Midwest. Some state legislatures have considered proposals to require an initial hold for 72 hours after an individual presents in the ER with an overdose. Other bills alter the involuntary commitment process. A growing number of DB/SAs are seeking APA positions on the issue and resources.

Medication access is another trend. APA and its DB/SAs are participating in several state-based coalitions seeking to establish a step therapy override process, limit the use of therapeutic substitution, or create a uniform prior authorization (PA) form or prohibit requiring PA in Medicaid for individuals being treated for mental health or substance use disorder.

Scope of Practice continues to be a priority of many DB/SAs. In close coordination, APA and its DB/SAs deterred or defeated several psychologist prescribing (RxP) bills in 2017, with one amended bill being signed into law in Idaho.

After thoroughly vetting the RxP proponents' proposal through the credentialing process, the Chief Medical Officer of the Nebraska Department of Health and Human Services recommended against RxP, due to a successful campaign led by Nebraska Psychiatric Society and supported by the APA. As a result, RxP proponents were deterred from introducing a bill during the 2018 session.

APA is currently partnering with DB/SAs in Connecticut, Hawaii, New Jersey, Ohio, Vermont, and West Virginia to defeat RxP legislative proposals. Most bills remain in committee due to successful lobbying and grassroots advocacy.

Two states are in various stages of rulemaking. Illinois is close to opening the RxP license application process as it finalizes forms. The Iowa RxP rulemaking subcommittee is approaching an impasse over education standards and the law may be sent back to state legislature.

Lastly, a few DB/SAs are lobbying to prohibit requiring Maintenance of Certification (MOC). This session, Indiana and Florida bills failed to pass both chambers.

10. Action Papers

Dr. Fleming asked the Council to comment on the following Action Papers which were distributed electronically:

1. Title: Guidelines for Public Statements by Psychiatrists
2. Title: Endorsing a Single Payer Nationwide Healthcare System

The Council discussed the Action Papers and Dr. Fleming thanked the Council for providing feedback.

11. District Branch Reports

Wisconsin

This report was given by Dr. Chou.

Wisconsin Psychiatric Society is hosting its spring meeting this weekend. Over 100 participants are expected to attend.

Wisconsin previously enacted a series of restrictions that had limited Medicaid eligibility and restricted enrollees' use of Medicaid benefits and participation in the Medicaid program. Through a series of changes, those enrollees previously restricted are now eligible to receive Medicaid benefits with bridged Coverage, 75% Federal funding, 25% State funding.

Local mental health systems have limited resources and are in flux. Counties are moving forward with changing the way they deliver care with an emphasis on community supports rather than institutions.

South Dakota

This report was provided by Dr. Soundy.

The South Dakota Psychiatric Association held its Winter Meeting in Sioux Falls on February 2, 2018. About 60 participants attended the meeting. CME presentations were held on two forensic topics: 1) End of Life Decision Making; 2) Professional Boundary Issues.

There are no contentious issues in the legislature this year. There are no bills seeking to increase scope of practice except licensing of professional counselors.

Two bills were passed to expand the use of Telemedicine and defining appropriate activities: 1) A bill to improve forensic medical exams for victims of rape 2) Severely mentally ill persons are prohibited from capital punishment.

There is one Residency training program in psychiatry in South Dakota at the Medical School and all of the residents are part of the 100% APA member club.

Ohio

This report was provided by Dr. McGee.

House Bill 326 – would allow certain psychologists to prescribe medications. This is the fifth consecutive (two-year) General Assembly (GA) that psychologists have gotten the same legislator to introduce legislation. Following the meeting last fall, with the bill sponsor, there have been no hearings on the bill. He has indicated he is waiting on a response from the psychologists that address all the concerns raised by the OPPA (and other medical groups). OPPA Position: Active Opposition.

