Assembly
November 3-5, 2017
Assembly Meeting Materials- Assembly Reports

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

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

1. Remarks of the Board of Trustees
   - 1.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, May 2017
     - 3.B.2 Draft Summary of Actions, July 2017

4. Report of the Speaker-Elect
   - 4.A General Report
   - **4.B Report of the Joint Reference Committee**
     - **4.B.1 Retain Position: Endorsement of United States Ratification of the Convention of the Rights of the Child**
     - **4.B.2 Revised Position Statement: Need to Maintain Long-Term Care Facilities for Certain Individuals with Serious Mental Illness**
     - **4.B.3 Retire 2010 Position Statement: Psychiatry and Primary Care Integration across the Lifespan**
     - **4.B.4 Retain 2011 Position Statement: Remuneration for Psychiatrists' Time Performing Utilization Review (Endorsement of AMA policy H-385.951)**
     - **4.B.5 Retain 2014 Position Statement: Universal Access to Health Care**
     - **4.B.6 Proposed Position Statement on Human Rights**
     - **4.B.7 Proposed Position Statement: Domestic Violence Against Women**
     - **4.B.8 Proposed Position Statement: Prevention of Violence**
     - **4.B.9 Proposed Position Statement: Human Trafficking**
     - **4.B.10 Proposed Position Statement: Police Interactions with Persons with Mental Illness**
     - **4.B.11 Proposed Position Statement: Lengthy Sentences Without Parole for Juveniles**
     - **4.B.12 Retire 2011 Position Statement: Review of Sentences for Juveniles Serving**

Lengthy Mandatory Terms of Imprisonment

4.B.13 Retain 2012 Position Statement: Segregation of Prisoners with Mental Illness

4.B.14 Retain 2012 Position Statement: Assessing the Risk for Violence

4.B.15 Retain 2012 Position Statement: Firearms Access: Inquiries in Clinical Settings

4.B.16 Retain 2007 Position Statement: Use of Jails to Hold Persons Without Criminal Charges Who are Awaiting Civil Psychiatric Hospital Beds

4.B.17 Retain 2007 Position Statement: Psychiatric Services in Jails and Prisons

4.B.18 Retain 1993 Position Statement: Homicide Prevention and Gun Control

5. Report of the Recorder
   - 5.A Draft Minutes of the May 19-21, 2017 Assembly Meeting
     - 5.A.1 Draft Summary of Assembly Actions, May 2017
   - **5.B List of Members and Invited Guests**
   - 5.C Voting
     - 5.C.1 Voting Strength 2017-2018
     - **5.C.2 Audience Response System (ARS) Voting Instructions**
   - 5.D Reports of the Assembly Executive Committee (AEC) meetings
     - 5.D.1 Report of the AEC meetings, May 2017
     - 5.D.2 Draft Report of the AEC meeting, July 2017

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

7. Reports from Assembly Committees – *Assembly Committees may submit reports onsite for onsite distribution*
   - 7.A Nominating Committee
   - 7.B Committee on Procedures
   - 7.C Awards Committee
   - 7.D Committee on Public & Community Psychiatry [included]
   - 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*) [included]
   - 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 [included]
   - 7.K Committee on Maintenance of Certification

8. Reports from APA Councils
   - 8.A Council on Addiction Psychiatry
   - 8.B Council on Advocacy and Government Relations
   - 8.C Council on Children, Adolescents, and their Families
   - 8.D Council on Communications
   - 8.E Council on Geriatric Psychiatry
   - 8.F Council on Healthcare Systems and Financing

8.G Council on International Psychiatry
8.H Council on Medical Education and Lifelong Learning
8.I Council on Minority Mental Health and Health Disparities
8.J Council on Psychiatry and Law
8.K Council on Psychosomatic Medicine
8.L Council on Quality Care
8.M Council on Research

9. Standing Committees

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

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

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

Item 1.C
Assembly
November 3-5, 2017

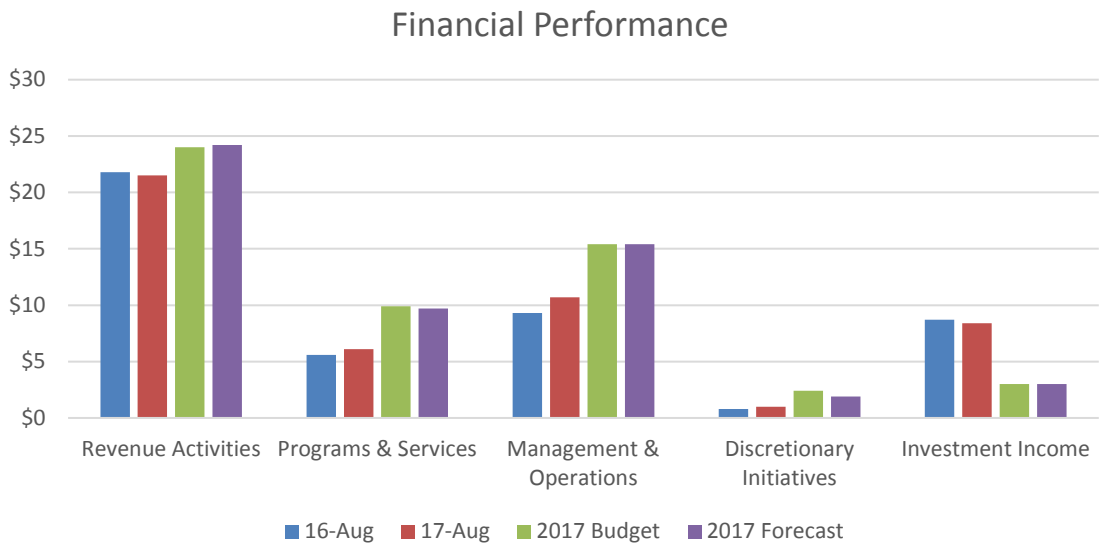
American Psychiatric Association

Treasurer's Report

For the Eight Months Ended

August 31, 2017

For the eight months ended August 31, 2017, net income was $12.0 million, compared to $14.9 million in 2016, a difference of $2.9 million. The variance is mainly attributable to four things: 1) $.3 million in lower earned net revenue as membership dues and advertising revenue declined year-over-year, but was partially offset by higher net income from the annual meeting; 2) Advocacy expense is $.3 million greater than through August 2016 due an increased level of CALF grants and fewer staff vacancies than in 2016; 3) $.3 million in lower investment income; and 4) APA increased IT spending in 2017 and a timing difference in the allocation of employee benefits across cost centers resulted in Operations expense $1.4 million higher than through August 2016. Throughout the year, the allocation of benefits expense to individual cost centers is an estimated amount that August differ from actual premium payments causing an ongoing variance. At the end of the year, the allocation is adjusted to match actual expenses incurred.



The $12.0 million in net income is significantly better than the ($.7M) deficit that was budgeted. The budget was revised earlier this year to include an additional $193 thousand in CALF grants approved by the Board of Trustees. The presentation has also been updated to include the $3 million in approved reserve funding. Much of APA's revenue is received during the first half of the year and so as the year progresses, the net income will trend toward the net income or deficit budgeted.

The 2017 forecast has been updated to reflect changing circumstances throughout the first eight months of 2017. The administration is now projecting to finish the year with a $884 thousand net income, an increase of $1.5 million over the approved budget.

The following provides explanations for the significant variances between the budget and forecast:

Membership net income is projected to be $234K lower than budgeted because the 2017 budget was created before the final membership revenue numbers were available and this caused the revenue budget to be higher than the 2016 actual revenue. The decreasing revenue is mainly attributable to members transitioning into reduced dues or dues exempt status.

Publishing net income is projected to be $387K lower than budgeted due to lower advertising revenue. Revenue is projected to be lower by $844K; however, that is offset by $457K in reduced publishing expenses.

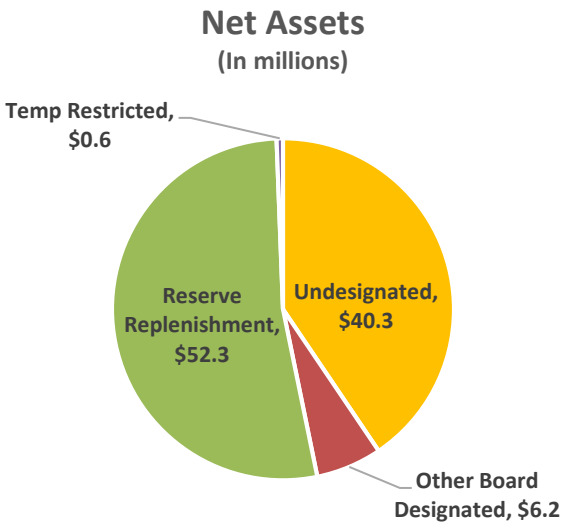
CME & Meetings net income is projected to be $862K higher than budgeted based on better than expected attendance, an increased number of exhibitors, and better than budgeted sponsorship revenue. The annual meeting expenses are within the amounts budgeted.

Advocacy expense is projected to be $372K lower than budgeted because the budgeted advocacy conference will not occur in 2017 as well as savings from vacant positions.

Investment net income is shown as earned; however, the amounts included in the budget and forecast columns are shown in accordance with the reserve spending policy so that Board members can easily tell whether the association is within that policy. Through August 31, 2017 investment income is $5.4M greater than the spending policy amount, but includes unrealized gains which will go up or down based on the stock markets.

To reduce future expenses, APA offered a voluntary buyout to staff. There were 20 employees who applied and 16 were accepted. As a result, 2017 compensation expenses are slightly higher than budgeted, but the 2018 baseline compensation was reduced by over $700K.

The balance sheet remains strong with net assets of $99.4 million, cash of $3.4 million and investments of $96.2 million.



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

	8/31/2016	12/31/2016	8/31/2017
ASSETS			
Current Assets			
Cash and Cash Equivalents	$ 6,474,137	$ 7,306,380	$ 3,364,719
Accounts Receivable, net	3,224,637	3,593,390	2,569,109
Grants Receivable, net	31,409	44,109	70,747
Advances to Affiliates	3,510,405	423,302	238,783
Publications Inventory, net	1,305,024	1,263,214	1,181,207
Other Current Assets	862,416	1,252,718	807,784
Total Current Assets	15,408,028	13,883,113	8,232,349
Investments in Marketable Securities	80,431,679	88,028,250	96,233,293
Property and Equipment, net	1,263,916	1,179,468	647,312
Intangible Assets	2,600,000	2,600,000	2,600,000
Development Costs	8,871,449	8,210,161	8,282,932
TOTAL ASSETS	$ 108,575,072	$ 113,900,992	$ 115,995,886
LIABILITIES			
Current Liabilities			
Accounts Payable and Accrued Expense	$ 3,486,053	$ 5,437,843	$ 4,089,116
Dues Payable (DB and Other)	89,327	74,652	209,072
Deferred Revenue			
Membership Dues	76,432	6,011,456	198,282
Journal Subscriptions	3,978,109	5,974,460	4,679,785
Other	3,729,007	4,672,091	3,366,807
Total Current Liabilities	11,358,928	22,170,502	12,543,062
Accrued Pension Liability	4,305,167	3,915,321	3,915,321
Deferred Rent Liability	601,211	458,297	166,590
TOTAL LIABILITIES	16,265,306	26,544,120	16,624,973
NET ASSETS			
Unrestricted, undesignated	37,992,298	27,244,708	40,297,682
Unrestricted, board designated	53,213,464	58,993,145	58,484,906
Temporarily Restricted	1,104,003	1,119,019	588,328
ENDING BALANCE, NET ASSETS	92,309,765	87,356,872	99,370,916
TOTAL LIABILITIES AND NET ASSETS	$ 108,575,072	$ 113,900,992	$ 115,995,886

American Psychiatric Association
Income Statement and Budget Monitor
For the Eight Months ending August 31, 2016 and 2017
(In thousands)

	August 31, 2016	August 31, 2017	2016 vs. 2017	2017 Budget	2017 Forecast	Budget vs. Forecast
Revenue Generating Activities						
Membership Dues & Programs	$ 8,541	$ 8,087	$ (454)	$ 8,726	$ 8,492	$ (234)
Publishing	3,300	3,053	(248)	6,632	6,245	(387)
DSM	5,315	5,072	(243)	5,345	5,615	270
CME & Meetings	4,633	5,226	593	3,347	4,209	862
Miscellaneous	21	57	36	-	56	56
	21,810	21,495	(316)	24,050	24,617	567
Programs & Services						
Policy, Programs & Partnership	(2,913)	(3,120)	(207)	(4,959)	(5,114)	(155)
Advocacy	(1,373)	(1,676)	(303)	(2,785)	(2,413)	372
Communications	(959)	(1,070)	(111)	(1,712)	(1,682)	30
Foundation Operations	(330)	(281)	49	(419)	(419)	-
	(5,575)	(6,147)	(572)	(9,875)	(9,628)	247
Management & Operations						
Operations	(7,371)	(8,547)	(1,176)	(11,770)	(11,761)	9
Governance	(1,909)	(2,172)	(263)	(3,596)	(3,445)	151
	(9,280)	(10,719)	(1,439)	(15,366)	(15,206)	160
Net Operating Income	6,955	4,629	(2,327)	(1,191)	(217)	974
Investment Income (net of contribution)	8,696	8,407	(289)	3,000	3,000	-
Discretionary Initiatives - Board Approved	(761)	(1,035)	(275)	(2,442)	(1,880)	562
Temporarily Restricted Funds	-	5	5	(19)	(19)	-
Net Income	$ 14,890	$ 12,006	$ (2,886)	$ (652)	$ 884	$ 1,536
Discretionary Initiatives - Board Approved						
Membership	(2)	-	2	-	-	-
State Advocacy	(642)	(400)	242	(1,180)	(875)	305
Registry	(109)	(635)	(527)	(1,196)	(955)	241
Legal - Anthem	-	-	-	-	-	-
Legal - Health Parity	(8)	-	8	(66)	(50)	16
	$ (761)	$ (1,035)	$ (275)	$ (2,442)	$ (1,880)	$ 562

American Psychiatric Association
Income Statement and Budget Monitor
For the Eight Months ending August 31, 2016 and 2017

	August 31, 2016	August 31, 2017	2016 vs. 2017	2017 Budget	2017 Forecast	Budget vs. Forecast
Revenue Generating Activities						
Membership Dues & Programs						
Revenue						
Membership Dues	8,940,030	8,622,864	(317,166)	9,825,000	9,525,000	(300,000)
Membership Affinity Programs	1,310,124	1,151,068	(159,056)	1,595,000	1,580,000	(15,000)
List Sales	45,177	16,609	(28,568)	60,000	60,000	-
	10,295,331	9,790,541	(504,790)	11,480,000	11,165,000	(315,000)
Expense						
Membership Services	1,642,298	1,629,514	(12,784)	2,547,390	2,502,390	(45,000)
Membership Affinity Programs	5,200	17,658	12,458	13,650	17,660	4,010
Ethics/DB Relations	106,795	56,480	(50,315)	192,681	152,681	(40,000)
	1,754,293	1,703,651	(50,642)	2,753,721	2,672,731	(80,990)
Gross Margin	8,541,038	8,086,889	(454,149)	8,726,279	8,492,269	(234,010)
Publishing						
Revenue						
American Journal of Psychiatry	3,298,896	2,596,756	(702,140)	3,592,600	3,242,600	(350,000)
Journal of Psychiatric Services	534,728	440,173	(94,555)	312,000	312,000	-
Psychiatric News	2,674,139	1,655,647	(1,018,492)	3,616,500	3,016,500	(600,000)
Books	2,787,694	2,726,749	(60,945)	3,848,779	3,848,779	-
Psychiatry Online	462,111	1,724,756	1,262,645	5,750,000	5,900,000	150,000
Focus Journal	770,568	760,555	(10,013)	1,118,500	1,118,500	-
Specialty Journals	175,684	147,954	(27,730)	163,300	119,300	(44,000)
APA Job Bank	540,249	500,099	(40,150)	900,000	900,000	-
Other	95,344	58,117	(37,227)	75,000	75,000	-
	11,339,413	10,610,804	(728,609)	19,376,679	18,532,679	(844,000)
Expense						
American Journal of Psychiatry	1,196,327	1,132,884	(63,443)	1,973,786	1,878,786	(95,000)
Journal of Psychiatric Services	404,150	317,204	(86,946)	594,293	589,293	(5,000)
Psych News	1,510,098	1,561,594	51,496	2,453,945	2,320,945	(133,000)
Books	945,023	783,869	(161,154)	1,443,077	1,421,877	(21,200)
Psych Online	0	56,683	56,683	200,000	210,000	10,000
Focus Journal	173,824	141,866	(31,959)	300,810	285,009	(15,801)
Specialty Journals	56,440	47,209	(9,231)	110,658	110,658	-
APA Job Bank	43,800	43,143	(657)	54,725	54,725	-
Other	76,628	113,947	37,319	133,302	126,302	(7,000)
Marketing & Production	3,632,697	3,359,514	(273,183)	5,480,507	5,290,507	(190,000)
	8,038,987	7,557,912	(481,075)	12,745,103	12,288,102	(457,001)
Gross Margin	3,300,426	3,052,893	(247,533)	6,631,576	6,244,577	(386,999)
DSM						
Revenue						
DSM IV	67,991	41,653	(26,338)	-	42,000	42,000
DSM 5	6,312,562	6,033,513	(279,049)	7,350,000	7,150,000	(200,000)
	6,380,553	6,075,166	(305,387)	7,350,000	7,192,000	(158,000)
Expense						
DSM IV	2,395	3,208	813	-	-	-
DSM 5 Publishing Costs	633,157	548,912	(84,245)	1,319,881	900,000	(419,881)
DSM 5 Development	429,836	451,213	21,377	685,000	676,819	(8,181)
	1,065,388	1,003,333	(62,055)	2,004,881	1,576,819	(428,062)
Gross Margin	5,315,165	5,071,833	(243,332)	5,345,119	5,615,181	270,062

	August 31, 2016	August 31, 2017	2016 vs. 2017	2017 Budget	2017 Forecast	Budget vs. Forecast
CME & Meetings						
Revenue						
Annual Meeting	8,157,080	8,931,870	774,790	8,307,000	8,857,000	550,000
CME Products and Accreditation	208,814	273,071	64,257	380,000	380,000	-
Institute on Psychiatric Services	234,285	171,389	(62,896)	423,000	440,165	17,165
	8,600,179	9,376,330	776,151	9,110,000	9,677,165	567,165
Expense						
Annual Meeting	2,914,254	3,218,118	303,864	3,803,406	3,803,406	-
CME Products & Accreditation	251,817	232,591	(19,226)	253,151	125,000	(128,151)
Institute on Psychiatric Services	67,221	18,508	(48,713)	465,100	465,100	-
Office of Scientific Programs	212,540	213,455	915	388,085	275,000	(113,085)
Department of Meetings & Conventions	521,656	467,521	(54,135)	853,607	800,000	(53,607)
	3,967,488	4,150,193	182,705	5,763,349	5,468,506	(294,843)
Gross Margin	4,632,691	5,226,137	593,446	3,346,651	4,208,659	862,008
Miscellaneous						
Revenue	20,668	56,596	35,928	-	56,000	56,000
Total Reveue Generating Activities	21,809,988	21,494,348	(315,640)	24,049,625	24,616,686	567,061
›grams and Services						
Policy, Programs & Partnerships						
Revenue						
Policy, Programs, Partnerships	-	-	-	-	-	-
Practice Mgt & Delivery Systems Policy	42,696	17,709	(24,987)	41,450	41,450	-
SAN Grant	1,039,052	1,236,103	197,051	757,232	1,252,232	495,000
Diversity and Health Equity	-	-	-	-	-	-
	1,081,748	1,253,811	172,063	798,682	1,293,682	495,000
Expense						
Division of Policy, Programs, & Partnerships	173,347	252,278	78,931	307,885	305,885	(2,000)
Division of Education	550,912	650,984	100,072	960,317	1,125,317	165,000
Reimbursement Policy	827,220	488,755	(338,465)	952,637	912,637	(40,000)
Parity Enforcement & Implementation	9,456	263,900	254,444	500,619	435,619	(65,000)
Practice Mgt & Delivery Systems	452,964	479,348	26,384	926,534	999,534	73,000
SAN Grant	1,061,684	1,283,939	222,255	753,465	1,248,465	495,000
Research - Director's Office	579,640	644,726	65,086	788,807	860,000	71,193
Office of Diversity & Health Equity	339,365	309,908	(29,457)	567,474	520,000	(47,474)
	3,994,588	4,373,837	379,249	5,757,738	6,407,457	649,719
	(2,912,840)	(3,120,026)	(207,186)	(4,959,056)	(5,113,775)	(154,719)
Advocacy						
Revenue						
PAC	9,764	11,405	1,641	-	-	-
Advocacy Leadership Conference	-	-	-	22,750	-	(22,750)
	9,764	11,405	1,641	22,750	-	(22,750)
Expense						
APA PAC Operating Expenses	270,828	200,543	(70,285)	379,996	340,000	(39,996)
Government Relations	949,990	1,126,168	176,178	1,709,704	1,579,704	(130,000)
Leadership Conference	-	-	-	225,000	-	(225,000)
CALF	161,790	360,233	198,443	493,200	493,200	-
	1,382,608	1,686,944	304,336	2,807,900	2,412,904	(394,996)
	(1,372,844)	(1,675,539)	(302,695)	(2,785,150)	(2,412,904)	372,246

	August 31, 2016	August 31, 2017	2016 vs. 2017	2017 Budget	2017 Forecast	Budget vs. Forecast
Communications						
Revenue						
Let's Talk Facts	727	-	(727)	-	-	-
Marketing Sales	-	215	215	2,000	250	(1,750)
	727	215	(512)	2,000	250	(1,750)
Expense						
Communications & Public Affairs	665,172	1,069,946	404,774	1,712,628	1,682,628	(30,000)
Let's Talk Facts	13	-	(13)	-	-	-
APA Store	294,223	-	(294,223)	1,500	-	(1,500)
	959,408	1,069,946	110,538	1,714,128	1,682,628	(31,500)
	(958,681)	(1,069,731)	(111,050)	(1,712,128)	(1,682,378)	29,750
Foundation Operations						
Expense	(329,874)	(281,276)	48,598	(418,920)	(418,920)	-
Total Programs and Services	(5,574,239)	(6,146,571)	(572,332)	(9,875,254)	(9,627,977)	247,277
vernance and Operations						
Operations						
Expense						
Office of the CEO	(1,068,337)	(1,039,692)	28,645	(1,449,946)	(1,540,000)	(90,054)
Staff Strategic Planning	(37,480)	(3,811)	33,669	(15,000)	(4,000)	11,000
Finance and Administrative Services	(1,389,399)	(1,209,541)	179,858	(2,047,240)	(1,850,000)	197,240
Building Operations	(1,671,639)	(2,103,643)	(432,004)	(2,887,055)	(2,501,055)	386,000
Employee Benefits	357,473	(102,325)	(459,798)	372,670	-	(372,670)
Legal Office	(403,316)	(391,934)	11,382	(748,930)	(698,930)	50,000
Division of Operations	(271,275)	(308,256)	(36,981)	(496,724)	(475,724)	21,000
APA Answer Center	(81,478)	-	81,478	(152,033)	(140,000)	12,033
Human Resources	(600,728)	(602,422)	(1,694)	(736,757)	(912,360)	(175,603)
Information Technology	(2,316,022)	(2,819,149)	(503,127)	(4,665,012)	(4,639,012)	26,000
Organization Wide Expenses	110,820	33,455	(77,365)	1,055,601	1,000,000	(55,601)
	(7,371,381)	(8,547,318)	(1,175,937)	(11,770,426)	(11,761,081)	9,345
Governance						
Expense						
Assembly	(562,668)	(655,713)	(93,045)	(1,086,660)	(1,036,660)	50,000
Board, Operating	(410,495)	(499,560)	(89,065)	(754,167)	(704,167)	50,000
Standing Committees	(84,286)	(82,219)	2,067	(162,967)	(162,967)	-
Direct DB Support					-	
DB Leadership	(221,388)	(237,531)	(16,143)	(303,000)	(290,000)	13,000
BD DB Infrastructure Grants	(283)	(500)	(217)	(45,833)	(30,833)	15,000
Components	(56,952)	(85,412)	(28,460)	(389,411)	(359,411)	30,000
Subsidiary Boards	-	-	-	-	-	-
Association Governance Office	(522,945)	(573,144)	(50,199)	(854,314)	(821,314)	33,000
Board Funds	(50,018)	(38,032)	11,986	-	(40,000)	(40,000)
Board Strategic Planning	-	-	-	-	-	-
	(1,909,035)	(2,172,111)	(263,076)	(3,596,352)	(3,445,352)	151,000
Total Governance and Operations	(9,280,416)	(10,719,429)	(1,439,013)	(15,366,778)	(15,206,433)	160,345
cretionary Initiatives - Board Approved						
Membership	(1,500)	-	1,500	-	-	-
State Advocacy - Board designated	(642,066)	(400,312)	241,754	(1,179,604)	(875,000)	304,604
Registry	(108,914)	(635,414)	(526,500)	(1,195,745)	(955,000)	240,745
Legal - Anthem	-	-	-	-	-	-
Legal - Health Parity	(8,030)	-	8,030	(66,000)	(50,000)	16,000
	(760,510)	(1,035,726)	(275,216)	(2,441,349)	(1,880,000)	561,349

Report of the

CEO and Medical Director

To the

Assembly

November 3-5, 2017

Washington, D.C.

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5. Education and Annual Meeting

Issue Summaries

EXECUTIVE SUMMARY

As we enter the third quarter of 2017, the APA Administration continues to implement the APA's strategic initiative objectives within the organization's core areas:

1. Advocating for the advancement of policies and leaders that benefit psychiatry and mental health as a whole.

2. Advancing the integration of psychiatry in the evolving health care delivery system through advocacy and education.

3. 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.

4. Supporting research to advance treatment and the best possible clinical care, as well as to inform credible quality standards; advocating for increased research funding.

5. Educating members, patients, families, the public, and other practitioners about mental disorders and evidence-based treatment options.

1. *Advocacy*

A) ***Graham-Cassidy***: APA has continued its strong advocacy work in opposition to the Affordable Care Act (ACA) repeal and replacement efforts this year. The latest effort, led by Republican Sens. Lindsay Graham (R-SC) and Bill Cassidy (R-LA) centered around Republican leaders trying to beat the expiration of the 2017 fiscal year reconciliation instructions that allow for a bill to pass in the Senate on a simple majority vote rather than the typical 60 votes required for major legislation. The Graham-Cassidy legislation would have

meant significant changes to the Medicaid program. The legislation would have likely led to millions of Americans losing coverage and make coverage more expensive for many more. Graham-Cassidy contained numerous provisions that would have had an impact on the practice of psychiatry and the treatment of individuals with serious mental illness and substance use disorders, including block grants and repeals of the Affordable Care Act (ACA) insurance subsidies, cuts to Medicaid expansion and caps on Medicaid spending, and expanded waivers of ACA insurance rules.

APA has also continued its advocacy with five other major medical specialty associations and mental health groups, advocating in opposition to the Graham-Cassidy proposal, by sending letters to congressional leadership with our coalition partners to voice our strong opposition to the Graham-Cassidy bill.

We thank you for your continued advocacy efforts! The APA heavily engaged APA members on the Graham-Cassidy legislation through the APA Action Center most recently launching two member-wide grassroots campaigns to contact Senators to urge them to oppose any package which slashes Medicaid and eliminates access to mental health and substance use treatment services. APA also activated the Congressional Advocacy Network (CAN), asking APA members tasked with building relationships with their members of Congress to reach out with personal messages on this important issue. APA also joined with other mental health partners in running print ads in Politico, The Hill, and Roll Call to reach Senators. On September 27, Senate leadership announced that they would not be bringing the Graham-Cassidy legislation to the floor for a vote before the September 30 deadline.

Meanwhile, the APA has worked to encourage bipartisan efforts in the Senate to stabilize the ACA insurance marketplaces and supported the development of legislation. On September 27, the APA participated in a leadership fly-in day with five other physician groups including the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, the American Congress of Obstetricians and Gynecologists, and the American Osteopathic Association, raising concerns over future repeal efforts to ACA and urging Senators to focus instead on market stabilization efforts and reauthorizing the Children's Health Insurance Program for five years without any further delay. Theresa Miskimen, M.D., Speaker of the Assembly, was APA's spokesperson.

B) ***Children's Health Insurance Program (CHIP)***: APA has voiced its strong support for reauthorization of Children's Health Insurance Program. Most recently, sending a letter to congressional leaders imploring action to reauthorize this program before it expires on September 30. APA also heavily engaged APA members through the APA Action Center most recently launching a member-wide grassroots effort to contact their Representative and Senators to urge them to protect the CHIP program.

Washington lawmakers left town missing the September 30 deadline for Congress to reauthorize the Children's Health Insurance 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 mental health care for the estimated 850,000 CHIP beneficiaries experiencing serious behavioral or emotional disorders. In spite of the agreement reached by the Senate Finance Committee leadership — Senators Orrin Hatch (R-UT) and Ron Wyden (D-OR) — the bipartisan bill introduced to extend the program for five years saw little traction in September. Many states are concerned remaining CHIP funds to sustain the program may run out before Congress passes legislation. The "Keeping Insurance Dependable and Secure (KIDS) Act" (S. 1827) proposes five-year funding at the current federal matching rate of 23 percentage point increase for two years before phasing down to an 11.5 percentage point increase for a year and eventually returning to traditional levels. The bill offers

states the predictability they need to encourage innovation and investment in children's coverage. The $8 billion Senate bill would be an estimated $2.1 billion more than the House proposal. The House Energy and Commerce Committee is still discussing how to offset the $6 billion in costs and hopes to resolve that before the markup set for the first week of October. We will continue to keep you posted on this issue.

C) ***Deferred Action for Childhood Arrivals (DACA)*:** In September, President Trump formally announced the Administration would end the Deferred Action for Childhood Arrivals (DACA) program impacting the lives of approximately 800,000 undocumented immigrants. An added stipulation, Congress has until March 5, 2018, to find a solution that will codify the legal protections for DACA recipients. At the moment, there are three bills that could grant legal status or create a pathway to citizenship for those who were eligible for DACA. In July, Senators Dick Durbin (D-IL) and Lindsey Graham (R-SC), introduced a bipartisan newer version of the DREAM Act. In September, Representative Luis Gutierrez (D-IL) introduced the American Hope Act, while Rep. Carlos Curbelo (R-FL) introduced the Recognizing America's Children Act. And most recently, the SUCCEED Act (Solution for Undocumented Children through Careers, Employment, Education and Defending our nation) is a conservative-friendly option introduced by Senator Thom Tillis (R-NC).

APA sent a letter to Congressional leadership urging them to take prompt action to make the program permanent. The letter highlighted the negative impact ending DACA would have on the health care workforce, including physician and other allied health professionals. APA also signed a joint letter with over 69 other health professions organizations, urging Congress to ensure that all members of the health care workforce with DACA status are able to continue their employment, education, training, and research, with the passage of a permanent legislative remedy. We also posted this information on the following blog post.

October 5, 2017, marked the deadline for those who were eligible to renew their participation in DACA to file their paperwork. The federal government estimated that some 154,000 were eligible. The Administration allowed those whose DACA is set to expire between September 5 and March 5 four weeks to turn in renewal applications to extend their DACA status a final time. Anyone whose DACA expires on or after March 6 will have no other chance to extend their status. Every day, some 1,400 people are expected to lose their status.

D) ***CONNECT for Health Act*:** In early September APA hosted a successful briefing on "Telemedicine in America: Increasing Patient Access to Care and the Physician Perspective" on Capitol Hill. The briefing included a panel of experts who presented an overview of telemedicine from American Telemedicine Association and APA Telepsychiatry Committee Member Peter Yellowlees, M.D., as well as remarks from the Director of Health Resources and Service Administration's (HRSA) Office for the Advancement of Telehealth William England, Ph.D., APA Fellow Dakota Carter, M.D. who spoke on workforce issues facing psychiatry, and Senior Washington Counsel of the American Medical Association Sylvia Trujillo, J.D. who spoke on the importance of telemedicine legislation. Saul Levin, M.D., M.P.A. moderated the panel. The briefing increased interest around the importance of eliminating barriers to telemedicine in an age of advancing technology.

The briefing also included remarks from Elizabeth Joseph, a staff member from Senator Thad Cochran's (R-MS) office, which sponsored the CONNECT Act. APA strongly supports the legislation.

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.

E) ***Elinore McCance-Katz, M.D., Ph.D.***: In August, the Senate confirmed the nomination of Elinore McCance-Katz, M.D., Ph.D. 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 the Substance Abuse and Mental Health Services Administration (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.

2. *Advancing the Integration of Psychiatry*

A) ***Puerto Rico Relief:*** Hurricane Maria left destruction and devastation in its wake for more than three million Puerto Rico residents, without electricity, clean drinking water, food, and medical supplies. Unfortunately, this humanitarian crisis is met with the territory's looming healthcare crisis. Puerto Rico's health care system 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. One week after the storm hit, medical centers and hospitals are slowly regaining operability, accepting new patients and maintaining patient care, although 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. APA has contacted the Puerto Rico district branch's leadership to discuss how the larger APA can help.

Thank you for helping with disaster relief efforts and we wanted to recognize Joseph Napoli, M.D., Robert "Bob" Ursano, M.D., and Joshua Morganstein, M.D. for their prompt help providing materials to those impacted by natural disasters and traumatic events such as the Las Vegas shooting.

B) ***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 will be featured during a webinar hosted by the Office of the National Coordinator on October 2.

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

D) ***Case Study on Accountable Care Organizations and Collaborative Care***: The APA Policy team is partnering with Leavitt Partners, a healthcare think tank, 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 fall.

E) ***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:

- We are working with APA affiliates and insurance commissioners in those states which received Centers for Medicare and Medicaid Services (CMS) grant money to develop robust pre- and post-market parity compliance initiatives. 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/
- APA has been invited by Colorado Attorney General Cynthia Coffman to meet in October to discuss parity and network adequacy concerns.

F) ***APA Payment Reform Toolkit*:** We recently 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.

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

G1) **Quality Payment Program**: Our comments regarding the Medicare Quality Payment Program included many suggestions to help psychiatrists, but we especially highlighted the need for CMS to:

- Include APA Collaborative Care training as a practice improvement activity for the Merit-Based Incentive Payment System (MIPS) and encourage "advanced" alternative payment models to provide Collaborative Care services;
- Keep program requirements consistent year-to-year, including the proposal to raise the MIPS low-volume threshold from $30,000 or 100 patients per year to $90,000 or 200 patients;
- Adopt a MIPS advancing care information (ACI or EHR) hardship exemption for small practices;

- 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.

G2) **Physician Fee Schedule Regulatory Comments:** APA supported CMS' proposal to adopt the CPT codes for collaborative care services and to pay for those services when provided in Federally Qualified Health Centers and rural health centers. We asked them to finalize a proposal which would provide a slight increase in payments for select psychiatric services. We support finding ways to expand access to care through telehealth services including relaxing the geographic limitations currently in place. We also supported identifying ways to provide relief from burdensome documentation requirements for Evaluation and Management (E/M) services and encouraged a transparent process whereby the current criteria are evaluated and revised.

G3) **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.

G4) **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 has also said 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 is tasking a new workgroup with identifying appropriate areas for developing new quality measures for psychiatry, and we plan to apply for grant funding to create new measures for behavioral health for use in PsychPRO and the MIPS program.

3. *Supporting and Increasing Diversity*

A) ***APA Mentorship Program (Update)***: In July, APA's Division of Diversity and Health Equity (DDHE) selected 22 second-year APA/APAF Fellows to be a part of the inaugural APA Mentorship Program for Resident Fellow Members (RFMs). The objective of the program is to mentor and sponsor RFMs during their critical transition to Early Career Psychiatrists (ECPs). The program was inspired by the diversity and medical literature that suggest mentorship and sponsorship are critical in helping younger generations achieve leadership in their respective fields.

The matchmaking process of mentee/mentors was carried out by DDHE and APA Mentorship Program Advisory Committee (Frances Lu, M.D., Toi Harris, M.D., Uyen-Khanh "U.K." Quang-Dang, M.D., Steven Starks, M.D., Rachel Robitz, M.D., and Hector Colon-Rivera, M.D.). Mentee/Mentor matches are as follows:

Mentee	Institution of Mentee	Mentor
Adrienne Grzenda, MD, PhD	University of California, Los Angeles (UCLA)	Alik Widge, MD
Carine Nzodom, MD	Louisiana State University Health Science Center	Kim Gordon, MD
Carlos Fernandez, MD	UCLA-Kern Medical Center	Phillip Murray, MD
Chandan Khandai, MD, MS	Northwestern-Feinberg School of Medicine	Erik Vanderlip, MD
Christine Crawford, MD, MPH	Massachusetts General Hospital	Michelle P Durham, MD
Colby Tyson, MD	New York-Presbyterian/Columbia	Karinn Glover, MD
Diana Robinson, MD	University of Virginia Hospital	David Buxton, MD
Ebony Dix, MD	West Virginia University Health Sciences Center	Steven Starks, MD
Erica Lubliner, MD	UCLA-Kern Medical Center	Gabrielle Shapiro, MD
Ferdnand Osuagwu, MD	Central Michigan University College of Medicine	Eric Williams
Jai Gandhi, MD	University of Washington School of Medicine	Abbas-Ali Asghar-Ali, MD
Jenny Dwyer, MD, PhD	Yale School of Medicine	Theresa Miskimen, MD
Jessie Gold, MD, MS	Stanford University Health Care	Christopher Ramsey, MD
Jessica Bayner, MD	Bergen Regional Medical Center/Boston Children's Hospital	Rebecca Brendel, MD
Kunmi Sobowale, MD	Yale School of Medicine	Pamela Collins, MD
Laura Pientka, D.O.	University of Minnesota	Alicia Romeo, MD
Mary Vance, MD	MGH-McLean	Ilse Weichers, MD
Matthew Goldman, MD, MS	New York State Psychiatric Institute - Columbia University Medical Center	Bibhav Acharya, MD
Natalie Ramirez, MD	Stanford University School of Medicine	Christina Mangurian, MD
Rachel Talley, MD	Columbia University Medical Center/New York State Psychiatric Institute	Ayana Jordan, MD
Rebecca Radue, MD	University of Wisconsin Department of Psychiatry	Daena Petersen, MD
Sabina Bera, MD, MS	UCLA-Kern Medical	Jose Vito, MD

B) ***Medical Student Funding Opportunities: A Guide to Applying for APA/APAF Medical Student Programs (Toolkit)***: DDHE has completed a toolkit for medical students applying for APA/APAF Medical Student Programs. The toolkit—which will be housed on APA website—gives an overview of the five APA/APAF Medical Student Programs and a step-by-step process for applying to each program.

The Medical Student Programs include:

- Travel Scholarship to APA Annual Meeting
- Travel Scholarship to IPS: The Mental Health Services Conference
- Medical Student Elective in HIV
- Externship in Addiction Psychiatry
- Summer Mentoring Program

C) ***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. 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.

4. *Supporting Research*

A) ***Research Colloquium for Junior Investigators*:**

A1) **Post-Colloquium Webinar:** As part of the Foundation's R-13 NIDA grant, members of the APA Administration are in the process of preparing four post-Colloquium webinars for the 2017 Research Colloquium cohort – one webinar for each of the four research areas of focus during the Colloquium. The main purpose of these webinars is to provide ongoing mentorship and guidance to the junior investigators. In addition, through interactive discussions and the completion of a Colloquium Follow-up Survey, the webinars will help us identify barriers junior investigators may experience in moving their research careers forward.

A2) **Beginner-Level Track:** The Council on Research's (CoR) Workgroup on Research Training decided to add a beginner-level track to the 2018 Research Colloquium to attract, mentor, and guide the research career of beginner-level junior investigators who are interested in psychiatric research but are in the early stages of developing their areas of research interest and need mentorship and guidance in doing so. This track was developed based on feedback from past Colloquium participants, other APA fellows, and past-year potential candidates who felt the Colloquium, in its current form, did not help early career psychiatrists who were very interested in research careers but did not well-defined areas of interest. The Colloquium will continue to have an intermediate/junior-level track for those early research career psychiatrists who have well-defined areas research area of interest, but need mentorship in fine-tuning their research portfolio and moving forward to develop K-award projects.

A3) **2018 Planning:** The CoR Workgroup on Research Training added a new area of focus to the 2018 event – Health Disparities and Health Services Research. The addition of this research area will allow for the inclusion of a more diverse group of early career psychiatrists and those who are interested in non-biological areas of research. In addition, the 2018 Colloquium will continue its expansion to include 15 international early research career psychiatrists. The call for applications for the 2018 Research Colloquium will open the end of September 2017.

A4) **Partnership:** We continue to partner with ACNP, SOBP, and NIDA on this important mentoring initiative. ACNP is hosting a ½-day booster mentoring session for the 2017 Research Colloquium

participants at its Annual Meeting on December 2, 2017, in Palm Springs, California. The session was organized by the Council on Research's Workgroup on Research Training, led by Charles Nemeroff, M.D., Ph.D. and Anissa Abi-Dargham, M.D. Professor of Psychiatry and Vice Chair of Research, Department of Psychiatry, Stony Brook School of Medicine and the current president of the ACNP who served as a mentor at the 2017 Colloquium. Drs. Charles Nemeroff, Diana Clarke, Anand Kumar, and Zachary Stowe will be participating in the ½-day booster session.

B) ***APA Foundation Psychiatric Research Fellowship*****:** The APAF Psychiatric Research Fellowship began in July 2017. Inaugural Fellow, Adrienne Grzenda, M.D., Ph.D. met with the APA mentors for this award, Drs. Philip Wang and Diana Clarke, to discuss the development of the research project. In addition, Dr. Grzenda spent two days at the APA headquarters before the September Components Meeting to continue working on the research project with Dr. Wang, Dr. Clarke, Dr. Levin, and the senior data analyst Seungyoung Hwang. Dr. Grzenda has begun to draft the outlines for three possible manuscripts from the fellowship. Dr. Grzenda will continue to have scheduled conference calls with APA mentors and work on the research project remotely.

C) ***Proposals for Changes to DSM-5***: Proposals for minor changes were reviewed and approved by both the Subcommittee on Minor Corrections and the DSM Steering Committee. Briefly, these proposed changes include: 1) the correction of selected ICD-10-CM codes for opioid withdrawal, sedative, hypnotic, or anxiolytic withdrawal, and amphetamine or other stimulant withdrawal; 2) the correction of the omission of exclusion for adjustment disorder in definitions of other specified depressive disorder/unspecified depressive disorder and other specified anxiety disorder/unspecified anxiety disorder; 3) the addition of persistent trauma response with PTSD-like symptoms to the list of examples in other specified trauma- and other stressor-related disorders; and 4) the correction of the omission of other types of hallucinations in the Clinician-Rated Dimensions of Psychotic Symptom Severity. These proposed changes, along with the acute stress disorder proposal, will be posted in mid-October for public comment on the DSM Website. Currently, the DSM Steering Committee is discussing the process for reviewing text changes to DSM-5.

5. *Education and Annual Meeting*

A) ***2017 IPS: Mental Health Services Conference***: The IPS Conference will be held October 19-22 at the Hilton New Orleans Riverside, in New Orleans, Louisiana. Housing and registration opened June 13. The Scientific Program Committee led by APA's President Anita Everett, M.D., Michael Compton, M.D., M.P.H., and Glenda Wrenn, M.D., has finalized the program for New Orleans. The program consists of over 90 sessions focused on Dr. Everett's them of "Enhancing Access & Effective Care." Currently, registration is similar to the meeting held in Washington, DC in 2017, and APA is keeping a watchful eye on any developments that may arise as a result of Tropical Storm Nate.

B) ***2018 Annual Meeting***: The meeting will be held May 5-9 in New York, New York. Sessions and courses will be held at the Javits Convention Center and the Marriott Marquis. Governance meetings and housing for the Board and Assembly will be at the Marriott Marquis. A new subway stop has been added since our last meeting in New York in 2014, just two blocks from the Marriott Marquis. This stop reduces the travel to the Convention Center to just seven minutes. APA President Anita Everett, M.D. and Linda Worley, M.D lead this year's Scientific Program Committee (SPC). The scientific program committee received over 2,100 abstracts for consideration. Grading and program selection is underway and a preliminary program will be released in early 2018. Registration will open in December of 2017.

C) ***Workgroup of Physician Well-being and Burnout***: This Workgroup, chaired by Richard Summers, M.D., is meeting monthly by phone and met in person at the APA Annual Meeting. A self-assessment tool has been created by the workgroup based on standardized rating scales and is available online at https://psychiatry.org/wellbeing. Upon completion of the scale, users are provided with a real-time comparison to other physicians who have completed the scale. The workgroup is also compiling a list of resources for inclusion on the website and filming short videos on the topic. Currently, the workgroup is drafting a report and finalizing screening measures to be available to APA members via web portal.

D) ***ABPN Maintenance of Certification (MOC) Part 3 Pilot***: The APA was notified in September that the ABPN plans to pilot an alternative pathway for the MOC-3 10-year exam. This pilot would launch in 2019 and would require diplomats to read articles and answer questions related to those articles. The APA and American Academy of Neurology (AAN) met with ABPN in Minneapolis in September to begin discussing the details of this program. A follow-up meeting with APA, AACAP, AAN, and the Child Neurology Society will meet with ABPN again in December to further discuss the details of this program.

E) ***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.

F) ***Substance Abuse Education***: The APA continues to engage hundreds of learners each month through its SAMHSA-funded PCSS-MAT webinar series. In July, the APA learned that they would receive full funding for its part of the PCSS-MAT program. The APA submitted approximately a dozen online education resources to be included in a nationwide campaign led by the AMA to increased 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 Chair Andrew Saxson, M.D.

G) ***Joint Sponsorship Program for Continuing Medical Education (CME***): We are currently using the expanded Joint Sponsorship CME program to support our affiliated groups, such as the Association of Directors of Medical Student Education in Psychiatry (ADMSEP), by providing low-cost CME accreditation for their annual meeting. In the past 12 months, we have seen increased participation by the District Branches in this program and numerous applications for affiliate groups such as ADMSEP, including our first international member, the Asociacion Psiquiatrica Mexicana.

I look forward to our continued discussions and enhancing mental health for our patients and members.

Communications Update

Item: Communications

Lead: Tanya Bradsher, Chief Communications Officer

Division/Offices Involved: Communications, Government Relations, Diversity and Health Equity, Policy, Programs and Partnerships, Membership, Legal, and CEO and Medical Director's Office

Background/Staff Action and Response: An immigration ban, the end of the DACA program, the Goldwater rule, and the health care fight were just some of the hot topics of the last several months. The APA's Communications responded to the increased interest from the public caused by these events. In July, the Communications office received 43 media requests, compared to 11 in July the year before. In August, typically a slow month for news, the office received 41 requests, compared to 32 the year before.

The Communications Office was also proactive in dealing with news events. So far this year, the office has sent out 19 press releases on health care alone. The office worked closely with Government Relations, Diversity and Health Equity, Policy, Programs and Partnerships, Membership, Legal, and the CEO and Medical Director's Office, as well as other Departments as needed, to get APA messages before key stakeholders.

Recommendations for Major Policy Issues for Action or Discussion: This item is for information only.

APA Registry

Item: Registry

Leads: Philip Wang, M.D., Dr.P.H., Director of Research; Jon Fanning, M.A., CAE, Chief of Membership and RFM-ECP Officer; and Colleen Coyle, JD, General Counsel

Division/Offices Involved: CEO and Medical Director's Office, Research, Policy, Programs and Partnerships, Membership, Information Technology, Education, Publishing, Finance, Communications, and Legal

Background/Staff Action and Response: APA continues to raise awareness of PsychPRO as a solution to meet Medicare's new value-based reimbursement model, known as the Merit-based Incentive Payment System (MIPS) and for MOC Part IV.

The registry will help psychiatrists subject to reporting requirements avoid the 4% penalty for the 2017 reporting period, which will impact reimbursements in 2019. The new electronic sign-up portal on the APA website (https://registry.psychiatry.org/Signup/Registration.aspx), available for easy registration in PsychPRO, has streamlined the process and since its go-live date 4-weeks ago, has seen participation rates grow to an average of five new practices per week. Practices include solo and small group practices. PsychPRO is a Qualified Clinical Data Registry (QCDR) for the 2017 reporting period and will complete the CMS QCDR self-nomination for the 2018 reporting period by the upcoming November 2017 deadline.

This certification is important because it allows PsychPRO to advance the field by identifying and testing new psychiatric specific quality measures (i.e., non-MIPS quality measures). PsychPRO is planned to expand the list of available quality measures with its 2018 QCDR self-nomination to 34 (up from 25) MIPS and 18 (up from 4) non-MIPS quality measures reflecting the behavioral and collaborative care setting making PsychPRO particularly suited for implementing and tracking quality improvement initiatives in psychiatric and other mental healthcare practices. For more information about the Registry, please go to www.psychiatry.org/psychiatrists/registry.

Recommendations for Major Policy Issues for Action or Discussion: This item is for information only.

Membership Update

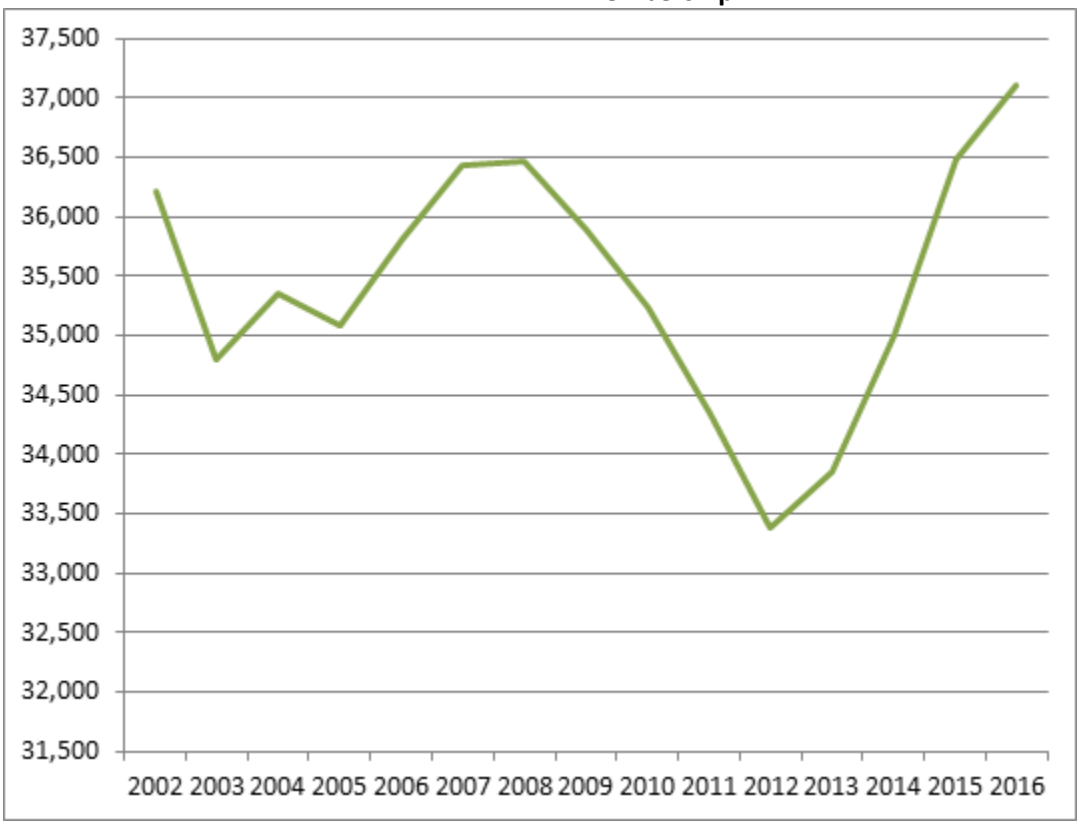
Item: Membership Update

Lead: Jon Fanning, M.A., CAE, Chief Membership & Strategy Officer (RFM-ECP Liaison)

Division/Offices Involved: Organization wide

Background/Staff Action and Response: At the end of 2016, total membership stood at 37,106, which is the highest level in 14 years. The following highlights that trend:

APA Membership



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

APA looks well positioned to again be over 37,000 members at the end of the year due to the efforts of everyone involved.

Trends

Every segment of membership has increased, including the minority and underrepresented segments. The following self-reported numbers, listed by fastest growth, provide us with guidance about how these segments are trending.

- 17% increase in Women Psychiatrists members (2,135 new members) from 2013 through 2016.
- 13% increase in African American Psychiatrists (161 new members) from 2013 through 2016.

- 5% increase in Asian Psychiatrists (210 new members) from 2013 through 2016.
- 2% increase in the number of Latino/Hispanic Psychiatrists members (35 new members) from 2013 through 2016.
- 2% increase in the number of International Medical Graduate Psychiatrists (145 new members) from 2013 through 2016.

The APA Administration is grateful to the Board, Assembly, and District Branches for the mutual support and collaborative work that has been required to achieve these results.

Recommendations for Major Policy Issues for Action or Discussion: This item is for information only.

APA Publishing

Item: Publishing Update

Leads: John McDuffie, Interim Publisher

Division/Offices Involved: CEO and Medical Director's Office, Research, Membership, Information Technology, and Communications

Background/Staff Action and Response: APA Publishing Operations manages four central functional divisions: Editorial Development; Marketing and Sales; Operations; and Digital and Print Production. The following are ongoing projects in these areas.

Editorial/Development: Books--65 new book projects currently in development representing 2+ years of publications (2018 and 2019). Journals—two new journal launches in planning (*Psychiatric Research and Clinical Practice*, and *American Journal of Psychotherapy*); Search Committee planning for new AJP Editor-in-Chief (to begin Q4 2018). Ongoing regular meetings established with Research to monitor issues related to DSM-5 (e.g., coding updates; registry plans).

Marketing and Sales: Promotion has been expanded to include ongoing use of social media (TrendMD, Kudos, Twitter, Facebook) to promote our products, as well as to continue our print and online direct marketing efforts and in-person sales meetings and conferences (Login Canada, Psychiatric Congress; Frankfurt Book Fair). A new partner has been identified to increase academic book sales (Tributary). This effort is showing positive sales promise as well as important market intelligence.

Operations: New Call Center System installed; planning ongoing for software systems integration with Membership (Forklift Phase II), as well as preparations for the move to the new building in December.

Digital and Print Production: PsychiatryOnline redesign planning began in September; scheduled to launch in Q2 2018. Digital archiving of print files scheduled for completion in October. Other digital products in development: Podcast with book authors discussing topics of their books; buprenorphine book with the online course; online board review course. Practice guideline (AUD) scheduled for simultaneous release in print (book), in AJP (executive summary), and online (PsychiatryOnline) in early January.

Recommendations for Major Policy Issues for Action or Discussion: This item is for information only.

Item 2017A2 3.A
Assembly
November 3-5, 2017

Report of the Speaker

Theresa Miskimen, M.D.

Dear Members of the Assembly:

The past few months have presented unforeseen challenges to so many of us including the aftermath of the current Atlantic Ocean hurricane season, California wildfires, and the deadliest mass shooting in modern American history. It was inspiring to see how the members of our organization and our Assembly sprung into action donating their time and expertise to address these challenges; from disseminating humanitarian related information, to providing immediate mental health services to those affected, to setting up fund raisers were among the various ways in which we helped those in need. As someone whose family was directly affected by one of the hurricanes that hit our shores, I wish to express my gratitude for so selflessly giving of yourselves to those in need. Thank you.

In order to set the stage for our upcoming November Assembly meeting, I want to summarize what transpired at the BOT and AEC during the summer months.

Actions of the Board of Trustees

In July the Assembly brought forward twenty items to the Board of Trustees. Out of the eighteen position statements submitted, four were referred back to the relevant components:

- Revised Position Statement on the Role of the Psychiatrist in the Long-Term Care Setting was referred back to the Council on Geriatric Psychiatry.
- 2006 Position Statement: Resolution against Racism and Racial Discrimination and their Adverse Impacts on Mental Health was referred back to the Council on Minority Mental Health and Health Disparities.
- Revised 1978 Position Statement: Abortion was referred to the Council on Minority Mental Health and Health Disparities.
- Proposed Position Statement: Risk of Adolescents' Online Behavior was referred back to the Council on Children, Adolescents, and Their Families (request to reorganize the document using the template for Position Statements).

The Board approved:

- The Assembly's action on Maintenance of Certification, which asked that the APA adopt the position that decisions regarding licensure, hospital privileges and credentialing and/or participation on insurance panels shall not in any way be conditioned upon a physician's completion of/or participation in Maintenance of Certification or Osteopathic Continuous Certification.
- The APA Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder.
- The Council on Minority Mental Health and Health Disparities' request to invite the seven Representatives from the Assembly M/UR Caucuses to attend the Council's meeting during the

September Components Meeting. As the Speaker, I agreed to utilize a portion of the Assembly New Initiative Fund towards this initiative to secure representation of this group at the meeting.

Concerning action paper 12.T: APA Referendum Voting Procedure, referred to the Board of Trustees by the Joint Reference Committee, while the Board did not approve the JRC's request, they did, however, approve the following two actions as new business items:

- The Board of Trustees voted to approve the following policy: 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.
- 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.

And finally, the Membership Committee requested (and the Board approved) awarding $2,586.20 to each DB/SA that applied for a competitive grant. All submissions were due August 1, 2017.

Assembly Executive Committee

The AEC met in Nashville during the month of July right after the BOT meeting. During the meeting I announced that I would convene a Work Group on Area Council Functions and Financing; happy to report that Dr. Martin accepted to serve as Chair of this work group.

I informed the AEC that this year we would bestow 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 to Dr. Roger Peele. The award will be presented Saturday during the 2nd Plenary Session. Please come and join me in celebrating his many accomplishments.

Dr. Anzia, Immediate Past-Speaker, chaired the Work Group on Special Elections. The group worked tirelessly to ensure that the Assembly would have a process in place to fill the unexpired term of the Recorder, vacated by Dr. Daviss. We will hold the Special Election for Recorder during the 3rd Plenary Session. The candidates are:

Harold Ginzburg, M.D., Oklahoma Psychiatric Physicians Association, Area 5
Paul O'Leary, M.D., Alabama Psychiatric Physicians Association, Area 5
James Polo, M.D., Washington State Psychiatric Association, Area 7

And finally, thank you again for volunteering to serve in the Assembly. I look forward to a great meeting!

Theresa Miskimen, M.D.

Speaker

Item 2017A2 3.B.1
Assembly
November 3-5, 2017

AMERICAN PSYCHIATRIC ASSOCIATION
BOARD OF TRUSTEES

FINAL SUMMARY OF ACTIONS
May 21, 2017

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
2.A	**Requests to Remove Items from the Consent Calendar** No items were removed.	Chief Operating Officer • Association Governance
2.B	**Approval of Items on the Consent Calendar** The Board of Trustees voted to approve the Consent Calendar.	Chief Operating Officer • Association Governance
3.A	**Sunsetting of Completed Ad Hoc Work Groups** The Board of Trustee voted to sunset, with appreciation, the following Board Ad Hoc Work Groups which have completed their charge: • Board Ad Hoc Work Group on Amazon Smile • Board Ad Hoc Work Group on APEX • Board Ad Hoc Work Group on Board Designated and Non-Recurring Funds • Board Ad Hoc Work Group on M/UR Trustee Nominations and Election Process • Board Ad Hoc Work Group on Practice Guideline Development Timeline and Publication Process **[cc]**	Chief Operating Officer • Association Governance

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
3.B	**Ad Hoc Work Groups to be Continued** The Board of Trustee voted to continue the following Board Ad Hoc Work Groups until they have completed their charge: • Board Ad Hoc Work Group on Assessing Long Term and Short Term APA Decisions on State Advocacy and CALF Grants (report by July 2017 BOT Meeting) • Board Ad Hoc Work Group on Board of Trustees Psychiatric Work Force (report by July 2017 BOT Meeting) • Board Ad Hoc Work Group on Election Violation Issues (report by July 2017 BOT Meeting) • Board Ad Hoc Work Group on APA DB/SA Relationships (report by July 2017 BOT Meeting) • Board Ad Hoc Work Group on Registry Oversight (ongoing) • Board Ad Hoc Work Group on Review APA Relationship to Additional Funders (report by July 2017 BOT Meeting) **[cc]**	Chief Operating Officer • Association Governance
5.A	**Minutes of the March 4-5, 2017 Board of Trustees Meeting** The Board of Trustees voted to approve the minutes of its **March 4-5, 2017** Meeting. **[cc]**	Chief Operating Officer • Association Governance
6.B	**Status of the Board Contingency Fund** The Board of Trustees voted to accept the report of the status of the Board Contingency Fund. **[cc]**	Chief Financial Officer • Finance & Business Operations Chief Operating Officer • Association Governance

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
6.C	**Presidential New Initiative Fund** The Board of Trustees voted to accept the report of the status of the President's New Initiative Funds for Dr. Binder, Dr. Oquendo, and Dr. Everett**. [cc]**	Chief Financial Officer • Finance & Business Operations Chief Operating Officer • Association Governance
6.D	**Assembly New Initiative Fund** The Board of Trustees voted to accept the status report of the Assembly's New Initiative Fund. **[cc]**	Chief Financial Officer • Finance & Business Operations Chief Operating Officer • Association Governance

Item 2017A2 3.B.2
Assembly
November 3-5, 2017

AMERICAN PSYCHIATRIC ASSOCIATION
BOARD OF TRUSTEES

DRAFT SUMMARY OF ACTIONS
July 15-16, 2017

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
2.A	**Requests to Remove Items from the Consent Calendar** 8.B.1, 8.B.2, 8.C.5, 8.C.6, 9.A.2, 9.A.4, 9.A.8, 9.A.9, and 9.A.16	Chief Operating Officer • Association Governance
2.B	**Approval of Items on the Consent Calendar** The Board of Trustees voted to approve the Consent Calendar as amended.	Chief Operating Officer • Association Governance
4.A.1	**Report of the CEO and Medical Director** The Board of Trustees voted to approve APA endorsing the appointment of the nominee for Surgeon General Jerome Adams, M.D., MPH. [2 abstentions]	Office of the CEO & Medical Director Chief of Government Relations
5.A	**Report of the Secretary** The Board of Trustees voted to approve the minutes of its May 21, 2017 meeting. **[cc]**	Chief Operating Officer • Association Governance
6.B	**Board Contingency Fund** The Board of Trustees voted to accept the report of the status of the Board Contingency Fund. **[cc]**	Chief Financial Officer • Finance & Business Operations Chief Operating Officer • Association Governance
6.C	**Presidential New Initiative Fund** The Board of Trustees voted to accept the report of the status of the President's New Initiative Funds for Dr. Oquendo, Dr. Everett, and Dr. Stewart**. [cc]**	Chief Financial Officer • Finance & Business Operations Chief Operating Officer • Association Governance

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
6.D	**Assembly New Initiative Fund** The Board of Trustees voted to accept the status report of the Assembly's New Initiative Fund. **[cc]**	Chief Financial Officer • Finance & Business Operations Chief Operating Officer • Association Governance
7.A.1	**Joint Reference Committee Report** The Board of Trustees **did not** vote to support the AMA policy statement opposing the use of solitary confinement in juveniles, while the APA creates its own policy.	Chief Operating Officer • Association Governance Medical Director's Office • Diversity & Health Equity
7.A.2	**Joint Reference Committee Report** The Board of Trustees **did not approve** the request to preparation of a viable referendum process, with participation of Assembly Representatives jointly selected by the Speaker and the President, and presented to the Assembly in November 2017.	Chief Operating Officer • Association Governance Chief Membership & Strategy Officer – RFM/ECP Liaison
7.A.3	**Joint Reference Committee Report** The Board of Trustees granted permission to publish the component work product *EEG Prediction of Treatment Response in Depressive Episodes.* **[cc]**	Chief Operating Officer • Association Governance • Publishing
7.A.4	**Joint Reference Committee Report** The Board of Trustees voted to approve changing the name of the Caucus on Complementary and Alternative Medicine to the Caucus on Complementary and Integrative Psychiatry. **[cc]**	Chief Operating Officer • Association Governance

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
7.A.5	**Joint Reference Committee Report** The Board of Trustees voted to approve the Council on Minority Mental Health and Health Disparities' request to invite the seven Representatives from the Assembly M/UR Caucuses to attend the Council on Minority Mental Health and Health Disparities' meeting at the September Components Meeting with a recommendation that the funding sources to be considered include the Assembly. [*The cost is estimated to be $13,116.00 with a funding source still to be determined*.] The JRC recommended support of a one-time initiative whereby seven MUR Representatives attend the fall meeting of the Council on Minority Mental Health and Health Disparities to address issues of common concern as outlined in the Council's report to the JRC. This is a one-time request with the understanding that any ongoing funding will require a request through the normal APA budget process. The funding will be limited to travel, hotel and per diem for the seven MUR Representatives who may participate in person or by phone. There is no funding available for substitute attendees for those MUR Representatives who are unable to attend in person.	Chief Operating Officer • Association Governance Medical Director's Office • Diversity & Health Equity
8.A.1	**Audit Committee Report** The Board of Trustees voted to approve the 2016 audit reports for American Psychiatric Association – Consolidated.	Chief Financial Officer
8.A.2	**Audit Committee Report** The Board of Trustees voted to approve the 2016 audit reports for American Psychiatric Association Foundation.	Chief Financial Officer
8.A.3	**Audit Committee Report** The Board of Trustees voted to approve the 2016 audit reports for American Psychiatric Association Pension Plan.	Chief Financial Officer

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
8.A.4	**Audit Committee Report** The Board of Trustees voted to approve the 2016 audit reports for American Psychiatric Association Retirement Savings Plan.	Chief Financial Officer
8.B.1	**Investment Oversight Committee Report** The Board of Trustees voted to approve that the APA amend the Pension Plan to allow a lump sum distribution option for participants who are not currently receiving distributions.	Chief Financial Officer
8.B.2	**Investment Oversight Committee Report** The Board of Trustees voted to proceed with exploring the option of terminating its involvement with the Pension Plan consistent with the appropriate laws and regulations.	Chief Financial Officer
8.C.1	**Finance & Budget Committee Report** The Board of Trustees voted to approve the committee's recommendation to revise the Annual Meeting registration fees as detailed in Attachment A.	Chief Financial Officer Chief Operating Officer • Meetings and Conventions
8.C.2	**Finance & Budget Committee Report** The Board of Trustees voted to approve the committee's recommendation to revise the IPS registration fees as detailed in Attachment B.	Chief Financial Officer Chief Operating Officer • Meetings and Conventions
8.C.3	**Finance & Budget Committee Report** The Board of Trustees voted to approve the committee's recommendation to revise course fees as shown in revised schedule of 2018 course fees (Attachment C).	Chief Financial Officer Chief Operating Officer • Meetings and Conventions
8.C.4	**Finance & Budget Committee Report** The Board of Trustees voted to approve the committee's recommendation to increase CALF funding by $136,000 in 2017.	Chief Financial Officer Chief of Government Relations

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
8.C.5	**Finance & Budget Committee Report** The Board of Trustees reaffirmed the full signatory authority of the APA and/or APAF representatives listed to conduct financial transactions and to contract in the name of the APA and/or APAF as designated below, except that for any and every expenditure exceeding $1 million, a prior review of the proposed expenditure and its approval (prior authorization) by the Executive Committee of the Board of Trustees of the American Psychiatric Association, shall be required. Saul Levin, MD, CEO/Medical Director APA, APAF, APAPAC, APA Wharf Property Holding LLC David Keen, Chief Financial Officer APA, APAF, APAPAC, APA Wharf Property Holding LLC Shaun Snyder, Chief Operating Officer APA, APAPAC, APA Wharf Property Holding LLC Dan Gillison, APAF Executive Director APAF	CEO and Medical Director Chief Financial Officer Chief Operating Officer Executive Director, APA Foundation
8.C.6	**Finance & Budget Committee Report** The Board of Trustees authorized the administration staff with signatory authority (CEO, COO, and CFO) to execute contracts within the approved budget for the buildout of APA office space at The Wharf.	CEO and Medical Director Chief Operating Officer Chief Financial Officer
8.D.1	**Membership Report** The Board of Trustees voted to approve a recommendation from the Membership Committee to award $2,586.20 to each district branch or state association listed in Attachment A as part of the DB/SA Grant process. **[cc]**	Chief Membership & Strategy Officer – RFM/ECP Liaison
8.D.2	**Membership Report** The Board of Trustees voted to approve the applicants listed in Attachment C for International Membership. **[cc]**	Chief Membership & Strategy Officer – RFM/ECP Liaison

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
9.A.1	**Speaker's Report** The Board of Trustees voted to approve the retention of the 2007 Position Statement *Use of Stigma as a Political Tactic.* **[cc]**	Chief Operating Officer • Association Governance
9.A.2	**Speaker's Report** The Board of Trustees voted to **refer** the revised Position Statement: *Position Statement on the Role of the Psychiatrist in the Long-Term Care Setting* back to the Council on Geriatric Psychiatry.	Chief Operating Officer • Association Governance Medical Director's Office • Diversity & Health Equity Council on Geriatric Psychiatry
9.A.3	**Speaker's Report** The Board of Trustees voted to approve the retirement of the 2009 Position Statement: *U.S. Military Policy of "Don't Ask Don't Tell"*. **[cc]**	Chief Operating Officer • Association Governance
9.A.4	**Speaker's Report** The Board of Trustees voted to **refer** the 2006 Position Statement: *Resolution against Racism and Racial Discrimination and their Adverse Impacts on Mental Health* back to the Council on Minority Mental Health and Health Disparities.	Chief Operating Officer • Association Governance Medical Director's Office • Diversity & Health Equity Council on Minority Mental Health and Health Disparities
9.A.5	**Speaker's Report** The Board of Trustees voted to approve the retention of the 2001 Position Statement: *Discrimination Against International Medical Graduates*. **[cc]**	Chief Operating Officer • Association Governance
9.A.6	**Speaker's Report** The Board of Trustees voted to approve the retention of the 1999 Position Statement: *Diversity*. **[cc]**	Chief Operating Officer • Association Governance

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
9.A.7	**Speaker's Report** The Board of Trustees voted to approve the retention of the 1994 Position Statement: *Psychiatrists from Underrepresented Groups in Leadership Roles*. **[cc]**	Chief Operating Officer • Association Governance
9.A.8	**Speaker's Report** The Board of Trustees voted to approve the retention of the 1994 Position Statement: *Resolution Opposing Any Restriction on the Number of IMGs Entering Graduate Medical Training* with a minor change noted below. **POSITION:** **Therefore, be it resolved, that the American Psychiatric Association firmly opposes any arbitrary ceiling restriction on the number of International Medical Graduates entering into graduate medical training.**	Medical Director's Office • Education • Diversity & Health Equity Chief Operating Officer • Association Governance
9.A.9	**Speaker's Report** The Board of Trustees voted to **refer** the Revised 1978 Position Statement: *Abortion* to the Council on Minority Mental Health and Health Disparities.	Chief Operating Officer • Association Governance Medical Director's Office • Diversity & Health Equity Council on Minority Mental Health and Health Disparities
9.A.10	**Speaker's Report** The Board of Trustees voted to approve the retention of the 1977 Position Statement: *Affirmative Action*. **[cc]**	Chief Operating Officer • Association Governance
9.A.11	**Speaker's Report** The Board of Trustees voted to approve the retirement of the 1976 Position Statement: *1976 Joint Statement on Antisubstitution Laws and Regulations*. **[cc]**	Chief Operating Officer • Association Governance

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
9.A.12	**Speaker's Report** The Board of Trustees voted to approve the retention of the 1998 Position Statement: *Misuse of Psychiatric Examinations and Disclosure of Psychiatric Records in Sexual Harassment Litigation*. **[cc]**	Chief Operating Officer • Association Governance
9.A.13	**Speaker's Report** The Board of Trustees voted to approve the retirement of the 2001 Position Statement: *Doctors Against Handgun Violence*. **[cc]**	Chief Operating Officer • Association Governance
9.A.14	**Speaker's Report** The Board of Trustees voted to approve the retention of the 2008 *Adoption of AMA Position Statements on Capital Punishment*. **[cc]**	Chief Operating Officer • Association Governance
9.A.15	**Speaker's Report** The Board of Trustees voted to approve the retention of the 2010 Position Statement: *No "Dangerous Patient" Exemption to Federal Psychotherapist- Patient Testimonial Privilege*. **[cc]**	Chief Operating Officer • Association Governance
9.A.16	**Speaker's Report** The Board of Trustees voted to refer the Proposed Position Statement: *Risk of Adolescents' Online Behavior* back to the Council on Children, Adolescents, and Their Families with a request to reorganize the document using the template for Position Statements.	Chief Operating Officer • Association Governance Medical Director's Office • Diversity & Health Equity Council on Children, Adolescents, and Their Families
9.A.17	**Speaker's Report** The Board of Trustees voted to approve the Proposed Position Statement: *Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement*. **[cc]**	Chief Operating Officer • Association Governance

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
9.A.18	**Speaker's Report** The Board of Trustees vote to approve the Proposed Position Statement: *Legislative Attempts Permitting Pharmacists to Alter Prescriptions*. **[cc]**	Chief Operating Officer • Association Governance
9.A.19	**Speaker's Report** The Board of Trustees voted to approve that the APA adopt the position that decisions regarding licensure, hospital privileges and credentialing and/or participation on insurance panels shall not in any way be conditioned upon a physician's completion of or participation in Maintenance of Certification or Osteopathic Continuous Certification.	Chief Operating Officer • Association Governance Medical Director's Office • Education
9.A.20	**Speaker's Report** The Board of Trustees voted to approve the APA Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder.	Chief Operating Officer • Association Governance
11.B	**Ad Hoc Work Group on APA DB/SA Relationships** The Board of Trustees voted to accept the report of the AHWG on APA DB/SA Relationship Management.	Chief Operating Officer • Association Governance General Counsel

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
11.C	**Ad Hoc Work Group on Election Violation Issues** The Board of Trustees vote to approve the four recommendations of the work group outlined below and in the presentation to the Board and modify the Operations Manual to reflect these recommendations. *Recommendations*: **1.** When there is an allegation of election rule violations, the Elections Committee will decide if a violation did in fact occur and the severity of such. **2.** If the violation does not immediately disqualify a candidate from the election, the Election Committee will call for a timely telephonic mediation between the candidates, with the Chair of the Election Committee acting as mediator. Each candidate will have the right to ask a fellow APA member to be on the call for moral support and advice. **3.** If the parties agree upon a remedy, then the Elections Committee will follow that path. If they do not agree upon a remedy, the Elections Committee will determine a remedy giving due consideration to the remedies proposed by the candidates. Examples of remedies will be provided to the BOT during the presentation at the Board meeting. **4.** The APA should discourage the concept of "leveling the playing field" by suspending the rule or allowing the other candidate to also violate the rules.	Chief Operating Officer • Association Governance General Counsel Elections Committee
14.A.1	**New Business** The Board of Trustees voted to approve the following policy: 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.	Chief Operating Officer • Association Governance General Counsel Elections Committee (for Information)

Agenda Item #	Title/Action Consent Calendar Items Notated by [cc]	Responsible Office/Component
14.A.2	**New Business** 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.	Speaker of the Assembly Elections Committee Chief Operating Officer • Association Governance
EX.1	***Psychiatric News* Editorial Advisory Board Appointment** The Board of Trustees voted to approve the appointment of Altha J. Stewart, M.D., for a three-year term (2017-2020) to the *Psychiatric News* Editorial Advisory Board.	Chief Communications Officer • *Psychiatric News* Chief Operating Officer • Association Governance

Item 2017A2 4.A
Assembly
November 3-5, 2017

Report of the Speaker-Elect

James R. Batterson, MD, DFAPA

November 2017 (Prepared October 1, 2017)

Greetings fellow Assembly members. Since our Annual Meeting in San Diego five months ago, I have been quite active with our organization and here is a quick snapshot:

- Joint Reference Committee—June 2017 in Washington DC serving as Co-Chair with Altha Stewart, our president.
- AMA meeting—June 2017 in Chicago as part of the APA delegation
- Assembly Executive Committee—July 2017 in Nashville
- Board of Trustees meeting—July 2017 in Washington DC
- Area 7 Meeting—August 2017 in Vancouver, BC
- Joint Reference Committee—October 14, Washington DC (Information not included in this report)
- Board of Trustees Meeting October 22, New Orleans (Information not included in this report)
- Conference calls—AEC, Rules Committee
- Emails--too numerous to count

Here is a highlight the issues that have been at the forefront of my attention since May. These are listed randomly and not in order of importance.

- **Election of a Recorder**—With the resignation of Dr. Daviss we faced the need for a special election. We dealt with this at the May Assembly by passage of a motion that allowed the AEC to set up rules around a special election including the option of electronic campaigning and voting. As Speaker-Elect I was involved with all of those discussions and along with Drs. Miskimen and Anzia, as well as with the input of the whole AEC, a protocol was established. We then asked the Nominating Committee to provide names of candidates for the special election once the resignation of Dr. Daviss was given. The AEC met as well by conference call and we distributed these reports to the Assembly including the nominations. There were two nominations from the "floor" electronically and we will be voting for a person to serve the unexpired term of Recorder for 2017-18. This was a lengthy and exhaustive process so that we could ensure fairness to candidates and to the whole of the Assembly.
- **Movement of Actions passed by the Assembly in May 2017**—The Assembly sent 18 Action items to the JRC in the form of Action Papers and a request for revisions on an older Position Statement on the Concept of Recovery. These actions were all assigned to various councils, the administration or were referred to the BOT. There were also a number of position statements that were reviewed for retention or retirement by the Assembly (many of which were on our consent calendar) that were referred to the JRC, then the BOT. Here are a few of those issues to highlight:

- **Health Care as a Human Right**—sent to the JRC where some questions were raised by two members plus legal council. This was sent to the Council on Psychiatry and the Law which will send this to the JRC who will meet later in October.
- **Position Statement on Psychology Prescribing**—sent to the JRC and they referred directly to the BOT. The BOT held an Executive Session to discuss the matter. More updates on this will be given by our Speaker and Medical Director on request.
- **US Joint Statement on Conversion Therapy (USJS)**—The administration sent a letter expressing general support without APA signing on to the statement. There continues to be a request for full sign on which is now being reviewed by our Council on Ethics.
- **APA Referendum Voting Procedure**—this paper was passed and represents a multi-year attempt to reform referendum voting so that our low voter turn-out does not silence member voices. This was referred directly to the BOT by the JRC where a work group of the board and Assembly members will be formed to work out ideas on changes that could work. The board did vote to set an action item on their agenda for any future referendum that passes by a majority of voters, even if not enough of the membership votes.

- **MOC activity has resulted in ABPN changes**—over the past four years, I have served as the chair of the MOC Work Group and now Russell Pet is the Chair of the newly formed MOC Committee. I have attended the APA/ABPN summit meetings to discuss our members' concerns about MOC and about other board certification issues. Our members want a more clinically relevant process of evaluation that incorporates the opportunity to learn. Cost is another major issue especially for those in the Initial Certification process. After years of advocacy, including APA representatives attending a Crucial Issues Forum in 2016, the ABPN has finally announced that they will be moving away from the high stakes 10 year exam to give diplomats the option of taking a series of self-assessment tests on articles that are key in our field.
- **Reform of physician licensure questions on mental health**—the APA's AMA delegation pushed hard to get a resolution passed that would hopefully move state licensure board questions about the mental health of the applicant to be less punitive. This issue was part of an action paper passed by the Assembly in May 2017 on physician burn out and is the subject of an action paper at this Assembly Meeting. Currently, applicants are asked if they have ever had a mental health issue or treatment. A yes answer could spawn an investigation and potential denial of licensure. With physician burn-out at an all-time high, it would seem inappropriate to set up barriers to physicians who wish to attend to their mental health.
- **Disaster Recovery**—Storm recovery is underway in Texas, Louisiana, Georgia, Puerto Rico and the US Virgin Islands. Las Vegas is dealing with the aftermath of the mass shooting. I have been pleased to see the helpful sharing of resources online and it is inspiring to hear of our fellow Assembly members who have been involved with recovery efforts. My own experience from Hurricane Hugo in 1989 taught me that true recovery is a very long process, and the influx of patients with mental health needs will hit hardest in the coming year. In the areas where the storms have had their impact, simple daily tasks become complicated as stores and other businesses are often not open, traffic signals are not functioning and the lack of power and running water all take their toll. I am working with the APF on ways for Assembly members to connect to the Foundation's Disaster Relief Fund at the upcoming Assembly meeting and hopefully spread the message about our foundation and the good work it does.

Joint Reference Committee
Report to Assembly
November 2017

The Joint Reference Committee (JRC) refers the following actions to the Assembly for consideration. The draft summary of actions from June 2017 JRC meeting may be found as attachment #19.
*Click on the highlighted item number to view the item in the packet.

Item 4.B.1 Retain Position: United States Ratification of the Convention of the Rights of the Child (JRCJUNE178.C.1)

Will the Assembly approve retaining, as APA Policy (position statement), endorsement of the *United States Ratification of the Convention of the Rights of the Child* and if retained, forward it to the Board of Trustees for consideration?

Rationale: The Council on Children, Adolescents, and Their Families believes the policy/position statement is current, relevant, and should be retained.

Item 4.B.2 Revised Position Statement: Need to Maintain Long-Term Care Facilities for Certain Individuals with Serious Mental Illness (JRCJUNE178.F.1)

Will the Assembly approve the revised Position Statement: *The Need to Maintain Long-Term Care Facilities for Certain Individuals with Serious Mental Illness* and if approved, forward it to the Board of Trustees for consideration?

The JRC made minor revisions to the statement to correct typos and to ensure that the language was person first.

Item 4.B.3 Retire 2010 Position Statement: Psychiatry and Primary Care Integration across the Lifespan (JRCJUNE178.F.3)

Will the Assembly retire the 2010 Position Statement: *Psychiatry and Primary Care Integration across the Lifespan* and if retired, forward it to the Board of Trustees for consideration?

Rationale: The concepts contained in this position statement are included in other APA position statements such as the 2016 PS Integrated Care and the 2008 PS Principles for Health Care Reform for Psychiatry.

Item 4.B.4 Retain 2011 Position Statement: Remuneration for Psychiatrists' Time Performing Utilization Review (Endorsement of AMA policy H-385.951) (JRCJUNE178.F.4)

Will the Assembly retain the 2011 Position Statement: *Remuneration of Psychiatrists' Time Performing Utilization Review (Endorsement of AMA policy H-385.951)* and if retained, forward it to the Board of Trustees for consideration?

Rationale: The Council on Healthcare Systems and Financing believes the position statement is current, relevant, and should be retained.

Item 4.B.5 Retain 2014 Position Statement: Universal Access to Health Care (JRCJUNE178.F.5)

Will the Assembly retain the 2014 Position Statement: *Universal Access to Health Care* and if retained, forward if to the Board of Trustees for consideration?

Rationale: The Council on Healthcare Systems and Financing believes the position statement is current, relevant, and should be retained.

Item 4.B.6 Proposed Position Statement on Human Rights (JRCJUNE178.G.1)

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

N.B. The proposed position statement is a consolidation of the 1992 PS Human Rights and the 2008 PS Denial of Human Rights Abuses. If the proposed position statement is approved by the Assembly and the Board of Trustees, these two position statements will be considered retired.

Item 4.B.7 Proposed Position Statement: Domestic Violence Against Women (JRCJUNE178.I.2)

Will the Assembly approve the proposed Position Statement: *Domestic Violence Against Women* and if approved, forward it to the Board of Trustees for consideration?

Item 4.B.8 Proposed Position Statement: Prevention of Violence (JRCJUNE178.I.3)

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

Item 4.B.9 Proposed Position Statement: Human Trafficking (JRCJUNE178.I.5)

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

Item 4.B.10 Proposed Position Statement: Police Interactions with Persons with Mental Illness (JRCJUNE178.J.1)

Will the Assembly approve the proposed Position Statement: *Police Interactions with Persons with Mental Illness* and if approved, forward it to the Board of Trustees for consideration?

Item 4.B.11 Proposed Position Statement: Lengthy Sentences Without Parole for Juveniles (JRCJUNE178.J.4)

Will the Assembly approve the proposed Position Statement: *Lengthy Sentences Without Parole for Juveniles* and if approved, forward it to the Board of Trustees for consideration?

Item 4.B.12 Retire 2011 Position Statement: Review of Sentences for Juveniles Serving Lengthy Mandatory Terms of Imprisonment (JRCJUNE178.J.5)

Will the Assembly retire the 2011 Position Statement: *Review of Sentences for Juveniles Serving Lengthy Mandatory Terms of Imprisonment* and if retired, forward it to the Board of Trustees for consideration?

Rationale: The 2011 position statement will be replaced by the proposed Position Statement *Lengthy Sentences Without Parole for Juveniles*, in part to account for Supreme Court cases decided after the 2011 Position Statement was adopted.

Item 4.B.13 Retain 2012 Position Statement: Segregation of Prisoners with Mental Illness (JRCJUNE178.J.6)

Will the Assembly retain the 2012 Position Statement: *Segregation of Prisoners with Mental Illness* and if retained, forward it to the Board of Trustees for consideration?

Rationale: The Council on Psychiatry and Law believes the position statement is current, relevant, and should be retained.

Item 4.B.14 Retain 2012 Position Statement: Assessing the Risk for Violence (JRCJUNE178.J.7)

Will the Assembly retain the 2012 Position Statement: *Assessing the Risk for Violence* and if retained, forward it to the Board of Trustees for consideration?

Rationale: The Council on Psychiatry and Law believes the position statement is current, relevant, and should be retained.

Item 4.B.15 Retain 2012 Position Statement: Firearms Access: Inquiries in Clinical Settings (JRCJUNE178.J.8)

Will the Assembly retain the 2012 Position Statement: *Firearms Access: Inquiries in Clinical Settings* and if retained, forward it to the Board of Trustees for consideration?

Rationale: The Council on Psychiatry and Law believes the position statement is current, relevant, and should be retained.

Item 4.B.16 Retain 2007 Position Statement: Use of Jails to Hold Persons Without Criminal Charges Who are Awaiting Civil Psychiatric Hospital Beds (JRCJUNE178.J.9)

Will the Assembly retain the 2007 Position Statement: *Use of Jails to Hold Persons Without Criminal Charges Who are Awaiting Civil Psychiatric Hospital Beds* and if retained, forward it to the Board of Trustees for consideration?

Rationale: The Council on Psychiatry and Law believes the position statement is current, relevant, and should be retained.

Item 4.B.17 Retain 2007 Position Statement: Psychiatric Services in Jails and Prisons (JRCJUNE178.J.10)

Will the Assembly retain the 2007 Position Statement: *Psychiatric Services in Jails and Prisons* and if retained, forward it to the Board of Trustees for consideration?

Rationale: The Council on Psychiatry and Law believes the position statement is current, relevant, and should be retained.

Item 4.B.18 Retain 1993 Position Statement: Homicide Prevention and Gun Control (JRCJUNE178.J.11)

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

Rationale: The Council on Psychiatry and Law believes the position statement is current, relevant, and should be retained.

Endorsement of United States Ratification of the Convention on the Rights of the Child

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*.

WHEREAS:

Adopted by the United Nations General Assembly on 20 November 1989, and ratified by all nations except the United States and Somalia,

This compilation and clarification of children's human rights sets out the necessary environment and means to enable every human being to develop to their full potential.

The articles of the Convention, in addition to laying the foundational principles from which all rights must be achieved, call for the provision of specific resources, skills and contributions necessary to ensure the survival and development of children to their maximum capability. The articles also require the creation of means to protect children from neglect, exploitation and abuse.

Described as an international bill of rights for children,

Consisting of a preamble and fifty-four articles,

Defining what constitutes human rights for children and sets an agenda for action to protect and ensure such rights,

Countries that have ratified or acceded to the Convention are legally bound to implement its provisions.

BE IT RESOLVED:

1. That APA supports in principle the United Nations CRC.
2. That APA issues a formal statement in support of the UN CRC.
3. That APA urges the United States Senate to ratify the UN CRC.

This endorsement statement was prepared by Vivian B. Pender M.D., Representative, New York State Psychiatric Association.