House Bill 81 and Senate Bill 40 – would exempt individuals with severe mental illness from the death penalty. The OPPA worked with the sponsor to draft this legislation and is an active supporter of the bill. We are continuing our efforts to get one of the companion bills passed before the end of this GA, Dec., 2018. OPPA Position: Active Support.

Senate Bill 243 – would prohibit the Department of Medicaid from charging a copayment to a Medicaid recipient if the recipient has a developmental disability or serious mental illness and the recipient's sole source of income is Social Security Disability Insurance, Supplemental Security Income, or both. OPPA Position: Support.

The OPPA's Advocacy Day will be held on Wednesday, April 11 at the Statehouse in Columbus.

OPPA held three very successful educational programs last weekend on March 3 & 4. Topics included:

1. How to Expand Your Practice with Telepsychiatry
2. Collaborative Care workshop for psychiatrists and primary care physicians
3. Annual Psychiatric Update, which addressed topics related to PTSD, Ketamine, Adolescent Addiction and Suicide Risk Assessment and Malpractice Prevention. The highlight of the event was hearing from Colonel Fred Johnson, Retired U.S. Army Veteran, share his personal experience as described in his book: Five Wars, A Soldier's Journey to Peace.

North Dakota

Dr. Taylor-Desir gave the report.

Medicaid Expansion: Medicaid Expansion, approved by the North Dakota Legislature in 2013, covers 20,000 North Dakota lives under the age of 65 with incomes below 138 percent of the federal poverty level. It provides access to affordable care for working North Dakotans who make too much to qualify for traditional Medicaid, but not enough

to qualify for health insurance subsidies. NDMA and NDPS support Medicaid expansion continuation into the 2017-2019 biennium.

Medicaid Reimbursement: Health care operates on a fixed reimbursement system, meaning providers cannot increase charges to offset increasing labor costs. Reimbursement rates must be equitable to the cost of care. The April 2016 allotment reduced payments to physicians and hospitals by \$31 million. That means Medicaid payments to physicians were reduced to 2008 levels. NDPS supports sustainable payments to providers and testified in support of reinstating the allotment and inflationary increases.

Medical Marijuana: SB 2344 is the legislative revision of Measure 5, which passed in November authorizing medical marijuana in North Dakota. The revised bill passed out of the Senate 40-6. The bill now goes to the House.

Interstate Medical Licensure Compact: The Federation of State Medical Board's Interstate Medical Licensure Compact complements the existing licensing and regulatory authority of state medical boards, provides a streamlined process that allows physicians to become licensed in multiple states. The Compact creates another pathway for licensure and does not otherwise change a state's existing Medical Practice Act. The compact has been adopted in 18 states. This bill has passed the Senate with the support of NDMA.

Nebraska

Dr. Qadri gave this report.

1. No bill introduced this session to allow psychologists to prescribe. Psychologists did not find a state lawmaker to carry a bill this session to give them prescribing abilities, so NPS is spending the session monitoring bills and working with lawmakers to strengthen mental health in Nebraska.

Legislative Bill 686, closely being monitored, was a licensure compact for psychologists. There was concern it would open the door to a scope of practice change. This bill is not being prioritized and therefore will not be coming out of committee.

2. Update on Psychiatry Interest Group for medical students. The Department of Psychiatry of Creighton University has established a Psychiatry Interest Group for medical students. We had our first educational movie night – we watched *A Beautiful Mind* – on Feb 24, 2018, hosted by faculty for students from both Creighton University and University of Nebraska. It was a successful event.
3. Service to Community. Creighton University organized its 11th Annual Wine Tasting Event on Feb 10, 2018, and raised \$11,000 to support its student run homeless clinic at a local shelter.

4. Annual Meeting for NPS set for April 27th. NPS will hold its annual meeting Friday, April 27, at a local restaurant. The presentation by a local consultant will be about developing your own leadership skills.
5. NPS begins revising website with help from APA. Thanks to an expedited grant, NPS is embarking on a website design with a members-only section. The current website is on a platform that is now obsolete and is not compatible with phones or tablets. It is hoped that this type of investment will help us connect more with members and help us educate the public about mental health.

Missouri

Dr. Lo and Dr. Fleming provided this report.

Some of the bills being followed by MPPA in the state legislature include the following:

1. HB1253 which establishes the joint committee on substance abuse provisions and treatments has passed out of the House Crime Prevention Committee and currently in Rules and Legislative Oversight.
2. HB1369 which revises the definition of service dogs to include animals supporting individuals with psychiatric or mental disabilities has passed out of House Veterans Committee and is also currently in the Rules Committee.
3. HB1574 which modifies the provision of APRNs in collaborative practice agreements was voted do pass from House Professional Registration.
4. SB1022 which aims to provide protection for the religious beliefs of individuals in relation to their interaction with gay and lesbian individuals or couples. It seems to be similar to the bill MPPA opposed two years ago due to the potential for discrimination against LGBT persons

Following the horrific mass shooting at the Parkland, Florida high school, the Missouri Legislature seemed unfazed and forged ahead with bills to actually increase gun access, mainly by making it legal to conceal and carry firearms in more settings. On the other hand there are two bills which would prevent individuals from possessing firearms if they have been convicted of a domestic violence offense.

MPPA Executive Committee coordinated with the NAMI St. Louis, supporting NAMI national campaign on the Health Parity Enforcement.

The next CME meeting of MPPA will be on March 24 in St Louis in conjunction with the Missouri State Medical Association. This year's focus is on: Psychopharmacology Update: Addressing the Needs of Special Populations

Minnesota

This report was given by Dr. Hart.

2018 Legislative Priorities:

1. Step Therapy: Bill introduced and referred to House Commerce committee.
2. Prior Authorization: Informational hearing only at the end of the 2017 legislative session
3. Mental Health Parity: HMOs oppose the legislation and House author won't request a hearing until there's language that the HMOs approve the language.
4. Psychology Prescribing: There's a fringe group of psychologist who are attempting to find support for these privileges. Currently, there's no legislation.
5. Opioid Bill: A Senator introduced a bill known as a "Penny a Pill" but the GOP House will not allow a vote unless the funding mechanism on the pharmacy manufacturers is removed.
6. Changes to Prescription Benefit Mangers: lowest cost to consumers, licensure to PBMs, restrictions on Pharmacies with PBM ownership interests, and lowest cost to consumers

Multiple communities in Minnesota are passing legislation known as Tobacco 21 based upon research that shows raising the legal sale age from 18 to 21 would greatly reduce youth tobacco use and prevent children and adolescents from starting to smoke.

On Friday, March 9, 2018, the Minnesota Medical Association released a statement on gun violence. MMA considers gun violence a public health crisis and calls on policy makers at the state and national levels to step up and protect our health and safety.

MPS and other health care stakeholders are working together with the MN Step Therapy Coalition to streamline Minnesota's step therapy process. Tuesday, March 13, 9A- 3P- Step Therapy Advocacy Day
The 2018 MPS Spring Scientific Session "Reclaiming Our Joy and Wonder as Healers" is on Saturday, April 28, 2018 8:00 am – 8:00 P at the Charleston Event Center in White Bear Lake, MN. Dr. Altha Stewart, APA President elect is scheduled to present the keynote address.

Michigan

Dr. Reid provided this report.

The MPS has been involved in several legislative initiatives the past several months. In 2017 the leadership of the Michigan House of Representatives formed the bipartisan House C.A.R.E.S (Community, Access, Resources, Education and Safety) task force to receive input from individuals and professionals on how to improve mental health services in Michigan. The MPS attended several of the meetings and has met with the

leadership of the task force in person. One of the goals on our common agenda is to improve the credentialing process in the PIHP/CMH network. We have proposed a standardized credentialing process with reciprocity across the entire network. If we are successful, this will reduce administrative burden and improve care.