For entire text: see attached.
For full explanation from UNICEF:
http://www.unicef.org/crc/index_30160.html

Convention on the Rights of the Child

Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989

entry into force 2 September 1990, in accordance with article 49

Preamble

The States Parties to the present Convention,

Considering that, in accordance with the principles proclaimed in the Charter of the United Nations, recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Bearing in mind that the peoples of the United Nations have, in the Charter, reaffirmed their faith in fundamental human rights and in the dignity and worth of the human person, and have determined to promote social progress and better standards of life in larger freedom,

Recognizing that the United Nations has, in the Universal Declaration of Human Rights and in the International Covenants on Human Rights, proclaimed and agreed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status,

Recalling that, in the Universal Declaration of Human Rights, the United Nations has proclaimed that childhood is entitled to special care and assistance,

Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community,

Recognizing that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding,

Considering that the child should be fully prepared to live an individual life in society, and brought up in the spirit of the ideals proclaimed in the Charter of the United Nations, and in particular in the spirit of peace, dignity, tolerance, freedom, equality and solidarity,

Bearing in mind that the need to extend particular care to the child has been stated in the Geneva Declaration of the Rights of the Child of 1924 and in the Declaration of the Rights of the Child adopted by the General Assembly on 20 November 1959 and recognized in the Universal Declaration of Human Rights, in the International Covenant on Civil and Political Rights (in particular in articles 23 and 24), in the International Covenant on Economic, Social and Cultural Rights (in particular in article 10) and in the statutes and relevant instruments of specialized agencies and international organizations concerned with the welfare of children,

Bearing in mind that, as indicated in the Declaration of the Rights of the Child, "the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth",

Recalling the provisions of the Declaration on Social and Legal Principles relating to the Protection and Welfare of Children, with Special Reference to Foster Placement and Adoption Nationally and Internationally; the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules) ; and the Declaration on the Protection of Women and Children in Emergency and Armed Conflict, Recognizing that, in all countries in the world, there are children living in exceptionally difficult conditions, and that such children need special consideration,

Taking due account of the importance of the traditions and cultural values of each people for the protection and harmonious development of the child, Recognizing the importance of international co-operation for improving the living conditions of children in every country, in particular in the developing countries,

Have agreed as follows:

PART I

Article 1

For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.

Article 2

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

Article 3

1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.

3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

Article 4

States Parties shall undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognized in the present Convention. With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation.

Article 5

States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.

Article 6

1. States Parties recognize that every child has the inherent right to life. 2. States Parties shall ensure to the maximum extent possible the survival and development of the child.

Article 7

1. The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and. as far as possible, the right to know and be cared for by his or her parents.

2. States Parties shall ensure the implementation of these rights in accordance with their national law and their obligations under the relevant international instruments in this field, in particular where the child would otherwise be stateless.

Article 8

1. States Parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognized by law without unlawful interference.

2. Where a child is illegally deprived of some or all of the elements of his or her identity, States Parties shall provide appropriate assistance and protection, with a view to re-establishing speedily his or her identity.

Article 9

1. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. Such determination may be necessary in a particular case such as one involving abuse or neglect of the child by the parents, or one where the parents are living separately and a decision must be made as to the child's place of residence.

2. In any proceedings pursuant to paragraph 1 of the present article, all interested parties shall be given an opportunity to participate in the proceedings and make their views known.

3. States Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests.

4. Where such separation results from any action initiated by a State Party, such as the detention, imprisonment, exile, deportation or death (including death arising from any cause while the person is in the custody of the State) of one or both parents or of the child, that State Party shall, upon request, provide the parents, the child or, if appropriate, another member of the family with the essential information concerning the whereabouts of the absent member(s) of the family unless the provision of the information would be detrimental to the well-being of the child. States Parties shall further ensure that the submission of such a request shall of itself entail no adverse consequences for the person(s) concerned.

Article 10

1. In accordance with the obligation of States Parties under article 9, paragraph 1, applications by a child or his or her parents to enter or leave a State Party for the purpose of family reunification shall be dealt with by States Parties in a positive, humane and expeditious manner. States Parties shall further ensure that the submission of such a request shall entail no adverse consequences for the applicants and for the members of their family.

2. A child whose parents reside in different States shall have the right to maintain on a regular basis, save in exceptional circumstances personal relations and direct contacts with both parents. Towards that end and in accordance with the obligation of States Parties under article 9, paragraph 1, States Parties shall respect the right of the child and his or her parents to leave any country, including their

own, and to enter their own country. The right to leave any country shall be subject only to such restrictions as are prescribed by law and which are necessary to protect the national security, public order (ordre public), public health or morals or the rights and freedoms of others and are consistent with the other rights recognized in the present Convention.

Article 11

1. States Parties shall take measures to combat the illicit transfer and non-return of children abroad.

2. To this end, States Parties shall promote the conclusion of bilateral or multilateral agreements or accession to existing agreements.

Article 12

1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

Article 13

1. The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.

2. The exercise of this right may be subject to certain restrictions, but these shall only be such as are provided by law and are necessary:

(a) For respect of the rights or reputations of others; or

(b) For the protection of national security or of public order (ordre public), or of public health or morals.

Article 14

1. States Parties shall respect the right of the child to freedom of thought, conscience and religion.

2. States Parties shall respect the rights and duties of the parents and, when applicable, legal guardians, to provide direction to the child in the exercise of his or her right in a manner consistent with the evolving capacities of the child.

3. Freedom to manifest one's religion or beliefs may be subject only to such limitations as are prescribed by law and are necessary to protect public safety, order, health or morals, or the fundamental rights and freedoms of others.

Article 15

1. States Parties recognize the rights of the child to freedom of association and to freedom of peaceful assembly.

2. No restrictions may be placed on the exercise of these rights other than those imposed in conformity with the law and which are necessary in a democratic society in the interests of national security or public safety, public order (ordre public), the protection of public health or morals or the protection of the rights and freedoms of others.

Article 16

1. No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, nor to unlawful attacks on his or her honour and reputation.

2. The child has the right to the protection of the law against such interference or attacks.

Article 17

States Parties recognize the important function performed by the mass media and shall ensure that the child has access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health.

To this end, States Parties shall:

(a) Encourage the mass media to disseminate information and material of social and cultural benefit to the child and in accordance with the spirit of article 29;

(b) Encourage international co-operation in the production, exchange and dissemination of such information and material from a diversity of cultural, national and international sources;

(c) Encourage the production and dissemination of children's books;

(d) Encourage the mass media to have particular regard to the linguistic needs of the child who belongs to a minority group or who is indigenous;

(e) Encourage the development of appropriate guidelines for the protection of the child from information and material injurious to his or her well-being, bearing in mind the provisions of articles 13 and 18.

Article 18

1. States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.

2. For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.

3. States Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible.

Article 19

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

Article 20

1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.

2. States Parties shall in accordance with their national laws ensure alternative care for such a child.

3. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

Article 21

States Parties that recognize and/or permit the system of adoption shall ensure that the best interests of the child shall be the paramount consideration and they shall:

(a) Ensure that the adoption of a child is authorized only by competent authorities who determine, in accordance with applicable law and procedures and on the basis of all pertinent and reliable information, that the adoption is permissible in view of the child's status concerning parents, relatives and legal guardians and that, if required, the persons concerned have given their informed consent to the adoption on the basis of such counselling as may be necessary;

(b) Recognize that inter-country adoption may be considered as an alternative means of child's care, if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child's country of origin;

(c) Ensure that the child concerned by inter-country adoption enjoys safeguards and standards equivalent to those existing in the case of national adoption;

(d) Take all appropriate measures to ensure that, in inter-country adoption, the placement does not result in improper financial gain for those involved in it;

(e) Promote, where appropriate, the objectives of the present article by concluding bilateral or multilateral arrangements or agreements, and endeavour, within this framework, to ensure that the placement of the child in another country is carried out by competent authorities or organs.

Article 22

1. States Parties shall take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall, whether unaccompanied or accompanied by his or her parents or by any other person, receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set forth in the present Convention and in other international human rights or humanitarian instruments to which the said States are Parties.

2. For this purpose, States Parties shall provide, as they consider appropriate, co-operation in any efforts by the United Nations and other competent intergovernmental organizations or non-governmental organizations co-operating with the United Nations to protect and assist such a child and to trace the parents or other members of the family of any refugee child in order to obtain information necessary for reunification with his or her family. In cases where no parents or other members of the family can be found, the child shall be accorded the same protection as any other child permanently or temporarily deprived of his or her family environment for any reason , as set forth in the present Convention.

Article 23

1. States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

2. States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.

3. Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development

4. States Parties shall promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.

Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(a) To diminish infant and child mortality;

(b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

(c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;

(d) To ensure appropriate pre-natal and post-natal health care for mothers;

(e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;

(f) To develop preventive health care, guidance for parents and family planning education and services.

3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

4. States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.

Article 25

States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement.

Article 26

1. States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law.

2. The benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child.

Article 27

1. States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

2. The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development.

3. States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

4. States Parties shall take all appropriate measures to secure the recovery of maintenance for the child from the parents or other persons having financial responsibility for the child, both within the State Party and from abroad. In particular, where the person having financial responsibility for the child lives in a State different from that of the child, States Parties shall promote the accession to international agreements or the conclusion of such agreements, as well as the making of other appropriate arrangements.

Article 28

1. States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:

(a) Make primary education compulsory and available free to all;

(b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need;

(c) Make higher education accessible to all on the basis of capacity by every appropriate means;

(d) Make educational and vocational information and guidance available and accessible to all children;

(e) Take measures to encourage regular attendance at schools and the reduction of drop-out rates.

2. States Parties shall take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child's human dignity and in conformity with the present Convention.

3. States Parties shall promote and encourage international cooperation in matters relating to education, in particular with a view to contributing to the elimination of ignorance and illiteracy

throughout the world and facilitating access to scientific and technical knowledge and modern teaching methods. In this regard, particular account shall be taken of the needs of developing countries.

Article 29

1. States Parties agree that the education of the child shall be directed to:

(a) The development of the child's personality, talents and mental and physical abilities to their fullest potential;

(b) The development of respect for human rights and fundamental freedoms, and for the principles enshrined in the Charter of the United Nations;

(c) The development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own;

(d) The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin;

(e) The development of respect for the natural environment.

2. No part of the present article or article 28 shall be construed so as to interfere with the liberty of individuals and bodies to establish and direct educational institutions, subject always to the observance of the principle set forth in paragraph 1 of the present article and to the requirements that the education given in such institutions shall conform to such minimum standards as may be laid down by the State.

Article 30

In those States in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practise his or her own religion, or to use his or her own language.

Article 31

1. States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.

2. States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.

Article 32

1. States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.

2. States Parties shall take legislative, administrative, social and educational measures to ensure the implementation of the present article. To this end, and having regard to the relevant provisions of other international instruments, States Parties shall in particular:

(a) Provide for a minimum age or minimum ages for admission to employment;

(b) Provide for appropriate regulation of the hours and conditions of employment;

(c) Provide for appropriate penalties or other sanctions to ensure the effective enforcement of the present article.

Article 33

States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.

Article 34

States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:

(a) The inducement or coercion of a child to engage in any unlawful sexual activity;

(b) The exploitative use of children in prostitution or other unlawful sexual practices;

(c) The exploitative use of children in pornographic performances and materials.

Article 35

States Parties shall take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or traffic in children for any purpose or in any form.

Article 36

States Parties shall protect the child against all other forms of exploitation prejudicial to any aspects of the child's welfare.

Article 37

States Parties shall ensure that:

(a) No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment. Neither capital punishment nor life imprisonment without possibility of release shall be imposed for offences committed by persons below eighteen years of age;

(b) No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time;

(c) Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age. In particular, every child deprived of liberty shall be separated from adults unless it is considered in the child's best interest not to do so and shall have the right to maintain contact with his or her family through correspondence and visits, save in exceptional circumstances;

(d) Every child deprived of his or her liberty shall have the right to prompt access to legal and other appropriate assistance, as well as the right to challenge the legality of the deprivation of his or her liberty before a court or other competent, independent and impartial authority, and to a prompt decision on any such action.

Article 38

1. States Parties undertake to respect and to ensure respect for rules of international humanitarian law applicable to them in armed conflicts which are relevant to the child.

2. States Parties shall take all feasible measures to ensure that persons who have not attained the age of fifteen years do not take a direct part in hostilities.

3. States Parties shall refrain from recruiting any person who has not attained the age of fifteen years into their armed forces. In recruiting among those persons who have attained the age of fifteen years but who have not attained the age of eighteen years, States Parties shall endeavour to give priority to those who are oldest.

4. In accordance with their obligations under international humanitarian law to protect the civilian population in armed conflicts, States Parties shall take all feasible measures to ensure protection and care of children who are affected by an armed conflict.

Article 39

States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

Article 40

1. States Parties recognize the right of every child alleged as, accused of, or recognized as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity and worth, which reinforces the child's respect for the human rights and fundamental freedoms of others and which takes into account the child's age and the desirability of promoting the child's reintegration and the child's assuming a constructive role in society.

2. To this end, and having regard to the relevant provisions of international instruments, States Parties shall, in particular, ensure that:

(a) No child shall be alleged as, be accused of, or recognized as having infringed the penal law by reason of acts or omissions that were not prohibited by national or international law at the time they were committed;

(b) Every child alleged as or accused of having infringed the penal law has at least the following guarantees:

(i) To be presumed innocent until proven guilty according to law;

(ii) To be informed promptly and directly of the charges against him or her, and, if appropriate, through his or her parents or legal guardians, and to have legal or other appropriate assistance in the preparation and presentation of his or her defence;

(iii) To have the matter determined without delay by a competent, independent and impartial authority or judicial body in a fair hearing according to law, in the presence of legal or other appropriate assistance and, unless it is considered not to be in the best interest of the child, in particular, taking into account his or her age or situation, his or her parents or legal guardians;

(iv) Not to be compelled to give testimony or to confess guilt; to examine or have examined adverse witnesses and to obtain the participation and examination of witnesses on his or her behalf under conditions of equality;

(v) If considered to have infringed the penal law, to have this decision and any measures imposed in consequence thereof reviewed by a higher competent, independent and impartial authority or judicial body according to law;

(vi) To have the free assistance of an interpreter if the child cannot understand or speak the language used;

(vii) To have his or her privacy fully respected at all stages of the proceedings.

3. States Parties shall seek to promote the establishment of laws, procedures, authorities and institutions specifically applicable to children alleged as, accused of, or recognized as having infringed the penal law, and, in particular:

(a) The establishment of a minimum age below which children shall be presumed not to have the capacity to infringe the penal law;

(b) Whenever appropriate and desirable, measures for dealing with such children without resorting to judicial proceedings, providing that human rights and legal safeguards are fully respected. 4. A variety of dispositions, such as care, guidance and supervision orders; counselling; probation; foster care; education and vocational training programmes and other alternatives to institutional care shall be available to ensure that children are dealt with in a manner appropriate to their well-being and proportionate both to their circumstances and the offence.

Article 41

Nothing in the present Convention shall affect any provisions which are more conducive to the realization of the rights of the child and which may be contained in:

(a) The law of a State party; or

(b) International law in force for that State.

PART II

Article 42

States Parties undertake to make the principles and provisions of the Convention widely known, by appropriate and active means, to adults and children alike.

Article 43

1. For the purpose of examining the progress made by States Parties in achieving the realization of the obligations undertaken in the present Convention, there shall be established a Committee on the Rights of the Child, which shall carry out the functions hereinafter provided.

2. The Committee shall consist of ten experts of high moral standing and recognized competence in the field covered by this Convention. The members of the Committee shall be elected by States Parties from among their nationals and shall serve in their personal capacity, consideration being given to equitable geographical distribution, as well as to the principal legal systems.

3. The members of the Committee shall be elected by secret ballot from a list of persons nominated by States Parties. Each State Party may nominate one person from among its own nationals.

4. The initial election to the Committee shall be held no later than six months after the date of the entry into force of the present Convention and thereafter every second year. At least four months before the date of each election, the Secretary-General of the United Nations shall address a letter to States Parties inviting them to submit their nominations within two months. The Secretary-General shall subsequently prepare a list in alphabetical order of all persons thus nominated, indicating States Parties which have nominated them, and shall submit it to the States Parties to the present Convention.

5. The elections shall be held at meetings of States Parties convened by the Secretary-General at United Nations Headquarters. At those meetings, for which two thirds of States Parties shall constitute

a quorum, the persons elected to the Committee shall be those who obtain the largest number of votes and an absolute majority of the votes of the representatives of States Parties present and voting.

6. The members of the Committee shall be elected for a term of four years. They shall be eligible for re-election if renominated. The term of five of the members elected at the first election shall expire at the end of two years; immediately after the first election, the names of these five members shall be chosen by lot by the Chairman of the meeting.

7. If a member of the Committee dies or resigns or declares that for any other cause he or she can no longer perform the duties of the Committee, the State Party which nominated the member shall appoint another expert from among its nationals to serve for the remainder of the term, subject to the approval of the Committee.

8. The Committee shall establish its own rules of procedure.

9. The Committee shall elect its officers for a period of two years.

10. The meetings of the Committee shall normally be held at United Nations Headquarters or at any other convenient place as determined by the Committee. The Committee shall normally meet annually. The duration of the meetings of the Committee shall be determined, and reviewed, if necessary, by a meeting of the States Parties to the present Convention, subject to the approval of the General Assembly.

11. The Secretary-General of the United Nations shall provide the necessary staff and facilities for the effective performance of the functions of the Committee under the present Convention.

12. With the approval of the General Assembly, the members of the Committee established under the present Convention shall receive emoluments from United Nations resources on such terms and conditions as the Assembly may decide.

Article 44

1. States Parties undertake to submit to the Committee, through the Secretary-General of the United Nations, reports on the measures they have adopted which give effect to the rights recognized herein and on the progress made on the enjoyment of those rights

(a) Within two years of the entry into force of the Convention for the State Party concerned;

(b) Thereafter every five years.

2. Reports made under the present article shall indicate factors and difficulties, if any, affecting the degree of fulfilment of the obligations under the present Convention. Reports shall also contain sufficient information to provide the Committee with a comprehensive understanding of the implementation of the Convention in the country concerned.

3. A State Party which has submitted a comprehensive initial report to the Committee need not, in its subsequent reports submitted in accordance with paragraph 1 (b) of the present article, repeat basic information previously provided.

4. The Committee may request from States Parties further information relevant to the implementation of the Convention.

5. The Committee shall submit to the General Assembly, through the Economic and Social Council, every two years, reports on its activities.

6. States Parties shall make their reports widely available to the public in their own countries.

Article 45

In order to foster the effective implementation of the Convention and to encourage international co-operation in the field covered by the Convention:

(a) The specialized agencies, the United Nations Children's Fund, and other United Nations organs shall be entitled to be represented at the consideration of the implementation of such provisions of the present Convention as fall within the scope of their mandate. The Committee may invite the specialized agencies, the United Nations Children's Fund and other competent bodies as it may consider appropriate to provide expert advice on the implementation of the Convention in areas falling within the scope of their respective mandates. The Committee may invite the specialized agencies, the United Nations Children's Fund, and other United Nations organs to submit reports on the implementation of the Convention in areas falling within the scope of their activities;

(b) The Committee shall transmit, as it may consider appropriate, to the specialized agencies, the United Nations Children's Fund and other competent bodies, any reports from States Parties that contain a request, or indicate a need, for technical advice or assistance, along with the Committee's observations and suggestions, if any, on these requests or indications;

(c) The Committee may recommend to the General Assembly to request the Secretary-General to undertake on its behalf studies on specific issues relating to the rights of the child;

(d) The Committee may make suggestions and general recommendations based on information received pursuant to articles 44 and 45 of the present Convention. Such suggestions and general recommendations shall be transmitted to any State Party concerned and reported to the General Assembly, together with comments, if any, from States Parties.

PART III

Article 46

The present Convention shall be open for signature by all States.

Article 47

The present Convention is subject to ratification. Instruments of ratification shall be deposited with the Secretary-General of the United Nations.

Article 48

The present Convention shall remain open for accession by any State. The instruments of accession shall be deposited with the Secretary-General of the United Nations.

Article 49

1. The present Convention shall enter into force on the thirtieth day following the date of deposit with the Secretary-General of the United Nations of the twentieth instrument of ratification or accession.

2. For each State ratifying or acceding to the Convention after the deposit of the twentieth instrument of ratification or accession, the Convention shall enter into force on the thirtieth day after the deposit by such State of its instrument of ratification or accession.

Article 50

1. Any State Party may propose an amendment and file it with the Secretary-General of the United Nations. The Secretary-General shall thereupon communicate the proposed amendment to States Parties, with a request that they indicate whether they favour a conference of States Parties for the purpose of considering and voting upon the proposals. In the event that, within four months from the date of such communication, at least one third of the States Parties favour such a conference, the Secretary-General shall convene the conference under the auspices of the United Nations. Any

amendment adopted by a majority of States Parties present and voting at the conference shall be submitted to the General Assembly for approval.

2. An amendment adopted in accordance with paragraph 1 of the present article shall enter into force when it has been approved by the General Assembly of the United Nations and accepted by a two-thirds majority of States Parties.

3. When an amendment enters into force, it shall be binding on those States Parties which have accepted it, other States Parties still being bound by the provisions of the present Convention and any earlier amendments which they have accepted.

Article 51

1. The Secretary-General of the United Nations shall receive and circulate to all States the text of reservations made by States at the time of ratification or accession.

2. A reservation incompatible with the object and purpose of the present Convention shall not be permitted.

3. Reservations may be withdrawn at any time by notification to that effect addressed to the Secretary-General of the United Nations, who shall then inform all States. Such notification shall take effect on the date on which it is received by the Secretary-General

Article 52

A State Party may denounce the present Convention by written notification to the Secretary-General of the United Nations. Denunciation becomes effective one year after the date of receipt of the notification by the Secretary-General.

Article 53

The Secretary-General of the United Nations is designated as the depositary of the present Convention.

Article 54

The original of the present Convention, of which the Arabic, Chinese, English, French, Russian and Spanish texts are equally authentic, shall be deposited with the Secretary-General of the United Nations. IN WITNESS THEREOF the undersigned plenipotentiaries, being duly authorized thereto by their respective governments, have signed the present Convention.

APA Official Actions

Position Statement on the Need to Maintain Long-Term ~~Mental Hospital~~ Care Facilities ~~(1974)~~ for Certain Individuals with Serious Mental Illness

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*

~~This statement was approved by the Executive Committee of the Board of Trustees of the American Psychiatric Association on February 18, 1974, upon recommendation of the Council of Professions and Associations. It was prepared by the Committee on Liaison with the American Hospital Association. The statement was endorsed by the Council on Mental Health Services in January 1974 and by the Executive Committee of the Assembly of District Branches in February 1974.~~

(Adopted from the Position Statement on the Need to Maintain Long-Term Inpatient Psychiatric Hospitals, 1974; Position Statement on Federal Exemption from Medicaid Institutions for Mental Disease, 2014; and US House of Representatives Committee on Energy and Commerce "Where have all the Gone: Examining the Psychiatric Bed Shortage," Jeffery Geller, MD, MPH, 2014).

~~While we applaud the trend toward the growing adequacy of community resources and the concurrent reduction of the patient population in public mental hospitals, we now~~ The American Psychiatric Association views with ~~considerable~~ concern the trend toward the phasing out of the capacity for providing long-term ~~inpatient~~ care and treatment ~~for the~~ to seriously mentally ill[1] (SMI) individuals who have demonstrated an inability to maintain life in the community. We ~~or disabled. The American Hospital Association and the American Psychiatric Association~~ recognize and support the ~~importance of continuing to develop and implement~~ continued development and implementation of new and innovative community programs and treatment modalities for the ~~mentally disabled.~~ SMI population. However, at the same time it is essential that we not lose sight of the continuing need for a full ~~range or~~

[1] Serious mental illness among people ages 18 and older is defined at the federal level as having, at any time during the past year, a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. (http://www.samhsa.gov/disorders)

spectrum of services which, for a small percentage of patients, includes intermediate and long-term care in a structured hospital-type environment.

~~Our reasons for our concern include:~~

~~1. Dehumanization.~~ Financial pressure to discharge patients from the ~~public mental~~ psychiatric hospital setting too often results in ~~discharging~~ patients ~~without adequate planning, which in turn results in their~~ living in substandard and dehumanizing circumstances ~~be it~~. Patients may end up in correctional facilities, in nursing ~~homes,~~ or boarding homes~~, or~~ that are poorly equipped for SMI tenants, or in the streets ~~of a ghetto~~. They may seek care through high utilization of emergency room and acute care psychiatric inpatient services. A portion of the ~~significantly impaired psychiatric~~ SMI patient population ~~will continue to~~ lacks the capability of maintaining even a marginal adjustment to the community, in spite of vigorous therapeutic efforts.

~~2. Unbalanced programs. If the mental health center or other mental health resource attempts to meet the demands for service for people who have been inappropriately placed in the community, it finds it has neither the funds nor the staff to do so without diverting these resources from other patients who could be helped, or otherwise restricting the other services of a mental health center. The unfortunate end result can be a change in the primary mission of mental health centers.~~

Community mental health centers should be funded and staffed to provide ~~a substantial service to the chronically mentally disabled who~~ full wrap-around services to the segment of the SMI population that can be successfully maintained in the community~~; but.~~ However, there must remain the ~~capability for~~ option of providing intermediate and long-term ~~inpatient~~ treatment in a structured hospital-type environment for those that ~~segment of the patient population which~~ cannot maintain even a marginal adjustment ~~in~~ to the community.

APA Official Actions

Position Statement on Psychiatry and Primary Care Integration across the Lifespan

Approved by the Board of Trustees, September 2010
Approved by the Assembly, May 2010

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- Access to and payment for clinically appropriate services provided by psychiatrists should be included as an essential feature in medical/health home initiatives.
- Parity of benefits design for beneficiaries as well as parity in payment for all physicians, particularly psychiatric that does not discriminate by location of service or diagnosis should be provided.
- Psychiatrists should have choices of participation in a new health system, such as fully integrated clinicians and/or managers of the system, as collaborative care partners, and as consultants to it.
- The exact financial formula for these choices should be negotiated such that it is compatible with parity and nondiscrimination regarding both psychiatric patients and psychiatric physicians.

Prepared by Eliot Sorel, M.D., Anita Everett, M.D., Roger Peele, M.D., Catherine May., M.D., Michael Houston, M.D., Hind Benjelloun, M.D., Kayla Pope, M.D., and Jack Mcintyre, M.D. (consultant).

Position Statement on Remuneration for Psychiatrists' Time Performing Utilization Review (Endorsement of AMA policy H-385.951)

Approved by the Board of Trustees, December 2011
Approved by the Assembly, November 2011

"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*.

AMA Policy H-385.951
Remuneration for Physician Services

1. Our AMA actively supports payment to physicians by contractors and third party payers for physician time and efforts in providing case management and supervisory services, including but not limited to coordination of care and office staff time spent to comply with third party payer protocols.
2. It is AMA policy that insurers pay physicians fair compensation for work associated with prior authorizations, including pre-certifications and prior notifications, that reflects the actual time expended by physicians to comply with insurer requirements and that compensates physicians fully for the legal risks inherent in such work.
3. Our AMA urges insurers to adhere to the AMA's Health Insurer Code of Conduct Principles including specifically that requirements imposed on physicians to obtain prior authorizations, including pre-certifications and prior notifications, must be minimized and streamlined and health insurers must maintain sufficient staff to respond promptly

(Sub.Res.814, A-96; Reaffirmation A-02; Reaffirmation I-08; Reaffirmation I-09; Appended: Sub. Res. 126,1-10.)

Position Statement on Universal Access to Health Care

Approved by the Board of Trustees, March 2004
Reaffirmed by the Assembly, November 2014
and by the Board of Trustees, December 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*.

It is the policy of the American Psychiatric Association to support universal access to health care, specifically including non-discriminatory coverage of treatment for mental illness, including substance use disorders, for all Americans. The American Psychiatric Association will advocate vigorously for this at local, state and national levels.

APA Official Actions

Position Statement on Human Rights

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

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Position:

The American Psychiatric Association (APA) recognizes that human rights abuses, such as unjust incarceration, cruel and unusual punishment, torture, and human trafficking, have psychiatric consequences on victims and their families. The denial or cover-up of well-documented human rights abuses by governments and institutions is antithetical to the mental health of victims and their families. APA coordinates with agencies and organizations dedicated to human rights on human rights abuses.

Item 2017A2 4.B.7
Reference Committee #1
Assembly
November 3-5, 2017

APA Official Actions

Position Statement on Domestic Violence Against Women

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

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POSITION:

The American Psychiatric Association (APA) recognizes the major psychological sequelae of domestic violence against women and as such strongly advocates prevention and better detection of domestic violence against women, improve treatment of victims, offenders, and children, and continued research into the causes, consequences, and prevention of such violence. In addition, the APA recommends that its members learn about the prevention of domestic violence and that psychiatrists:

1. Participate in the formulation and implementation of protocols for the identification of family violence
2. Have knowledge of applicable laws concerning reporting of domestic violence and protection of victims.
3. Participate with local, state, and national government and advocacy agencies which support advocacy for increased funding for the prevention, recognition, protection, and treatment of victims and perpetrators of domestic violence and children exposed to domestic violence.
4. Participation in multidisciplinary research efforts on the mental health effects and service needs of those exposed to domestic violence and of those who perpetrate domestic violence
5. Plan and implement psychiatric education on domestic violence prevention, identification, and rehabilitation for medical students, residents, and physicians.

APA Official Actions

Position Statement on the Prevention of Violence

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

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Issue:
Psychiatry has a public health role related to the prevention of violence. The prevention/reduction of abuse, trauma and violence and sophisticated approaches to intervention are part of the mission of the profession.

The psychiatrist must take a leadership role in the prevention, diagnosis, and treatment of victims and perpetrators of violence.

Position:
The APA should support primary, secondary and tertiary approaches to the prevention of violence and should advocate for the education of trainees and practicing psychiatrists about violence prevention.

Item 2017A2 4.B.9
Reference Committee #4
Assembly
November 3-5, 2017

APA Official Actions

Position Statement on Human Trafficking

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

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POSITION:

1. The American Psychiatric Association recognizes that human trafficking is a public health issue with profound mental health consequences impacting individuals of all ages and genders both domestically and internationally.
2. Because human trafficking is a complex issue with legal, social, economic, and educational impacts, the American Psychiatric Association encourages psychiatric providers addressing this issue to collaborate across disciplines.
3. The American Psychiatric Association advocates for increased education of psychiatric providers on how to identify victims of trafficking in their clinical practices, how to appropriately refer to resources, and how to provide trauma-informed care for this population with unique needs.
4. As there is minimal evidence about how to provide care to this population, the American Psychiatric Association advocates for increased research into how to address the mental health needs of this population.
5. The American Psychiatric Association advocates for legislation that focuses on prevention of human trafficking, protection of identified victims and increased partnership between civil and government agencies to facilitate access to mental health care for identified victims.

Authors: Council on Psychiatry and Law (Rachel Robitz, M.D.), Council on Minority Mental Health and Health Disparities (Amy Gajaria, M.D., Carine Nzodom, M.D., Mary Roessel, M.D., Samra Sahlu, M.D., and Ludmilla de Faria, M.D. [past member]), Council on International Psychiatry (Michelle Riba, M.D.), Council on Children, Adolescents and Their Families (Carlos Fernandez, M.D.), Board of Trustees (Vivian Pender, M.D.)

APA Official Actions

Position Statement on Police Interactions with Persons with Mental Illness

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

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Issue:

It is by now well-known that police are first responders in a range of crisis situations. It is increasingly recognized that crisis calls may involve responding to individuals who are agitated, disorganized, and behaving erratically and who might also, even in the absence of extreme behavior, have mental illness, intellectual disabilities, developmental disabilities, neurocognitive disorders, substance use disorders, and other conditions that result in behavioral challenges. Unless known from the outset, the presence of these conditions may not be obvious to responding officers. The context of police crisis contacts can be further complicated by a host of other factors that might be relevant such as racial, ethnic, socioeconomic, political or cultural variables; veteran status; sentiments and political pressures in the community; years of experience of the officer, and the officer's previous encounters; and level of training. With all of the variables potentially at play, when police are called to respond to a call involving a behavioral health crisis, the potential volatility of the situation can result in tragic outcomes, including injury or death of the individual in distress, the responding officers and others. In *San Francisco v. Sheehan* (2015)[i], the United States Supreme Court left open the question as to whether such encounters require accommodations consistent with the Americans with Disabilities Act (1990) or whether the direct threat exception makes such accommodations unnecessary. With legal ambiguity remaining as to requirements for accommodations and no uniform requirements for training of officers to deal with encounters involving mental health issues, jurisdictions decide individually on training and policies in these areas. Because people in psychiatric care or in need of such care are commonly encountered by police[ii], it is incumbent on organizations such as the American Psychiatric Association to take an active interest in supporting safer communities through advocacy and education for our patients and our profession.

POSITION STATEMENT:

Law enforcement officers play a critical role as first responders to crisis events who need to be able to perform safely and successfully under stress. The American Psychiatric Association (APA) strongly supports efforts to enhance the ability of law enforcement to manage crises involving emotionally disturbed persons and persons with serious mental illness, developmental or intellectual disabilities, neurocognitive disorders, or substance use disorders. Such efforts should include:

1) Implementation of a curriculum for law enforcement officers that includes basic information about mental disorders and their symptom presentations, specific de-escalation techniques, and increased awareness of the impact of personal biases related to the stigma surrounding mental disorders, race, and other factors, as well as the role of trauma for all involved in these encounters. Formalized Crisis Intervention Team (CIT) training is an example of an important model with a growing evidence base, though there remain questions about how best to measure its impact. Regardless of model, training should extend to all levels of law enforcement, including new recruits, veteran officers, and police leadership. Because of its importance, efforts should be made to prioritize this type of training and maximize its accessibility.
2) Creation of partnerships between local behavioral health and law enforcement systems to develop policies regarding their respective roles and responsibilities in managing mental health crises within and across communities and regions. Such policies should give priority to treatment over arrest of emotionally disturbed persons and persons with mental disorders, to the extent that is appropriate and safe. Ongoing and regular cross-training, including refresher trainings, in such policies and protocols between local law enforcement and emergency mental health services should be encouraged and supported. These partnerships should address the need for innovative approaches to shared information systems that address confidentiality concerns.
3) Behavioral health system partnerships with law enforcement that maximize clinical crisis response capacity should be prioritized, including providing settings that facilitate police diversion from arrest and proper clinical assessment and treatment of the person in crisis.

Authors:
Workgroup:
Debra A Pinals, MD (Chair), Elie Aoun, MD, Michael Champion, MD, Richard Frierson, MD, Elizabeth Ford, MD, Tanuja Gandhi, MD, Reena Kapoor, MD, Simha Ravven, MD, Mardoche Sidor, MD

[i] *City and County of San Francisco v. Sheehan* 575 U.S. ___, 135 S. Ct. 1765 (2015)
[ii] Livingston JD. Contact between police and people with mental disorders: A review of rates. *Psychiatric Services* 67:850-857, 2016

Item 2017A2 4.B.11
Reference Committee #2
Assembly
November 3-5, 2017

APA Official Actions

Position Statement on Lengthy Sentences Without Parole for Juveniles

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

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POSITION:

The APA affirms the undesirability of long-term sentences without possibility of parole for offenders who were younger than 18 at the time of the offense. Such sentences fail to take into account the developmental immaturity, reduced culpability, and prospects for rehabilitation in many youthful offenders, even those convicted of serious offenses.

Authors:
Council on Psychiatry and Law

Position Statement on Review of Sentences for Juveniles Serving Lengthy Mandatory Terms of Imprisonment

Approved by the Board of Trustees, December 2011
Approved by the Assembly, November 2011

"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 APA affirms the undesirability of long-term mandatory sentences without possibility of parole for offenders who were younger than 18 at the time of the offense. Such sentences fail to take account of the significant prospects of maturation and rehabilitation for most youthful offenders, even those convicted of serious offenses. States should require reviews for all juvenile offenders who are sentenced to lengthy mandatory terms of imprisonment.

The reviews should:

- take place within a reasonable period of time after sentencing and periodically thereafter;
- include evaluations by qualified mental health professionals when an offender's current developmental maturity or mental health status are relevant to the reviews;
- be conducted by mental health professionals trained to evaluate children and adolescents for offenders still under age 18; and
- include a thorough review of the offender's developmental, educational, legal, social, medical, mental health and substance abuse histories; and interviews with knowledgeable informants, including family members; and additional testing when needed.

Prepared by the Council on Psychiatry and the Law.

Position Statement on Segregation of Prisoners with Mental Illness

Approved by the Board of Trustees, December 2012
Approved by the Assembly, November 2012

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Prolonged segregation of adult inmates with serious mental illness, with rare exceptions, should be avoided due to the potential for harm to such inmates. If an inmate with serious mental illness is placed in segregation, out-of-cell structured therapeutic activities (i.e., mental health/ psychiatric treatment) in appropriate programming space and adequate unstructured out-of-cell time should be permitted. Correctional mental health authorities should work closely with administrative custody staff to maximize access to clinically indicated programming and recreation for these individuals.

Background to the Position Statement

The number of persons incarcerated in prisons and jails in the United States has risen dramatically during the past three decades, accompanied by a significant increase in prisoners with serious mental illness. Studies have consistently indicated that 8 to 19 % of prison inmates have psychiatric disorders that result in significant functional disabilities and another 15 to 20 % require some form of psychiatric intervention during their incarceration (1, 2).

Physicians who work in U.S. correctional facilities face challenging working conditions, dual loyalties to patients and employers, and a tension between reasonable medical practices and the prison rules and culture. In recent years, physicians have increasingly confronted a new challenge: the prolonged solitary confinement, or segregation, of prisoners with serious mental illness. This prevalent corrections practice and the difficulties in providing access to care in these settings have received scant professional or academic attention (3).

Segregated inmates are isolated from the general correctional population and receive services and activities apart from other inmates. For the purposes of this position statement, segregation refers to conditions of confinement characterized by an incarcerated person generally being locked in their cell for 23 hours or more per day (4). Inmates may be segregated for institutional safety reasons (administrative segregation), disciplinary reasons (disciplinary segregation), or personal safety (protective custody) (5). 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 definition of "prolonged segregation" will, in part, depend on the conditions of confinement. In general, prolonged segregation means duration of greater than 3-4 weeks.

Several studies have shown that inmates with serious mental illness have more difficulty adapting to prison life than do inmates without a serious mental illness. Morgan, Edwards, and Faulkner (6) reported that seriously mentally ill prisoners were less able to successfully negotiate the complexity of the prison environment, resulting in an increased number of rule infractions leading to more time in segregation and in prison. Lovell and Jemelka (7, 8) found that inmates with serious mental illnesses committed infractions at three times the rate of non-seriously mentally ill counterparts.

Placement of inmates with a serious mental illness in these settings can be contraindicated because of the potential for the psychiatric conditions to clinically deteriorate or not improve (6, 10). Inmates with a serious mental illness who are a high suicide risk or demonstrating active psychotic symptoms should not be placed in segregation housing as previously defined and instead should be transferred to an acute psychiatric setting for stabilization.

References

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9. Lovell D, Jemelka R: Coping with mental illness in prison. Family & Community Health, 21, 54-66, 1998
10. Metzner JL, Dvoskin JA: An Overview of Correctional Psychiatry. Psychiatric Clinics N Am , 29: 761-772, 2006

Position Statement on Assessing the Risk for Violence

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*.

This position statement was proposed by the Workgroup on Violence Risk of the Council on Psychiatry and Law.

During their careers most psychiatrists will assess the risk of violence to others. While psychiatrists can often identify circumstances associated with an increased likelihood of violent behavior, they cannot predict dangerousness with definitive accuracy. Over any given period some individuals assessed to be at low risk will act violently while others assessed to be at high risk will not. When deciding whether a patient is in need of intervention to prevent harm to others, psychiatrists should consider both the presence of recognized risk factors and the most likely precipitants of violence in a particular case.

The members of the Workgroup on Violence Risk are Alec Buchanan, M.D. (Chairperson), Michael A. Norko, M.D., Renee L. Binder, M.D., and Marvin Swartz, M.D.

Position Statement on Firearms Access: Inquiries in Clinical Settings

Approved by the Board of Trustees, December 2012
Approved by the Assembly, November 2012

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State legislators are considering bills that would restrict physicians from making inquiries of patients and others (e.g., family members) in patient care contexts related to possession of and access to firearms, with the threat of sanctions for those physicians who violate the restrictions. The American Psychiatric Association opposes legislation that restricts healthcare professionals in clinical roles from asking patients and others about possession of and access to firearms because such laws impede physicians from conducting appropriate psychiatric evaluations and taking steps to prevent loss of life by suicide, homicide, and accidental injury.

Background to the Position Statement

Firearm deaths and related injury are a major public health problem. During 2006–2007, firearms accounted for 25,423 homicides and 34,235 suicides among U.S. residents, making firearm-related suicide or homicide among the top three leading causes of death between the ages of 10 and 64 (CDC 2011). Thus, clinical inquiries regarding availability, storage and use of firearms are an important component of preventive medicine by psychiatrists and other healthcare professionals.

Assessment of risk of harm to self or others is a routine part of a appropriate psychiatric evaluation (APA, 2006). This requires a psychiatrist to inquire about thoughts related to self-directed or other-directed harm along with an examination of patients' mental states that might indicate such risk. The inquiry related to risk of harm frequently involves the need to explore whether the patient has access to firearms or other potential weapons. Such an inquiry is often clinically indicated even in the absence of circumstances suggesting an imminent risk of harm and may include discussion of such matters with parents and guardians of minor patients. Failure to make such inquiries would compromise the quality of care provided to our patients and, with regard to outwardly directed violence, the safety of the community.

In psychiatry, as in the all of medicine, questions related to personal or private matters can have important public health and safety benefits and therefore may be a necessary component of clinical practice. Asking patients about access to firearms and other weapons should be considered along the same lines as these other health and safety inquiries (e.g., alcohol and drug use, tobacco use, car seat use, etc). Responses to inquiries related to firearms should be utilized to inform suicide and violence risk assessments, general treatment planning, and patient education.

References:

1. American Psychiatric Association (2006), Practice guideline for the psychiatric evaluation of adults, second edition. American Journal of Psychiatry. 163:6 (Supplement), June 2006.
2. American Psychiatric Association (2003) Practice Guidelines for Treatment of Patients with Suicidal Behaviors
3. Center for Disease Control, Violence-related firearm deaths among residents of metropolitan areas and cities, United States 2006-2007, Morbidity and Mortality Weekly Report, May 13, 2011
4. Center for Disease Control, Injury Center Connection Newsletter Spring/Summer 2011, available at: http://www.cdc.gov/injury/publications/nl2011sp/pubs.html, accessed 1/21/12.

Position Statement on Use of Jails to Hold Persons Without Criminal Charges Who Are Awaiting Civil Psychiatric Hospital Beds

Approved by the Board of Trustees, July 2007
Approved by the Assembly, May 2007

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Access to appropriate levels of care is essential for persons with mental illness. Where no criminal conduct has been alleged, persons determined to be in need of civil psychiatric commitment for treatment of acute psychiatric symptoms should not be held in jails or other correctional facilities.

The APA encourages psychiatrists to continue to work with local, state, and federal agencies to provide adequate mental health services for civil committees.

Position Statement on Psychiatric Services in Jails and Prisons

Reaffirmed, 2007

This statement was prepared by the Task Force on Psychiatric Services in Jails and Prisons[1] of the Council on Psychiatric Services. It was approved by the Assembly in November 1988 and by the Board of Trustees in December 1988.

The American Psychiatric Association accords a high priority to the care and treatment of patients from groups that are underserved, especially groups that lack strong political constituencies. Such groups include the chronically mentally ill and the mentally ill homeless. Also included, but less visible, are the mentally ill in jails and prisons.

The mentally ill are especially vulnerable to the difficult conditions that typically prevail in our jails and prisons. Psychiatrists practicing in such facilities attempt to provide adequate services under the most difficult working circumstances, with inadequate professional recognition and remuneration, and, perhaps most burdensome of all, in the midst of frequently deplorable conditions.

In the 1974 "Position Statement on Medical and Psychiatric Care in Correctional Institutions" (1), APA called for a "full range of . . . psychiatric services" in jails and prisons. Noting that "an essential part of a minimal medical care delivery system consists of the early detection, diagnosis, treatment, and prevention of psychiatric illness," the APA position statement went on to forcefully state that "the fact of incarceration imposes upon public authority the special duty to provide adequate medical services, including psychiatric services. Availability of such services is and should be a right of the incarcerated individual."

However, a decade later, in 1983, APA was obliged to observe that "providing mental health treatment for persons in jails and prisons has, over the years, proved a refractory problem" (2). In part, this situation persists because of the altered social context of the operations of correctional facilities, which has resulted in tightened admission criteria for psychiatric hospitalization, fewer beds, limits on length of stay, reduced availability and use of civil commitments, and changing sentencing practices that have increased the number of inmates needing mental health services. Legislative demands for fiscal austerity and associated public policies, such as deinstitutionalization, have led to a complex set of circumstances that have been associated with an increase in the number of mentally ill persons who are at risk of incarceration in local jails because of minor charges used to address their disturbed behavior. This situation has resulted in a substantial increase in the population of inmates requiring mental health care.

Severe overcrowding is an additional factor often contributing to the inadequacy of psychiatric services in jails and prisons. Conditions are often so bad in contemporary jails and prisons that both state and federal courts have mandated sweeping changes in their operations. The Supreme Court has ruled that it is the obligation of correctional officials to ensure that the civil rights of the mentally ill are protected. This obligation includes the right to adequate mental health care. Providing adequate mental health care in this context rests on the following principles:

1. The fundamental goal of a mental health service should be to provide the same level of care to patients in the criminal justice process that is available in the community.
2. The effective delivery of mental health services in correctional settings requires that there be a balance between security and treatment needs. There is no inherent conflict between security and treatment.
3. A therapeutic environment can be created in a jail or a prison setting if there is clinical leadership, with authority to create such an environment.
4. Timely and effective access to mental health treatment is a hallmark of adequate mental health care. Necessary staffing levels should be determined by what is essential to ensure that access.
5. Psychiatrists should take a leadership role administratively as well as clinically. Further, it is imperative that psychiatrists define their professional responsibilities to include advocacy for improving mental health services in jails and prisons.
6. Psychiatrists should actively oppose discrimination based on religion, race, ethnic background, or sexual preference, not only for mental health services but for all activities in the judicial-legal process.

Elaborations and explications of these principles can be found in the report of the Task Force on Psychiatric Services in Jails and Prisons, June 1988, which will be available from the APA Office of Psychiatric Services in the near future.

Finally, APA calls on its members to participate in the care and treatment of the mentally ill in jails and prisons, for without an increased commitment and involvement of its membership in providing services to the mentally ill in jails and prisons, position statements such as this will be meaningless. The breadth and depth of these problems demand much more.

[1]The task force included Henry C. Weinstein, M.D. (chairperson and Assembly liaison), James O. Hoover, M.D., Jeffrey L. Metzner, M.D., Robert L. Sadoff, M.D., Veva H. Zimmerman, M.D., and Bruce Kagan, M.D. (APA/Burroughs Wellcome Fellow). Consultants to the task force were Saleem A. Shah, Ph.D., Henry J. Steadman, Ph.D., Rachel Ehrenfeld, Ph.D., and Susan O. Reed, M.P.A.

REFERENCES

1. American Psychiatric Association: Position statement on medical and psychiatric care in correctional institutions. Am J Psychiatry 1974; 131:743
2. American Psychiatric Association Insanity Defense Work Group: American Psychiatric Association statement on the insanity defense. Am J Psychiatry 1983; 140:681–688

Position Statement on Homicide Prevention and Gun Control

This statement was written by the Council on National Affairs.[1] *It was approved by the Assembly in November 1993 and by the Board of Trustees in December 1993.*

In view of the increasing violence in our society and the fact that homicide deaths are now a significant contributor to national death rates, and

In view of the particular relationships of firearms to homicide and personal injury with the resultant threat to life and security, adding to fears and stresses in a crowded urban society, and

In view of the need to reinforce individual and group sanctions against the use of violence as a social instrument, behavioral mode, or adaptational pattern, as psychiatrists have done with drug abuse, suicidal actions, and antisocial behavior,

The American Psychiatric Association recommends that strong controls be placed on the availability of all types of firearms to private citizens.

[1]The council members are Fred Gottlieb (chairperson), M.D., Leah J. Dickstein, M.D., Silvia W. Olarte, M.D., Terry Stein, M.D., Nada L. Stotland, M.D., and Billy Jones, M.D.

Joint Reference Committee
June 17, 2017
DRAFT SUMMARY OF ACTIONS

As of June 28, 2017

JRC Members Present:
Altha Stewart, MD: President-elect; Full time faculty from University of Tennessee Health Science Center, Small consulting contract with WNBA
James Batterson, MD: Full time faculty Children's Mercy Hospital; receives funding from Pfizer (sertraline) and Psyadon Pharmaceuticals through the hospital. Small family real estate business
Daniel J Anzia, MD: Immediate Past Speaker: salary from Advocate Lutheran Health and Hospitals Corporation
Steve Daviss, MD: Assembly Recorder: M3 Information LLC – Chief Medical Information Officer; Fuse Health Strategies – President (Clear Health is one client); Axial Healthcare
Saul Levin, MD, MPA: CEO/Medical Director: APA salary; Chair of the APAF Board of Directors
Philip R Muskin, MD: APA Secretary: Income from Columbia University, Private practice, expert testimony, and honoraria from APP
Linda Drozdowicz, MD: APAF Leadership Fellow: Resident Physician at Mount Sinai (full-time); additional income from Metropolitan Center for Mental Health, Silver Hill Hospital, St. Joseph's Hospital, and Lenox Hill Hospital.

Excused: Lama Bazzi, MD

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

APA Administration:

Omar Davis	Developmental Program Manager, Division of Diversity & Health Equity
Yoshie Davison, MSW	Chief of Staff
Jon Fanning, MS, CAE	Chief, Membership and RFM-ECP Officer
Kristin Kroeger	Chief, Policy, Programs, & Partnerships
Ranna Parekh, MD, MPH	Director, Division of Diversity & Health Equity
Vabren Watts, PhD	Deputy Director, Division of Diversity & Health Equity
Judson Woods, JD	Special Assistant to the CEO/Medical Director

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

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
2	Review and Approval of the Summary of Actions from the February 2017 Joint Reference Committee Meeting *Will the Joint Reference Committee approve the draft summary of actions from the February 2017 meeting?*	The Joint Reference Committee approved the draft summary of actions from the February 2017 meeting.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Laurie McQueen	Association Governance
3	**CEO/Medical Director's Office Report** Update on Referrals			
3.1	No action required Referral Update: Return of Interest for ABPN Continuous Pathways Payments (JRCFEB176.2; ASMNOV1612.B) Completed. APA Administration sent an official communication to ABPN stating: 1) There should not be an exam every 10 years for MOC; 2) Certification should be an integrated, ongoing process relevant to actual practice; 3) Exam questions should be related to the psychiatrist's subspecialty or practice setting; 4) No psychiatrist should be forced to maintain general and subspecialty certification through more than one process; and 5) ABPN should lobby and advocate that ABMS eliminate Part 4 of MOC.	The Joint Reference Committee discussed the MOC issue and confirmed that the request of the action paper has been conveyed to ABPN. The APA is awaiting a formal response from ABPN and once that response has been received, other options may be presented to the ABPN.	Saul Levin, MD, MPA	Office of the CEO/Medical Director

3.2	No action required Referral Update: Exhibitor-Funded Scholarships for Consumer Presenters at Annual Meetings (JRCFEB176.7; ASMNOV1612.J) The APA Annual Meeting and IPS: Mental Health Services Conference are accredited educational activities and therefore subject to standards established by the Accreditation Council for Continuing Medical Education (ACCME). The ACCME prohibits pharmaceutical and device companies from providing support for speakers to participate in accredited educational activities outside of formal per activity contracts which outline the financial support provided for each activity (ACCME Standards for Commercial Support 3.4, 3.8, and 3.9). The guidelines for speakers apply to physicians, patients, or any other speaker within the accredited program. ACCME would allow commercial funds to be used to support speakers at the Annual Meeting if there were signed individual agreements between the pharmaceutical companies and the APA as the meeting's accreditor. Contracts could not be signed with APAF since the Foundation is not an accreditor. APA would be required to report the commercial support received by each company to the ACCME. Currently the APA Board of Trustees (BOT) has prohibited the APA from receiving this kind of funding for its live events. Creating a pooled fund within APAF merely creates a pass-through for pharmaceutical and device companies to provide funds to meeting speakers and is therefore prohibited under ACCME rules. Further, ACCME rules require that the agreement for commercial support be with the accreditor (in this case APA, not APAF) which would contradict current APA policy. Although this Action specifically asks that influence by external dollars be minimized through a series of conditions that reduce influence given to the commercial funder, it must still go to the Board for consideration of a revision of existing policy related to accepting commercial funds for speakers -- a necessary first step in reversing the aforementioned policy regarding commercial support.	The JRC thanked the CEO/Medical Director for the update. An update will be sent to the Board of Trustees by the Office of the CEO/Medical Director noting that implementation of the action paper is not possible under the ACGME rules.	Saul Levin, MD, MPA	Office of the CEO/Medical Director

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
3.3	Referral Update: Protecting the Seriously Mentally Ill Incarcerated Individuals (JRCFEB176.10; ASMNOV1612.N) 1) APA administration will continue to advocate for increased psychiatric workforce at the federal and state levels. 2) APA Administration has found no AMA policy that focuses on workforce in correctional facilities, and will discuss with the delegation at the AMA Annual meeting the development of a resolution for a new policy or an amendment to current related policy. Pending AMA Delegation discussion at the June 2017 HOD meeting. 3) APA Administration will continue to advocate for the strong opposition of psychologists or pharmacists to prescribe medications in correctional settings. 4) APA Administration, through our CMS grant is also advocating for collaborative care training in diverse settings, like correctional institutions. A training was held last year in a Michigan correctional facility. Training in collaborative care is ongoing. 5) General psychiatry and fellowship trainings are set by the ACGME. Specific recommendations for minimum requirements are submitted by groups such as the APA and AADPRT. The APA regularly communicates recommendations to AADPRT and the ACGME for increased emphasis in training through its liaisons in the APA Administration and in the Council on Medical Education and Lifelong Learning. We will work with subspecialty groups, such as the Association for Community Psychiatrists, on these efforts.	The JRC thanked the CEO/Medical Director for the update.	N/A	
3.4	Referral Update: Task Force on Fighting Discrimination (JRCFEB176.13; ASMNOV1612.R) Completed. APA Administration developed a fact sheet that elucidates the process and response mechanism. Please see attachment.	The JRC thanked the CEO/Medical Director for the update. This information will be added to the APA Operations Manual.	N/A	

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
3.5	Referral Update: Proposed Position Statement: Patient Bill of Rights – What to Expect When Seeking Behavioral Health Treatment (JRCFEB178.F.4) HCSF Council recommended sunsetting the bill of rights. CAGR recommended its continuation. JRC has asked the CEO's office to reach out to allied groups to see if they are interested in resigning this document. Since the last JRC meeting, APA has been conducting multiple joint advocacy efforts with allied organizations regarding healthcare delivery changes and ensuring the retention of MH/SUD benefits for patients. Due to these developments, APA and many of the allied groups who were originally part of the Bill of Rights" have signed on to different statements and letters together. Due to the ever-changing healthcare legislative environment and that we have had multiple joint sign on letters in the last 5-6 months, the APA administration recommends we not move forward endorsement for allied groups at this time.	The JRC thanked the CEO/Medical Director for the update.	N/A	
3.6	Referral Update: Joint Statement on Conversion Therapy (JRCFEB178.I.2; JRCJUNE166.21; ASMMAY1612.Z) APA currently has policy opposing conversion therapy in gay and lesbian populations. The Joint Statement on Conversion Therapy relates specifically to conversion therapy aimed at transgender people. APA's research and legal teams are working jointly to compile literature regarding the issue of whether there is any data supporting the idea that conversion therapy on transgender patients is harmful. The Administration plans to take these findings to the Council on Minority Mental Health and Health Disparities, as well as the Council on Research. The Administration aims to present research to the Councils at the September Components Meetings so that they may make a recommendation as to whether APA should sign on to the Joint Statement on Conversion Therapy The Ethics Committee is also being consulted due to the multiple references in the proposed document that imply conversion therapy of transgender individuals is unethical.	The JRC thanked the CEO/Medical Director for the update.	N/A	

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6	**Report of the Assembly** – Bob Batterson, MD			
6.1	Involuntary Psychiatric Commitment for Individuals with Substance Use Disorders (ASM2017A1 12.A) The action paper asks that the American Psychiatric Association develop a comprehensive position statement on the use of involuntary psychiatric commitment for the treatment of substance use disorders. *Will the JRC refer the action paper 2017A1 12.A: Involuntary Psychiatric Commitment for Individuals with Substance Use Disorders to the appropriate Component(s) for input or follow-up?*	The Joint Reference Committee referred the action paper to the Council on Psychiatry and Law (LEAD) and the Council on Addiction Psychiatry to develop a comprehensive position statement on the use of involuntary psychiatric commitment for the treatment of substance use disorders.	Colleen Coyle, JD Alison Crane, JD Michelle Dirst	Council on Psychiatry and Law (LEAD) Council on Addiction Psychiatry Report to the JRC – Oct. 2017 (Deadline 9/28/17)
6.2	Opposition to Psychologist Prescribing (ASM2017A1 12.B) The action paper asks that the appropriate committee create a Position Statement that reflects that the APA, in the service of patients with mental illness, opposes prescribing privileges of Psychologists. *Will the JRC refer the action paper 2017A1 12.B: Opposition to Psychologist Prescribing to the appropriate Component(s) for input or follow-up?*	The Joint Reference Committee referred this action paper to the Board of Trustees for discussion and consideration of the need for an APA position statement on prescribing privileges for psychologists.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Ardell Lockerman	Board of Trustees – July 2017 (Deadline 6/21/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.3	<u>Adopting Neuroscience-based Nomenclature (NbN) for Medications</u> (ASM2017A1 12.D) The action paper asks: That the APA promote the international Neuroscience-based Nomenclature (NbN) standard terminology developed by ACNP, ECNP, CINP, AsCNP, and IUPHAR, in its publications, policies, and communications; That the APA seek opportunities to promote adoption of NbN terminology by payers and policymakers; and That the APA CEO and Medical Director be responsible for carrying out these promotion activities. *Will the JRC refer the action paper 2017A1 12.D: Adopting Neuroscience-based Nomenclature (NbN) for Medications to the appropriate Component(s) for input or follow-up?*	The Joint Reference Committee referred the action paper to the Council on Research (LEAD), Council on Healthcare Systems and Financing, Council on Medical Education and Lifelong Learning; Council on Quality Care for the Committee on Practice Guidelines, and the DSM Steering Committee for implementation.	Philip Wang, MD, DrPh Farifteh Duffy, PhD Diana Clark, PhD Kristin Kroeger Becky Yowell Samantha Shugarman Jennifer Medicus Tristan Gorrindo, MD Kristen Moeller	Council on Research (LEAD) DSM Steering Committee Council on Healthcare Systems and Financing Council on Quality Care Committee on Practice Guidelines Council on Medical Education and Lifelong Learning Report to the JRC – Oct. 2017 (Deadline 9/28/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.4	Revising the Nomenclature, Definition, and Clinical Criteria for Partial Hospitalization Program (ASM2017A1 12.E) The action paper asks that: 1. Refer to the Council on Healthcare Systems and Financing to review and revise nomenclature, definition, and clinical criteria for Partial Hospitalization Program for the purpose of uniform and consistent utility among clinicians, researchers, patients, general public, clinical facilities and health insurance industry, and to reduce stigma and confusion. 2. The Council on Healthcare Systems and Financing reviews, and revises if appropriate, the definition and clinical criteria for Intensive Outpatient Program and residential treatment programs for similar purpose. 3. The Council on Healthcare Systems and Financing, after consultation and input from appropriate APA councils, submit a report to the Assembly by May 2018. 4. The Council on Healthcare Systems and Financing also recommend to Assembly on how to implement and advocate the revisions to all parties concerned. *Will the JRC refer the action paper 2017A1 12.E: Revising the Nomenclature, Definition, and Clinical Criteria for Partial Hospitalization Program to the appropriate Component(s) for input or follow-up?*	The Joint Reference Committee referred the action paper to the Council on Research (LEAD), Council on Healthcare Systems and Financing, Council on Medical Education and Lifelong Learning; Council on Quality Care for the Committee on Practice Guidelines, and the DSM Steering Committee for implementation.	Philip Wang, MD, DrPh Farifteh Duffy, PhD Diana Clark, PhD Kristin Kroeger Becky Yowell Samantha Shugarman Jennifer Medicus Tristan Gorrindo, MD Kristen Moeller	Council on Research (LEAD) DSM Steering Committee Council on Healthcare Systems and Financing Council on Quality Care Committee on Practice Guidelines Council on Medical Education and Lifelong Learning Report to the JRC – Oct. 2017 (Deadline 9/28/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.5	<u>Providing Education and Guidance for the Use and Limitations of Pharmacogenomics in Clinical Practice</u> (ASM2017A1 12.G) The action paper asks that: 1. The APA educate its members about the use and limitations of pharmacogenomic testing in clinical psychiatric practice and advance integrated collaborative care by educating non-psychiatrist physicians about the use and limitations of pharmacogenomic testing for psychiatric care. 2. The Council on Medical Education and Lifelong Learning offer education on pharmacogenomics and pharmacogenomic testing via various educational activities (e.g., Member's Course of the Mouth, Annual Meeting and IPS) and other means, e.g., via Psychiatric News articles. 3. The Council on Quality Care: A. evaluate and provide guidance on the use and limitations of pharmaco-genomic testing in pertinent practice guidelines covering rating the strength of research evidence and recommendations, benefits and harms, and quality measurement considerations B. consider producing a resource document on the use and limitations of pharmacogenomic testing in clinical practice 4. The Council on Research promote research on pharmacogenomic testing, especially addressing study questions about informing clinical practice and treatment outcomes using pharmaco- genomic testing. 5. The Council on Advocacy and Government Relations explore whether the APA should advocate for truth in advertising for pharmacogenomic testing, and thus, promote accurate consumer education. 6. An article on pharmacogenomic testing and its limitations be placed on the APA Website "Patients & Families" section to provide accurate information for consumers *Will the JRC refer the action paper 2017A1 12.G: Providing Education and Guidance for the Use and Limitations of Pharmacogenomics in Clinical Practice to the appropriate Component(s) for input or follow-up?*	The Joint Reference Committee referred the action paper to the Council on Quality Care (LEAD), Council on Healthcare Systems and Financing, Council on Medical Education and Lifelong Learning, Council on Research, and Council on Advocacy and Government Relations, and the Office of the CEO/Medical Director.	Kristin Kroeger Samantha Shugarman Becky Yowell Tristan Gorrindo, MD Kristen Moeller Philip Wang, MD, DrPh Farifteh Duffy, PhD Ariel Gonzalez, JD, MA Deana McRae Saul Levin, MD, MPA	Council on Quality Care (LEAD) Council on Healthcare Systems and Financing Council on Medical Education and Lifelong Learning Council on Research Council on Advocacy and Government Relations Office of the CEO/Medical Director Report to the JRC – Oct. 2017 (Deadline 9/28/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.6	<u>Expanding Access to Psychiatry Subspecialty Fellowships</u> (ASM2017A1 12.H) The action paper asks that American Psychiatric Association urge the ACGME to consider mechanisms to enable residents of AOA accredited programs to be eligible to enter ACGME accredited psychiatry subspecialty fellowships, such as extending ACGME accreditation to prior years of training ("grandfathering") during this period of transition. *Will the JRC refer the action paper 2017A1 12.H: Expanding Access to Psychiatry Subspecialty Fellowships to the appropriate Component(s) for input or follow-up?*	The Joint Reference Committee referred the action paper to the Council on Medical Education and Lifelong Learning.	Tristan Gorrindo, MD Kristen Moeller	Council on Medical Education and Lifelong Learning Report to the JRC – Oct. 2017 (Deadline 9/28/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.7	<u>Educational Strategies to Improve Mental Illness Perceptions of Medical Students</u> (ASM2017A1 12.I) The action paper asks: That the APA charge the Council on Medical Education and Lifelong Learning (CMELL) to 1. Ascertain with the Association of Directors of Medical Student Education in Psychiatry (ADMSEP) and the American Association of Chairs of Departments of Psychiatry (AACDP), the need for and their interest in implementing educational training strategies for improving medical students' perceptions regarding mental illness and psychiatry, and if there is sufficient interest, 2. Partner with ADMSEP in reviewing and developing educational strategies that particularly involve exposure or contact with patients who have experienced and successfully recovered from mental illness, and discussions of medical students' own perceptions and attitudes regarding mental illness, early on in medical student education, 3. APA to support the developed product and advocate for implementing the developed strategies to various medical education organizations including ADMSEP, AACDP and ACGME. *Will the JRC refer the action paper 2017A1 12.I: Educational Strategies to Improve Mental Illness Perceptions of Medical Students to the appropriate Component(s) for input or follow-up?*	The Joint Reference Committee referred the action paper to the Council on Medical Education and Lifelong Learning (LEAD) and Council on Communications.	Tristan Gorrindo, MD Kristen Moeller Tanya Bradsher James Carty	Council on Medical Education and Lifelong Learning (LEAD) Council on Communications Report to the JRC – Oct. 2017 (Deadline 9/28/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.8	<u>Educational Strategies to Improve Mental Illness Perceptions of Non-Mental Health Medical Professionals</u> (ASM2017A1 12.J) The action paper asks: 1. APA to charge the APA Department of Education to work with APA's AMA delegation and with other interested medical professional organizations to ascertain their interest in implementing educational strategies to improve negative perceptions of mental illness across primary care fields; if there is sufficient interest; 2. APA, in partnership with interested medical professional organizations and in conjunction with American Psychiatric Association Foundation, American Psychiatric Association Publishing and mental health advocacy groups, support and develop educational curriculum and video series depicting and emphasizing successful recovery models of mental illness in patients for use by non-mental health medical professionals; 3. In the spirit of collaborative care, APA support and develop, in conjunction with American Psychiatric Association Publishing and other educational organizations, a training curriculum and video series for non-mental health medical professional on how to comfortably communicate with, assess, and treat mentally ill persons, and when to refer patients to psychiatrists; 4. APA to advocate to AMA, AAFP and other non-mental health medical professional organizations, as to the importance and availability of above educational strategies in improving perceptions and care of persons with mental illness. *Will the JRC refer the action paper 2017A1 12.J: Educational Strategies to Improve Mental Illness Perceptions of Non-Mental Health Medical Professionals to the appropriate Component(s) for input or follow-up?*	The Joint Reference Committee referred the action paper to the Council on Medical Education and Lifelong Learning (LEAD), Council on Communications, Council on Psychosomatic Medicine, and the APA AMA Delegation.	Tristan Gorrindo, MD Kristen Moeller Tanya Bradsher James Carty Kristin Kroeger Michelle Dirst Becky Yowell	Council on Medical Education and Lifelong Learning (LEAD) Council on Communications Council on Psychosomatic Medicine APA AMA Delegation Report to the JRC – Oct. 2017 (Deadline 9/28/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.9	<u>Fostering Medical Student Interest and Training in Psychiatry: The Importance of Medical Student Clerkships</u> (ASM2017A1 12.K) The action paper asks that the APA tasks the Council on Medical Education and Lifelong Learning (CMELL) with drafting a position statement on recommended guidelines for the Psychiatry Clerkship. The CMELL should partner with other organizations invested in psychiatric education, such as ADMSEP and AADPRT, in the drafting of this position statement. This statement should be used to provide recommendations to the Liaison Committee on Medical Education (LCME) and the American Osteopathic Association (AOA) Commission on Osteopathic College Accreditation (COCA) on minimum requirements for psychiatric training. The statement should describe the importance of psychiatry clerkships as the key formative experience for all medical students, and best practices that promote medical student education and interest in psychiatry. Specific components integral to the psychiatry clerkship should include: • A minimum duration of a six-week equivalent full-time experience in the evaluation and treatment of psychiatric patients. • Exposure to both inpatient and ambulatory practice settings, ideally including exposure to subspecialty (e.g. – child and adolescent, addictions, geriatrics, consultation and liaison) and developing models of practice designed to better serve psychiatric populations (e.g. – collaborative or integrated care). *Will the JRC refer the action paper 2017A1 12.K: Fostering Medical Student Interest and Training in Psychiatry: The Importance of Medical Student Clerkships to the appropriate Component(s) for input or follow-up?*	The Joint Reference Committee referred the action paper to the Council on Medical Education and Lifelong Learning.	Tristan Gorrindo, MD Kristen Moeller	Council on Medical Education and Lifelong Learning Report to the JRC – Oct. 2017 (Deadline 9/28/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.10	<u>Requesting the APA Draft a Position Statement on Prescription Drug Monitoring Programs</u> (PDMPs) (ASM2017A1 12.L) The action paper asks: • That the American Psychiatric Association draft a position statement regarding Prescription Drug Monitoring Programs. • That such PDMP position statement addresses PDMP best practices including design, operation, confidentiality, privacy, physician/staff burden utilization and interstate access.in correctional psychiatry in order to increase the number of psychiatrists working in correctional settings. *Will the JRC refer the action paper 2017A1 12.L: Requesting the APA Draft a Position Statement on Prescription Drug Monitoring Programs (PDMPs) to the appropriate Component(s) for input or follow-up?*	The Joint Reference Committee referred the action paper to Council on Addiction Psychiatry (LEAD), Council on Healthcare Systems and Financing, and the Council on Advocacy and Government Relations to create a position statement and consider including a resource document that supports the position statement, if needed.	Kristin Kroeger Michelle Dirst Becky Yowell Ariel Gonzalez, JD, MA Deana McRae	Council on Addiction Psychiatry (LEAD) Council on Healthcare Systems and Financing Council on Advocacy and Government Relations Report to the JRC – Oct. 2017 (Deadline 9/28/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.11	Juvenile Solitary Confinement (ASM2017A1 12.M) The action paper asks: That the APA support the AMA policy statement opposing the use of solitary confinement in juveniles, and that the APA draft its own position statement by May of 2018. H-60.922 Our AMA: (1) opposes the use of solitary confinement in juvenile correction facilities except for extraordinary circumstances when a juvenile is at acute risk of harm to self or others; (2) opposes the use of solitary confinement of juveniles for disciplinary purposes in correctional facilities; and (3) supports that isolation of juveniles for clinical or therapeutic purposes must be conducted under the supervision of a physician. With the following preamble: Solitary confinement is defined as the placement of an incarcerated individual in a locked room or cell with minimal or no contact with people other than staff of the correctional facility. It is used as a form of discipline or punishment. *Will the JRC refer the action paper 2017A1 12.M: Juvenile Solitary Confinement to the appropriate Component(s) for input or follow-up?*	The Joint Reference Committee referred the action paper to the Council on Psychiatry and Law (LEAD), Council on Children, Adolescents, and Their Families, and the Council on Minority Mental Health and Health Disparities to develop a position statement. The Joint Reference Committee recommends that the Board of Trustees support the AMA policy statement opposing the use of solitary confinement in juveniles, while the APA crafts its own policy.	Collen Coyle, JD Alison Crane, JD Ranna Parekh, MD, MPH Tatiana Claridad Omar Davis Shaun Snyder, JD, MBA Margaret Cawley Dewar Ardell Lockerman	Council on Psychiatry and Law (LEAD) Council on Children, Adolescents, and Their Families Council on Minority Mental Health and Health Disparities Board of Trustees – July 2017 (Deadline 6/21/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.12	Addressing Physician Burnout, Depression, and Suicide—Within Psychiatry and Beyond (ASM2017A1 12.N) The action paper asks: That the APA continue the mission of the Ad Hoc Workgroup on Physician Well-Being by developing resources for increasing awareness about physician burnout, depression and suicide, as well as interventions for promoting physician wellness, including recommendations for institutional response to physician suicide; That the APA revise its 2011 "Position Statement on Physician Wellness" to affirm the APA's commitment to ensuring the well-being of its members and to encourage members to serve as leaders in promoting well-being initiatives within their institutions, training programs, and systems of care; That the APA promote further investigation of the underlying causes of increased rates of burnout, depression, and suicide among physicians and to expand the evidence base for innovative wellness interventions; That the APA Government Relations staff work with stakeholder organizations including the Federation of State Medical Boards to remove questions about psychiatric or substance use disorder treatment from licensing applications (initial or renewal) as well as employment applications, instead focusing on relevant, current functional impairment due to either physical or mental illness; That the APA's AMA delegation continue to collaborate with the AMA to develop joint initiatives to prioritize these issues. *Will the JRC refer the action paper 2017A1 12.N: Addressing Physician Burnout, Depression, and Suicide—Within Psychiatry and Beyond to the appropriate Component(s) for input or follow-up?*	The Joint Reference Committee referred the action paper to Council on Medical Education and Lifelong Learning (LEAD), the Council on Quality Care for the Committee on Mental Health Information Technology, and APA AMA Delegation.	Tristan Gorrindo, MD Kristen Moeller Kristin Kroeger Samantha Shugarman Nathan Tatro Becky Yowell	Council on Medical Education and Lifelong Learning Council on Quality Care Committee on Mental Health Information Technology APA AMA Delegation Report to the JRC – Oct. 2017 (Deadline 9/28/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.13	Health Care Is a Human Right (ASM2017A1 12.0) The action paper asks that the American Psychiatric Association adopt the following position statement: "Health care, inclusive of mental health care, is a human right". *Will the JRC refer the action paper 2017A1 12.O: Health Care Is a Human Right to the appropriate Component(s) for input or follow-up?*	The Joint Reference Committee referred the action paper to the Council on Psychiatry and Law (LEAD), the Council on Minority Mental Health and Health Diversity and the Ethics Committee. The JRC requested an analysis of the pros and cons of the APA developing this as a position statement and from their perspective, how this may impact the organization.	Collen Coyle, JD Alison Crane, JD Ranna Parekh, MD, MPH Omar Davis	Council on Psychiatry and Law (LEAD) Council on Minority Mental Health and Health Diversity Ethics Committee Report to the JRC – Oct. 2017 (Deadline 9/28/17)
6.14	Making Access to the Voting Page a Default Action During Elections (ASM2017A1 12.P) The action paper conveys that the Assembly recommends that the APA Administration work to make access to voting as prominent as possible and user friendly on the APA website, and reconsider the value of mailing ballots to all members. *Will the JRC refer the action paper 2017A1 12.P: Making Access to the Voting Page a Default Action During Elections to the appropriate Component(s) for input or follow-up?*	The Joint Reference Committee referred the action paper to the Office of the CEO/Medical Director and to the Division of Communications and Marketing.	Saul Levin, MD, MPA Tanya Bradsher	Office of the CEO/Medical Director Division of Communications and Marketing Report to the JRC – Oct. 2017 (Deadline 9/28/17)
6.15	Dues Relief for District Branch Members from the Commonwealth of Puerto Rico (ASM2017A1 12.Q) The action paper asks that general member psychiatrists who are members of the Puerto Rico Psychiatric Society, a District Branch of the APA shall be granted the same annual APA dues as our Canadian counterparts, which is $375 per general member per year for the next five years. *Will the JRC refer the action paper 2017A1 12.Q: 15. Dues Relief for District Branch Members from the Commonwealth of Puerto Rico to the appropriate Component(s) for input or follow-up?*	The Joint Reference Committee referred the action paper to the Membership Committee (LEAD), Council on Minority Mental Health and Health Disparities, and the Finance and Budget Committee.	Jon Fanning, MS, CAE Stephanie Auditore Ranna Parekh, MD, MPH Omar Davis David Keen, CPA	Membership Committee (LEAD) Council on Minority Mental Health and Health Disparities Finance and Budget Committee Report to the JRC – Oct. 2017 (Deadline 9/28/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.16	<u>Streamlining the Application Process for Former APA Members</u> (ASM2017A1 12.R) The action paper asks that the APA staff streamline the application process for former APA members on the website as follows: 1. Once an applicant answers yes to being a former member of the APA on the website, the individual is given an online, pre-filled application. 2. Remove the requirement for the applicant to resubmit the residency training certificate (this can be verified by APA staff from previous membership records). 3. Remove the requirement for the applicant to submit a valid medical license (this can be verified by APA staff from online, public databases). That the APA staff advertise the changes to the streamlined application process for former APA members. *Will the JRC refer the action paper 2017A1 12.R: Streamlining the Application Process for Former APA Members to the appropriate Component(s) for input or follow-up?*	The Joint Reference Committee referred the action paper to the Membership Committee for consideration.	Jon Fanning, MS, CAE Stephanie Auditore	Membership Committee (LEAD) Report to the JRC – Oct. 2017 (Deadline 9/28/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.17	APA Referendum Voting Procedure (ASM2017A1 12.T) The action paper asks: 1. If 2/3 of the voting members approve a referendum statement, but the requirement of 40% of eligible voters voting has not been met, the BOT will schedule a vote on the referendum statement or a modified version of it for voting by members of the BOT and the Assembly. If the referendum statement or its modified version does not get a 2/3 votes by both these bodies and thus fails to pass, or if the lead petitioner of the referendum statement does not agree to the modified version, then the original referendum statement will be placed again on the ballot to be voted on by the entire membership; but this time the referendum ballot will be sent with the yearly dues statement/solicitation for contributions to all voting members. If it fails again it will not be automatically placed on the ballot again. If it passes, it will supersede any modified version passed by the BOT and the Assembly. 2. If the BOT rejects resolved #1, then an alternative for a viable referendum process shall be prepared by the Board of Trustees, with participation of Assembly Representatives jointly selected by the Speaker and the President, and presented to the Assembly at the Fall 2017 meeting. *Will the JRC refer the action paper 2017A1 12.T: APA Referendum Voting Procedure to the appropriate Component(s) for input or follow-up?*	The Joint Reference Committee referred the issue to the Board of Trustees and requested that "a viable referendum process shall be prepared by the Board of Trustees, with participation of Assembly Representatives jointly selected by the Speaker and the President, and presented to the Assembly at the Fall 2017 meeting."	Shaun Snyder, JD, MBA Margaret Cawley Dewar Ardell Lockerman Colleen Coyle, JD	Board of Trustees – July 2017 (Deadline 6/21/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
6.18	Revised 2015 Position Statement: Use of the Concept of Recovery (JRCFEB178.M.1/ASM2017A1 4.B.20) The Assembly voted to refer the Revised 2015 Position Statement: Use of the Concept of Recovery to the Assembly Committee on Public and Community Psychiatry. The Committee revised the Position Statement and is submitting it for review and approval by the Joint Reference Committee and, if approved, referral to the appropriate Component(s) for input or follow-up. *Will the JRC refer the Revised Position Statement: Use of the Concept of Recovery to the appropriate Component(s) for input or follow-up?*	The Joint Reference Committee referred the action paper to Council on Quality Care (LEAD) and the Council on Minority Mental Health and Health Disparities.	Kristin Kroeger Samantha Shugarman Ranna Parekh, MD, MPH Omar Davis	Council on Quality Care (LEAD) Council on Minority Mental Health and Health Disparities Report to the JRC – Oct. 2017 (Deadline 9/28/17)
8.A	**Council on Addiction Psychiatry** Please see item 8.A for the Council's report, summary of current activities and information items. No action items	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients. The Joint Reference Committee noted that it would be useful for the Council to think through how the APA would process a plan to address the efficacy of inpatient treatment in the outpatient setting. It was also noted that the current Administration wants to deal with the opioid crisis. Given that the APA is at the table, it is important that we have suggestions at the ready. • Disincentive to get trained • Outpatient programs are inadequate – it is malpractice to detox someone without outpatient care	Kristin Kroeger Michelle Dirst	Council on Addiction Psychiatry

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.B	**Council on Advocacy and Government Relations** Please see item 8.B for the Council's report, a summary of current activities and informational items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		
8.B.1	<u>Revised Position Statement: Hospital Privileges for Psychologists</u> Will the Joint Reference Committee recommend that the Assembly approve the revised Position Statement: Hospital Privileges for Psychologists and if approved, forward it to the Board of Trustees for consideration?	The Joint Reference Committee referred the revised position statement back to the Council on Advocacy and Government Relations requesting that the statement be broadened to include both psychiatric hospitals and general hospitals. It was noted that the Council on Psychosomatic Medicine could be of assistance in drafting such language. It was suggested that the title of the position statement be changed from "for psychologists" to "for non-medical professionals", "for non-physicians," or "non-physician mental health professionals."	Ariel Gonzalez, JD, MA Deana McRae Kristin Kroeger Michelle Dirst	Council on Advocacy and Government Relations (LEAD) Council on Psychosomatic Medicine Report to the JRC – Oct. 2017 (Deadline 9/28/17)
8.B.2	No action required <u>Referral Update: 2008 Position Statement on Principles for Healthcare Reform for Psychiatry</u> The Council will be revising the position statement. A small work group was established to amend the language, in addition to incorporating relevant data. The work group will work with the Council on Healthcare Systems and Financing in drafting the revised position statement for presentation to the JRC in October 2017.	The Joint Reference Committee thanked the Council for the update.	N/A	

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.B.3	No action required Referral Update: Smart Guns as a Gun Safety Response to Gun Violence, a Public Health Hazard (JRCFEB176.9; ASMNOV1612.M) The action paper asks that the APA support smart gun technology as one piece of a solution to gun violence. Taking into consideration two existing APA positions statements and one resource document addressing handguns, the Council recommended reviewing documents for similarities to this action paper. A small work group was established to assess the language and advise next step to the Council by the September Components meeting.	The Joint Reference Committee thanked the Council for the update.	N/A	
8.C	**Council on Children, Adolescents, and Their Families** Please see item 8.C for the Council's report, a summary of current activities, and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients. Concerned was raised by Council members regarding the series *13 Reasons Why*. The Council would like to partner with APA Communications to craft messaging around this issue. Suggestions from Administration include Twitter chats and blog posts, articles in *Psychiatric News*, and sending information to the DB/SAs. It was suggested that coordination with AACAP and the National Federation of Families for Children's Mental Health may be beneficial.	Ranna Parekh, MD, MPH Tatiana Claridad	

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.C.1	Retain Position: United States Ratification of the Convention of the Rights of the Child *Will the Joint Reference Committee recommend that the Assembly approve retaining the endorsement, as APA Policy, of the United States Ratification of the Convention of the Rights of the Child, and if retained, forward it to the Board of Trustees for consideration*? Rationale: The Council believes the position statement is current, relevant, and should be retained.	The Joint Reference Committee recommended that the Assembly approve retaining the endorsement, as APA Policy, of the United States Ratification of the Convention of the Rights of the Child, and if retained, forward it to the Board of Trustees for consideration?	Shaun Snyder, JD, MBA Margaret Cawley Dewar Allison Moraske	Assembly – November 2017 (Deadline 9/18/17)
8.C.2	No action required Referral Update: Ending Childhood Poverty (JRCFEB176.11; ASMNOV1612.O) The Council has prioritized partnering, on an ad hoc basis, with the APA Foundation, DB/SAs, and allied organizations to advance the relevant issues and legislation designed to reduce and eliminate childhood poverty in America. Synergies in the work of the Council and the APAF were identified (Typical and Troubled®). The Council on Advocacy and Government Relations is working with APA Administration to review APA's current partnerships and advocacy efforts to address the action paper's issues.	The Joint Reference Committee thanked the Council for the update.	N/A	
8.D	**Council on Communications** Please see item 8.D for the Council's report, a summary of current activities, and information items. No action items	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients. The JRC requested that the Council on Communications create guidelines and resources for psychiatrists who work with the entertainment industry advising/consulting on projects.	Tanya Bradsher James Carty	Council on Communications Report to the JRC – Oct. 2017 (Deadline 9/28/17)
8.E	**Council on Geriatric Psychiatry** Please see item 8.E for the Council's report, summary of current activities and information items. No action items	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.F	**Council on Healthcare Systems and Financing** Please see item 8.F for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		
8.F.1	Revised Position Statement: Need to Maintain Long-Term Care Facilities for Certain Individuals with Serious Mental Illness *Will the Joint Reference Committee recommend that the Assembly approve the revised Position Statement: The Need to Maintain Long-Term Care Facilities for Certain Individuals with Serious Mental Illness, and if approved, forward it to the Board of Trustees for consideration?*	The Joint Reference Committee recommended that the Assembly approve the revised Position Statement: *The Need to Maintain Long-Term Care Facilities for Certain Individuals with Serious Mental Illness*, and if approved, forward it to the Board of Trustees for consideration. The JRC made minor revisions to the statement to correct typos and to ensure that the language was person first.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Allison Moraske	Assembly – November 2017 (Deadline 9/18/17)
8.F.2	Revised Position Statement: Codification of Medical Evaluation and Management Services for Psychotherapy *Will the Joint Reference Committee recommend that the Assembly approve the revised Position Statement: Codification of Medical Evaluation and Management Services for Psychotherapy, and if approved, forward it to the Board of Trustees for consideration?*	The Joint Reference Committee referred the revised Position Statement back to the Council for additional revision. The statement requires fine-tuning so that it can be read as it was intended rather than interpreted three different ways. The JRC was unclear as to the actual position statement. It was suggested that the title be revised to "Codification of Medical Evaluation and Management Services in Conjunction with Psychotherapy Services."	Kristin Kroeger Becky Yowell	Council on Healthcare Systems and Financing Report to the JRC – Oct. 2017 (Deadline 9/28/17)

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8.F.3	Retire 2010 Position Statement: Psychiatry and Primary Care Integration across the Lifespan *Will the Joint Reference Committee recommend that the Assembly retire the 2010 Position Statement: Psychiatry and Primary Care Integration across the Lifespan and if retired, forward it to the Board of Trustees for consideration?* Rationale: The concepts contained in this position statement are included in other APA position statements such as the 2016 PS Integrated Care and the 2008 PS Principles for Health Care Reform for Psychiatry.	The Joint Reference Committee recommended that the Assembly retire the 2010 Position Statement: *Psychiatry and Primary Care Integration across the Lifespan* and if retired, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Allison Moraske	Assembly – November 2017 (Deadline 9/18/17)
8.F.4	Retain 2011 Position Statement: Psychiatrists' Time Performing Utilization Review (Endorsement of AMA policy H-385.951) *Will the Joint Reference Committee recommend that the Assembly retain the 2011 Position Statement: Psychiatrists' Time Performing Utilization Review (Endorsement of AMA policy H-385.951) and if retained, forward it to the Board of Trustees for consideration?* Rationale: The Council believes the position statement is current, relevant, and should be retained.	The Joint Reference Committee recommended that the Assembly retain the 2011 Position Statement: *Psychiatrists' Time Performing Utilization Review (Endorsement of AMA policy H-385.951)* and if retained, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Allison Moraske	Assembly – November 2017 (Deadline 9/18/17)
8.F.5	Retain 2014 Position Statement: Universal Access to Health Care *Will the Joint Reference Committee recommend that the Assembly retain the 2014 Position Statement: Universal Access to Health Care and if retained, forward it to the Board of Trustees for consideration?* Rationale: The Council believes the position statement is current, relevant, and should be retained.	The Joint Reference Committee recommended that the Assembly retain the 2014 Position Statement: *Universal Access to Health Care* and if retained, forward if to the Board of Trustees for consideration.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Allison Moraske	Assembly – November 2017 (Deadline 9/18/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.F.6	No action required Referral Update: All Prescribers, not just Physicians, shall be Subject to Open Payments (JRCFEB176.1; ASMNOV1612.A) The action paper asks the APA to engage with eh AMA and the American Osteopathic Association to pursue regulatory change such that non-physician providers are included along with physician in the Open Payments reports and database. The Physician Sunshine Act (Open Payments) was instituted as part of the ACA. Any changes to the program must be made through the legislative process. At this time, the AMA and the AOA are not pursuing an advocacy strategy to expand open payments to require non-physicians to participate in the program. CHSF defers to CAGR as to how to prioritize this request within current activity around health reform. The Council on Government Relations is aware that neither AMA nor AOA have initiated advocacy efforts. The next question would be if any consumer groups are active in advocacy on this issue. Once APA places this as a priority, an advocacy strategy plan can be developed.	The Joint Reference Committee thanked the Council for the update and referred the item to the AMA Section Council on Psychiatry.	Kristin Kroeger Becky Yowell	APA AMA Delegation AMA Section Council on Psychiatry
8.F.7	No action required Referral Update: Continuity of Care (JRCFEB176.3; ASMNOV1612.C) The action paper that the APA explore options such as a position statement or resource document to encourage timely communication between inpatient and outpatient teams, including both general medical and psychiatric facilities. The CHSF will continue to compel information relevant to this request to develop educational materials for APA members. The effort will include a communications plan to educate members. As part of the process, it will be important to identify and potentially resolve and barriers (confidentiality). The Council on Quality Care discussed this and noted that quality measures exist regarding transitions in care.	The Joint Reference Committee thanked the Council for the update.	N/A	