Also pending is a modification to the mental health code which would expand the current scope for physician assistants and nurse practitioners. Of particular concern to the MPS is the provision that would allow APP's to sign certificates for involuntary hospitalization. The MPS is participating in work group sessions with the APP organizations in an attempt to find a compromise that will not put our patients at risk with inadequately trained APP's.

MPS continues to monitor the nationally reported situation in Flint, Michigan and the contamination of the water supply. The MPS has formed a task force and is investigating where/when/and how to provide help and support. This is a long-term crisis and continues to unfold.

The Spring Meeting of MPS will be held on April 21.

Kansas

This report was provided by Dr. Macaluso.

The State Legislature is looking into crisis intervention centers for children and adolescents. More specifically how children and adolescents with mental disorders can be protected from entering the juvenile justice system. There is draft legislation being discussed on this, which Kansas Psychiatric Society supports because it mirrors a similar program for adults.

The Interim Governor created a behavioral health task force with the Kansas Department of Aging and Disability. KPS will have a member appointed on the task force. The task force has a broad mandate and will advise KDADS regarding entities that provide services and receive public funds.

A new bill was introduced in the legislature that would remove managed care administrators from decision making regarding prescription medication for patients. KPS is tracking the bill with interest.

The KPS Spring meeting will be held on April 7 in Wichita, KS and will focus on forensic psychiatry topics.

Iowa

Dr. Nebbe provided this report.

Ms. Sara Stramel-Brewer has taken over as the new Executive Director of the Iowa Psychiatric Society.

Psychologist Prescribing: There continues to be essentially no movement on this issue. Dr. Smith reports that he has not heard anything from the Board of Medicine, who he reports have not included him in their continuing discussions with each other. Dr. Black, consultant to the rulesmaking process from the University of Iowa Psychiatry Department, has received a proposed curriculum to review as an alternative to the for-profit institutions, which have been offered by the psychology board. The rumor is that they are not happy with it and Dr. Black has not given his thoughts on this curriculum yet. At this time it appears that there is a high chance that this process will end in a stalemate. At that point, the rule making process would return to the Legislature. It is not clear what would happen at that point.

Physician Day on the Hill was held on February 28, 2018 and was relatively uneventful this year. The Executive Committee of Iowa Psychiatric Society is to meet on April 7 in Iowa City.

Area 4 Council recessed at 5:00 p.m. on Saturday, March 10, 2018.

Sunday, March 11, 2018

The Area Council resumed at 8:35 a.m. on Sunday, March 11, 2018.

12. Call to Order

Dr. Dave called the Meeting to order at 8:35 am.

Dr. Dave thanked Dr. Swaminathan for his leadership role organizing the Area 4 Legislative Institute on Saturday morning and APA PAC reception with Congressman Brad Schneider (D-IL-10) on Saturday night.

Dr. Dave warmly welcomed the following guests to Area 4:

Dr. Paul O'Leary [Recorder & Candidate for Speaker-Elect]

Dr. Deborah Cross [Candidate for Speaker-Elect]

Dr. Seeth Vivek [Candidate for Recorder]

Also, Dr. Dave warmly welcomed Dr. Jake Behrens, Area 4 ECP Rep, and Candidate for Recorder.

13. District Branch Reports (continued)

Indiana

This report was given by Dr. Hart.

Indiana is advocating for the Indiana General Assembly to increase funding for first episode psychosis coordinated speciality care programming throughout the state.

In December, 2017 Indiana hosted a very well attended symposium about the opioid epidemic. Speakers' expertise spanned a wide breadth and included a judge, an OB/GYN, a holistic pain management specialist, and an addiction psychiatrist.