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.F.8	No action required Referral Update: Improving the Confidentiality of Prescription Drug Monitoring Programs (JRCFEB176.5; ASMNOV1612.G) The action paper asks the that APA study the variations in the PDMPs to ensure that they are consistent with current federal regulations, and to make recommendations to improve the PDMP system with special attention to ensure the appropriate confidentiality of patient records. The CHSF will discuss this on future conference calls and would include representatives from key components. N.B. Brandeis University 's Heller School for Social Policy and Management has developed a website titled PDMPassist.org that provides a state by state profile on PDMPs, including the authorized requesters of the PDMP data. Additionally, while nearly all states currently have a PDMP, federal requirements for this program are non-existent.	The Joint Reference Committee thanked the Council for the update.	N/A	
8.F.9	No action required Referral Update: Mental Health Parity for Individuals with Intellectual and Developmental Disability (IDD) (JRCFEB176.12; ASMNOV1612.P) The action paper asks that the APA develop a position statement supporting mental health parity for individuals with IDD. The CHSF will set up a work group, with representatives from CAGR, the Council on Children and/or Caucus of Psychiatrists Treating Patients with IDD to discuss the action paper, implication of parity and any additional information. The Council on Advocacy and Government Relations discussed the action paper and agreed a position statement is relevant to the current climate and emergency department boarding.	The Joint Reference Committee thanked the Council for the update.	N/A	
8.G	**Council on International Psychiatry** Please see item 8.G for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.G.1	<u>Proposed Position Statement on Human Rights</u> *Will the Joint Reference Committee recommend that the Assembly approve the proposed Position Statement on Human Rights and if approved, forward it to the Board of Trustees for consideration?* N.B. The proposed position statement is a consolidation of the 1992 PS Human Rights and the 2008 PS Denial of Human Rights Abuses. If the proposed position statement is approved by the Assembly and the Board of Trustees, these two position statements will be considered retired.	The Joint Reference Committee recommended that the Assembly approve the proposed Position Statement on *Human Rights* and if approved, forward it to the Board of Trustees for consideration. The JRC made minor revisions to the position statement.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Allison Moraske	Assembly – November 2017 (Deadline 9/18/17)
8.H	**Council on Medical Education and Lifelong Learning** Please see item 8.H for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.H.1	No action required Referral Update: Retire Position Statement: Confidentiality of Medical Records: Does the Physician Have a Right to Privacy Concerning His or Her Own Health Records? (1981) (JRCFEB176.15; JRCJUNE168.J.1; ASMNOV164.B.8) The JRC referred the action to the Council on Medical Education and Lifelong Learning (LEAD), Council on Psychiatry and Law and the Ethics Committee to draft a new position statement on this topic. The Council reviewed the 1981 PS and the 2015 PS on Inquiries about Diagnosis and Treatment of Mental Disorder in Connection with Credentialing and Licensing. The Council sees much similarity in the content of the two statements. However, the 1981 PS explicitly addresses the question of keeping existing medical records confidential. While this is implied in the 2015 PS by limiting the scope of questions asked by licensing boards and credentialing organizations, it is not specifically addressed. The Council is supportive of a new position statement on the confidentiality of physician medical records, or amending the 2015 PS noted above. The Council believes that they are not the appropriate body to draft a new position statement. This is an issue for all psychiatrists and as such, requires a broader scope of expertise (ethics/medical-legal issues around confidentiality) than exists within the Council on Medical Education and Lifelong Learning.	The Joint Reference Committee referred the item to the Council on Psychiatry and Law, Council on Quality Care to its Committee on Mental Health Information, the Council on Medical Education and Lifelong Learning, and the Ethics Committee. The statement, as recommended by the Council, is to be revised.	Colleen Coyle, JD Alison Crane, JD Samantha Shugarman Nathan Tatro Tristan Gorrindo, MD Kristen Moeller Alison Crane, JD	Council on Psychiatry and Law (LEAD) Council on Quality Care Committee on Mental Health Information Council on Medical Education and Lifelong Learning Ethics Committee Report to the JRC – Oct. 2017 (Deadline 9/28/17)
8.I	**Council on Minority Mental Health and Health Disparities** Please see item 8.I for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.	N/A	

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.I.1	Request for Funding: Assembly M/UR Caucus Representatives to the Council Meeting at the September Component Meetings (see item 8.B, page 2) Will the Joint Reference Committee approve the Council's request to invite the Representatives from the Assembly M/UR Caucuses to attend the Council's meeting at the September Component's meeting at an estimated cost of $13,116.00? N.B. This is a one-time request. The purpose is detailed in the Council's report.	The JRC voted to support a one-time initiative whereby MUR Representatives attend the fall meeting of the Council on Minority Mental Health and Health Disparities to address issues of common concern as outlined in the Council's report to the JRC. The Council is asked to report back on the outcome of this meeting in its report to the JRC in October 2017. JRC supports the request with one-time funding from with the understanding that ongoing funding (if needed) will require a request through the normal APA budget process. The funding will be limited to travel and hotel and per diem for the seven MUR Representatives who may participate in person or by phone. There is no funding available for substitute attendees for those MUR Representative who are unable to attend in person.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Ardell Lockerman Ranna Parekh, MD Omar Davis	Board of Trustees – July 2017 (Deadline 6/21/17) Council on Minority & Mental Health & Health Disparities Report to the JRC – Oct. 2017 (Deadline 9/28/17)
8.I.2	Proposed Position Statement: Domestic Violence Against Women *Will the Joint Reference Committee recommend that the Assembly approve the proposed Position Statement: Domestic Violence Against Women and if approved, forward it to the Board of Trustees for consideration?*	The Joint Reference Committee recommended that the Assembly approve the proposed Position Statement: *Domestic Violence Against Women* and if approved, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Allison Moraske	Assembly – November 2017 (Deadline 9/18/17)
8.I.3	Proposed Position Statement: Prevention of Violence *Will the Joint Reference Committee recommend that the Assembly approve the proposed Position Statement: Prevention of Violence and if approved, forward it to the Board of Trustees for consideration?*	The Joint Reference Committee recommended that the Assembly approve the proposed Position Statement: *Prevention of Violence* and if approved, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Allison Moraske	Assembly – November 2017 (Deadline 9/18/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.I.4	Revised Position Statement: Religious Discrimination, Persecution, and Genocide *Will the Joint Reference Committee recommend that the Assembly approve the revised Position Statement: Religious Discrimination, Persecution, and Genocide and if approved, forward it to the Board of Trustees for consideration?*	The Joint Reference Committee referred the revised position statement back to the Council on Minority Mental Health and Health Disparities and recommended that these issues be separated into three distinct position statements.	Ranna Parekh, MD, MPH Omar Davis	Council on Minority Mental Health and Health Disparities Report to the JRC – Oct. 2017 (Deadline 9/28/17)
8.I.5	Proposed Position Statement: Human Trafficking *Will the Joint Reference Committee recommend that the Assembly approve the proposed Position Statement: Human Trafficking and if approved, forward it to the Board of Trustees for consideration?*	The Joint Reference Committee recommended that the Assembly approve the proposed Position Statement: *Human Trafficking* and if approved, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Allison Moraske	Assembly – November 2017 (Deadline 9/18/17)
8.J	**Council on Psychiatry and Law** Please see item 8.J for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		
8.J.1	Proposed Position Statement: Police Interactions with Persons with Mental Illness *Will the Joint Reference Committee recommend that the Assembly approve the proposed Position Statement Police Interactions with Persons with Mental Illness, and if approved, forward it to the Board of Trustees for consideration?*	The Joint Reference Committee recommended that the Assembly approve the proposed Position Statement: *Police Interactions with Persons with Mental Illness* and if approved, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Allison Moraske	Assembly – November 2017 (Deadline 9/18/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.J.2	Proposed Resource Document: Physician Assisted Death *Will the Joint Reference Committee approve the proposed Resource Document Physician Assisted Death?*	The Joint Reference Committee referred the proposed resource document back to the Council on Psychiatry and Law. The JRC requested that information about counter-transference – specifically how the physician's feelings toward the patient may affect the granting or refusal of the request. An addition, although the disclaimer notes that the resource document does not indicate the APA's support of PAD, it was suggested that the disclaimer be reworded to be clear that the resource document was not a position statement on Physician Assisted Death (PAD).	Colleen Coyle, JD Alison Crane, JD	Council on Psychiatry and Law Report to the JRC – Oct. 2017 (Deadline 9/28/17)
8.J.3	Permission to Publish: Resource Document on Physician Assisted Death *Will the Joint Reference Committee recommend that the Board of Trustees grant permission to publish the Resource Document Physician Assisted Death?*	The action is withdrawn pending the approval of the resource document (see item 8.J.2).		
8.J.4	Proposed Position Statement: Lengthy Sentences Without Parole for Juveniles *Will the Joint Reference Committee recommend that the Assembly approve the proposed Position Statement: Lengthy Sentences Without Parole for Juveniles, and if approved, forward it to the Board of Trustees for consideration?*	The Joint Reference Committee recommended that the Assembly approve the proposed Position Statement: *Lengthy Sentences Without Parole for Juveniles* and if approved, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Allison Moraske	Assembly – November 2017 (Deadline 9/18/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.J.5	<u>Retire 2011 Position Statement: Review of Sentences for Juveniles Serving Lengthy Mandatory Terms of Imprisonment</u> *Will the Joint Reference Committee recommend that the Assembly retire the 2011 Position Statement: Review of Sentences for Juveniles Serving Lengthy Mandatory Terms of Imprisonment, and if retired, forward it to the Board of Trustees for consideration?* Rationale: The 2011 position statement will be replaced by the proposed Position Statement *Lengthy Sentences Without Parole for Juveniles*, in part to account for Supreme Court cases decided after the 2011 Position Statement was adopted.	The Joint Reference Committee recommended that the Assembly retire the 2011 Position Statement: *Review of Sentences for Juveniles Serving Lengthy Mandatory Terms of Imprisonment* and if retired, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Allison Moraske	Assembly – November 2017 (Deadline 9/18/17)
8.J.6	<u>Retain 2012 Position Statement: Segregation of Prisoners with Mental Illness</u> *Will the Joint Reference Committee recommend that the Assembly retain the 2012 Position Statement: Segregation of Prisoners with Mental Illness, and if retained, forward it to the Board of Trustees for consideration?* Rationale: The Council believes the position statement is current, relevant, and should be retained.	The Joint Reference Committee recommended that the Assembly retain the 2012 Position Statement: *Segregation of Prisoners with Mental Illness* and if retained, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Allison Moraske	Assembly – November 2017 (Deadline 9/18/17)
8.J.7	<u>Retain 2012 Position Statement: Assessing the Risk for Violence</u> *Will the Joint Reference Committee recommend that the Assembly retain the 2012 Position Statement: Assessing the Risk for Violence, and if retained, forward it to the Board of Trustees for consideration?* Rationale: The Council believes the position statement is current, relevant, and should be retained.	The Joint Reference Committee recommended that the Assembly retain the 2012 Position Statement: *Assessing the Risk for Violence* and if retained, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Allison Moraske	Assembly – November 2017 (Deadline 9/18/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.J.8	Retain 2012 Position Statement: Firearms Access: Inquiries in Clinical Settings *Will the Joint Reference Committee recommend that the Assembly retain the 2012 Position Statement: Firearms Access: Inquiries in Clinical Settings, and if retained, forward it to the Board of Trustees for consideration?* Rationale: The Council believes the position statement is current, relevant, and should be retained.	The Joint Reference Committee recommended that the Assembly retain the 2012 Position Statement: *Firearms Access: Inquiries in Clinical Settings* and if retained, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Allison Moraske	Assembly – November 2017 (Deadline 9/18/17)
8.J.9	Retain 2007 Position Statement: Use of Jails to Hold Persons Without Criminal Charges Who are Awaiting Civil Psychiatric Hospital Beds *Will the Joint Reference Committee recommend that the Assembly retain the 2007 Position Statement: Use of Jails to Hold Persons Without Criminal Charges Who are Awaiting Civil Psychiatric Hospital Beds, and if retained, forward it to the Board of Trustees for consideration?* Rationale: The Council believes the position statement is current, relevant, and should be retained.	The Joint Reference Committee recommended that the Assembly retain the 2007 Position Statement: *Use of Jails to Hold Persons Without Criminal Charges Who are Awaiting Civil Psychiatric Hospital Beds* and if retained, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Allison Moraske	Assembly – November 2017 (Deadline 9/18/17)
8.J.10	Retain 2007 Position Statement: Psychiatric Services in Jails and Prisons *Will the Joint Reference Committee recommend that the Assembly retain the 2007 Position Statement: Psychiatric Services in Jails and Prisons, and if retained, forward it to the Board of Trustees for consideration?* Rationale: The Council believes the position statement is current, relevant, and should be retained.	The Joint Reference Committee recommended that the Assembly retain the 2007 Position Statement: *Psychiatric Services in Jails and Prisons* and if retained, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Allison Moraske	Assembly – November 2017 (Deadline 9/18/17)

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.J.11	Retain 1993 Position Statement: Homicide Prevention and Gun Control *Will the Joint Reference Committee recommend that the Assembly retain the 1993 Position Statement: Homicide Prevention and Gun Control, and if retained, forward it to the Board of Trustees for consideration?* Rationale: The Council believes the position statement is current, relevant, and should be retained.	The Joint Reference Committee recommended that the Assembly retain the 1993 Position Statement: *Homicide Prevention and Gun Control* and if retained, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Allison Moraske	Assembly – November 2017 (Deadline 9/18/17)
8.K	**Council on Psychosomatic Medicine** Please see item 8.L for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		
8.L	**Council on Quality Care** Please see item 8.L for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		
8.M	**Council on Research** Please see item 8.M for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked the Council for its update and continued work on behalf of the Association, the field, and our patients.		

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.M.1	Permission to Publish Component Work Product: EEG Prediction of Treatment Response in Depressive Episodes Will the Joint Reference Committee recommend that the Board of Trustees grant permission to publish the component work product manuscript EEG Prediction of Treatment Response in Depressive Episodes?	The Joint Reference Committee recommended that the Board of Trustees grant permission to publish the component work product *EEG Prediction of Treatment Response in Depressive Episodes.* Please note that after the AJP has the right of first refusal, the Council would target JAMA Psychiatry for publication. The following disclaimer must be included in the manuscript. "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."	Shaun Snyder, JD, MBA Margaret Cawley Dewar Ardell Lockerman	Board of Trustees – July 2017 (Deadline 6/21/17)
8.M.2	No action required Referral Update: APA Position Statement on Screening and Treatment for Mental Health Disorders During Pregnancy and Postpartum (JRCFEB176.6; ASMNOV1612I) The action paper asks that the APA develop a position statement on Screening and Treatment for Mental Health Disorders During Pregnancy and Postpartum. The Council on Research has convened a small work group to develop a position statement.	The Joint Reference Committee thanked the Council for the update.		
8.M.3	Request for Name Change: Caucus on Complementary and Alternative Medicine *Will the Joint Reference Committee recommend that the Board of Trustees approve the Caucus' request to change their name to the Caucus on Complementary and Integrative Psychiatry?*	The Joint Reference Committee recommended that the Board of Trustees approve changing the name of the Caucus to the Caucus on Complementary and Integrative Psychiatry.	Shaun Snyder, JD, MBA Margaret Cawley Dewar Ardell Lockerman	Board of Trustees – July 2017 (Deadline 6/21/17)
9	**Other Reports**			

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
9.A	Discussion of the US Joint Statement on Conversion Therapy	Please see item 3.6		

NEXT JOINT REFERENCE COMMITTEE MEETING
October 14, 2017
APA Headquarters, Arlington, VA
Report Deadline: **September 28, 2017**

Draft Minutes of a Meeting of the Assembly
of the American Psychiatric Association
San Diego Convention Center – San Diego, California
May 19-21, 2017

Welcome and Introductions

Dr. Daniel Anzia, Speaker of the Assembly, called the 86th meeting of the Assembly of the American Psychiatric Association (APA) to order on May 19th, 2017, at the San Diego Convention Center in San Diego, California. He welcomed the Assembly and guests to the meeting. Dr. Anzia recognized Drs. A. Evan Eyler and Manuel Pacheco, Area 1 Representative and Deputy Representative, who gave a memorial presentation for Dr. Brian Benton, former Area 1 Representative and member of the American Indian, Alaska, and Native Hawaiian Psychiatrists, who passed away in April.

1. Remarks of the Board of Trustees

A. Report of the Bylaws Committee

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

The Assembly voted to ratify the amendments to the APA bylaws and Operations (Ops) manual to reflect the new nomination and election process for the M/UR Trustee.

Report of the President-Elect

Dr. Anita Everett, APA President-Elect addressed the Assembly. Dr. Everett outlined her role as President- Elect, which includes chairing the Joint Reference Committee. Dr. Everett also explained that she had the opportunity to represent the APA at the Patient Safety Network, which is a large network based with a technology developer. She noted that for the first time ever, the network focused on suicide management and access to care as part of the landscape for the patient safety movement. Dr. Everett identified some of her initiatives during her presidency, which will include a focus on early career psychiatry, innovation within the profession of psychiatry, and physician well-being and management of physician burnout. Dr. Everett also responded to questions from the Assembly.

C. Report of the APA Treasurer

Dr. Bruce Schwartz, APA Treasurer presented his report to the Assembly. APA's net income is $6.4 million compared to $1.7 million in 2015. DSM revenues were higher than anticipated and travel costs were lower for both the Board of Trustees and the Assembly. Additionally, the APA was also able to save some money through vacancy savings in programs and service areas. Net assets for the APA are $87.3 million. Reserves for the American Psychiatric Association Foundation (APAF) are at approximately $60.8 million and the APA has approximately $91.9 million in its reserves.

2. Report of the CEO and Medical Director

Dr. Saul Levin, CEO and Medical Director addressed the Assembly. Dr. Levin began by thanking the Assembly for the time, effort, and expertise the Assembly brings to the association, patients, and patients' families. Dr. Levin outlined the strategic priorities of the APA: advancing psychiatry, supporting research, education, and diversity.

Dr. Levin updated the Assembly on the APA's work on Maintenance of Certification (MOC). He noted that the Board of Trustees has continued to convey the concerns of the APA members on MOC to the American Board of Psychiatry and Neurology (ABPN) which includes opposing unnecessary testing requirements while preserving patient safety. Additionally, the APA has expressed concern about patient surveys and subsequently, the ABPN has removed the requirement in Part Four of the MOC. The APA has also brought forward concerns about fees, especially the initial certification fee. The ABPN has announced that this year, they will be reducing their fees by 5% for the initial certification. The APA has engaged its Council on Advocacy and Government Relations and the Council on Medical Education and Lifelong Learning supporting state legislation that would oppose certification requirements to licensure boards, hospitals, and health insurance. The APA is also building a coalition with other associations.

Dr. Levin explained that the APA, along with other medical organizations, opposes the American Healthcare Act, as the current draft allows states to weaken Essential Health Benefits and allows higher premiums for individuals with pre-existing conditions. Additionally, it jeopardizes insurance coverage for millions of Americans.

Dr. Levin gave an update on the APA registry, PsychPRO, which will help members and other participating psychiatrists and mental health providers avoid payment penalties, and achieve bonuses for meeting their growth quality reporting requirements for CMS and insurance companies. Dr. Levin also announced that Dr. Elinor McCance-Katz, an addiction psychiatrist, has been nominated by President Trump for Assistant Secretary for Mental Health and Substance Abuse. [*N.B. Dr. McCance-Katz was confirmed August 3, 2017.*]

Dr. Levin concluded his remarks by giving an update on the Annual Meeting and thanking Drs. Anzia, Miskimen, Batterson for their hard work and dedication in leading the Assembly.

5. Report of the Recorder

Dr. James R. Batterson, Recorder, referred members to his report contained within Section 5 of the backup materials. He asked that the Assembly approve the minutes of the November 4-6, 2016 meeting (5.A).

> **Action: Will the Assembly vote to approve the minutes of its November 4-6, 2017 Meeting?**
>
> **The Assembly voted to approve the Minutes & Summary of Actions from the November 4-6, 2016 meeting.**

Dr. Batterson sought to determine if a quorum was present by asking if representatives from the following District Branches were in attendance: *Connecticut Psychiatric Society, Mid-Hudson*

Psychiatric Society, Psychiatric Society of Westchester County, Psychiatric Society of Delaware, Mississippi Psychiatric Association, Tennessee Psychiatric Association, and the Colorado Psychiatric Society. Of the District Branches called, the following had representation at the meeting: Connecticut Psychiatric Society, Psychiatric Society of Westchester County, Psychiatric Society of Delaware, Mississippi Psychiatric Association, Tennessee Psychiatric Association, and the Colorado Psychiatric Society.

Dr. Batterson declared a quorum of the Assembly.

6. Report of the Rules Committee

Dr. Glenn Martin, Chair of the Rules Committee, referred the Assembly to the Rules Committee report. Item 6.A included the action assignments to reference committees and other Assembly groups. Dr. Martin presented Item 6.B, the consent calendar, and asked if any member of the Assembly wished to add or remove any item. Item 4.B.20 was removed from the consent calendar.

Action: Will the Assembly vote to approve the Consent Calendar with the exception of 4.B.20?

The Assembly voted to approve the Consent Calendar as amended.

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

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

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

7. Reports of Assembly Committees

A. Nominating Committee

Dr. Glenn Martin, Chair of the Assembly Nominating Committee reminded the Assembly of the procedures for Assembly election voting and reviewed the roster of Assembly candidates for 2017-2018. For Speaker-Elect: Dr. James R. Batterson (Area 4) and Dr. James Polo (Area 7). For Recorder: Dr. Steven Daviss (Area 3), and Dr. Paul O'Leary (Area 5). Later in the meeting Dr. Martin announced the voting results.

Dr. James R. Batterson was elected as Speaker-Elect.
Dr. Steven Daviss was elected as Recorder.

B. Committee on Procedures

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

Action: Will the Assembly vote to approve the proposed language to allow for electronic voting on APA Practice Guidelines in the Procedural Code of the Assembly?

The Assembly voted to approve the proposed language to allow for electronic voting on APA Practice Guidelines in the Procedural Code of the Assembly.

Action: Will the Assembly vote to approve the proposed language to Article 1, Section 7.d (Officers/Vacancies) to note that a special meeting may be held electronically in the Procedural Code of the Assembly?

The Assembly voted to approve the proposed language to Article 1, Section 7.d (Officers/Vacancies) to note that a special meeting may be held electronically. This will be included in the Procedural Code of the Assembly.

C. Presentation of Assembly Awards

District Branch Best Practice Award
Dr. Jenny L. Boyer, Chair of the Assembly Awards Committee, presented the District Branch Best Practice Award to the New York County District Branch. Honorable mentions for the award also went to Massachusetts Psychiatric Society and the Northern California Psychiatric Society.

Ronald Shellow Award
Ronald Shellow Awards were presented to:
Laurence Miller, M.D., Area 5
Ramaswamy Viswanathan, M.D., Area 2
David Scasta, M.D., Area 3 (for 2016)

Assembly Award for the District Branch and Area with the Highest Percentage of Voting
Dr. Boyer announced that the Area with the highest percentage of voting was Area 2 and the District Branch was the Mid-Hudson Psychiatric Society.

8. Reports of Councils and Components

Written Council Reports may be found in the backup materials.

10. Reports from Special Components

A. APA AMA Delegation Report & Remarks from Patrice A. Harris, MD, MA, Chair, AMA Board of Trustees

Dr. Patrice Harris addressed the Assembly, highlighting some of the ways the AMA is advancing healthcare and the practice of medicine through its strategic priorities and to update the

Assembly on the AMA's work towards the national struggle on opioid addiction. The AMA has adopted three strategic priorities to support physicians and patients: accelerating change in medical education, professional satisfaction and practice sustainability, and improving health outcomes. This includes being involved in conversations about the medical schools of the future and improving health outcomes for those who are at risk for diabetes and heart disease. The AMA is also working on addressing physician burnout and especially how it relates to physician shortages.

Dr. Harris chairs the AMA's Opioid Task Force. It should be noted that APA is also a key partner in this task force. The Opioid Task Force developed six recommendations related to the opioid crisis:

- Increase registration and use of PDMPs
- Ensure safe, evidence-based prescribing
- Support comprehensive pain care; reduce the stigma of pain
- Reduce the stigma of substance use disorder; increase access to treatment
- Increase access to naloxone to save lives from overdose; support broad Good Samaritan protections
- Promote safe storage and disposal of opioids

Dr. Harris concluded her remarks by emphasizing the work of both the AMA and APA on parity, the need to build new partnerships, and the need to use credible data and research to inform new policies.

B. Report from the American Psychiatric Association Political Action Committee, APA*PAC*

Dr. Charles Price, Chair of the APA*PAC* updated the Assembly on the activities of the APA*PAC*. APAPAC contributed over $453,000 to federal candidates and committees in 2015-2016, with a ratio of 54% Republicans / 46% Democrats. Dr. Price noted that 45/226 eligible members of the Assembly have contributed, which is 20% of the Assembly. He also recognized Area 3 as having the highest percentage of contributors, with the New Jersey Psychiatric Association having 100% of its Board members contribute to the APA*PAC*. Dr. Price concluded his remarks by inviting the Assembly to the PAC event Monday evening at the San Diego Padres ballpark.

11. Area Council Reports

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.

Farewell to Assembly Members

Drs. Anzia, Miskimen and Batterson bid farewell to Assembly Members completing their term at the end of the meeting.

Farewell to Speaker and Welcome to New Speaker

Dr. Miskimen congratulated Dr. Anzia on his outstanding service as Speaker of the APA Assembly from May 2016 to May 2017.

Dr. Anzia welcomed Dr. Miskimen as Speaker of the Assembly and passed on the Assembly gavel.

16. Adjournment

Respectfully submitted,
James R. Batterson, M.D.
Assembly Recorder

Assembly
May 19-21, 2017
San Diego, California

DRAFT SUMMARY OF ACTIONS

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A1 1.A.1	Ratification of the APA Bylaws: Will the APA Assembly vote to ratify the amendments to the APA bylaws and Operations (Ops) manual to reflect the new nomination and election process for the M/UR Trustee?	The Assembly voted to ratify the amendments to the APA bylaws and Operations (Ops) manual to reflect the new nomination and election process for the M/UR Trustee.	Chief Operating Officer • Association Governance FYI- Board of Trustees, July 2017
2017 A1 4.B.1	Retain 2007 Position Statement *Use of Stigma as a Political Tactic*	The Assembly voted, on its Consent Calendar, to approve the retention of the 2007 Position Statement *Use of Stigma as a Political Tactic*.	Board of Trustees, July 2017 FYI- Joint Reference Committee, June 2017
2017 A1 4.B.2	Revised Position Statement: *Position Statement on the Role of the Psychiatrist in the Long-Term Care Setting*	The Assembly voted, on its Consent Calendar, to approve the revised Position Statement: *Position Statement on the Role of the Psychiatrist in the Long-Term Care Setting*.	Board of Trustees, July 2017 FYI- Joint Reference Committee, June 2017
2017 A1 4.B.3	Retire 2009 Position Statement: *U.S. Military Policy of "Don't Ask Don't Tell"*	The Assembly voted, on its Consent Calendar, to approve the retirement of the 2009 Position Statement: *U.S. Military Policy of "Don't Ask Don't Tell".*	Board of Trustees, July 2017 FYI- Joint Reference Committee, June 2017
2017 A1 4.B.4	Retain 2006 Position Statement: *Resolution against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health*	The Assembly voted, on its Consent Calendar, to approve the retention of the 2006 Position Statement: *Resolution against Racism and Racial Discrimination and their Adverse Impacts on Mental Health*.	Board of Trustees, July 2017 FYI- Joint Reference Committee, June 2017
2017 A1 4.B.5	Retain 2001 Position Statement: *Discrimination Against International Medical Graduates*	The Assembly voted, on its Consent Calendar, to approve the retention of the 2001 Position Statement: *Discrimination Against International Medical Graduates*.	Board of Trustees, July 2017 FYI- Joint Reference Committee, June 2017
2017 A1 4.B.6	Retain 1999 Position Statement: *Diversity*	The Assembly voted, on its Consent Calendar, to approve the retention of the 1999 Position Statement: *Diversity*.	Board of Trustees, July 2017 FYI- Joint Reference Committee, June 2017
2017 A1 4.B.7	Retain 1994 Position Statement: *Psychiatrists from Underrepresented Groups in Leadership Roles*	The Assembly voted, on its Consent Calendar, to approve the retention of the 1994 Position Statement: *Psychiatrists from Underrepresented Groups in Leadership Roles*.	Board of Trustees, July 2017 FYI- Joint Reference Committee, June 2017
2017 A1 4.B.8	Retain 1994 Position Statement: *Resolution Opposing Any Restriction on the Number of IMGs Entering Graduate Medical Training*	The Assembly voted, on its Consent Calendar, to approve the retention of the 1994 Position Statement: *Resolution Opposing Any Restriction on the Number of IMGs Entering Graduate Medical Training*.	Board of Trustees, July 2017 FYI- Joint Reference Committee, June 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A1 4.B.9	Revised 1978 Position Statement: *Abortion*	The Assembly voted to approve the Revised 1978 Position Statement: *Abortion*.	Board of Trustees, July 2017 FYI- Joint Reference Committee, June 2017
2017 A1 4.B.10	Retain 1977 Position Statement: *Affirmative Action*	The Assembly voted, on its Consent Calendar, to approve the retention of the 1977 Position Statement: *Affirmative Action*.	Board of Trustees, July 2017 FYI- Joint Reference Committee, June 2017
2017 A1 4.B.11	Retire 1976 Position Statement: *1976 Joint Statement on Antisubstitution Laws and Regulations*	The Assembly voted, on its Consent Calendar, to approve the retirement of the 1976 Position Statement: *1976 Joint Statement on Antisubstitution Laws and Regulations*.	Board of Trustees, July 2017 FYI- Joint Reference Committee, June 2017
2017 A1 4.B.12	Retire 1993 Position Statement: *Homicide Prevention and Gun Control*	This item was withdrawn by the Joint Reference Committee.	N/A
2017 A1 4.B.13	Retain 1998 Position Statement: *Misuse of Psychiatric Examinations and Disclosure of Psychiatric Records in Sexual Harassment Litigation*	The Assembly voted, on its Consent Calendar, to approve the retention of the 1998 Position Statement: *Misuse of Psychiatric Examinations and Disclosure of Psychiatric Records in Sexual Harassment Litigation*.	Board of Trustees, July 2017 FYI- Joint Reference Committee, June 2017
2017 A1 4.B.14	Retire 2001 Position Statement: *Doctors Against Handgun Violence*	The Assembly voted, on its Consent Calendar, to approve the retirement of the 2001 Position Statement: *Doctors Against Handgun Violence*.	Board of Trustees, July 2017 FYI- Joint Reference Committee, June 2017
2017 A1 4.B.15	Retain 2008 *Adoption of AMA Statements on Capital Punishment*	The Assembly voted, on its Consent Calendar, to approve the retention of the 2008 *Adoption of AMA Position Statements on Capital Punishment*.	Board of Trustees, July 2017 FYI- Joint Reference Committee, June 2017
2017 A1 4.B.16	Retain 2010 Position Statement: *No "Dangerous Patient" Exemption to Federal Psychotherapist-Patient Testimonial Privilege*	The Assembly voted, on its Consent Calendar, to approve the retention of the 2010 Position Statement: *No "Dangerous Patient" Exemption to Federal Psychotherapist- Patient Testimonial Privilege*.	Board of Trustees, July 2017 FYI- Joint Reference Committee, June 2017
2017 A1 4.B.17	Proposed Position Statement: *Risk of Adolescents' Online Behavior*	The Assembly voted to approve the Proposed Position Statement: *Risk of Adolescents' Online Behavior*.	Board of Trustees, July 2017 FYI- Joint Reference Committee, June 2017
2017 A1 4.B.18	Proposed Position Statement: *Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement*	The Assembly voted, on its Consent Calendar, to approve the Proposed Position Statement: *Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement*.	Board of Trustees, July 2017 FYI- Joint Reference Committee, June 2017
2017 A1 4.B.19	Proposed Position Statement: *Legislative Attempts Permitting Pharmacists to Alter Prescriptions*	The Assembly voted, on its Consent Calendar, to approve the Proposed Position Statement: *Legislative Attempts Permitting Pharmacists to Alter Prescriptions*.	Board of Trustees, July 2017 FYI- Joint Reference Committee, June 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A1 4.B.20	Revised 2015 Position Statement: *Use of the Concept of Recovery*	The Assembly voted to **refer** the Revised 2015 Position Statement: *Use of the Concept of Recovery* to the Assembly Committee of Public and Community Psychiatry.	Joint Reference Committee, June 2017 FYI, Assembly Executive Committee, July 2017
2017 A1 5.A	Will the Assembly vote to approve the minutes of the November 4-6, 2016 meeting?	The Assembly voted to approve the Minutes & Summary of Actions from the November 4-6, 2016 meeting.	Chief Operating Officer • Association Governance
2017 A1 6.B	Will the Assembly vote to approve the Consent Calendar?	Item 2017A1 4.B.20 was removed from the Consent Calendar. The Assembly approved the Consent Calendar as amended.	Chief Operating Officer • Association Governance
2017 A1 6.C	Will the Assembly vote to approve the Special Rules of the Assembly?	The Assembly voted to approve the Special Rules of the Assembly.	Chief Operating Officer • Association Governance
2017 A1 7.A	2017-2018 Election of Assembly Officers	The Assembly voted to elect the following candidates as officers of the Assembly from May 2017 to May 2018: Speaker-Elect: James R. Batterson, MD Recorder: Steven Daviss, MD	Chief Operating Officer • Association Governance
2017 A1 7.B.1	Will the Assembly vote to approve the proposed language to allow for electronic voting on APA Practice Guidelines in the Procedural Code of the Assembly?	The Assembly voted to approve the proposed language to allow for electronic voting on APA Practice Guidelines in the Procedural Code of the Assembly.	Chief Operating Officer • Association Governance
2017 A1 7.B.2	Will the Assembly vote to approve the proposed language to Article 1, Section 7.d (Officers/Vacancies) to note that a special meeting may be held electronically in the Procedural Code of the Assembly?	The Assembly voted to approve the proposed language to Article 1, Section 7.d (Officers/Vacancies) to note that a special meeting may be held electronically in the Procedural Code of the Assembly.	Chief Operating Officer • Association Governance
2017A1 7.K.1	Will the APA adopt the position that decisions regarding licensure, hospital privileges and credentialing and/or participation on insurance panels should not in any way be conditioned upon a physician's completion of or participation in Maintenance of Certification or Osteopathic Continuous Certification?	The Assembly voted to approve that the APA adopt the positon that decisions regarding licensure, hospital privileges and credentialing and/or participation on insurance panels should not in any way be conditioned upon a physician's completion of or participation in Maintenance of Certification or Osteopathic Continuous Certification and that this action be brought by the Speaker to the July 2017 Board of Trustees meeting.	Board of Trustees, July 2017
2017 A1 8.L.1	APA Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder	The Assembly voted to approve the APA Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder.	Board of Trustees, July 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A1 12.A	Involuntary Psychiatric Commitment for Individuals with Substance Use Disorders	The Assembly voted to approve action paper 2017A1 12.A, which asks that the American Psychiatric Association develop a comprehensive position statement on the use of involuntary psychiatric commitment for the treatment of substance use disorders.	Joint Reference Committee, June 2017
2017 A1 12.B	Opposition to Psychologist Prescribing	The Assembly voted to approve action paper 2017A1 12.B, which asks that the appropriate committee create a Position Statement that reflects that the APA, in the service of patients with mental illness, opposes prescribing privileges of Psychologists.	Joint Reference Committee, June 2017
2017 A1 12.C	Simplification of Electronic Medical Records and Billing Codes	The Assembly did not approve action paper 2017A1 12.C.	N/A
2017 A1 12.D	Adopting Neuroscience-based Nomenclature (NbN) for Medications	The Assembly voted to approve action paper 2017A1 12.D, which asks: That the APA promote the international Neuroscience-based Nomenclature (NbN) standard terminology developed by ACNP, ECNP, CINP, AsCNP, and IUPHAR, in its publications, policies, and communications; That the APA seek opportunities to promote adoption of NbN terminology by payers and policymakers; and That the APA CEO and Medical Director be responsible for carrying out these promotion activities.	Joint Reference Committee, June 2017
2017 A1 12.E	Revising the Nomenclature, Definition, and Clinical Criteria for Partial Hospitalization Program	The Assembly voted to approve action paper 2017A1 12.E, which asks that: 1. Refer to the Council on Healthcare Systems and Financing to review and revise nomenclature, definition, and clinical criteria for Partial Hospitalization Program for the purpose of uniform and consistent utility among clinicians, researchers, patients, general public, clinical facilities and health insurance industry, and to reduce stigma and confusion. 2. The Council on Healthcare Systems and Financing reviews, and revises if appropriate, the definition and clinical criteria for Intensive Outpatient Program and residential treatment programs for similar purpose. 3. The Council on Healthcare Systems and Financing, after consultation and input from appropriate APA councils, submit a report to the Assembly by May 2018. 4. The Council on Healthcare Systems and Financing also recommend to Assembly on how to implement and advocate the revisions to all parties concerned.	Joint Reference Committee, June 2017
2017 A1 12.F	APA Member Survey on Medical Aid in Dying as Option for End-of-Life Care	The Assembly did not approve action paper 2017A1 12.F.	N/A

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A1 12.G	Providing Education and Guidance for the Use and Limitations of Pharmacogenomics in Clinical Practice	The Assembly voted to approve action paper 2017A1 12.G, which asks that: 1. The APA educate its members about the use and limitations of pharmacogenomic testing in clinical psychiatric practice and advance integrated collaborative care by educating non-psychiatrist physicians about the use and limitations of pharmacogenomic testing for psychiatric care. 2. The Council on Medical Education and Lifelong Learning offer education on pharmacogenomics and pharmacogenomic testing via various educational activities (e.g., Member's Course of the Mouth, Annual Meeting and IPS) and other means, e.g., via Psychiatric News articles. 3. The Council on Quality Care: A. evaluate and provide guidance on the use and limitations of pharmaco-genomic testing in pertinent practice guidelines covering rating the strength of research evidence and recommendations, benefits and harms, and quality measurement considerations B. consider producing a resource document on the use and limitations of pharmacogenomic testing in clinical practice 4. The Council on Research promote research on pharmacogenomic testing, especially addressing study questions about informing clinical practice and treatment outcomes using pharmaco- genomic testing. 5. The Council on Advocacy and Government Relations explore whether the APA should advocate for truth in advertising for pharmacogenomic testing, and thus, promote accurate consumer education. 6. An article on pharmacogenomic testing and its limitations be placed on the APA Website "Patients & Families" section to provide accurate information for consumers.	Joint Reference Committee, June 2017
2017 A1 12.H	Expanding Access to Psychiatry Subspecialty Fellowships	The Assembly voted, on its Consent Calendar, to approve action paper 2017A1 12.H, which asks that American Psychiatric Association urge the ACGME to consider mechanisms to enable residents of AOA accredited programs to be eligible to enter ACGME accredited psychiatry subspecialty fellowships, such as extending ACGME accreditation to prior years of training ("grandfathering") during this period of transition.	Joint Reference Committee, June 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A1 12.I	Educational Strategies to Improve Mental Illness Perceptions of Medical Students	The Assembly voted to approve action paper 2017A1 12.I, which asks: That the APA charge the Council on Medical Education and Lifelong Learning (CMELL) to 1. Ascertain with the Association of Directors of Medical Student Education in Psychiatry (ADMSEP) and the American Association of Chairs of Departments of Psychiatry (AACDP), the need for and their interest in implementing educational training strategies for improving medical students' perceptions regarding mental illness and psychiatry, and if there is sufficient interest, 2. Partner with ADMSEP in reviewing and developing educational strategies that particularly involve exposure or contact with patients who have experienced and successfully recovered from mental illness, and discussions of medical students' own perceptions and attitudes regarding mental illness, early on in medical student education, 3. APA to support the developed product and advocate for implementing the developed strategies to various medical education organizations including ADMSEP, AACDP and ACGME.	Joint Reference Committee, June 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A1 12.J	Educational Strategies to Improve Mental Illness Perceptions of Non-Mental Health Medical Professionals	The Assembly voted to approve action paper 2017A1 12.J, which asks: 1. APA to charge the APA Department of Education to work with APA's AMA delegation and with other interested medical professional organizations to ascertain their interest in implementing educational strategies to improve negative perceptions of mental illness across primary care fields; if there is sufficient interest; 2. APA, in partnership with interested medical professional organizations and in conjunction with American Psychiatric Association Foundation, American Psychiatric Association Publishing and mental health advocacy groups, support and develop educational curriculum and video series depicting and emphasizing successful recovery models of mental illness in patients for use by non-mental health medical professionals; 3. In the spirit of collaborative care, APA support and develop, in conjunction with American Psychiatric Association Publishing and other educational organizations, a training curriculum and video series for non-mental health medical professional on how to comfortably communicate with, assess, and treat mentally ill persons, and when to refer patients to psychiatrists; 4. APA to advocate to AMA, AAFP and other non-mental health medical professional organizations, as to the importance and availability of above educational strategies in improving perceptions and care of persons with mental illness.	Joint Reference Committee, June 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A1 12. K	Fostering Medical Student Interest and Training in Psychiatry: The Importance of Medical Student Clerkships	The Assembly voted to approve action paper 2017A1 12.K, which asks that the APA tasks the Council on Medical Education and Lifelong Learning (CMELL) with drafting a position statement on recommended guidelines for the Psychiatry Clerkship. The CMELL should partner with other organizations invested in psychiatric education, such as ADMSEP and AADPRT, in the drafting of this position statement. This statement should be used to provide recommendations to the Liaison Committee on Medical Education (LCME) and the American Osteopathic Association (AOA) Commission on Osteopathic College Accreditation (COCA) on minimum requirements for psychiatric training. The statement should describe the importance of psychiatry clerkships as the key formative experience for all medical students, and best practices that promote medical student education and interest in psychiatry. Specific components integral to the psychiatry clerkship should include: • A minimum duration of a six-week equivalent full-time experience in the evaluation and treatment of psychiatric patients. • Exposure to both inpatient and ambulatory practice settings, ideally including exposure to subspecialty (e.g. – child and adolescent, addictions, geriatrics, consultation and liaison) and developing models of practice designed to better serve psychiatric populations (e.g. – collaborative or integrated care).	Joint Reference Committee, June 2017
2017 A1 12.L	Requesting the APA Draft a Position Statement on Prescription Drug Monitoring Programs (PDMPs)	The Assembly voted to approve action paper 2017A1 12.L, which asks • That the American Psychiatric Association draft a position statement regarding Prescription Drug Monitoring Programs. • That such PDMP position statement addresses PDMP best practices including design, operation, confidentiality, privacy, physician/staff burden utilization and interstate access.	Joint Reference Committee, June 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A1 12.M	Juvenile Solitary Confinement	The Assembly voted to approve action paper 2017A1 12.M, which asks: That the APA support the AMA policy statement opposing the use of solitary confinement in juveniles, and that the APA draft its own position statement by May of 2018 *H-60.922* *Our AMA: (1) opposes the use of solitary confinement in juvenile correction facilities except for extraordinary circumstances when a juvenile is at acute risk of harm to self or others; (2) opposes the use of solitary confinement of juveniles for disciplinary purposes in correctional facilities; and (3) supports that isolation of juveniles for clinical or therapeutic purposes must be conducted under the supervision of a physician*. With the following preamble: Solitary confinement is defined as the placement of an incarcerated individual in a locked room or cell with minimal or no contact with people other than staff of the correctional facility. It is used as a form of discipline or punishment.	Joint Reference Committee, June 2017
2017 A1 12.N	Addressing Physician Burnout, Depression, and Suicide — Within Psychiatry and Beyond	The Assembly voted to approve action paper 2017A1 12.N, which asks: That the APA continue the mission of the Ad Hoc Workgroup on Physician Well-Being by developing resources for increasing awareness about physician burnout, depression and suicide, as well as interventions for promoting physician wellness, including recommendations for institutional response to physician suicide; That the APA revise its 2011 "Position Statement on Physician Wellness" to affirm the APA's commitment to ensuring the well-being of its members and to encourage members to serve as leaders in promoting well-being initiatives within their institutions, training programs, and systems of care; That the APA promote further investigation of the underlying causes of increased rates of burnout, depression and suicide among physicians and to expand the evidence base for innovative wellness interventions; That the APA Government Relations staff work with stakeholder organizations including the Federation of State Medical Boards to remove questions about psychiatric or substance use disorder treatment from licensing applications (initial or renewal) as well as employment applications, instead focusing on relevant, current functional impairment due to either physical or mental illness; That the APA's AMA delegation continue to collaborate with the AMA to develop joint initiatives to prioritize these issues.	Joint Reference Committee, June 2017
2017 A1 12.O	Health Care Is a Human Right	The Assembly voted to approve action paper 2017A1 12.O, which asks that the American Psychiatric Association adopt the following position statement: "Health care, inclusive of mental health care, is a human right".	Joint Reference Committee, June 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A1 12.P	Making Access to the Voting Page a Default Action During Elections	The Assembly voted to approve action paper 2017A1 12.P which asks that the Assembly recommends that the APA Administration work to make access to voting as prominent as possible and user friendly on the APA website, and reconsider the value of mailing ballots to all members.	Joint Reference Committee, June 2017
2017 A1 12.Q	Dues Relief for District Branch Members from the Commonwealth of Puerto Rico	The Assembly voted to approve action paper 2017A1 12.Q which asks that general member psychiatrists who are members of the Puerto Rico Psychiatric Society, a District Branch of the APA shall be granted the same annual APA dues as our Canadian counterparts, which is $375 per general member per year for the next five years.	Joint Reference Committee, June 2017
2017 A1 12.R	Streamlining the Application Process for Former APA Members	The Assembly voted to approve action paper 2017A1 12.R which asks that the APA staff streamline the application process for former APA members on the website as follows: 1. Once an applicant answers yes to being a former member of the APA on the website, the individual is given an online, pre-filled application. 2. Remove the requirement for the applicant to resubmit the residency training certificate (this can be verified by APA staff from previous membership records). 3. Remove the requirement for the applicant to submit a valid medical license (this can be verified by APA staff from online, public databases). That the APA staff advertise the changes to the streamlined application process for former APA members.	Joint Reference Committee, June 2017
2017 A1 12.S	Connecting Psychiatrists to Volunteer Opportunities	The action paper was withdrawn by the author.	N/A
2017 A1 12.T	APA Referendum Voting Procedure	The Assembly approved action paper 2017A1 12.T which asks: 1. If 2/3 of the voting members approve a referendum statement, but the requirement of 40% of eligible voters voting has not been met, the BOT will schedule a vote on the referendum statement or a modified version of it for voting by members of the BOT and the Assembly. If the referendum statement or its modified version does not get a 2/3 votes by both these bodies and thus fails to pass, or if the lead petitioner of the referendum statement does not agree to the modified version, then the original referendum statement will be placed again on the ballot to be voted on by the entire membership; but this time the referendum ballot will be sent with the yearly dues statement/solicitation for contributions to all voting members. If it fails again it will not be automatically placed on the ballot again. If it passes, it will supersede any modified version passed by the BOT and the Assembly. 2. If the BOT rejects resolved #1, then an alternative for a viable referendum process shall be prepared by the Board of Trustees, with participation of Assembly Representatives jointly selected by the Speaker and the President, and presented to the Assembly at the Fall 2017 meeting.	Joint Reference Committee, June 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2017 A1 12.U	November Assembly Dates	The Assembly voted to approve action paper 2017A1 12.U which asks that except for already scheduled Assembly meetings, the APA Assembly will meet the first weekend in November after the US Presidential Election Day, whenever possible.	Assembly Executive Committee, July 2017

MEMBERS AND INVITED GUESTS
ASSEMBLY
November 3-5, 2017
As of 10-18
[New members are indicated in RED]

ASSEMBLY EXECUTIVE COMMITTEE

Speaker	Theresa Miskimen, M.D.
Speaker-Elect	James R. Batterson, M.D.
Recorder	TBD
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.
M/UR Chair	Francis Sanchez, M.D.
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
Brian Keyes, M.D. ,Representative
Caren Teitelbaum, 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
David Roane, M.D., Representative
Gabrielle Shapiro, M.D., Representative
Shabnam Shakibaie Smith, M.D. for Henry Weinstein, M.D., Representative
Felix Torres, M.D., Representative

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

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

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

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

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

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

Area 3

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

Maryland Psychiatric Society, Inc
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
Tahir Maqsood, M.D., for Kenneth Thompson, M.D., Representative
Daniel Neff, M.D., for Manuel Reich, D.O., Representative

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

Area 4

Illinois Psychiatric Society
Jeffrey Bennett, M.D. Representative
Aidaspahic Mihajlovic, M.D., 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
Carver Nebbe, M.D., Representative
Robert Smith, M.D., Representative

Area 4 (*continued*)

Kansas Psychiatric Society
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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
Marie Olseth, M.D., for 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
Eileen McGee, M.D., Representative
Suzanne Sampang, M.D., Representative
James Wasserman, M.D., Representative
Brooke Wolf, M.D., for Karen Jacobs, D.O., Representative

South Dakota Psychiatric Association
David Bean, M.D., for Timothy Soundy, M.D., Representative
William Fuller, M.D., Representative

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

Area 5

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

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

Florida Psychiatric Society
John Bailey, D.O., Representative
Debra Barnett, M.D., Representative
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
Andrew Bishop, 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
Sarah Huertas-Goldman, M.D., Representative
Michael Woodbury-Farina, M.D., Representative

Area 5 (continued)

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

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

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

Society of Uniformed Services Psychiatrists
Heather Hauck, M.D., Representative
James West, M.D., Representative

Psychiatric Society of Virginia, Inc
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
Matthew Reed, M.D., for Robert McCarron, D.O., Representative

Northern California Psychiatric Society
Peter Forster, M.D., Representative
Adam Nelson, M.D., Representative
Raymond Reyes, M.D., Representative
Yelena Zalkina, M.D., for Robert Cabaj, 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
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
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
Annette Matthews, M.D., Representative

Area 7 (continued)

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

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

Western Canada District Branch
Adeyinka Marcus, M.D., Representative
F. Fiona McGregor, M.D., Representative
Trevor Prior, M.D., Representative

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

EARLY CAREER PSYCHIATRISTS (ECP) REPRESENTATIVES

Area 1
Rafik Sidharos, M.D., for 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
David A. Tompkins, M.D., for Ubaldo Leli, M.D., Representative
Eric Yarbrough, M.D., for 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 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 Emergency Psychiatry
Jon Berlin, M.D., for Kimberly Nordstrom, M.D., JD

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

American Psychoanalytic Association
Prudence Gourguechon, M.D.

Area 5

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

Senior Psychiatrists, Inc
Jack Bonner, M.D.

Area 6

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

Area 7

Association of Family Psychiatrists
Gregory Miller, M.D.

* Also listed with the Assembly Executive Committee

PRIVILEGED GUESTS OF THE ASSEMBLY

BOARD OF TRUSTEES OFFICERS

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

AREA TRUSTEES

Area 1	Jeffrey Geller, M.D., MPH
Area 2	Vivian Pender, M.D.
Area 3	Roger Peele, M.D.
Area 4	Ronald Burd, M.D.
Area 5	Jenny L. Boyer, M.D., JD., PhD
Area 6	Melinda Young, M.D.
Area 7	Jeffrey Akaka, M.D.

TRUSTEES

Trustee	Maria Oquendo, M.D., PhD
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 Tanqueco, 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:

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

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

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

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

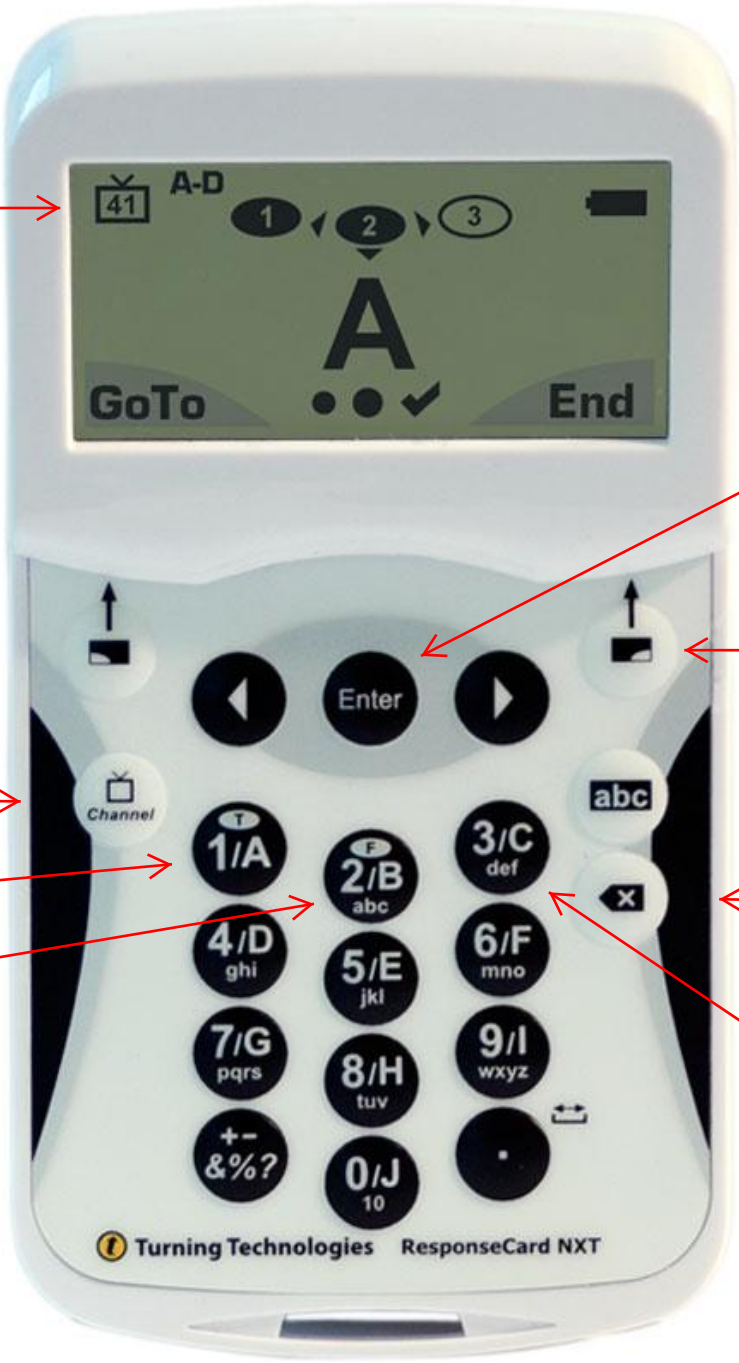
District Branch/State Association (alphabetical order)	Voting Strength	# Reps
Western Canada District Branch	481	3
Western New York Psychiatric Society	142	1
Wisconsin Psychiatric Association	397	2
Wyoming Association of Psychiatric Physicians	20	2

Voter Instructions for "Standing Vote" with ARS devices

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

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

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



To submit your vote:

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

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

Assembly Executive Committee

Final Report

Friday, May 19, & Monday, May 22, 2017

San Diego Convention Center & San Diego Marriott Marquis

San Diego, CA

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

Guests (Friday):
A. David Axelrad, M.D., Chair, Assembly Committee on Procedures

Guests (Monday):
Steven Daviss, M.D., Incoming Recorder
Sarit Hovav, M.D., for Matthew Kruse, M.D., RFM Chair
Rahul Malhotra, M.D., for Mark Haygood, D.O., ECP Chair
Francis Sanchez, M.D., Incoming M/UR Chair

Governance Administration:
Margaret C. Dewar, Director of Association Governance
Allison Moraske, Senior Governance Specialist, Assembly

APA Administration:
Tanya Bradsher, Chief Communications Officer (*Friday*)
Colleen Coyle, JD, APA General Counsel
Yoshie Davison, MSSW, Chief of Staff (*Friday*)
Tristan Gorrindo, M.D., Director, Division of Education (*Friday*)
David Keen, CPA, Chief Financial Officer (*Friday*)
Kristin Kroeger, Chief of Policy, Programs & Partnerships (*Friday*)
Judson Wood, JD, Special Assistant to the CEO & Medical Director (*Friday*)
Shaun Snyder, JD, MBA, Chief Operating Officer (*Friday*)
Philip Wang, M.D., Director, Division of Research (*Friday*)

Friday, May 19, 2017 (San Diego Convention Center)

1. **Call to Order and Opening Remarks** — *Dr. Anzia*
   Dr. Anzia welcomed the AEC to San Diego and had everyone introduce themselves and disclose any potential conflicts of interest.

2. **Approval of Report of the AEC meeting February 2017**
   MOTION APPROVED: The AEC voted to approve the report of the Assembly Executive Committee Meeting from February 2017.

3. **Remarks from Speaker-Elect** — *Dr. Miskimen*
   Dr. Miskimen thanked the AEC for a wonderful year. She stressed the importance of communication between the AEC/Assembly and the Joint Reference Committee. Dr. Miskimen noted that this increased communication also helped the APA Components do their work.

4. **Remarks from the Recorder** — *Dr. Batterson*
   Dr. Batterson noted that he has updated the "What's Happened to My Action Paper" and that this was distributed on the Assembly listserv prior to the Assembly meeting. He also reminded the AEC that the candidates for Assembly Office would be visiting the Area Council meetings.

5. **Remarks from the CEO and Medical Director** — *Dr. Levin*
   Dr. Levin gave a brief update to the AEC. He began by updating the AEC on the APA's advocacy efforts regarding the American Health Care Act (AHCA), as the current plan rolls back protections put in place by the Affordable Care Act (ACA) with regards to discrimination based on pre-existing conditions, essential health benefits, and Medicaid. Dr. Levin also met with Speaker Paul Ryan to relay the APA's concerns with the AHCA.

   Dr. Levin announced that a demonstration of the APA registry, PsychPRO, will be available at the Annual Meeting. Additional information about the registry, including an FAQ document, is available on the APA website at: http://www.psychiatry.org/psychiatrists/registry.

   Dr. Levin noted that Dr. Elinore McCance-Katz, APA member, has been nominated by President Trump to be Assistant Secretary for Mental Health and Substance Use in the Department of Health and Human Services. The APA has endorsed Dr. McCance-Katz for this position.

   Dr. Levin updated the AEC on the APA's efforts with regards to Maintenance of Certification (MOC) as it continues to be one of the reasons why members are leaving the APA. The APA Board of Trustees continues to convey member concerns on MOC to the ABPN and, given the request from the membership to increase its objections to MOC, the APA's Council on Advocacy and Government Relations and the Council on Medical Education and Lifelong Learning are exploring supporting state legislation that would oppose certification requirements by licensure boards, hospitals, and health insurers.

   Dr. Levin concluded his remarks by thanking the Assembly Officers, members of the AEC, and the APA Administration for its hard work.

6. **Review of Assembly Agenda** — *Dr. Anzia*
   The Assembly Executive Committee reviewed the Assembly agenda. Dr. Anzia explained that given Dr. Daviss' potential appointment to the Substance Abuse and Mental Health Services Administration

(SAMHSA), the Assembly needs to determine how to handle the conflict should Dr. Daviss win the election **and** be appointed to SAMHSA. If he wins the election, and subsequently receives a final offer of the SAMHSA position and accepts it, Dr. Daviss has announced he will accept the request from APA that he resign his position as Recorder. The Assembly Committee on Procedures was asked to review the *Procedural Code of the Assembly* with regards to a contingency election. The Committee felt that a contingency election was not appropriate and decided to suggest amendments to the *Procedural Code of the Assembly* to note that a special meeting may be held electronically. The AEC discussed adjusting the Assembly agenda to allow for the Procedures Committee to present earlier in the agenda. It was determined that the report would be distributed during the first Area Council meeting Friday afternoon, and the vote on the amendments to the *Procedural Code* would be held Saturday morning prior to the election of the Assembly Officers.

7. **Reports of Assembly Component Chairs**

A. Rules Committee
The Rules Committee reviewed the action items submitted for the May Assembly and assigned a number of the action items to the Consent Calendar. This vote will occur during the first plenary session.

B. Awards Committee — *Dr. Boyer*
The Assembly Awards will be given on Sunday morning.

C. Committee on Procedures — *Dr. Axelrad*
Dr. Axelrad noted that there are two actions coming forward from the Committee:
1. Will the Assembly vote to approve the proposed language to allow for electronic voting on APA Practice Guidelines in the *Procedural Code of the Assembly*?
2. Will the Assembly vote to approve the proposed language in Article 1, Section 7.d (Officers/Vacancies) to note that a special meeting may be held electronically in the *Procedural Code of the Assembly*?

D. Assembly Nominating Committee
The AEC reviewed the candidates for the upcoming Assembly election:

Candidates for Recorder:
Steven Daviss, M.D. [*Elected Recorder 2017-2018*]
Paul O'Leary, M.D.

Candidate for Speaker-Elect:
James R. Batterson, M.D. [*Elected Speaker-Elect 2017-2018*]
James Polo, M.D.

8. **New Business**
Dr. Napoli distributed a statement about the conflict of interest and the Recorder position. The AEC discussed both Dr. Daviss and Dr. Everett's potential conflicts of interest with regards to SAMHSA

Monday, May 22, 2017 (San Diego Marriott Marquis)

9. **Introduction of New Assembly Executive Committee Members**
Debra Bolick, M.D., Area 5 Dep Rep (*not present*)
Steven Daviss, M.D., Incoming Recorder
Francis Sanchez, M.D., M/UR Chair
Nazanin Silver, M.D., RFM Chair (*not present*)
[N.B.: Dr. R. Dale Walker had been appointed as Parliamentarian by Dr. Miskimen however due to recent

health issues, Dr. Walker is unable to serve. Dr. Miskimen will be appointing a new Parliamentarian shortly.]

10. **Follow-up on Passed Assembly Actions — Dr. Anzia**

The AEC reviewed the draft summary of actions from the May Assembly meeting. The AEC then prioritized the action papers of those referred to the Joint Reference Committee. The AEC felt that the following papers had priority:

- 12.B: Opposition to Psychologist Prescribing
- 12.G: Providing Education and Guidance for the Use and Limitations of Pharmacogenomics in Clinical Practice
- 12.O: Health Care is a Human Right

11. **Planning for AEC Summer Meeting — Dr. Miskimen**

The AEC will be meeting July 21-23 at The Loews Vanderbilt Hotel in Nashville, Tennessee. Dr. Miskimen request that each Area and Assembly group submit a written report no later than **July 7**. She then asked the AEC to give her input on the agenda. It was requested that the AEC discuss the following:

- Assembly process on Position Statements
- Discussion of the article: *The Psychiatric Shortage Causes and Solutions (Dr. Miskimen requested that, given the article's length, Dr. Greenberg provide a half page summary of the article.)*
- Assembly budget (including the Area Council block grants)
- Further discussion of the May 2017 Assembly meeting
- District Branch support
- APA staffing of Area Councils
- November 2017 Assembly meeting, including a discussion on the Reference Committees (*specifically discussion of the Chairs and their instructions for running a Reference Committee meeting*), and review of the schedule

12. **Reports from the Area Councils/Assembly Groups**

Area 1: Area 1 reported that they have begun to conduct much of the Area work electronically. They collected feedback on parity violations and reported it back to the APA. They are working on collecting member experiences with regards to MOC. It was noted that a number of members from the Quebec and Eastern Canada District Branch are threatening to withdraw from the APA due to the political situation in the US.

Area 2: Area 2 deferred its report to the July AEC meeting.

Area 3: Area 3 deferred its report to the July AEC meeting.

Area 4: Area 4 had a successful Spring meeting, which included a Legislative Institute meeting immediately prior to the Area Council meeting. They had approximately a dozen RFMs attend the meeting. Area 4 will only be having a Spring meeting in 2017 for budgetary reasons.

Area 5: Area 5 continues to struggle with budget issues. They report continued collaboration amongst the District Branches in Area 5. There were ten applicants for the RFM Deputy Representative position. In addition, Area 5 supported several poster presentations at the Annual Meeting.

Area 6: Area 6 will be meeting July 29. The Area continues to see hostile attitude of medical board towards

physicians in the state.

Area 7: Area 7 will have its summer meeting August 5-6 in Vancouver, British Columbia. The Area continues to see higher and higher attendance at its Area meetings and is hopeful that it can reinforce the relationships between the District Branches and the APA.

ACROSS: The ACROSS committee had sixteen of its eighteen members in attendance at the meeting. They discussed a variety of issues, including the Goldwater Rule. ACROSS continues to explore the issue of allowing one Rep/one vote in Assembly elections. They are also looking at a mechanism to allow for rapid communication amongst the group, which would also allow for ACROSS groups to sign on to APA legislation.

ECPs: The ECPs meet every two months via conference call. The ECPs have created a ECP action paper writing group. The group submitted an action paper for the May Assembly that was ultimately successful (*12.R: Streamlining the Application Process for Former APA Members*).

M/URs: The M/UR Committee discussed the proposed changes the APA Bylaws concerning the new nomination and election process for the M/UR Trustee.

RFMs: The new RFM chair is Dr. Nazanin Silver from Area 3. The RFMs continue to strength their collaborative relationship with the ECPs.

13. **New/Unfinished Business**

May Assembly Meeting Feedback: Some members of the AEC noted that not all of the Annual Meeting badges had credentials. It was pointed out that all registrants were provided a template of their badges for review prior to the meeting. Governance staff stated they would follow with the Meetings Department on this issue. It was requested that the Assembly groups be given additional meeting time on Saturday morning. The schedule will be reviewed/discussed further at the July AEC meeting.

Awards Committee: The Awards Committee requested, to increase participation, especially amongst the smaller District Branches, that the District Branch Best Practice Award be divided into two categories, large and small. The AEC also requested that the DB Best Practice awardees be available on the APA website.

MOTION APPROVED: The Assembly Executive Committee voted to approve the request of the Assembly Awards Committee that the District Branch Best Practice Award be divided into two categories, large and small.

Assembly Work Group on Special Elections: Dr. Miskimen announced that she will be appointing a work group on special elections which will report to the AEC at its meeting in July. The members of the work group will be: Drs. Anzia (Chair), Batterson, Eyler, Martin, Napoli, Weissman, and Zarling.

15. **Adjournment**

UPCOMING AEC MEETINGS

- **July 21-23, 2017, Loews Vanderbilt Hotel, Nashville, TN**
- **Friday, November 3, Washington, D.C.**
- **Sunday, November 5, Washington, D.C.**
- **Winter, 2018, Date and Location TBD**

American Psychiatric Association
Assembly Executive Meeting
Lowes Vanderbilt Hotel
Nashville, Tennessee
July 21-23, 2017
Draft Report

Assembly Executive Committee Members:

Theresa Miskimen, MD, Speaker
James R. Batterson, MD, Speaker-Elect
Steven Daviss, MD, Recorder
Jeremy Lazarus, MD, Parliamentarian
A. Evan Eyler, MD, 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 [A]
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, 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

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

APA Administration:
Colleen Coyle, JD, APA General Counsel (*via speakerphone*)
Yoshie Davison, MSW, Chief of Staff
Jon Fanning, MS, CAE, Chief Membership & Strategy Officer- RFM/ECP Liaison
Ariel Gonzalez, JD, MA, Chief of Government Affairs (*via speakerphone*)
David Keen, CPA, Chief Financial Officer
Kristin Kroeger, Chief of Policy, Programs, and Partnerships
Ranna Parekh, MD, MPH, Director of the Division of Diversity and Health Equity (*via speakerphone*)
Shaun Snyder, JD, MBA, Chief Operating Officer

Call to Order of the Assembly Executive Committee – *Theresa Miskimen, MD*

- Introductions

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

- Approval of the May 2017 AEC Report

MOTION APPROVED: The Assembly Executive Committee voted to approve the report of the Assembly Executive Committee from the May 2017 meetings.

Report from the Speaker – *Theresa Miskimen, MD*

Dr. Miskimen highlighted the actions from the July 2017 Board of Trustees meeting. She noted that the Assembly brought forward twenty items to the Board of Trustees. Dr. Miskimen reported that of the eighteen position statements submitted, four were referred back to the relevant components. The Board also approved the Assembly's action on Maintenance of Certification, which asked that the APA adopt the position that decisions regarding licensure, hospital privileges and credentialing and/or participation on insurance panels shall not in any way be conditioned upon a physician's completion of or participation in Maintenance of Certification or Osteopathic Continuous Certification. The Board also approved the APA Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder.

Dr. Miskimen updated the AEC on the status of action paper, *12.T: APA Referendum Voting Procedure*, which had been referred to the Board of Trustees by the Joint Reference Committee. The JRC requested that "a viable referendum process be prepared by the Board of Trustees, with participation of Assembly Representatives jointly selected by the Speaker and the President, and presented to the Assembly at the Fall 2017 meeting." While the Board did not approve the JRC's request, they did, however, approve the following two actions as new business items:

The Board of Trustees voted to approve the following policy: 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.

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.

The JRC also recommended support of a one-time initiative whereby seven MUR Representatives attend the fall meeting of the Council on Minority Mental Health and Health Disparities to address issues of common concern as outlined in the Council's report to the JRC. This is a one-time request with the understanding that any ongoing funding will require a request through the normal APA budget process. The funding will be limited to travel, hotel and per diem for the seven MUR Representatives who may participate in person or by phone. There is no funding available for substitute attendees for those MUR Representatives who are unable to attend in person.

The Board voted to approve the Council on Minority Mental Health and Health Disparities' request to invite the seven Representatives from the Assembly M/UR Caucuses to attend the Council on Minority Mental Health and Health Disparities' meeting at the September Components Meeting with a recommendation that the funding sources to be considered include the Assembly. Dr. Miskimen noted that further discussion of this action item will take place on Sunday during the new business discussion.

Dr. Miskimen announced that the Membership Committee requested (and the Board approved) awarding $2,586.20 to each DB/SA that applied for a competitive grant. She also noted that the call for DB/SA Innovative Grants was made in mid-June and that submissions are due by August 1, 2017.

The Board received a report from the Ad Hoc Work Group on Election Violation Issues and voted to approve the four recommendations of the work group outlined below and in the presentation to the Board and modify the Operations Manual to reflect these recommendations.

Recommendations:
1. When there is an allegation of election rule violations, the Elections Committee will decide if a violation did in fact occur and the severity of such.
2. If the violation does not immediately disqualify a candidate from the election, the Election Committee will call for a timely telephonic mediation between the candidates, with the Chair of the Election Committee acting as mediator. Each candidate will have the right to ask a fellow APA member to be on the call for moral support and advice.
3. If the parties agree upon a remedy, then the Elections Committee will follow that path. If they do not agree upon a remedy, the Elections Committee will determine a remedy giving due consideration to the remedies proposed by the candidates. Examples of remedies will be provided to the BOT during the presentation at the Board meeting.
4. The APA should discourage the concept of "leveling the playing field" by suspending the rule or allowing the other candidate to also violate the rules.

The AEC reviewed action paper *12.U: November Assembly Dates*, which asked that except for already scheduled Assembly meetings, the APA Assembly will meet the first weekend in November after the US Presidential Election Day, whenever possible. There were some concerns expressed that the scheduling Assembly meetings in such a way may interfere with other association meetings, such as the AMA. It was noted that the "wherever possible" language means that the AEC can use its best judgement when scheduling upcoming November Assembly meetings.

Dr. Miskimen concluded her report by giving a brief history of the Speaker's Award winners and her intention to award Dr. Roger Peele with a Speaker's Award to honor his service to the Assembly. The AEC strongly agreed with Dr. Miskimen's proposal.

Report from the Speaker-Elect – *James R. Batterson, MD*
Dr. Batterson gave a brief review of the actions from the June 2017 Joint Reference Committee meeting. The Assembly brought forward 18 action papers, three were referred directly to the Board of Trustees, one was assigned to the APA Administration, and the rest were assigned to APA components. Dr. Batterson noted that action paper *12.O: Health Care as a Human Right* was referred to the Council on Psychiatry and the Law, the Council on Minority Mental Health and Health Diversity and the Ethics Committee. Dr. Batterson also gave an update on the Joint Statement on Conversion Therapy. The Office of the CEO & Medical Director gave the following update to the JRC:

APA currently has policy opposing conversion therapy in gay and lesbian populations. The Joint Statement on Conversion Therapy relates specifically to conversion therapy aimed at transgender people. APA's research and legal teams are working jointly to compile literature regarding the issue of whether there is any data supporting the idea that conversion therapy on transgender patients is harmful. The Administration plans to take these findings to the Council on Minority Mental Health and Health Disparities, as well as the Council on Research. The Administration aims to present research to the Councils at the September Components Meetings so that they may make a recommendation as to whether APA should sign on to the Joint Statement on Conversion Therapy. The Ethics Committee is also being consulted due to the multiple references in the proposed document that imply conversion therapy of transgender individuals is unethical.

Report from the Recorder – *Steven Daviss, MD*
Dr. Daviss referred to his report in the AEC meeting backup and the draft summary of actions from the May 2017 Assembly meeting. Dr. Daviss noted that the Board is currently working on increasing voter turnout and that he

feels the switch from paper ballots to electronic ballots led to a decrease in voter turnout. Dr. Daviss discussed action paper *12.B: Opposition to Psychologist Prescribing* and requested that the AEC go into executive session on Sunday to have a lengthier discussion.

MOTION APPROVED: The Assembly Executive Committee voted to have an executive session during Sunday's meeting to discuss prescribing issues.

The AEC also discussed the suggestion of one of the recent action paper authors of having a pre-conference/meeting between the action paper authors and the JRC. This suggestion was not supported by the AEC. Dr. Daviss reported that the APA has a new Action Item Tracking System [AITS] (https://www.psychiatry.org/about-apa/meet-our-organization/assembly/action-paper-central/aits) which uses Smartsheet software. Dr. Daviss would also like to investigate using this or similar software for the development of action papers, to increase collaboration by authors. APA Administration will be following up with Dr. Daviss and the APA's Department of Information Systems on the feasibility of this suggestion.

Dr. Daviss concluded his report by giving an update on his pending position within SAMHSA. He expects a decision to come through by October. He will then decide if he will accept, and, if he does, he will resign from the Recorder position in the Assembly.

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

Dr. Levin began his remarks by thanking the Assembly Officers and the AEC for its hard work. Dr. Levin announced that the Board of Trustees voted to endorse the nominee for Surgeon General, Jerome Adams, M.D., MPH. Dr. Adams is an anesthesiologist and professor at the Indiana University School of Medicine. In his role as Director of the Indiana State Department of Health, Dr. Adams oversaw Indiana's HIV and hepatitis C outbreak related injected opioids.

Dr. Levin reported that CMS recently issued the proposed rule for the second year of Medicare's Quality Payment Program which contains proposed policies for the 2018 reporting year of the Merit-based Incentive Payment System (MIPS) and advanced alternative payment models. The APA Administration will be developing detailed comments, with input from the APA components and APA membership. The APA will be asking for several changes which will be especially helpful for small practice including:

- More psychiatrists would be exempt from MIPS reporting requirements and penalties because of an increased low-volume threshold.
- The current threshold is $30,000 in annual billings or 100 Medicare Part B patients per year.
- This threshold will increase substantially in 2018 to $90,000 in annual billing or 200 Medicare Part B patients per year.

In addition, the APA has asked that psychiatrists in solo practice could join virtual groups with other specialties, and small multi-specialty practices could be in virtual groups for 2018 MIPS reporting, regardless of location or specialty, and also that CMS add bonus points for small practices that submit data on at least one MIPS performance category and for clinicians that care for complex patients.

Dr. Levin updated the AEC on the APA's work on parity compliance and enforcement efforts. The APA continues to:

- Educate APA affiliates about Medicaid parity compliance requirements currently ongoing given the Federal October 2017 deadline for compliance.
- Work with Health and Human Services (HHS) and the Department of Labor on parity guidance and action plan requirements.
- Partner with DB/SAS and insurance commissions in the states which received CMS funds to develop pre-and post-market parity compliance strategies.

- In collaboration with Milliman the New York State Psychiatric Association, the APA has submitted a submitted a proposal to New York in response to a parity consulting RFP.

Dr. Levin reported that the World Health Organization (W.H.O.) was considering moving the dementia diagnosis from the mental and behavioral disorders chapter to the neurological disorders chapter of the ICD-11. The W.H.O. has moved it back to the mental and behavioral disorders chapter however they moved diseases that cause dementia (e.g., Alzheimer's, Huntington's, Parkinson's) due to feedback from the World Federation of Neurology that "they're all degenerative organic brain diseases."

The APA continues to collaborate with the DB/SAs on safe prescribing/scope of practice issues. Through the State Government Affairs team, the APA serves as a resource for DB/SA advocacy by providing strategic advice, sharing best practices, building/strengthening alliances, providing advocacy resources, and substantive research and analysis.

Late last month, Dr. Altha Stewart, APA's President-Elect, Dr. Levin, and leaders from the American Academy of Addiction Psychiatry, American Osteopathic Association of Addiction Medicine, and the American Society of Addiction Medicine met with HHS Secretary Tom Price to discuss strategy and policy options to address the opioid crisis.

Dr. Levin concluded his remarks with a report of the total registration numbers for the APA's Annual Meeting in San Diego (total professional 9,726, total registration 11,600), an overview of the administration liaisons to the Area Councils, and an update the APA's move to its new headquarters in Washington, DC.

Area Council Block Grants and Meetings

Dr. Miskimen asked each Area to provide a brief report on each Area's functions. These are noted below and will be distributed to the AEC for review, input, and editing (if needed). Dr. Miskimen announced she will be forming a Work Group on Area Council Functions and Financing, chaired by Dr. Glenn Martin, to develop an official list of Area Council functions, review and revise the block grant policies and procedures, and review the finances of the Area Councils, which includes the Area Council Block Grants. The final list will also be used by the work group to develop its products and recommendations.

<u>Area Functions</u>

<u>Area 1</u>:
- Promoting policies and vitality of the APA at the regional level
- Small regional think tank,
- Usually have side projects going on in addition to Area housekeeping issues. Ex: parity issues which were then passed on to the APA which helped APA in fighting national parity battle.
- Urban versus rural issues and Canadian members help on perspective
- Canadian membership is under some threat due to US politics
- Bi directional with policies, APA knows what's up in the local areas as well as

<u>Area 2</u>:
- Unique in terms of structure (state association)
- Provide professional support, education, surveying membership on issues (such as end of life care), active outreach to RFMs
- Advocacy around safe prescribing/scope of practice and many other state issues.
- 28 training programs, 4,000 members overall of APA
- Poster and best paper contests for RFMs

- Rural DBs and reaching out to those especially on advocacy
- Member retention

Area 3:
- Promoting communication among DBs
- Social Bonding
- Breaking down silos including EDs of the Area.
- RFM and ECP support
- Action Paper support/processing and improvement
- Advocacy
- Support group for concerns about legislation and practice issues
- Membership support committee
- Committee on programs and education

Area 4:
- Urban and Rural
- Legislative Institute supporting Leg Reps and others, learning about advocacy and setting goals for Reps for the year. Funding is through the block grants and Area 4 assesses a fee of $1 per member per year that helps fund all this.
- PAC events
- Resident/ECP all-day seminar to increase APA involvement by residents. The Seminar focused on business and life aspects of medicine not covered in residency.

Area 5:
- Regional networking with multiple issues going on around the states that might be similar
- Resident Poster Awards, a recruitment tool
- Combining and advertising meetings of states and getting more people to attend different states meetings
- DB Executive Staff are involved and come to meetings
- Moving meetings around to support DBs

Area 6:
- RFM recruitment
- Advocacy as the Area is also integrated in the state association.
- RFMs are given scholarships to the advocacy efforts.
- Balancing DBs that are stronger and smaller.
- Area 6 did have a virtual meeting about 5 years ago. Got agenda items moved but no collegiality and it was a shell of a meeting.
- They have 2 large DBs and 3 smaller DBs and the Area Council gets all the groups together.

Area 7:
- They go to DBs that struggle on occasion to help them.
- Allows for more DB Executive Committee meetings for the smaller DBs.
- The energy from the DB becomes the best they can be. Support of the District Branches is a function of the Assembly.
- Area Council is focused on Life Support.

Additional Points Noted:

- Action paper production
- Meetings are good, culture is different between Areas. Opportunity to drill out issues by asking members for more ideas.
- Virtual meetings: need balance with face to face, technology varies. Loses a lot from flow from a face to face.
- It was noted that the Area Council block grant amounts developed as a reactionary allocation of funds rather than a formulaic distribution of funds.

Assembly Process on Position Statements

In 2015, the Board of Trustees adopted the following guidelines for adopting position statements:

- APA should have substantial expertise or perspective to offer
- Positions should be relevant to the topic
- Issue being considered should be significant for psychiatrists and their patients
- APA should develop positions on issues where the APA may have a meaningful impact and positively shape public opinion

Recently, the Assembly has been instrumental in the development of position statements on topics such as direct to consumer advertising, MOC/licensure issues, and psychologist prescribing. The AEC discussed whether the Assembly should be drafting more position statements. It was noted that the *Procedural Code of the Assembly* states that developing position statements is part of the Assembly's mission. There was concern expressed that while position statements from the JRC are yes/no votes with no wordsmithing allowed, position statements developed by the Assembly could create excessive wordsmithing from the Assembly floor. It was also reiterated that position statements should go to the JRC and not directly to the Board of Trustees unless the Assembly requests it of the Speaker through a separate vote. It was felt that new members of the Assembly should be informed of the process outlined above and requested that Dr. Miskimen develop a work group on this issue. Dr. Miskimen noted she will discuss this request with the Assembly Officers and update the AEC after the meeting.

Discussion of the article: The Psychiatric Shortage- Causes and Solutions

Dr. Greenberg requested the AEC discuss the report by the National Council Medical Director Institute on the shortage of psychiatrists and mental health services in the United States. At the request of Dr. Miskimen, he developed a summary of the article, which highlighted a number of facts, including:

• The average age of practicing psychiatrists is the mid-50s, compared with the mid-40s for other specialties

• 55% of counties have no psychiatrists, and 77% report a severe shortage, partially due to an increase in demand

It was suggested that the APA survey its Resident-Fellow Members (RFMs) to help identify approaches the APA should be doing in regard to this issue. It was also suggested that the American Psychiatric Association Foundation's program, *Partnership for Workplace Mental Health*, could provide additional information to the APA on this issue.

Report of the Work Group on Special Elections

Dr. Anzia, Chair, gave an overview of the charge of the work group and referenced the work group's report, noting the four bullet points contained in the report which were:

- In any unexpected vacancy, a full process of an electronic election would require a minimum of 6 to 8 weeks.

- If a special election were to be too close to the next Assembly meeting, the vote should take place at the Assembly meeting.
- An electronic vote could be by email, using a format like that used in on-site elections, rather than by another electronic system.
- The campaign would be the most challenging element. The candidates should have an opportunity to make themselves known to the Assembly in a fair and informative manner.

The AEC reviewed the report and approved the following motion:

MOTION APPROVED: The Assembly Executive Committee voted to accept the recommendations of the Assembly Work Group on Special Elections and requested that the Work Group produce a document outlining the workflow written in the recommendations.

RECOMMENDATIONS:
1) Within a week of a vacancy becoming known, the AEC should meet by conference call to determine if a special election will occur, and determine and announce the timeline.

2) If a vacancy in the office of Recorder occurs between May and November, the Nominating Committee will produce a slate of candidates for the vacancy within 2 weeks of the vacancy. If a vacancy in the office of Recorder occurs after the November Assembly, the nominated candidates for Recorder would be the candidates for the special election, with the winner to serve out the remainder of the unexpired term, as well as the following full term. (A new candidate for Speaker-Elect must be nominated for the May election if the ex-Recorder was nominated as a candidate for Speaker-Elect.)

3) A vacancy in the office of Speaker-Elect is more urgent, since whoever is elected will immediately become a member of the Board of Trustees, and will become Speaker at the end of the next Annual Meeting. Whenever a vacancy might occur, the Nominating Committee will produce a slate within two weeks. The sitting Recorder will usually, but not necessarily, be a candidate. If the Recorder is elected as Speaker-Elect in a special election, a subsequent special election for Recorder may be necessary.

4) As a general rule, if a vacancy in either office occurs within 90 days of the next regular meeting of the Assembly, the actual voting should take place in person at the Assembly.

5) Whenever possible, at minimum, 4 weeks should be allotted to the campaign in a special election. The Assembly and Association Governance should, if possible, produce one or more moderated videoconferences with the candidates for the members of the Assembly, and/or a brief video of each candidate which would be posted for the Assembly on the APA website. The usual candidate CVs and campaign statements, and answers of each to the same set of questions, would also be posted on the website. Candidates could do email campaigns as presently allowed.

6) Along with the members of the Assembly, District Branch Executives should be notified of the election and time line, to remind and assist District Branch delegations. During the campaign period, district branch representatives could confer to determine how their votes by strength will be divided and cast by the representatives.

7) Voting can be done via email, submitted to a single address at Association Governance, using the format akin to the Assembly ballots used on site. A sample is attached to this report.

8) The window for voting should be 7 days at the end of the campaign period. If a member of the Assembly will be unable to cast his/her vote(s) during the voting window, the member may request permission from the

Speaker to cast his/her vote(s) during the seven days immediately before the voting window. (An alternative to be considered by the AEC includes appointment of a substitute by the District Branch President or Assembly Committee Chair. A District Branch Representative who was going to be unavailable could also have another member of the DB delegation cast his/her votes as directed.)
MOTION APPROVED: The Assembly Executive Committee voted to adopt the following time line for filling a vacancy should Dr. Daviss resign as Recorder: [1 abstain]

1) **The Assembly Nominating Committee will meet by conference call ASAP to prepare a tentative slate before August 15.**
2) **If a vacancy occurs before August 25, the candidates will be announced and the campaign will begin immediately.**
3) **The voting period will run from the first Monday after 4 full weeks have elapsed through the following Sunday (until 12:00 midnight EDT Monday), but at the latest from Sept 25 to Oct 1.**
4) **The Tellers will meet by telephone conference with Association Governance on the Monday at the end of the election period, with the results to be announced by the next day.**
5) **If a vacancy occurs between August 26 and October 20, the candidates will be announced and the campaign will begin immediately.**
6) **In that case, the voting will take place at the November meeting of the Assembly.**
7) **In either of the above circumstances, the winner will serve the remainder of the current term, and would be eligible to be a candidate for Speaker-Elect.**
8) **If a vacancy occurs after October 20, the candidates will be the candidates nominated for Recorder for 2018-2019 announced at the November meeting.**
9) **The AEC will set the time line for the special election at the AEC's November meeting or by conference call thereafter, including determining the latest date at which a special election would be held.**
10) **The Recorder elected at any time later than the November meeting would serve the remainder of the current term, plus the following full year term.**
11) **The Nominating Committee will address any contingencies, so that there are at least two candidates for the election for Speaker-Elect at the May 2018 meeting.**

Assembly Support for District Branches

At its meeting in July, the Board of Trustees received a report from its Ad Hoc Work Group on APA DB/SA Relationship Management. Dr. Anzia, Chair of the Work Group, was asked to present a summary of the work group's report, the charge of which was to develop proposed solutions to the financial and administrative difficulties experienced by some District Branches.

The Work Group presented the following recommendations for the Board to consider in order to develop the basis for reasonable discussions and decisions about future relationships between or among District Branches, and/or DBs and the APA:

1. Any change in the structure of District Branches and their relationship to the APA must by the very nature of their corporate structures, be voluntary on the part of the DBs, and should arise out of a process that generates shared expectations about the future of their financial interrelationship with the national organization as a result.

2. The APA should consider generating focused additional data about the members' perceptions of the attachment to the DB and the APA. APA and District Branches could jointly craft a survey for members which might include issues like:

- What benefits the members receive from the DB that they most appreciate;
- What benefits the members receive from the APA that they most appreciate;
- Whether, if it were an option, the member would belong to the DB, the APA or both;
- Key legislative issues in their state, prioritized;
- Attitudes toward potential merger of DBs by state, region, size, or other variables.