On April 20-22, 2018, Indiana Psychiatric Society again will be hosting the hugely successful Regional Integrated Mental Health Conference in beautiful West Baden, Indiana. IPS is thrilled by resident enthusiasm as 20 of their 40 residents have signed up. The conference will be offering 16.25 credits of CME; with an outstanding line up of speakers, featuring: APA President-elect Dr. Altha Stewart, APA Assembly Speaker-elect Dr. Bob Batterson and APA Deputy Medical Director & Director of Medical Education Dr. Tristan Gorrindo.

Illinois

This report was given by Dr. Bennett.

This year the Illinois Psychiatric Society has introduced 2 bills during the current legislative session:

1. HB 4995: This bill would create a committee that would draft a uniform prior authorization form for Medicaid managed care companies and commercial insurers. The prior authorization would last for one year and would be a single page. Also, the bill would not allow MCOs and insurers to request medical records with regard to the prior authorization.
2. HB 5285: This bill would increase the Medicaid reimbursement rate for psychiatrists to no less than 95% of the Medicare rate for the CPT codes. In Illinois, the Medicaid reimbursement rate for psychiatrists has not increased since 1996 and is one of the lowest rates in the country.

HB 68: This bill is being revised from last year and the amendment is going to be introduced. This bill provides a variety of rules regarding parity including:

- a. A private cause of action for parity violations
- b. The bill will require insurers to do reports showing that they are complying with the parity laws

IPS is also working on being able to get unfunded patients into state operated facilities. This is a very big problem for many hospitals in Illinois. Hospitals have to treat unfunded patients in emergency rooms due to EMTALA but when they try to transition patients who don't have insurance, Medicaid or Medicare, they contact state operated facilities but are unable to get patients into these facilities.

In 2014, the Illinois legislature passed a bill allowing psychologists who complete the education and training requirements to prescribe medications. Public Act 98-0668. The rules have now been finalized.

Finally, IPS will be having its Advocacy Day in Springfield, Illinois on April 18, 2018.

14. Assembly Candidates for Speaker-Elect:

Dr. Dave warmly welcomed the following candidates for the office of Speaker-Elect:

Dr. Paul O'Leary
Dr. Deborah Cross

The candidates talked about the main priorities for their campaigns.

Dr. Dave thanked the candidates for taking the time to come to Area 4 and wished them the best campaigning for office.

15. Assembly Candidates for Recorder

Dr. Dave warmly welcomed the following candidates for the office of Speaker-Elect:

Dr. Jake Behrens
Dr. Seeth Vivek

The candidates talked about the main priorities for their campaigns.

Dr. Dave thanked Dr. Behrens and Dr. Vivek for taking the time to come to Area 4 and wished them the best campaigning for office.

Dr. Dave also informed the Council that Dr. Stephen Brown, Candidate for Recorder, was not able to attend. Dr. Brown requested that his biosketch and position statement be forwarded electronically to Council members and Dr. Dave will send this on the Area 4 list serve next week.

16. Nominating Committee Report

Dr. Macaluso provided the Nominating Committee report. He indicated the Committee had met to determine several Area 4 positions for 2-year terms from the end of the Annual Meeting May 2018 to May 2020. He reported that the Committee made the following nominations:

Area Representative – Dr. Bhasker Dave

Area Deputy Representative – Dr. Kenneth Busch

Area Treasurer – Dr. Clarence Chou

Area Legislative Representative – Dr. Shastri Swaminathan

Area ECP Representative – Dr. John Korpics

Area ECP Deputy Representative – Dr. Matthew Kruse

A motion was made and seconded to accept the Nominations made by the Nominating Committee and to elect all individuals nominated. The motion was unanimously approved.

17. Recorder's Report

Dr. Dave warmly welcomed Dr. O'Leary to Area 4 Council and asked him to provide the Recorder's Report.

Dr. O'Leary shared with Area 4 the 'Where's My Action Paper' (WMAP) report. It goes back three years and details the current state of each action paper, starting in May 2015.