Since most of the DBs regard themselves as challenged in various ways, but not as in crisis, their consideration of a change in structure or relationship to the APA is only likely to occur if:

a) the cost of the functions/member benefits they are required by law to deliver, or which their members demand or expect, is likely to exceed their annual dues revenue and any likely revenue from the APA;
b) expected APA support for state legislative efforts has clear limits which the DB perceives as inadequate, or is tied to reduction or surrender of DB control

3. For these reasons, if the Board of Trustees of the APA decides to set firmer limits on financial support for DB and state functions such as lobbying, recruitment, and administration, the Board of Trustees should thoughtfully communicate to the DBs these expected limitations, beyond which the DB would be on its own.

4. In such a case, and using information gathered in a survey such as discussed above, the APA should also be prepared to present options for the DBs to consider for merger of DBs with each other, or into the APA. Development and presentation of such options should definitely involve the Assembly, since the Assembly is charged with formation, dissolution, and merger of DBs, and the constitution of the Assembly and member representation would be dynamically affected.

MOTION APPROVED: The Assembly Executive Committee voted to accept the report (*as an information item*) of the Board of Trustees Ad Hoc Work Group on DB/SA Relationship Management.

Review of the Assembly Committees and Work Groups

Dr. Miskimen noted she had requested written report from the Assembly Committees and Work Groups be submitted prior to the AEC meeting and that she will continue this process for future AEC meetings.

Assembly Committee of Minority and Underrepresented Groups – Dr. Francis Sanchez, Chair

Dr. Sanchez remarked that the Chair position for the M/UR Committee is one year, with a steep learning curve. He noted that each M/UR group is different, with each having its own processes and procedures. Dr. Sanchez outlined some of the goals of the committee, including increasing caucus involvement, increased involvement with the Council on Minority Mental Health and Health Disparities, the minority caucuses, and the Division of Diversity and Health Equity.

Assembly Committee on Psychiatric Diagnosis and the DSM

Dr. Miskimen announced that the new Chair of the Committee will be Dr. Annette Matthews from Area 7.

Access to Care – Dr. Joseph Mawhinney, Chair

Dr. Mawhinney stated that the Committee will be having a conference call in the next month or so to prepare for its fall activities. He announced that the Committee will be developing some work groups so that issues can be worked on between in-person meetings. The Committee will also be working with the Council on Healthcare Systems and Financing to implement the access to care and parity toolkits.

Assembly Committee on Maintenance of Certification – Dr. Bob Batterson

Dr. Batterson noted that Dr. Anzia had appointed Dr. L. Russell Pet as Chair of the Committee and that he will continue as Chair for 2017-2018. The Committee developed an action item for the May Assembly which asked that the APA adopt the position that decisions regarding licensure, hospital privileges and credentialing and/or participation on insurance panels shall not in any way be conditioned upon a physician's completion of or participation in Maintenance of Certification or Osteopathic Continuous Certification. This was approved by the Board at its July 2017 meeting.

Assembly Work Group on Metrics
It was acknowledged that developing metrics for the Assembly is a challenge and that there is still a need for the work group to create deliverables, which hasn't happened yet. It was suggested that the charge of the work group be adjusted to reflect a more accurate request for deliverables which can be used to highlight the value of the Assembly for the association.

MOTION APPROVED: The Assembly Executive Committee requested that the Assembly Work Group on Metrics present a report to the Assembly Executive Committee at its November 2017 meeting which outlines its work to date and its recommendations of its work product.

Assembly Work Group on Assembly/Foundation Initiatives – Dr. Jeffrey Borenstein, Chair
Dr. Borenstein stressed the importance of having the membership be familiar with the activities of the American Psychiatric Association Foundation (APAF) and, as such, recommended the work group continue. There was some confusion expressed about the charge and function of the work group as well as discussion as to whether the work group qualifies as a product of the Assembly.

Liaisons to the Steering Committee on Practice Guidelines – Dr. Daniel Anzia
Dr. Anzia requested that the Area Councils ensure that each Area has a member on the Committee. Area 1 noted that it is finalizing its appointment and Area 6 announced that Dr. Robert McCarron would be continuing his work on the Committee.

Preliminary Discussion of the November 3-5, 2017 Assembly

Assembly Schedule:
The AEC reviewed the draft Assembly schedule for the meeting in November. Dr. Miskimen noted that the APAF will be presenting its APEX Awards at a luncheon on Friday afternoon. There was concern expressed about the Area Councils losing a half an hour from Friday's Area Council meeting due to the award presentation. The AEC proposed the following revisions to the draft schedule:

Friday, November 3
1:00 PM- 2:30 PM: Area Council Meetings
2:30 PM- 3:30 PM: Plenary Session #1
3:30 PM- 6:30 PM: Reference Committee Meetings
6:30 PM- 7:30 PM: Nominating Committee Meeting
7:00 PM- 9:00 PM: Assembly Committee Meetings (ACROSS, ECP, M/UR, RFM)

The AEC had a conversation about the Assembly paying for an additional hotel night (Thursday, November 2) for those members who cannot travel to the meeting in time for the awards. Dr. Miskimen noted that if a member can travel to Washington, DC in time for the awards then he/she should attend but that no additional hotel nights would be covered.

Reference Committee Chair Guidelines:
The AEC reviewed the Reference Committee Chair guidelines and emphasized that these should be distributed to the Reference Committee Chairs prior to the Assembly meeting. The AEC requested that the guidelines include the fact that Reference Committees should not be making a final determination on an action paper prior to the meeting deliberation process. In addition, it should be stressed that the Chairs should, if possible, allow everyone to speak, get consensus within the committee, and inform the authors of the Reference Committee's recommendation ahead of the discussion on the Assembly floor. Dr. Miskimen announced that she plans to schedule a conference call with the Reference Committee Chairs prior to the Assembly meeting and prior to the start of the committee's work to review the guidelines and answer any questions.

Advocacy

Ariel Gonzalez, JD, MA, Chief of Government Relations and Colleen Coyle, JD, APA General Counsel joined the AEC meeting via conference call. Mr. Gonzalez gave a brief update on the activities on Capitol Hill. He noted that if there a vote on repealing the ACA in the Senate, it would happen on Tuesday, and that state advocacy, especially in Maine, Alaska, West Virginia, and Nevada, would be the most helpful at this time.

The AEC went into executive session for the remainder of the discussion on advocacy issues.

New Business

M/UR Representative Funding for the September Components Meeting

The AEC continued its discussion of funding M/UR Reps to attend the September Components Meeting. In addition to Ms. Coyle, the AEC was joined by Dr. Ranna Parekh, Director, Division of Diversity and Health Equity, via conference call.

Dr. Miskimen reviewed the Board's action which stated that Board of Trustees voted to approve the Council on Minority Mental Health and Health Disparities' request to invite the seven Representatives from the Assembly M/UR Caucuses to attend the Council on Minority Mental Health and Health Disparities' meeting at the September Components Meeting with a recommendation that the funding sources to be considered include the Assembly.

The AEC supported the Speaker's decision to fund $8,000 out of the Speaker's New Initiative Fund to allow for the 7 Representatives from the Assembly Committee of M/URs to attend the Council on Minority Mental Health and Health Disparities meeting at the September Components Meeting.

Dr. Parekh noted that following the September Components Meeting, the Council on Minority Mental Health and Health Disparities and the M/UR Caucus Representatives who attend the meeting will report on the following outcomes:

1. Prioritized list of recommendations from the 2017 Annual Meeting "Conversations on Diversity"
2. Completion of the "APA Toolkit on Stress and Trauma related to Political/Social Environment
3. Action plan on specific ways to increase APA membership from key APA allied minority groups
4. M/UR joint submissions to the APA 2018 Annual Meeting

Assembly and Area Council Budgets

There were some questions about the current Area Council block grants. Drs. Miskimen and Martin will be developing the Work Group on Area Council Area Council Functions and Financing. David Keen, CPA, Chief Financial Officer, outlined the budget process for 2018, noting that the budget requests for 2018 are currently being developed by the APA Administration. The draft budget will be presented to the Finance and Budget Committee in October, with a final budget recommendation going before the Board of Trustees at its December 2017 meeting. Mr. Keen also stated that the final actuals for the Assembly budget in 2016 will be distributed to the AEC after the meeting.

Adjournment

Dr. Miskimen thanked the AEC for its hard work and wished everyone safe travels.

Upcoming Meetings:

Assembly, November 3-5, 2017, Washington, DC
Assembly Executive Committee, Winter 2018, Date and Location TBD
Assembly, May 4-6, 2018, New York, New York

Rules Committee Report

Draft Action Assignments – as of 10/17/17

Reference Committee Rosters

Reference Committee 1 — Advancing Psychiatric Care

Meets: Friday, November 3, 2017, 3:30 PM-6:30 PM, Congressional Room A, Lobby Level, West

Presents: 4th Plenary, Sunday, November 5, 2017, 8:00 AM - 11:30 AM

Roster:

Annette Matthews, M.D., Area 7, CHAIR
TBD, Area 1
Richard Altesman, M.D., Area 2
Constance Dunlap, M.D., Area 3
Prudence Gourguechon, M.D., Area 4
Jessica Coker, M.D., Area 5
Richard Granese, M.D., Area 6
Mark Komrad, M.D., ACROSS
John Korpics, M.D., ECP
Steven Starks, M.D., M/UR
Stephen Marcoux, M.D., RFM

Assignments: 4.B.2, 4.B.7, 4.B.8, 4.B.13, 12.A, 12.B, 12.C

	2017A2 4.B.2	Revised Position Statement: Need to Maintain Long-Term Care Facilities for Certain Individuals with Serious Mental Illness
	2017A2 4.B.7	Proposed Position Statement: Domestic Violence Against Women
	2017A2 4.B.8	Proposed Position Statement: Prevention of Violence
cc	2017A2 4.B.13	Retain 2012 Position Statement: Segregation of Prisoners with Mental Illness
	2017A2 12.A	Designation of Psychiatry as Primary Care for Any Medical School Scholarships Requiring Primary Care Service
	2017A2 12.B	Medical School Loan Repayment Subsidies for Psychiatrists Practicing in Community Mental Health Centers and State Psychiatric Facilities
	2017A2 12.C	Transitional Care Services Post-Psychiatric Hospitalization

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Reference Committee 2 — Advancing Psychiatric Knowledge and Research

Meets: Friday, November 3, 2017, 3:30 PM-6:30 PM, Congressional Room B, Lobby Level, West

Presents: 3rd Plenary, Saturday, November 4, 2017, 2:15 PM- 4:15 PM

Roster:

Beverly Fauman, M.D., ACROSS, CHAIR
TBD, Area 1
Elizabeth Santos, M.D., Area 2
William Greenberg, M.D., Area 3
Matthew Macaluso, M.D., Area 4
Mary Ann Schaepper, M.D., Area 6
Mark Townsend, M.D., Area 5
Stephen Brown, M.D., Area 7
Mirabela Bodic, M.D., ECP
Jennifer Payne, MD, M/UR
Shilby Abraham, M.D., RFM

Assignments: 4.B.3, 4.B.11, 4.B.12, 4.B.15, 4.B.18, 12.D, 12.E, 12.F

	2017A2 4.B.3	Retire 2010 Position Statement: Psychiatry and Primary Care Integration across the Lifespan
	2017A2 4.B.11	Proposed Position Statement: Lengthy Sentences Without Parole for Juveniles

	2017A2 4.B.12	Retire 2011 Position Statement: Review of Sentences for Juveniles Serving Lengthy Mandatory Terms of Imprisonment
cc	2017A2 4.B.15	Retain 2012 Position Statement: Firearms Access: Inquiries in Clinical Settings
cc	2017A2 4.B.18	Retain 1993 Position Statement: Homicide Prevention and Gun Control
	2017A2 12.D	Enacting APA Positions: State Medical Board Licensure Queries
	2017A2 12.E	Recognition of Psychiatric Expertise: Efficiency and Sufficiency
	2017A2 12.F	APA Member Survey on Medical Aid in Dying as Option for End-of -Life Care

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Reference Committee 3 — Education& Lifelong Learning

Meets: Friday, November 3, 2017, 3:30 PM-6:30 PM, Executive Room, Lobby Level, West

Presents: 3rd Plenary, Saturday, November 4, 2017, 2:15 PM- 4:15 PM

Roster:

David A. Tompkins, M.D., M/UR, CHAIR
John Bradley, M.D., Area 1
Adam Chester, D.O., Area 2
Daniel Neff, M.D., Area 3
Vasilis Pozios, M.D., Area 4
Varun Choudhary, M.D., Area 5
Simon Soldinger, MD, Area 6
Iqbal Ahmed, M.D., Area 7
Jack Bonner, M.D., ACROSS
Jacob Behrens, M.D., ECP
Spencer Gallner, M.D., RFM

Assignments: 4.B.10, 4.B.14, 12.G, 12.H, 12.I

	2017A2 4.B.10	Proposed Position Statement: Police Interactions with Persons with Mental Illness
cc	2017A2 4.B.14	Retain 2012 Position Statement: Assessing the Risk for Violence
	2017A2 12.G	Conflicts of Interest Not Limited to Pharmaceutical Companies
	2017A2 12.H	Non-Physician Registration Fee for Annual Meetings
	2017A2 12.I	APA Position Statement Strongly Recommending Twelve Weeks of Paid Parental Leave

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Reference Committee 4 — Diversity & Health Disparities

Meets: Friday, November 3, 2017, 3:30 PM-6:30 PM, Palladian Room, Lobby Level, West

Presents: 3rd Plenary, Saturday, November 4, 2017, 2:15 PM- 4:15 PM

Roster:

Mary Roessel, M.D., M/UR, CHAIR
TBD, M.D., Area 1
Felix Torres, M.D., Area 2
Lily Arora, M.D., Area 3
Michele Reid, M.D., Area 4
Erica Arrrington, M.D., Area 5
Darinka Aragon, M.D., Area 6
James G. Saccomando,Jr., M.D., Area 7
Gregory Miller, M.D., ACROSS
Jacqueline Calderone, M.D., ECP
Danielle Palermo, M.D., RFM

Assignments: 4.B.9, 4.B.16, 4.B.17, 12.J, 12.K, 12.L, 12.M

	2017A2 4.B.9	Proposed Position Statement: Human Trafficking
cc	2017A2 4.B.16	Retain 2007 Position Statement: Use of Jails to Hold Persons Without Criminal Charges Who are Awaiting Civil Psychiatric Hospital Beds
cc	2017A2 4.B.17	Retain 2007 Position Statement: Psychiatric Services in Jails and Prisons
cc	2017A2 12.J	Helping Members Join Caucuses
	2017A2 12.K	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

	2017A2 12.L	Adopting an APA Position Statement Supporting Implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA or parity law)
	2017A2 12.M	Joint Meeting of the Council on Minority Mental Health and Health Disparities and the Assembly Committee of Representatives of Minority/Underrepresented Groups

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Reference Committee 5 —– Membership & Organization

Meets: Friday, November 3, 2017, 3:30 PM-6:30 PM, Ambassador Ballroom, Lower Level, West

Presents: 2nd Plenary, Saturday, November 4, 2017, 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., Area 3
TBD, Area 5
Peter Forster, M.D., Area 6
James Polo, M.D., Area 7
David Gitlin, M.D., ACROSS
Baiju Gandhi, M.D., ECP
Sarit Hovav, M.D., M/UR
David Braitman, M.D., RFM

Assignments: 4.B.1, 4.B.6, 12.N, 12.O, 12.P

cc	2017A2 4.B.1	Retain Position: Endorsement of United States Ratification of the Convention of the Rights of the Child
	2017A2 4.B.6	Proposed Position Statement on Human Rights
	2017A2 12.N	Civil Liability Coverage for District Branch Ethics Investigations
	2017A2 12.O	Council on Women's Psychiatry
	2017A2 12.P	Addressing the Negative Impact of the Rule of 95 on Dues Revenue

Area Council and Assembly Group Action Assignments

Presents: 4th Plenary, Sunday, November 5, 2017, 8:00 AM - 11:30 AM

Assignments:

cc	2017A2 4.B.4	Retain 2011 Position Statement: Remuneration for Psychiatrists' Time Performing Utilization Review (Endorsement of AMA policy H-385.951) All Areas/Assembly Groups: Primary – Area 2, Secondary – Area 5
cc	2017A2 4.B.5	Retain 2014 Position Statement: Universal Access to Health Care All Areas/Assembly Groups: Primary – Area 7, Secondary – M/URs

Assembly Rules Committee
DRAFT Consent Calendar

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

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

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

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

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cc #1	**2017A2 4.B.1**	Retain Position: Endorsement of United States Ratification of the Convention of the Rights of the Child If removed: **Reference Committee #5**
cc#2	**2017A2 4.B.4**	Retain 2011 Position Statement: Remuneration for Psychiatrists' Time Performing Utilization Review (Endorsement of AMA policy H-385.951) If removed: **All Areas/Groups: Primary – Area 2, Secondary – Area 5**
cc#3	**2017A2 4.B.5**	Retain 2014 Position Statement: Universal Access to Health Care If removed: **All Areas/Groups: Primary – Area 7, Secondary – M/URs**
cc#4	**2017A2 4.B.13**	Retain 2012 Position Statement: Segregation of Prisoners with Mental Illness If removed: **Reference Committee #1**
cc#5	**2017A2 4.B.14**	Retain 2012 Position Statement: Assessing the Risk for Violence If removed: **Reference Committee #3**
cc#6	**2017A2 4.B.15**	Retain 2012 Position Statement: Firearms Access: Inquires in Clinical Settings If removed: **Reference Committee #2**
cc#7	**2017A2 4.B.16**	Retain 2007 Position Statement: Use of Jails to Hold Persons Without Criminal Charges Who are Awaiting Civil Psychiatric Hospital Beds If removed: **Reference Committee #4**

cc#8	**2017A2 4.B.17**	Retain 2007 Position Statement: Psychiatric Services in Jails and Prisons If removed: **Reference Committee #4**
cc#9	**2017A2 4.B.18**	Retain 1993 Position Statement: Homicide Prevention and Gun Control If removed: **Reference Committee #2**
cc#10	**2017A2 12.J**	Helping Members Join Caucuses If removed: **Reference Committee #4**

Item 2017A2 6.C
Assembly
November 3-5, 2017

Special Rules of the Assembly

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

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

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

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

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

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

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

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

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

Item 2017A2 7.D
Assembly
November 3-5, 2017

Report of the Assembly Committee on Public and Community Psychiatry
October 2017

Following the May Assembly meeting, the committee worked via email correspondence on further revision of the Position Statement on Use of the Concept of Recovery. The committee's revision was submitted to the Joint Reference Committee for review during its June meeting. In June, committee members were heartened to learn that this document had been referred by the JRC to two Councils for further review.

During summer months, multiple Action Papers were referred to the committee for review and possible endorsement. Two of our committee members were primary authors in these papers.

The committee held a conference call on September 12th. The committee reviewed its liaison partnership with the Access to Care Committee, and agreed to identify an appointed member to serve as an alternate in the liaison position to help ensure continuous presence on that committee. Significant time was spent reviewing and discussing three papers referred to the committee for review. We then discussed two additional papers pertinent to the committee's charge and authored by a member on the call, and agreed to review and discuss further after this meeting. Members of the committee raised concerns about legislative developments in their states impacting clinical practice and access to care. The committee revisited a plan to include a brief educational peer presentation during the upcoming November meeting.

In the weeks following our conference call, committee members continued dialogue via email correspondence, including further discussion of action papers referred to the committee. Ultimately, the committee submitted formal endorsements of three out of five action papers reviewed. Papers endorsed were: "Transitional Care Services Post-Psychiatric Hospitalization," "Medical School Loan Repayment Subsidies for Psychiatrists Practicing in Community Mental Health Centers and State Psychiatric Facilities," and "Helping Members Join Caucuses."

There is continued enthusiasm for pursuing and supporting initiatives addressing workforce shortage issues in public and community psychiatry. The committee agenda for our November Assembly meeting is being developed, and will include review of publications on this topic and potential action items that could be generated in response.

Respectfully submitted by Isabel Norian, MD
Chair, Assembly Committee on Public and Community Psychiatry

Item 2017A2 7.G
Assembly
November 3-5, 2017

Report of the Assembly Committee of Resident-Fellow Members

ACORF members are a group of hard-working, motivated and diverse individuals who are very engaged in their roles. They continue to demonstrate interests in community & public psychiatry, access to care, MOC, and physician well-being. In addition to our monthly conference calls, I have been in regular contact with them to make sure they are having a good experience adapting to their new role and becoming acclimated to the assembly.

The two M/UR group liaisons have been selected and have started joining our monthly conference calls. They are knowledgeable and enthusiastic individuals who show real interest in the works of ACORF. ACORF deputy representatives and representatives have been reaching out to the DB Executives and program directors within their individual areas to introduce themselves and connect with their constituents.

ACORF endorsed 4 action papers submitted to the November 2017 Assembly meeting. Two were authored by ACORF members and two by members of Area 5. Their titles are as follows: Council on Women's Psychiatry (ACORF Member Author), Increasing Awareness and Funding for Transitional Care Services Post-Psychiatric Hospitalization (ACORF Member Author), Designation of Psychiatry as Primary Care for Any Medical School Scholarships Requiring Primary Care Service (Area 5 Member Author) and Medical School Loan Repayment Subsidies for Psychiatrists Practicing in Community Mental Health Centers and State Psychiatric Facilities (Area 5 Member Author).

Lastly, it was brought to our attention that there were no applications submitted for the RFMTE position this year. RFM Deputy Representatives and Representatives were informed of this and encouraged to reach out to the residents in their area or program to help spread the word and see if anyone would be interested. Links to applications process/timelines were distributed and since the outreach, one application has been submitted with a deadline of Oct. 1, 2017.

Item 2017A2 7.J
Assembly
November 3-5, 2017

Report of the Assembly Committee on Access to Care

Access to Care Conference Call 8/29/17

Attendees: James Polo, Warren Ng and Joe Mawhinney, Chair

The conference call provided an opportunity to examine the charge of the committee, the wide ranging issues related to Access to Care and the best use of the expertise and interest of committee members so that there could be continuity of focus on significant issues resulting in actions, development of and support of Action Papers, Position Statements and development of resource documents as indicated as well as facilitation of access to APA resources for members.

A concept of clustering of related topics was discussed. It was proposed that members be assigned according to interest to address these issues beyond face to face meetings and conference calls. The issues which have been brought to our committee were reviewed and they include the following (not an exhaustive list).

I. Access to appropriate and effective care in the criminal justice system including community transition and rehabilitation.

II. Inadequate access to resources in many settings and for special populations including lack of infrastructure for a continuum of care manifested in shortages of:
Acute hospital beds;
Crisis beds;
Residential treatment;
Intermediate levels of structured outpatient services (PHP and IOP);
Programs serving patients with co-occurring chemical dependency and other mental disorders;
Programs serving those with intellectual disabilities and psychiatric disorders;
Appropriate and adequate treatment programs for those in the criminal justice system with mental disorders
Dysfunctional emergency departments due to difficulty with access to psychiatrists and dispositional resources.

III. Program resources and infrastructure shortages due to decades long disinvestment and parity inequity; including: poor reimbursement for psychiatric services in both public and private sectors; inadequate reimbursement for telepsychiatry and integrated care, limiting potential expansion of access.

IV. Barriers to care by administrative devices such as: out of pocket patient costs; unnecessary complexity; escalating restrictiveness of formularies and prior authorization requirements; impaired access to care due to inadequate and misleading provider panels.
Inappropriate use of medical necessity with insufficient attention to stabilization and transition to appropriate levels of care; the need for endorsement of a interdimensional clinically based level of care/intensity of care instrument or instruments to provide appropriate focus on outcomes of treatment.

V. Workforce development including: inadequate efforts by insurance carriers and agencies to recruit, retain and adequately reimburse psychiatrists; failure to confront administrative burden and physician well being issues including burdensome documentation and EHR burden.

Other: Public sector inequities including disparity of Medicaid reimbursement in many states; medical debt incurred by patients, family and health delivery systems due to under insurance, out pocket costs (especially high deductible health plans); uninsured and uncompensated care; the need to recognize out of pocket costs in the Medicare population as barriers to care and appropriate disease management.

Committee members are asked to reflect on these topics and particular areas of interest to provide a productive focus on continuity of effort.

Joe Mawhinney, MD
Chair, Assembly Access to Care Committee

Report of the Council on Addiction Psychiatry

The Council on Addiction Psychiatry (CAP) is committed to providing psychiatric leadership in the study, prevention, and treatment of substance use disorders. The component provides recommendations to APA on training, treatment, and public policy.

To facilitate effective collaboration and communication, the Council invites representatives of the White House Office of National Drug Control Policy (ONDCP), the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the Center for Substance Abuse Treatment (CSAT) to participate in its in-person meetings. Physician training on treatment of substance use disorders, prescription drug monitoring programs, accessibility and availability of services, budgetary challenges, research priorities, and opportunities for APA to contribute meaningfully to important government initiatives are among the issues addressed by the group.

The national epidemic of prescription drug and heroin misuse remains a major area of focus. Through its active collaboration with APA's Division of Government Relations, the Council informs and contributes to the association's legislative and regulatory advocacy efforts. To improve access to treatment, the Council offered clinical expertise and policy recommendations to the White House's Commission on Combating Drug Addiction and the Opioid Crisis and in meetings with officials of the Department of Health and Human Services. In addition, the Council collaborated with APA Administration in the development and submission of formal comments to the Commission and for the 2017 National Drug Control Strategy.

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).

With funding from NIDA, a workgroup was established to identify, evaluate, and make widely available curricula on substance use disorders that can be used to guide and augment the didactics curriculum of general psychiatry residency training programs. The workgroup is comprised of representatives of APA's

Councils on Addiction Psychiatry and Medical Education and Lifelong Learning, the American Association of Directors of Psychiatry Residency Training (AADPRT), as well as early-career psychiatrists and residents. The group is currently identifying and assessing the scope and quality of existing open-source substance use disorders curricula. It plans to design and implement mechanisms to make the curricula available to all residency training programs, execute a communications plan aimed toward chairs of departments of psychiatry and residency training directors, identify gaps in the existing curricula with the goal of developing curricula to address them in a future initiative, and evaluate the project. Toolkits will be freely available on the APA's website.

Lastly, members of the Council are also working to develop or revise several APA position statements, including "Involuntary Psychiatry Commitment for Individuals with Substance Use Disorders", "Prescription Drug Monitoring Programs (PDMPs)", and "Physician Health Services in the Treatment of Substance Use Disorders/Addictions in Physicians".

COUNCIL ON ADVOCACY AND GOVERNMENT RELATIONS
ASSEMBLY REPORT
NOVEMBER 2017

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 anticipating needs for policies and strategic planning. This report outlines the major activities and considerations of the Council of Advocacy and Government Relations, this year.

Reauthorization of Children's Health Insurance Program

This fall, Congress missed the deadline to reauthorize the Children's Health Insurance Program (CHIP), expiring September 30th. 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. Last reauthorized in 2015, many states are concerned the remaining CHIP funds will not sustain the program before Congress passes legislation reauthorizing the program. The Council worked with the APA Administration to develop political and policy recommendations to drive enactment of a measure to stabilize the CHIP funding stream by advancing a five-year reauthorization and protect the gains in children's health coverage. The Council remains heavily engaged through the APA Action Center, most recently participating in a grassroots effort contacting their respective Members of Congress urging action without any further delay.

Repeal and Replace of the Affordable Care Act

The momentum continued to build throughout 2017 for Congressional action to repeal and replace the Affordable Care Act. Following August recess, Senators Lindsay Graham (R-SC) and Bill Cassidy (R-LA) introduced a proposal that would impact access to health care for millions of Americans through: fundamentally changes to Medicaid funding, removing protections for preexisting conditions, and enhance the states' ability to waive essential health benefits, threating access to mental health and substance disorder services. APA remains engaged with relevant members of Congress through direct lobbying and grassroots contact, as well as collaborating with other physician organizations and mental health groups, to drive APA's agenda in opposition to ACA repeal and replace efforts. In September, APA participated in a leadership fly-in day with five other physician groups raising concerns with Graham-Cassidy and urging Senators to focus instead on market stabilization efforts. Due in no small part to the grassroots activities of the Council and APA membership the proposed legislation failed, punting the discussion of repeal and replace of the Affordable Care Act to be revisited, at a later date.

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 established a small work group in conjunction with the Council on Psychosomatic Medicine to assess the original statement and draft a broaden 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-base care in a general medical and hospital setting, in addition to those in psychiatric hospitals.

Position Statement: Principles for Health Care Reform for Psychiatry

The Council continued their work in amending APA's 2008 Position Statement on Principles for Health Care Reform for Psychiatry. The Council deems that all individuals should have access to mental health services, responsive to their needs. The Council on Advocacy and Government Relations, in conjunction with the Council on Healthcare Systems and Financing, established a small work group to assess and refine the original statement to reflect a contemporary discussion around health care reform and incorporate relevant data. The revised position will embody a more integrated and effective health care system to promote wellness and recovery.

APA Advocacy Training Tools

An overarching priority for the Council on Advocacy and Government Relations this year has been to strengthen APA's member advocacy efforts when addressing federal and state issues impacting psychiatry and our patients. The Council has established two work groups to develop advocacy resource tools for APA membership—to 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. In September, the Council resolved to develop a position statement working in conjunction with the Council on Medical Education and Lifelong Learning.

Member Engagement on State Legislative Activity

The Council, APA Administration, and APA membership continue to work in tandem to address the busy legislative sessions. Psychologists maintain aggressive efforts seeking the ability to prescribe independently with minimal education and training, endangering patient safety. The APA Administration, working closely with the Council and District Branches/State Associations, resumes a sense of urgency in defeating inappropriate scope of practice measures. APA has simultaneously carried out effective lobbying and grassroots advocacy campaigns resulting in the deterrence or defeat of scope of practice proposals in several states throughout the country. Anticipating the rest of 2017 with be as eventful, with proposed legislation currently before the Ohio legislature and legislation expected to be introduced in Connecticut and Nebraska. Meanwhile, a message we have heard loud and clear from our state branches is that advocacy focused simply on defending against scope can lead to advocacy burnout as the cycle simply repeats over and over. So, in addition to our traditional advocacy efforts, the Council will be undertaking an effort to reframe its overall core advocacy agenda to be more proactive around a vision of how psychiatrists can help move the health system forward, which we think offers an opportunity to enhance our overall advocacy goals.

State legislatures have embarked on a rigorous legislative agenda in 2017. The Council and APA membership have remained engaged to address the threats to the mental health community, access to care, and the practice of

psychiatry.

- Maintenance of certification (MOC) is one of the most bitterly debated topics in medicine. Legislatures considered bills or laws in at least 17 states, most of them introduced this year by physician lawmakers. These measures would prohibit health plans, hospitals, and/or state licensing agencies from requiring physicians to be board certified and/or participate in periodic MOC programs operated by specialty boards. 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, and/or hospital admitting privileges.
- Legislation has been introduced in nearly every state surrounding involuntary commitment and/or involuntary treatment for mental health or substance abuse. State policymakers are considering new measures that would expand the use of involuntary commitment laws as a tool to combat the opioid epidemic, placing psychiatrists at the epicenter of these discussions as subject matter experts. APA and District Branches have launched advocacy efforts to educate policymakers on the monetary constraints and preserve the rights of patients as the basis of discussion.
- Telemedicine has emerged as a cost-effective alternative to traditional face-to-face examinations and a solution to the workforce shortage. 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, lower overall healthcare costs, and reduce the enduring.

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 over 197 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, an estimated 2400 APA members have participated in 11 "calls to actions" contacting Members of Congress via 4196 emails and calls. Our members sent over 1100 letters and made 48 calls to Congress urging them to oppose Graham Cassidy. And 576 letters were sent with regards to preserving access to the Children's Health Insurance Program. At the state level, APA has used Engage to send "calls to action" for both legislative and regulatory grassroots advocacy, to name a few — to voice opposition to psychologist prescribing legislation in Oregon, to voice support of legislation concerning parity of mental health and substance abuse benefits in Connecticut, and a strategy mechanism to defeat legislation concerning the independent practice of nurse practitioners in Oklahoma and Louisiana. 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.

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 2016 APAPAC had one of its most successful fundraising years on record, raising over $269,844.

APAPAC also saw the average contribution rise from $154 in 2014 to $165 in 2016. In 2017 APAPAC is poised to meet and exceed 2016's fundraising success. To date, APAPAC has raised over $236,000. With an average participation rate of under 5% since 2008, APAPAC will focus on raising this percentage in 2017. This participation rate ranks among the lowest of all medical specialty PACs, and increasing the number is vital to the PAC's future success. Of eligible CAGR members, 100% contributed to the APAPAC in 2016. APAPAC's goal for individual contributors in 2017 is 1,825, which would be a 15% increase in participation and bring the participation rate above 5%. As of October 1, 2017, APAPAC has received contributions from 1,229 individual donors (67% of the 1,825 goal). The APAPAC Chair also attended PAC meetings and worked closely with the Council Chair to build bipartisan relationships, promoting APA's presence before members of Congress.

Item 2017A1 8.C
Assembly
November 3-5, 2017

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 re-submitted a Position Statement on Risks of Adolescents' Online Behavior to the Joint Reference Committee (JRC) on October 14, 2017.

- The Council met via conference call on Wednesday, June 28, 2017, Wednesday, August 9, 2017 and in person on Friday, September 15, 2017 during the APA September Components Meeting in Crystal City, VA. Council calls and meetings focused on impact of media on children, adolescents, and their families, juvenile solitary confinement (restricted housing), partnerships with allied organizations, targeting adult psychiatrists, and transitional aged youth.

- The Council partnered with the Council on Psychiatry and Law (lead), and Council on Minority Mental Health and Healthcare Disparities in drafting a Position Statement on solitary confinement (restricted housing) of juveniles.

- The Council continues to assess and revise existing APA Position Statements related to children, adolescents, and their families.

Item 2017A2 8.D
Assembly
November 3-5, 2017

Council on Communications Report to the APA Assembly

Council Business:

Members of the Council on Communications has drafted a revised Charge for their council. The revisions made to the old charge are intended to bring the council's work into line with the current media landscape, including the importance of social media. The revised charge has been submitted to the JRC for review.

At the request of the JRC, the Council produced two "one-pager" guides to accepting and conducting media interviews. The guides are designed to assist psychiatrists who are approached by the media to act as a source for a news story or as a consultant in other types of media projects, and give best practices for working with the media. These guides have been sent to the JRC for review, and could be accessible to members on Psychiatry.org soon.

An RFM-focused column in Psychiatric News started publication. The column is under the supervision of Council Vice-Chair Dr. Lloyd Sederer and Cathy Brown, Executive Editor of Psychiatric News. The column will be regular feature in upcoming issues of Psychiatric News.

The Council on Communications continues to be a resource for other councils seeking guidance on matters dealing with some aspect of communications and the media, and frequently offers feedback on action items that touch on these issues.

Item 2017A2 8.E
Assembly
November 3-5, 2017

Council on Geriatric Psychiatry

The 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 for psychiatrists, other physicians, residents, medical students, and allied mental health professionals.

The Council discussed the following items during the 2017 September Component meeting:

Position Statements

Role of Psychiatrists in Long-term Care Settings (LTC): A workgroup consisting of volunteers from the Council and the Council on Psychosomatic Medicine worked on this statement. The Council on Child and Adolescent Psychiatry also reviewed the statement. The final draft was submitted to the JRC in June 2017. The BOT sent the statement back to the Council with suggestions.. Some of the suggestions included defining "long-term care" for the purposes of this statement and elaborating more fully on collaboration with non-psychiatric clinical personnel within LTC settings. The BOT also suggested addressing the role of psychiatrists in calling attention to possible unethical practices in these predominantly for-profit settings (nursing homes, adult homes). The Council will work to include these suggestions in a revised draft.

Palliative Care and Psychiatry: A workgroup consisting of volunteers from the Council and the Council on Psychosomatic Medicine developed and submitted this position statement to the JRC in June 2017. The Council reviewed the statement to ensure that it is formatted correctly.

Review of Old APA Position Statements: The Council reviewed the following existing position statements:

- **Elder Abuse, Neglect, and Exploitation (2008)**: The Council agreed that it needs to be updated. Dr. E.J. Santos will lead a workgroup with the assistance of Drs. Marilyn Price and Ebony Dix (Fellow). The Council may seek input from the APA Ethics Committee in the development of this statement.
- **HIV Infection in People Over 50 (2008):** The Council agreed that the statement needs revision. The new statement will include reference to other sexually transmitted diseases, e.g., gonorrhea and syphilis. Dr. EJ Santos will lead the workgroup with the assistance of Drs. Rebecca Radue (Fellow) and Ebony Dix.
- **Disaster Preparedness and Response (New Position Statement):** The Council agreed that it would be valuable for APA to have a Position Statement addressing the needs of older adults as it relates to disasters. Dr. Maria Llorente has agreed to lead the effort with the assistance of Dr. Ebony Dix. The Council will seek input from APA Committee on the Psychiatric Dimensions of Disasters as it relates to this project.

Medical Beds and Ligatures Risks

In response to pressure from the Centers for Medicare & Medicaid Services (CMS), the Joint Commission (TJC) announced that it is increasing scrutiny of its assessments of ligature, suicide and self-harm risks in psychiatric hospitals and inpatient psychiatric units. As a result, some psychiatric facilities have been compelled to abruptly make widespread and expensive renovations-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 widespread agreement that no medical bed is entirely risk free of ligature--even if the electric cord is short or the bed is low to the floor. It is important that CMS and TJC recognize that some persons in psychiatric hospitals (e.g., the elderly; persons with eating disorders) may require a medical bed. It would be a disadvantage to these patients if medical beds were not permitted in psychiatric facilities. It is essential that TJC and CMS accept suicide risk assessments and other clinical interventions as adequate measures to mitigate ligature risk associated with the use of medical beds without requiring that all patients in medical beds have 1:1 observation or other similarly onerous and impractical solutions.

The Council invited representatives from APA Division of Government Relations (KJ Hertz) and Council on Quality Care (Samantha Shugarman) to explore the possibility of collaboration in advocacy on this issue. Dr. Iqbal Ahmed (President, AAGP) expressed AAGP's interest in supporting APA's position. The group discussed the possibility of developing a letter to TJC and CMS that could be signed by multiple organizations.

Annual Meeting Submissions

Council members have made the following submissions for the 2018 APA Annual Meeting. These include:

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 Needs to Know about Bed Bugs

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 curriculum on the culturally competent care of elderly patients. Dr. Maria Llorente, who worked on the original curriculum, offered to work with APA's Division of Diversity and Health Equity (DDHE) to update

and revise the document. A workgroup was appointed to accomplish this curriculum, consisting of members of the Council, Fellows sitting on the Council, and AAGP.

In light of the comprehensiveness of the guide, the Council explored the idea of publishing it in the form of a book. The manuscript was sent to APA Publishing for review, and immediately before this meeting it was announced that APA Publishing has agreed to go forward. The workgroup members will now select a title for the book and solicit an author for a preface.

Geriatric Awards:

Dr. Roca informed the Council of the recommendations of the selection committee for the Jack Weinberg Memorial Award and Hartford Jeste Award for Future Leaders in Geriatric Psychiatry. The Council also discussed the submission requirements for the Jack Weinberg Award. At this time, the application for the award must include one nomination letter and two letters of recommendation. The Council agreed that one nomination letter should suffice and that the requirement for two additional recommendation letters should be dropped. The group noted that the revised requirement aligns with that for other APA recognition awards.

Technology for Aging Adults:

Dr. Ipsit Vahia directed the Council's attention to the burgeoning technology industry and to the risk of exploitation and victimization of elderly persons. Lay people, especially older adults, who use the technology are often naïve about the privacy risks and may release personal health information on a website and health applications without understanding how it might be misused. The Council unanimously agreed that this topic needs attention and should be discussed further at upcoming meetings. Dr. Vahia agreed to present more information on this topic at the 2018 May meeting.

Report of the
Council on Healthcare Systems and Financing
Harsh K. Trivedi, MD, MBA, Chair
Executive Summary

The Council on Healthcare Systems and Financing has focused their efforts on reviewing position statements, responding to action papers, and providing input on regulatory comments on a variety of matters. Additionally, considering the political transition and focus on health care reform changes within the new administration, the Council will be reviewing and revising their work plan to identify key priorities to on issues of mental health and substance use during the discussion of health reform.

Brief Summary of Council Activities and Items of Interest

The Council continues to work on several important issues, including:

1. The Council has been discussing a number of action papers. These papers include the following:

   ASMNOV1612.C: Continuity of Care
   Council members are in the process of pulling together information on transitions of care to include information on existing quality measures, CPT coding options (for face-to-face services) and emerging models of care related to transitions. Once complete the Council will determine if the development of a position statement and/or resource document is appropriate.

   ASMMay1512.F: Level of Service Intensity Instrument and ASM2017A1 12.E: Revising the Nomenclature, Definition, and Clinical Criteria for Partial Hospitalization Program
   Council members and staff have assembled a list of criteria currently in use by payers to determine level of care/medical necessity and are exploring the capacity the APA has to update or develop a level of services instrument criteria. In addition, SAMSHA held a meeting at the end of August to receive feedback from 25 associations and experts in the mental health field, including from American Psychiatric Association, about the feasibility of developing a national continuum of care model. The group agreed SAMHSA should move forward with developing a model. SAMHSA is now identifying a process. The APA will work with them to identify how this may work with our effort on a level of care instrument. We will be folding the work regarding Partial Hospitalization into this level of care instrument work.

2. Members of the Council continue their review of position statements as prescribed by the governance protocols of the APA. The Council will be finalizing revisions to the current position statement on Peer Support for submission to the JRC early next year. We recently submitted a new position statement and resource document on telemedicine to the JRC for review. We reviewed and provided comments on the revisions to the APA Principles for Healthcare Reform which includes language to address barriers to care due to out of pocket cost (*ASMMAY1612.J, Eliminate Out of Pocket Cost Barriers to Care for Patients*). The Council also reviewed a new position statement and a new resource document on PDMPs that was developed by the Council on Addiction Psychiatry (*ASM2017A1 12.L, Requesting the APA Draft a Position Statement on Prescription Drug Monitoring Programs (PDMPs)*).

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. CMS expressed interest in making revisions in the recent proposed rule on the 2018 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. We anticipate this will be a multi-year process.

4. The Workgroup on Integrated Care has finalized a white paper focused on general medical care for people with serious mental illness which is currently being considered by the American Journal of Psychiatry to be published as an op-ed with a full link to the paper on the APA website.

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, 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. We hope this work will produce best practice approaches to parity compliance and enforcement and set the bar for other states.

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 reporting component the Caucus on Global Mental Health and Psychiatry (Caucus). 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.

Education and Professional Development

***Scientific Program*.** Council and Caucus members contributed to the submission and presentation of 25 sessions at the 2017 APA Annual Meeting featuring topics on improving mental health in low income and resource countries, migrant, immigrant, and refugee mental health, human trafficking, and social, cultural, and ethical issues in global mental health. While not part of the scientific program, this includes the annual in-person meeting of the Caucus on Global Mental Health and the Africa Discussion Group, which reports to the Caucus. It also includes several small group discussions held reviewing case studies from the *American Journal of Psychiatry* series "Perspectives in Global Mental Health" discussing psychiatric treatment and care in Ethiopia, Greece, Iran, Iraq, Japan, Kurdistan, Pakistan, Spain, Syria, and the United States. Several Council and Caucus members are also scheduled to present at the 2017 World Psychiatric Association World Congress of Psychiatry in Berlin, Germany on global perspectives in psychiatric services and mental health program management, quality care, and ethics.

***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 goal of the pilot program was to establish relationships for bidirectional learning, collaboration, and APA membership. Of the 90 international poster presenters accepted by the Scientific Programs Committee, 11 individuals from Argentina, Brazil, Canada, Egypt, Hong Kong, India, Italy, Spain, and Taiwan opted to participate in the pilot. Five Council members were identified and assigned as reviewers, connecting individually with presenters via email and in-person during the Annual Meeting with feedback on the presentation of their research findings. After a review and discussion of the pilot program, the Council is in the process of formalizing this program through the development of a proposal that includes the purpose of the program to increase engagement, provide professional development, and increase awareness of APA resources and by defining measures for the program including number of participating individuals, countries, and recruitment of APA members.