Dr. O'Leary noted, this WMAP report is a work in progress, as he is planning on combining BOT and Council reports into report in the future. Dr. O'Leary would like to create a WMAP document that will allow members to track every action paper's progress, starting in 2010, as it goes from the JRC to the councils, BOT, executive office, and then see its ultimate outcome.

Dr. O'Leary also talked about the concerns by Assembly members about the new interpretative guidelines proposed by CMS on ligature risks and the burden it would cause some hospitals to possibly close their doors and reduce access to inpatient care.

Dr. Dave thanked Dr O'Leary for taking the time to attend Area 4 Council and providing this report.

18. RFM Report

Dr. Gallner gave this report.

The RFM break out session was very successful on Saturday afternoon. The session lasted over two hours. There were 12 total attendees including 2 medical students representing 6 states and 10 training institutions. A spirited discussion took place covering APA structure and Governance.

- RFMs are attempting to coordinate avenues of inter-program communication throughout area 4 possibly through facebook or a list serve through DB Resident Representatives. RFMs will be in on-going contact with the residents that attended the meeting in order to try to transition to a regular communication system.
- RFMs also discussed applications for the Area 4 RFM Deputy Representative position and nominations for the Sorum Award.
- Dr. Rao is drafting an email to RFMs who attended thanking them for their time and with information for both the Sorum Award and the RFM Deputy Representative Application, as well as the framework for how we plan to increase communication among training programs.

19. ECP Report

Dr. Korpics provided this report.

In San Diego last year the Assembly meeting schedule was adjusted to allow the ECPs to meet on Saturday morning giving the ECPs an opportunity to discuss action papers as a group once the papers went through the reference committees. This change was received well by the ECP group.

The ECPs have also organized their own action paper committee in an effort to be more productive.

20. MUR/ ACROSS Members Report

Dr. Cheryl Wills gave the report regarding the American Academy of Psychiatry and the Law (AAPL).

AAPL will cosponsor the Manfred S. Guttmacher Award lecture at the APA Annual Meeting on Sunday afternoon. The annual award is presented to the person or group that has presented the best publication in forensic psychiatry. All are encouraged to attend.

The AAPL Annual Meeting will be in Austin, TX from October 25 – 28, 2018.

AAPL will have a new Assembly representative as Cheryl Wills, M.D. will be resigning from the position as she begins to serve on the APA Board of Trustees.

21. Treasurer's Report

Dr. Chou provided the Treasurer's Report and Dr. Dave gave the Financial Report.

A four page handout was distributed to the Council and the various line items in the report were explained which provided details of actual expenditure for the year end 2017 report.

Area 4 received \$34,650 for the 2017 Block Grant.

Dues receivable for 2017 was \$5,002. Total revenue for 2017 was \$40,312.97.

Total expenses for 2017 were \$30,251.76.

The 2018 block grant is \$34,650.00 and prior years remaining Block Grant was estimated as \$6,975.01.

Expenses YTD 2018 are \$10.00.

Total assets for Area 4 as of 02/28/18 are \$117,044.71.

22. Appointment for Assembly Reference Committee

Dr. Dave informed the Council of his appointment of Dr. Eileen McGee as the Area 4 Representative on Reference Committee 1 Advancing Psychiatric Care starting at the Assembly meeting in New York City in May 2018. Dr. Dave thanked Dr. McGee for accepting this appointment.

23. Summer Meeting

Dr. Dave informed the Council that Area 4 passed the motion at the November Assembly to approve the 2018 Area 4 Budget with a summer meeting in 2018.

Dr. Dave requested the Council to determine dates and location for the 2018 summer meeting.

The consensus of the Council was for the summer meeting to take place on August 18 – 19, 2018.

Various locations for the summer meeting were suggested including Cleveland, Kansas City and Minneapolis. A vote was taken by the Council and Cleveland had the most votes.

Dr. Dave reported that further details would be forthcoming over the next several months about the Area 4 summer meeting in Cleveland, Ohio on August 18-19, 2018.

24. New Business

1. Dr. Gruenberg informed the Council that she is working on a new Action Paper for the Assembly budget to provide reimbursement of expenses to Assembly members for attending the Assembly at the time of the APA Annual Meeting.
2. Dr. Anzia talked about the proposed changes in the interpretative guidelines by CMS on ligature risk to patients treated on inpatient psychiatric settings. The Assembly at its November meeting passed an Action Paper at its November meeting in response to this topic and an APA Task Force was organized.

Area 4 Council was very concerned about the burden on hospitals resulting in some hospitals closing their doors and patients having less access to inpatient care.

A motion was made and seconded that Area 4 Council would like APA to make this issue a high priority and respond to CMS as soon as possible regarding the concerns. The motion was unanimously approved.

25. Future Meetings

Dr. Dave informed the Council the next Assembly Meeting will be held May 4-6, 2018 in New York City at the time of the Annual Meeting.

Dr. Dave will be sending out information within the next several months about the details of the summer meeting in Cleveland, Ohio on August 18-19, 2018.

The Area Council Meeting adjourned at 11:15 AM on Sunday, March 11, 2018.

Respectfully submitted,

**Kenneth Busch, M.D., D.L.F.A.P.A.
Area 4 Deputy Representative**

Area 6 Assembly Report

Area 6 Council met in Sacramento on Sunday, April 15, 2018. Our council consists of our Assembly representatives as well as the chairs of our state committees and some APA guests, we spent our day with a total of more than forty people around the table. The meeting was led by our outgoing President William Arroyo and was combined with a legislative day on Monday April 16, 2018. In his opening summary our president reported that the California Psychiatric Association sponsored or cosponsored more bills this year than any other year in the past, continued with its annual conference that has been highly successful both educationally and financially, and strengthened its ties with the state medical organization as evidenced by improving mental health care being picked as one of the major topics for discussion in the annual state medical house of delegates meeting. The CPA council meeting focused on both national and state issues; however this report will focus on state issues in order to update the other areas about our area issues.

CPA's Integrated Care Committee has continue to organized the "Essentials of Psychiatry" Conferences which have now trained over 500 primary care providers in psychiatry over the past three years. The Primary Care Psychiatry Fellowships are also being studied and research is showing that they are improving psychiatric care for patients in the primary care setting.

The State Facilities Task Force continues to work on multiple issues. The most pressing issues are that a psychologist has applied for attending physician status at one of the hospitals – this has been denied but is still being contested. Secondly, the state hospital system desires that all of the medical staffs have the same medical staff bylaws, which would circumvent the independence of the individual medical staffs. Our state medical society as well as CPA have been involved in this issue. Overall psychiatric vacancies remain high in the system as well.

Elections results – our incoming president-elect is Mary Ann Schaepper, our incoming Treasurer is Steve Koh, and our incoming ECP representative is Rachel Robitz . We also elected Barbara Weissman as Assembly Executive Committee Representative, and Larry Malak as Assembly Deputy Representative. Joe Mawhinney will be greatly missed as the first Area 6 representative to serve the full term as dep rep and then rep since our area reorganized the roles eight years ago.

AB3087 is state legislation that would regulate physician prices across the field of medicine; prices would be set by a commission that would not include physicians but be supported by dues paid to our medical board – this is the number one priority for opposition of our California Medical Association at this time and CPA also voted to strongly oppose the bill. We also voted to support a state medical society resolution that states:

- RESOLVED: That our CMA support the optimal management of minor patients with differences of sex development (DSD) through individualized, multidisciplinary care that: (1) seeks to foster the well-being of the child and the adult they will become; (2) respects the rights of the patient and their legally recognized health care decisionmaker(s) to participate in decisions, including surgical interventions solely intended for cosmetic purposes or to define patient gender; (3) provides

psychosocial support to promote patient and family well-being, and (4) is consistent with appropriate standards of care.

Our state lobbyist does work with Tim Miller who is our APA regional person. In California we have not had major scope issues this year which makes it an unusual year. We voted to support co-sponsoring AB 1971 which will expand the definition of “gravely disabled” to include those who are unable to provide for his or her medical treatment. This bill is facing some opposition from the disability rights coalition, but did pass out of committee with a 15-0 vote. We also voted to cosponsor AB 2328 which would create community-based nonresidential and residential youth substance use disorder treatment and recovery programs to establish continuity of care and treatment for youth under 21 years of age. Our other sponsored bills involve developing a psychiatric bed registry, and financial incentives for mental health workforce in underserved areas. 81 other bills are also being actively followed (we can share the list with anyone who is interested). We are using our APA Innovative Grant to get residents more involved in advocacy and will have 26 residents at our advocacy training day which is a record for our area.

Our Public Psychiatry committee continues to work closely with our Government Affairs Committee, Substance Abuse Committee and others and is focusing on workforce issues, our involuntary commitment laws, interfaces with health systems and integration, and access to addiction care issues. Their work is reflected in many of the bills above. They are also involved in laws to look at the antiquated need to have a paper form for involuntary commitment in this day of electronic records, and the ability of conservatorship referrals to come from non inpatient facilities. Of concern is a bill that incorporates substance abuse and homelessness into the definition of grave disability – given the amount of homelessness in the state this could overwhelm the involuntary conservatorship system. There is a bill to require health plans specify MAT on their formularies. We are also working on increasing the representation of the committee to reflect the diversity of the counties in our state.

The Child and Adolescent Committee continues to monitor the rollout of the state initiative to revamp the group home system. There continues to be a number of bills that affect mental health treatment of youth in our system. Concern about raids on immigrants and the impact on children, the impact of firearm related violence, bills related to the recent changes in adult use of marijuana, efforts to establish a secure child abuse database to allow exchange of information among county agencies all are being monitored by this very active committee.

Reports were also received from our Worker’s Compensation Committee and Substance Use Committee, and mention of opposition of one Judicial Action Case that is at the California Supreme Court that would alter hearsay testimony so that psychiatrists (and others) could only testify on personally experienced interactions (e.g. reports about reviewed records that report violence to opine a person was violent would be disallowed and only testimony that a person was violent when you interviewed them would be allowed).

We are looking forward to our next meeting at the APA Assembly in New York and hope to catch up with all of you there. Our annual conference meeting will be at Dana Point this year; maybe some of you would like to combine top notch CME with a visit to California this fall.

Joe Mawhinney and Barbara Weissman, Area 6 Rep and Dep Rep.

American Psychiatric Association
Area 7 Report
May, 2018

Area 7 meet by conference call in March to manage finances. We did so during a gathering hosted by our Alaska DB in Anchorage during the start of the famed Iditarod dog sled race.

We welcome Dr. Jasleen Chhatwal, our incoming ECP Dep Rep, and also Dr. Brittany McColgan our incoming RFM Dep Rep to the Assembly, both elected in March.

Those in Anchorage met to support the Alaska DB. Many thanks to Dr. Price, our Area Dep Rep whose enthusiasm and patience were helpful to the effort. Also Dr. Natalie Velasquez who as DB president provides Alaska leadership and also was responsible for the connection to the Iditarod for the meeting.

Alaska members Ed Slouffman, who helped with logistics, lodgings and prepared dinners, Ruth Dukoff and Andrew Mayo who hosted the area council meeting and the town hall meeting, and Ron Poole who hosted the VA site visit, all deserve thanks.

Michelle Baker, Roger Fox, and Shane Coleman hosted the South-central Foundation/Alaska Native Medical Center site visit.

Finally, Dr. Lex Von Hafften provided much organizational and logistic support to make the event and the phone conference possible.

A great "hats off" to Area 7 and in particular Alaska District Branch!

Respectfully Submitted,
Craig Zarling, MD