***Research Colloquium*.** In coordination with the APA Division of Research, Council members reached out to international psychiatric organizations to participate in the APA Research Colloquium for Junior Investigators held during the APA Annual Meeting. In 2017, junior psychiatric researchers from 13 countries including Argentina, Brazil, China, Egypt, France, Jamaica, Mexico, Netherlands, Nigeria, Peru, Spain, Uganda, and United Kingdom participated in the Colloquium. This was an increase from the 4 participating countries the previous year in a program previously limited to domestic participants. International participants are nominated by

their respective organization or institute and responsible for identifying funding. All participants were enrolled as APA members.

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 500 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. and Past Caucus Chairs include Vincenzo, Di Nicola, M.D., Eliot Sorel, M.D. and Milton Wainberg, M.D.

***International Distinguished Fellows*.** In 2017, APA welcomed three new International Distinguished Fellows, Dr. Fernando Lolas of Chile, Dr. Victor Buwalda of the Netherlands, and Dr. Michael Wise of the United Kingdom, who were recognized both at the Convocation of Distinguished Fellows and at the new International Member Welcome reception. At the welcome reception, Drs. Lolas, Buwalda, and Wise had the opportunity to share their perspectives on the future of psychiatry with new International members and presidents and representatives of the APA's international allied psychiatric organizations and were invited to participate at the Council's in-person meeting. The Council plans to maintain contact with them and collaborate on projects. Council members are currently involved in identifying and nominating International Distinguished Fellows for the 2018 APA Annual Meeting and Assembly members are also 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 psychiatric organizations, such as the Mexican Psychiatric Association and the World Psychiatric Association. Council members are also connected with global mental health programs through various universities and institutes. The Council and Caucus continue to expand and enhance its relationships with other organizations, welcomes outreach from representatives of such organizations and encourages Assembly members 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. The recipient of the 2018 Chester M. Pierce Human Rights Award will be announced early next year and will be recognized during the 2018 APA Annual Meeting.

National Consortium of Torture Treatment Programs. The 2017 APA Human Rights Award was presented to the National Consortium of Torture Treatment Programs (NCTTP) during the 2017 APA Annual Meeting in San Diego, CA. NCTTP is a U.S. based network of programs in 19 states and 28 cities in the United States which exists to advance the knowledge, technical capacities and resources devoted to the care of torture survivors living in the United States and acts collectively to prevent torture worldwide. NCTTP provides a front line of care for refugees, political torture survivors, and children and families in ICE detention centers. It serves as a lifesaving measure for many refugees lacking asylum status and currently excluded by statute from access to health services or legal employment. Many APA members provide volunteer service to NCTTP programs as clinicians or through organizational leadership roles and provide pro bono psychiatric evaluations in support of refugees seeking political asylum. The award was presented to the NCTTP Executive Committee, including the President and APA member, Dr. Lin Piwowarczyk at the workshop "Refugee Psychiatry: Practical Tools for Building Resilience of Displaced Persons and Refugee Communities to Migration-Related Stressors." The Assembly should feel free to learn more about NCTTP by visiting their website at www.ncttp.org.

Refugee Mental Health. The APA Board of Trustees approved the position statement the "Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement" (see excerpt below) which was developed by members of the Council on International Psychiatry, the Council on Minority Mental Health and Health Disparities, the Council on Psychiatry and Law, and the Council on Children, Adolescents, and Their Families.

> "American psychiatrists have broad skill sets for relieving suffering inflicted upon immigrants and refugees by displacement from and within their home countries and can provide direct psychotherapeutic and psychosocial interventions, as well as programmatic leadership, for the care of persons suffering posttraumatic symptoms and other migration-related syndromes of distress."

This position statement stems from an Assembly Action Paper and complements the APA position statements "Xenophobia, Immigration, and Mental Health" and "Detained Immigrants with Mental Illness." The Council continues to discuss this important topic and appreciates any supporting information from the Assembly.

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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.

The highlights of the Council activities for the Assembly's information:

1. **CME Mission Statement and Charge of the Council** - The Council on Medical Education reviewed the APA's CME mission statement and is currently in the process of reviewing the Charge of the Council.

2. **Continuing Medical Education (CME) and Maintenance of Certification (MOC)** – The Council has oversight for continuing medical education efforts and activities of the APA. The Council reviewed the APA's CME activities and data regarding educational gaps in continuing education.

3. **Assembly Actions** – the Council prepared updates on Assembly actions:

   a. **Expanding Access to Psychiatry Subspecialty Fellowships (ASM2017A1 12.H)** Current policies of ABPN and ACGME have addressed some of the concerns of this action. The Council will continue to encourage expanding access for AOA graduates to ACGME programs.

   b. **Fostering Medical Student Interest and Training in Psychiatry: The Importance of Medical Student Clerkships (ASM2017A1 12.K)** The Council reviewed the action and consulted its liaison groups. At present, the LCME does not specify minimum lengths for any clerkship and new models of integrated clerkships may not suit a minimum requirement. The Council is reviewing the position statements of ADMSEP and AAP on this issue.

   c. **Educational Strategies to Improve Mental Illness Perceptions of Medical Students (ASM2017A1 12.I)** The Council sees value in a diversity of experiences to patient narratives throughout medical school but doesn't endorse the idea of creating a series of products. The component around student wellness is something the BOT Wellbeing Workgroup is looking at now.

   d. **Educational Strategies to Improve Mental Illness Perceptions of Non-Mental Health Medical Professionals (ASM2017A1 12.J)**
   The work of the SAN grant is already doing much of this in terms of building bridges between psychiatrists and non-psychiatrist physicians.

e. **Addressing Physician Burnout, Depression, and Suicide — Within Psychiatry and Beyond (ASM2017A1 12.N) -** The Council discussed this issue; they want to make sure there is a long-term institutionalization of the wellness efforts of this year. They would be willing to be a home to an ongoing physician wellbeing committee in the same way that they are to the two scientific program committees.

4. **Awards** – The Council reviewed the candidates for three educator awards.
   - Irma Bland Award for Excellence in Teaching Residents for members who have made outstanding and sustaining contributions to resident education in psychiatry.
   - Nancy C.A. Roeske, M.D., Certificate of Recognition for Excellence in Medical Student Education for members who have made outstanding and sustaining contributions to medical student education.
   - Vestermark Award for an individual who has made an outstanding contribution to medical education

5. **Reports from Allied education organizations** – At the fall meeting Liaisons to the Council from, AABPN, AACDP, ADPRT, ADMSEP, and AAP reported on their current activities and projects and their recent efforts on wellness and burnout.

6. **Projects of the Council**
   a. **Personal Learning Project** – The Council has been working on a CME module for independent study on a problem in clinical practice.
   b. **Feedback Survey Project –** The Council is developing a survey regarding current feedback process in training. Hoping to collaborate with AADPRT.
   c. **Diversity** - Council on Minority Mental Health and Health Disparities Proposed Action - ACGME accreditation standard for training programs on diversity programs and partnership. The CMELL Council is looking at this issue with CMMHHD.

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:

CMMH/HD met with Assembly Representatives from six of the seven M/UR Caucuses during the September Components to collaborate on the following joint projects:

1. Prioritization of action items discussed at 2017 Annual Meeting *Conversations on Diversity*
2. Review of the "APA Toolkit on Stress and Trauma Related to the Political/Social Environment"
3. Development of strategies to increase APA Membership from APA-allied minority groups and enrollment into M/UR Assembly Caucuses
4. Acknowledgement of abstract submissions to Annual Meeting 2018 which were jointly submitted by CMMH/HD & M/UR Assembly Caucus

The outcome of each project and an overview of Position Statements developed and reviewed by the CMMH/HD are described in detail below.

Conversations on Diversity

The following represents the four questions that were asked during *Conversations on Diversity* at 2017 Annual Meeting and the top two recommendations (per question) that CMMH/HD and M/UR Assembly Representatives voted to prioritize during 2017 September Components:

1. ***In 2015, APA adopted four strategic initiatives. The fourth is Diversity: "Supporting and increasing diversity within APA. Serving the needs of evolving, diverse, underrepresented and underserved patient populations. Working to end disparities in mental healthcare." How will M/UR groups help APA implement this priority?***

   Recommendations

   A. Clearly Define "Diversity":
      - Define diversity and mental health disparities as issues facing all psychiatrists, not just M/UR groups
      - Clarify values and philosophy conveyed in the term "M/UR"
      - Address pros/cons of diversity and inclusion as it relates to dominant groups. For example, their stake in diversity, how they can benefit from diversity.

- Create safe spaces for dominate groups to speak about diversity by acknowledging possible fears and raising awareness of their role in promoting diversity

B. Promote Diversity through Education
   - Advocate for dedicated diversity columns in *Psychiatric Services, Psychiatric News*, and *AJP* in order to communicate consistently with members and readers about diversity
   - Highlight the specific need for training in diversity and mental health disparities
   - Provide mentorship to residents at APA meetings and APA-sponsored district branch annual meetings and community programs

2. ***How can APA ensure well-being of M/UR psychiatrists? How can M/UR psychiatrists support each other?***

   Recommendations
   A. Make the benefits of joining M/UR Caucuses explicit
   B. Start discussions on "Intersectionality" to highlight how recognizing intersectionalities can result in inclusion of all members

3. ***How can M/UR psychiatrists work individually and together to meet the mental health needs of an ever increasingly diverse patient population?***

   Recommendations
   A. Develop culturally relevant materials about specific diagnoses for psychiatrists
   B. Develop APA educational resources and mental health literacy for patients and families

4. ***What are the top two mental health related concerns within your community that need addressing? How can you work within APA to address those concerns?***

   Recommendations
   A. Using language consistently of structural competencies, social determinants of mental health disparities, and mental health disparities
   B. Advocate for community-wide intervention/education on stigma and trauma

APA Toolkit on Stress and Trauma Related to the Political/Social Environment

- CMMH/HD, M/UR Assembly Representatives, Division of Diversity and Health Equity (DDHE) , APA Communications, in collaboration with the Office of the Medical Director, developed a toolkit and educational resource for patients, consumers, and providers in regard to stress and trauma related to the current state of the political and social environment in the U.S.
- At the 2017 September Components, M/UR Assembly Representatives and CMMH/HD members made suggestions to the toolkits such as reducing word counts, ensuring continuity in format in each section of the toolkit, and recommended external reviewers who are experts in treating specific populations..
  - **Toolkits sections are as follows:**
    - **Muslim (reviewed by Drs. Francis Lu, Elizabeth Ryznar, and Sarit Hovav)**
    - **Asian (reviewed by Drs. Anish Dube, Enrico Castillo, Jai Ghandi and Emily Lu)**

        - **African American (reviewed by Drs. Rahn Bailey, Kimberly Gordon, Carine Nzodom, Walt Wilson Jr. and Christine Crawford)**
        - **Women (reviewed by Drs. Louisa Olushoga, Maureen Sayres Van Niel, and Elizabeth Horstmann)**
        - **Hispanic (reviewed by Drs. Felix Torres, Evita Rocha, and Nubia Chong)**
        - **LBGTQ (reviewed by Drs. Ubaldo Leli, Debbie Carter, Eric Yarbrough and Keith Hermanstyne)**
        - **Indigenous (reviewed by Drs. Linda Nahulu and Samra Sahlu)**

    - **Toolkits waiting for review:**
        - **Jewish (to be reviewed by Drs. Francis Lu, Elizabeth Ryznar, and Sarit Hovav)**
        - **Undocumented Immigrants (to be reviewed by Drs. Felix Torres, Evita Rocha, and Nubia Chong)**

Strategies to Increase APA Membership from APA-Allied Minority Groups and Enrollment into M/UR Assembly Caucuses

- The following strategies were suggested by CMMH/HD and M/UR Assembly Representatives at the 2017 September Components Meeting:
    - Consider membership discounts for members who are members a part of APA-allied groups
    - Offer members from allied groups incentives such as opportunities to contribute to Position Statements, Actions Papers, etc.
    - Co-sponsor/co-host a caucus reception with allied groups whereby non-members would be invited to join. (e.g. Association of Gay and Lesbian Psychiatrists (AGLP) offers a similar reception each year)
    - Identify noteworthy psychiatrists who belong to each respective M/UR Caucus to encourage APA membership from those in allied groups
    - Share M/UR membership details with allied organizations to encourage those organizations to do the same. This may be mutually beneficial to both APA and allied organizations.
    - Modify caucus membership signup processes. (i.e. Prompt members to sign up for M/UR caucuses at registration and when updating membership)
    - Make M/UR Caucuses visible and assessible on multiple APA platforms
    - Add information on M/UR Caucuses and CMMH/HD to the APA webpage with a concise description of each
    - Sponsor and promote Dr. Leslie Gise's Action Paper titled, "Helping Members Join Caucuses"
    - Cultivate a place of belonging through mentorship and sponsorship within each caucus
    - Establish a Facebook and/or social media community for each M/UR Caucus groups

Annual Meeting 2018 Abstract Submissions

- At 2017 September Components, CMMH/HD's Chair, Dr. Christina Mangurian, acknowledged all workshop submissions developed by CMMH/HD members and ones jointly developed by M/UR Assembly Caucuses and CMMH/HD members. See the lists below for workshop and symposium submissions.

CMMH/HD 2018 Annual Meeting Abstract Submissions:

- Dr. Emily Wu's abstract titled, “Digital Mental Health Innovations for Minority Populations”
- Dr. Francis Lu's media workshop titled, “Cultural Depictions of Resilience in the Face of Inevitable Family Dissolution in the Films *Make Way for Tomorrow* and *Tokyo Story*”
- Dr. Helena Hansen's abstract titled, “Structural Competency in Psychiatric Practice and Training: Clinical Intervention on Inequalities and Social Determinants of Health”
- Dr. Eric Yarbrough's abstract titled, “Advances in Transgender Mental Health Care”
- Dr. Eric Yarbrough’s abstract titled, “Immigration and Mental Health: How to Work with Marginalized Immigrant Patient”
- Dr. Matthew Dominguez’s abstract titled, “Transition in Treatment Symposium”

M/UR Assembly Caucus and CMMH/HD joint 2018 Annual Meeting Abstract Submissions:

- APA 2018 Toolkit Workshop - Asian
- APA 2018 Toolkit Workshop - African American
- APA 2018 Toolkit Workshop - IMGs/Hispanic
- APA 2018 Toolkit Workshop - Women
- APA 2018 Parental Leave Workshop - Women
- APA 2018 Toolkit Workshop - Muslim

Position Statements

CMMH/HD made assignments of new Position Statements and gave an overview of those in-progress. Members also reviewed Position Statements that are up for assessment in 2017 and 2018. The list is as follows:

New Position Statements:

- Drs. Helena Hansen and Walter Wilson Jr. will collaborate on a Position Statement centered around police brutality and African American men.
- Drs. Enrico Castillo, Evita Rocha, and Helena Hansen will develop a Position Statement involving social determinants of Health.
- Dr. Nubia Chong, with consultation from Dr. Francis Lu, will speak with the APA leadership to clarify if there is a need for the development of a Position Statement on “Dreamers”

Position Statements In-progress:

- Drs. Jai Gandhi and Helena Hansen will continue to draft a Position Statement about the role of psychiatry in advocating for minorities (largely young black males) who are unfairly imprisoned for drug offenses
- Drs. Puneet Sahota and Francis Lu divided the Position Statement on Religious Discrimination, Persecution, and Genocide (Year: 1997) into two separate Position Statements as directed by the BOT.
- CMMH/HD collaborated with the Council on Psychiatry and Law (CPL) to develop a Position Statement on “Juvenile Solitary Confinement.” CPL is primarily responsible for this assignment, while CMMH/HD serves as a secondary. Drs. Jai Gandhi and Amy Gajaria contributed to the development of the draft statement, which is expected to be submitted to the JRC in October.

Position Statements up for Review:

- CMMH/HD agreed to revise the 2012 Position Statement on “Access to Care for Transgender and Gender Variant Individuals” and submitted the revision to the JRC in October 2017

- CMMH/HD agreed to revise the 2012 Position Statement on “Discrimination Against Transgender and Gender Variant Individuals” and submitted the revision to the JRC in October 2017
- CMMH/HD agreed to revise the 2006 Position Statement on “Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health” and submitted the revision to the JRC in October 2017
- CMMH/HD collaborated with APA Legal to revise the 1978 Position Statement on “Abortion” and will submit the revision to the JRC in January 2018

Action Papers and Action Items

CMMH/HD supported the proposed Action Papers and Action items brought forward by members and M/UR Assembly Representatives. Recognizing that APA Councils are not permitted to endorse Action Papers, members directed individual feedback to the authors of the following documents:

- Action Paper on Paid Parental Leave (Lead Author: Maureen Sayres Van Niel, MD). The Council was supportive of this Action Paper. Dr. Sayres Van Niel submitted the packet, which included endorsements and sponsors, directly to APA Governance.
- Action Item on Accreditation Council for Graduate Medical Education (ACGME) accreditation standard (Leader Author: Francis Lu, MD).

CMMH/HD Workgroup Discussions

Continuing CMMH/HD’S discussion from 2016 September Components meeting, membersdiscussed establishing workgroups to support M/UR psychiatrists and the communities they serve. Workgroup leaders are currently organizing action plans which will include meeting times, roadmaps, etc. CMMH/HD developed the following workgroups to continue conversations:

- Community-based work and reducing stigma
- Enhancing relationships with M/UR caucuses and other councils
- Increasing M/UR membership in the APA and Diversity & Inclusion
- History & Intergenerational Relationships

Additional ideas brought forward for workgroups by members are as follows:

- CMMH/HD members will examine educational resources which concerns getting people into medical school
- CMMH/HD members will examine the feasibility of creating a workgroup which tackles the concerns of people with disabilities.

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 been working recently are:

Solitary Confinement (Restricted Housing) of Juveniles
Together with the Council on Children, Adolescents and Their Families and the Council on Minority Mental Health and Health Disparities, the Council on Psychiatry and Law drafted a Position Statement on Solitary Confinement (Restricted Housing) of Juveniles, which identifies that juveniles are at particular risk of potential psychiatric consequence as a result of solitary confinement (restricted housing). The draft Position Statement reviews the potential for such harm and takes the position that this should not be used for punitive purposes. The document has been provided to the Joint Reference Committee for its consideration.

Psychiatric Services in Adult Correctional Facilities
The Council has developed a revised draft Position Statement on Psychiatric Services in Adult Correctional Facilities to reaffirm the principle that providing adequate mental health care in jails and prisons remains as important now as it was in 1974, when APA first published a position statement on medical and psychiatric care in correctional institutions. The draft Position Statement is now before the Joint Reference Committee.

Weapons Use in Hospitals and Patient Safety
The Council also drafted a draft Position Statement on Weapons Use in Hospitals and Patient Safety. That draft statement makes clear that the APA does not support the use of weapons as a clinical response in the management of behavioral dyscontrol in emergency room and other inpatient settings because such use conflicts with the therapeutic mission of those institutions. The draft Position Statement has been sent to the Joint Reference Committee for its consideration.

Research with Involuntary Psychiatric Patients
The Council created a draft Position Statement on Research with Involuntary Psychiatric Patients, which asserts that involuntary psychiatric patients should be permitted to participate in research so long as appropriate safeguards are in place and, consistent with respect for their autonomy, such patients are able to exercise adequate informed consent. The document is now being considered by the Joint Reference Committee.

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 has been provided to the Joint Reference Committee for approval.

In addition, the Council has new and ongoing workgroups considering a number of other topics. Some of the items the Council expects to consider this year include: involuntary psychiatric commitment, involuntary commitment of individuals with substance use disorders, restricting firearms in a crisis, and pharmaceutical marketing and drug courts.

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Assembly
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Council on Psychosomatic Medicine

The Council on Psychosomatic Medicine (CPM) focuses on psychiatric care of persons who are medically ill and/or pregnant and works at the interface of psychiatry with all other medical, obstetrical, and surgical specialties. It recognizes that integration of biopsychosocial care is vital to the well-being and healing of patients and that full membership in the house of medicine is essential for our profession.

Since the JRC report in May 2017, the Council has focused on the following issues:

- **2017 Medicare Physician Fee Schedule Comments**: The Council reviewed the APA's comments regarding changes to reimbursement for the Collaborative Care Model.

- **Name Change:** The Council continues to work with the Academy of Psychosomatic Medicine (APM) on seeking a name change for the specialty from Psychosomatic Medicine to Consultation-Liaison Psychiatry. The Academy of Psychosomatic Medicine will also need to change its name and then the Council will seek a formal name change through the Joint Reference Committee when the name change is officially approved. The Council is developing a work plan to communicate the new name change to APA members, other professional groups, and the public.

- **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", and
    - "Emergency Department Boarding of Individuals with Acute Mental Illness".

  We anticipate the Resource Documents on "Emergency Department Boarding of Individuals with Mental Illness" and "QTc Prolongation and Psychiatric Disorders" will be ready in January 2018.

- **HIV Steering Committee**: This committee is developing a Position Statement on Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for HIV prevention. Given that antiretroviral-based therapy is relatively new, they have received questions on the topic and want to provide guidance through a Position Statement.

Report to the Assembly
Council on Quality Care: Grayson Norquist, MD, Chair
September 28, 2017

Committee on Practice Guidelines

The Committee continues to focus on overseeing the development of evidence-based practice guidelines to assist psychiatrists in clinical decision-making. Per the request of Dr. Maria Oquendo, APA immediate-past-President, the Committee developed and presented to the Board of Trustees (BOT) in March 2017, a proposal that suggests streamlining the guideline development process supported by a five-year business plan. In the proposal, the Committee recommended procedural and budgetary changes to support the production of more guidelines, more quickly. The proposal was positively received and endorsed by the BOT. In May 2017, the Assembly approved a change in the process to allow for electronic voting of the guidelines. Details on implementing this new and approved process are being discussed. In June 2017, APA Practice Guideline staff presented a proposal to the APA Finance and Budget Committee about increasing the budget for additional resources to produce more guidelines. The Finance and Budget Committee agreed to support an increase and reviewed this budget proposal at its September 2017 meeting.

The Committee also continues to discuss and prioritize the guideline development pipeline. The topics currently in development are as follows:

<u>Use of Pharmacotherapy for Patients with Alcohol Use Disorder</u>

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 is being prepared for publication online and in-print in January 2018. The group is also developing an online, interactive CME program, a patient guide, and training/clinician summary slides to launch along with the guideline.

<u>Eating Disorders</u>

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 Fochtmann, MD, is finalizing a database for data abstracted from the screened-in studies, and a systematic review group will soon begin extracting data.

<u>Schizophrenia</u>

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 chose 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

Karen Pierce, MD, Committee on Performance Measurement Chair, in consultation with Council on Quality Care leadership, recommended some key revisions to the current charge of the Committee to better reflect the needs of the Association, to play a leading role in the provision of quality psychiatric care in a value-based system. For instance, with APA's rapid development of PsychPRO, it is necessary 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). APA also plans to submit a proposal for developing new MIPS quality measures for mental health, for an upcoming multi-million-dollar federal grant opportunity. Given the need to develop revisions to the charge, it is strongly suggested the Committee membership also be updated, to ensure that future Committee members have the appropriate expertise required to execute the revised charge.

The Council acknowledged that while the projects initiated by the current Committee members (e.g., Gap Analysis Project, Measure Relevance Vote) have stalled, the completion of this work continues to be of major importance to the Association. Dr. Pierce has requested to step down as chair, but she maintains her commitment to the Association's work in this area. Another APA member who has additional expertise in quality measure development has worked closely with Council leadership on the concepts included in the revised charge, and has agreed to take on the role of Committee Chair, if appointed by Dr. Stewart.

Considering the timely need to remain proactive in this space, the Council voted to form a short-term Workgroup on Quality and Performance Measurement. This Workgroup will aim to finalize the projects initiated by the original Committee on Performance Measurement but also develop a new charge for the committee.

Reporting Workgroups

Several other workgroups developed under the Council are active or have received approval to continue to convene. The **Patient Safety Workgroup** focuses on a variety of patient safety issues such as transitions of care when patients are discharged from inpatient care**.** The **Standards and Survey Procedures Workgroup** continues to address policies related to institutional surveys as well as development of standards in collaboration with national organizations (e.g., The Joint Commission). Most recently, the Workgroup Chair, supported by APA staff, participated in a phone call with the new Joint Commission Executive Director of Behavioral Health Care and Psychiatric Hospitals to network and offer the APA as a resource to the area and related programs which she oversees. The **Gender Dysphoria Workgroup's** commission has been extended, but following the September 2017 Council on Quality Care meeting, it will be under the direction of the Council on Minority Mental Health and Health Disparities. That Council is more focused on this content area, and also includes a member with expertise in the area of treating transgender patients. The fourth meeting of the **Caucus on**

Psychotherapy will occur during the APA Annual Meeting in May 2017, 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.

The Council on Research

Dwight Evans, M.D., Chairperson

Informational Updates
The Council brings the following Information Items:

1. **APA Registry:** APA continues to raise awareness of PsychPRO as a solution to meet Medicare's new value-based reimbursement model, known as the Merit-based Incentive Payment System (MIPS) and for MOC Part IV. The registry will help psychiatrists subject to reporting requirements avoid the 4% penalty for the 2017 reporting period, which will impact reimbursements in 2019. The new electronic sign-up portal on the APA website (https://registry.psychiatry.org/Signup/Registration.aspx), available for easy registration in PsychPRO, has streamlined the process and since its go-live date 4-weeks ago, has seen participation rates grow to an average of five new practices per week. Practices include solo and small group practices. PsychPRO is a Qualified Clinical Data Registry (QCDR) for the 2017 reporting period and will complete the CMS QCDR self-nomination for the 2018 reporting period by the upcoming November 2017 deadline.

   This certification is important because it allows PsychPRO to advance the field by identifying and testing new psychiatric specific quality measures (i.e. non-MIPS quality measures). PsychPRO is planned to expand the list of available quality measures with its 2018 QCDR self-nomination to 34 (up from 25) MIPS and 18 (up from 4) non-MIPS quality measures reflecting the behavioral and collaborative care setting making PsychPRO particularly suited for implementing and tracking quality improvement initiatives in psychiatric and other mental healthcare practices. For more information about the Registry, please go to www.psychiatry.org/psychiatrists/registry.

2. **Research Colloquium for Junior Investigators:**
   a. **Post-Colloquium Webinar:** As part of the Foundation's R-13 NIDA grant, members of the APA Administration are in the process of preparing four post-Colloquium webinars for the 2017 Research Colloquium cohort – one webinar for each of the four research areas of focus during the Colloquium. The main purpose of these webinars is to provide ongoing mentorship and guidance to the junior investigators. In addition, through interactive discussions and the completion of a Colloquium Follow-up Survey, the webinars will help us identify barriers junior investigators may experience in moving their research careers forward.

   b. **Beginner-Level Track:** The Council on Research's (CoR) Workgroup on Research Training decided to add a beginner-level track to the 2018 Research Colloquium to attract, mentor, and guide the research career of beginner-level junior investigators who are interested in psychiatric research but are in the early stages of developing their areas of research interest and need mentorship and guidance in doing so. This track was

developed based on feedback from past Colloquium participants, other APA fellows, and past-year potential candidates who felt the Colloquium, in its current form, did not help early career psychiatrists who were very interested in research careers but did not have well-defined areas of interest. The Colloquium will continue to have an intermediate/junior-level track for those early research career psychiatrists who have well-defined areas research area of interest, but need mentorship in fine-tuning their research portfolio and moving forward to develop K-award projects.

c. **2018 Planning:** The CoR Workgroup on Research Training added a new area of focus to the 2018 event – Health Disparities and Health Services Research. The addition of this research area will allow for the inclusion of a more diverse group of early career psychiatrists and those who are interested in non-biological areas of research. In addition, the 2018 Colloquium will continue its expansion to include 15 international early research career psychiatrists. The call for applications for the 2018 Research Colloquium will open the end of September 2017.

d. **Partnership:** We continue to partner with ACNP, SOBP, and NIDA on this important mentoring initiative. ACNP is hosting a ½-day booster mentoring session for the 2017 Research Colloquium participants at its Annual Meeting on December 2, 2017, in Palm Springs, California. The session was organized by the Council on Research's Workgroup on Research Training, led by Charles Nemeroff, M.D., Ph.D. and Anissa Abi-Dargham, M.D. Professor of Psychiatry and Vice Chair of Research, Department of Psychiatry, Stony Brook School of Medicine and the current president of the ACNP who served as a mentor at the 2017 Colloquium. Drs. Nemeroff, Diana Clarke, Kumar and Stowe will be participating in the ½-day booster session.

3. **The CoR's Diagnostic and Treatment Markers Work Group has produced or is in the process of producing several papers including:**

   a. a paper on Pharmacogenetic Predictors of Antidepressant Response;
   b. a paper Hormones as Augmenting Agents in the Treatment of Mood Disorders;
   c. a paper on the Use of Psychedelic Drugs on Mood Disorders; and
   d. a paper on the Use of Social Media in Clinical Trials.

4. **APA Division of Education to collaborate with the CoR's Diagnostic and Treatment Markers Work Group to periodically publish a column in APA's Focus Journal.**
   Various topics for the column in APA's quarterly clinical review journal will be explored by the Workgroup and the Division of Education.

To: APA Assembly
From: Carolyn B. Robinowitz, MD, Sr. Delegate, APA AMA Delegation, and Chair, AMA Section Council on Psychiatry
Re: Update on the Activities of the APA AMA Delegation/AMA Section Council on Psychiatry

Thank you for the opportunity to update you on the activities of the APA AMA Delegation and the Section Council on Psychiatry. The most recent meeting of the AMA House of Delegates was June 10-14, and the upcoming Interim meeting is November 11-14.

The Section Council on Psychiatry is an official component of the American Medical Association with members representing the American Academy of Child and Adolescent Psychiatry, the American Academy of Psychiatry and the Law, the American Association for Geriatric Psychiatry, and the Gay and Lesbian Medical Association in addition to the American Psychiatric Association. Apportionment of voting delegates is based on the number of AMA members in each organization. Currently, APA has eight delegates plus one resident sectional delegate; each of the other organizations has one delegate, although AACAP is anticipating the award of a second delegate.

As we have previously reported, both the APA delegation and the Section Council are in a time of transition. Three of our senior members retired from the delegation effective January 1, 2017: Delegates, John (Jack) McIntyre, MD, and Paul Wick, MD, and Alternate Delegate Don Brada, MD. Their many years of dedication and service to AMA both through APA and their state medical societies have been vital to psychiatry's success within the House of Medicine. In addition to previously serving as Senior Delegate and Chair of the Section Council, Jack completed two terms on the Council on Medical Service where he was elected Chair. He will remain involved in organized medicine as the Chair of the Physicians Consortium for Performance Improvement (PCPI) initially convened by the AMA as well as continue to serve as a member of our Section Council this year. Paul Wick has been a leader in the Senior Physicians' Section, where he is now serving his second term as elected chair of its Governing Council. Don Brada also was active in the Academic Physicians' Section, and was joined by his wife Kay Brada who was a leader in the AMA Alliance and served on the AMA PAC in that capacity. Their many contributions were formally recognized in June at a Section Council sponsored reception attended by a broad range of AMA leaders.

We also welcomed a number of new members to the APA AMA delegation: Claudia Reardon, MD (Delegate), Alternate Delegates: Theresa Miskimen, MD, Ravi Shah, MD, MBA, Altha Stewart, MD (one-year. term as President Elect), Bob Batterson, MD (one-year term as Speaker-Elect), Laurel Bessey, MD (Resident Fellow Section). Additionally, Ray Hsiao, MD and Paul O'Leary MD were appointed Delegate and Alternate Delegate respectively, and Simon Feynboym, MD and Sean Moran, MD have transitioned from the Resident Fellow Section to become our delegates to the Young Physicians Section.

We cannot stress enough the impact members of our delegation and those in the Section Council on Psychiatry have had on the AMA. As respect for members of our delegation has grown, so has physicians' understanding and support of the values and challenges of our specialty. Ray Hsiao, MD is a former President of the Washington State Medical Association and has been active in the organization of PACWEST, the AMA regional super-organization of western states; Claudia Reardon, MD, is a past chair of the AMA Women Physicians Section, and Jerry Halverson MD, a former President of the Wisconsin State Medical Association, is now Chairman of its Board of Directors. During the June meeting, four Section Council members served on three of the eight reference committees: Ken Certa, MD chaired the Reference Committee on Medical Education, Barry Wall, MD, Vice Chair of the Section Council and Delegate from the American Academy of Psychiatry and the Law,

and Rebecca Brendel, MD, JD (APA Alternate Delegate) served on the Reference Committee on Constitution and By Laws, and John Wernert, MD (Delegate) served on the Reference Committee on Legislation. The reports of these committees are the basis for the discussion and potential action in the House of Delegates. Issues of concern such as non-discrimination, parity, and access to care (including Medicare) have been endorsed as policy, as the House has recognized the importance of psychiatry and mental health care as vital to all health care.

I will be retiring from the delegation and from my position as chair of the Section Council at the close of the AMA Annual Meeting in June, 2018. The Section Council elected Jerry Halverson, MD to serve as my successor as chair of the Section. We anticipate working closely together and with the representatives of the other psychiatric organizations over the upcoming months to ensure a smooth and effective transition. Dr. Halverson has been active in the AMA for more than a decade, initially serving as an APA delegate to the Young Physicians Section. His successful leadership there led to his appointment as an alternate delegate and then as a delegate, and he also has been elected to the Governing Council of the Specialty and Service Society. As noted above, Jerry is also a respected leader in the Wisconsin State Medical Society of which he is a past president, and the current chair of its Board of Trustees.

Finally, and most importantly, we are delighted to announce that Patrice Harris, MD, who completed her term as Chair of the AMA Board of Trustees in June, announced her candidacy for President-Elect for the June 2018 elections. Patrice is very well regarded in the House of Delegates and is seen as an effective spokesperson for the AMA and for all of medicine. She will be running against a fellow BOT member, Carl Sirio, MD from Pennsylvania. Active campaigning is prohibited until the BOT approves the official slate of candidates in April, 2018. We will advise you along the way as to how you can support her candidacy. If successful, she will be the first President of the AMA from the Section Council on Psychiatry (Jeremy Lazarus, MD was a Delegate from Colorado when elected to AMA leadership positions as Speaker and then President).

All of activities and successes document the importance of APA's participation in the AMA. Our individual as well as organizational interactions with colleagues in other medical specialties enhanced understanding and support for issues of importance to our patients and our profession. Thus, the entire House of Medicine can advocate for our goals for patient care, education, and research. You can support this important interaction; participate in your local or state medical society to ensure that psychiatry is part of discussions (there is no health without mental health). Join and maintain your AMA membership; the number of psychiatrist matters in ensuring that we remain well-represented in the House of Delegates. And of course, your important contributions to substantive issues are vital for AMA policy development. Thank you for your support.

Below is a summary of the actions taken during the American Medical Association House of Delegates (A-17), held in Chicago, June 10 – June 14, 2017. The following members of the AMA Section Council on Psychiatry participated in the Annual Meeting of the AMA HOD, June 10 – 14, 2017: APA Delegates: Jeffrey Akaka, MD, Ken Certa, MD, Jerry Halverson, MD, Ray Hsiao, MD, Claudia Reardon, MD, Carolyn Robinowitz, MD, John Wernert, MD, Barbara Schneidman, MD, MPH; APA Alternate Delegates: James (Bob) Batterson, MD, Rebecca Brendel, MD, JD, Saul Levin, MD, MPA, Theresa Miskimen, MD, Paul O'Leary, MD, Ravi Shah, MD, MBA, Altha Stewart, MD; APA YPS Delegates: Semyon Faynboym, MD, Sean Moran, MD; APA RFS Delegates: Laurel Bessey, MD, Laura Halpin, MD, PhD; AACAP Delegate: Louis Kraus, MD; AACAP Alternate Delegate: David Fassler, MD; YPS Delegate: Ronald Lee, MD; Section Council Member: Sharon Hirsch, MD; AAPL Delegate: Barry Wall, MD, AAPL Alternate Delegate: Linda Gruenberg, MD, AAPL YPS Delegates: Jennifer Piel, MD, JD, and Tobias Wasser, MD; AAGP Delegate: Allan Anderson, MD, MBA, AAGP Alternate Delegate: Sandra Swantek, MD. With assistance

from Kristin Kroeger, Mark Moran, Becky Yowell (APA); Heidi Fordi and Ron Szabat (AACAP); and Jackie Coleman (AAPL).

The following is a summary of the actions of interest to psychiatry:

Members of the AMA HOD supported a number of resolutions that highlighted the need to focus more attention on issue of mental health both within the physician community as well as other populations such as women, caregivers and incarcerated individuals. Members of the Section Council on Psychiatry provided testimony in support of these initiatives.

- The AMA will produce a report that looks at the administrative and regulatory burdens placed on physicians, residents and fellows, and medical students, and will include strategies to reduce these burdens. (*Resolution 709, Management of Physician and Medical Student Stress*).

- In a separate action, the HOD voted to support a study of medical student mental health (including the rates and risk factors of depression and suicide), and to encourage medical schools to confidentially collect data and report rates of same on an opt out basis from its students, and to work with other interested parties on identifying risk factors and strategies to address burnout, suicide, and depression among all physicians across the continuum of medical education (*Resolution 303- Addressing Medical Student Mental Health Through Data Collection and Screening*)

- Members of the HOD voted to amend current AMA policy, which promotes collaboration with other stakeholders to identify and eliminate barriers to access to treatment for mental illness, to specifically include identifying barriers that disproportionately affect women and at-risk populations as part of this effort, and expanding policy, which directs AMA to continue to advocate for funding programs that address perinatal and postpartum depression, to include anxiety, psychosis, and substance use disorders. (*Resolution 503, Women and Mental Health*)

- The HOD adopted new policy that encourages partner organizations to create resources that support lay caregivers. The AMA also will "identify and disseminate resources to promote physician understanding of lay caregiver burnout and develop strategies to support lay caregivers and their patients." (*Resolution 305, Reduction of Caregiver Burnout*)

- Delegates voted to support *Resolution 408 Increased Oversight of Suicide Prevention Training for Correctional Facility Staff* which asks the AMA to strongly encourage all adult and juvenile correctional facilities to develop a suicide prevention program and to have correctional officers undergo suicide prevention training annually.

- The HOD took steps to reduce stigma, passing new policy which encourages "state medical boards to recognize that the presence of a mental health condition does not necessarily equate with an impaired ability to practice medicine." APA provided testimony and a copy of APA's "Position Statement on Inquires about Diagnosis and Treatment of Mental Disorders in Connection with Professional Credentialing and Licensing" in response to Resolution301, *Mental Health Disclosures on Physician Licensing Applications.* The authors of the resolution highlighted research that suggests that state licensing boards scrutinize disclosures of mental health and/or substance use disorders more than they do physical disorders which could impede physicians, including medical students, from seeking care. The

HOD approved a new AMA policy which Delegates asked the AMA to further study how medical licensing boards are advised to handle applicants with a history of mental illness.

The HOD voted to refer *Resolution 007, Healthcare as a Human Right* due to the complexity of the issue and the mixed testimony. The first resolve clause mirrored that of an APA Action Paper with a similar title. The second and third resolve clauses of the AMA resolution asked that the AMA support the United Nations' Universal Declaration of Human Rights and to advocate for the US to remain a member of the WHO.

There was lengthy testimony in the House regarding the recommendations in CMS Report 9, Capping Federal Medicaid Funding which included a series of principles to use should federal Medicaid funding be capped. Concerns were expressed that by adopting these principles, AMA would appear to approve of capping funds. The HOD voted to refer the principles and the body of the report and to adopt new AMA policy opposing caps on Medicaid funding.

There was widespread support from members of the HOD for *CMS Report 08, Prior Authorization and Utilization Management Reform* which recommends that AMA continue advocacy efforts to reduce the burdens associated with prior authorization. This includes new HOD policy opposing health plan denials based solely on claims-based information, advocating for these decisions to be make based on a peer-to-peer review by a physician of the same medical specialty/subspecialty as the prescribing/ordering physician. APA will continue our collaboration with the AMA on this initiative.

CMS Report 02, Health Care Financing Models, is an informational report that provides background information on a variety of models of health care financing and includes discussions on specific issues such as the role private health insurance plays on coverage, the role of out-of-pocket payments, and the diversity of approaches employed for provider payments. It includes an appendix which provided key data points regarding health care financing in selected countries. The report can be found at this link (see pg 89). https://www.ama-assn.org/sites/default/files/media-browser/public/hod/a17-info-rpts-addendum-updated.pdf

The HOD considered a number of items focused on drug use and/or drug treatment resolutions.

- The HOD voted to approve *Council on Science and Public Health Report 2, Emerging Drugs of Abuse are a Public Health Threat*, adopting new house policy which recognizes the threat to public health that the emerging drugs of abuse (especially new psychoactive substances) create. New policy supporting a collaborative, multiagency approach to addressing the issue (which includes sharing of data, epidemiological surveillance, development of early warning systems and use of social media to communicate actionable information) as well as providing adequate federal and state funding of the agencies that are charged with addressing problem.

- Members of the HOD directed the AMA's Opioid Task Force to publicize available resources that provide information on overcoming barriers and implementing solutions for prescribing buprenorphine for treatment of Opioid Use Disorder. The Section Council on Psychiatry testified against the adoption of an additional resolve clause which asked AMA to support eliminating the requirement for obtaining a waiver to prescribe buprenorphine for the treatment of Opioid Use Disorder. Testimony was mixed with others testifying that the waiver was unnecessary. At the end of the discussion the HOD voted to refer this particular issue. (*Resolution 506, Expanding Access to Buprenorphine for the Treatment of Opioid Use Disorder*)

To learn more about these and other items from the AMA HOD Annual Meeting go to https://www.ama-assn.org/hod-annual-overview

American Psychiatric Association AMA Delegation (2017-2018)

Delegates

Jeffrey Akaka, MD
Ken Certa, MD
Jerry Halverson, MD
Ray Hsiao, MD
Claudia Reardon, MD
Carolyn Robinowitz, MD
Barbara Schneidman, MD, MPH
John Wernert, MD

Alternate Delegates

James (Bob) Batterson, MD
Rebecca Brendel, MD, JD
Saul Levin, MD, MPA
Theresa Miskimen, MD
Paul O'Leary, MD
Ravi Shah, MD, MBA
Altha Stewart, MD
Harsh Trivedi, MD, MBA

YPS Delegates

Semyon (Simon) Faynboym, MD
Sean Moran, MD

RFS Delegates

Laurel Bessey, MD
Laura Halpin, MD, PhD

Section Council Member

Jack McIntyre, MD

REPORT OF THE AREA 4 COUNCIL

TO THE APA ASSEMBLY

FOR THE MEETING OF NOVEMBER 3-5, 2017

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).

The agenda at the Area Council meetings, held in conjunction with the May and the Fall Assembly meetings, generally revolves around the agenda of the Assembly (i.e. review of Action Papers and Position Statements, other special assignments to the Areas, and tasks from the various Assembly committees and workgroups).

The Area Council meetings that occur in late winter and in summer provide an opportunity to review specific DB issues in a more comprehensive manner. Until 2012, the Area Council regularly met both in the late winter and in summer. However, since then, to remain within Area 4 Council's allotment of the Block Grant, the Council has been able to meet only once in odd numbered years and twice in even numbered years.

In 2017, Area 4 Council was not able to hold its summer meeting because of insufficient funds in its Block Grant account. Expenses for the winter meeting in Chicago were $28,757. The allotted Block Grant for 2017 for Area 4 is $34,650. A summer meeting would have resulted in an additional expenditure of about $22,000 (while only about $6,000 remained in the Block Grant after expenses for the winter meeting).

2. Involvement of RFMs and ECPs

For over two decades, Area 4 Council has had a focus on involving RFMs and ECPs in the Council meetings. The Area Council reimburses one RFM and one ECP from each DB (up to $500 each) to attend the meeting. Funding for this reimbursement comes from dues collected by the Area Council from each DB (at the rate of $1 for every DB member), and not from the Area 4 Council's Block Grant. Many of these RFMs and ECPs, over the years, have served in leadership positions in their own DBs and in the APA.

At the winter meetings, the RFMs attend the regular Area 4 Council Meeting and also have a breakout session to discuss specific RFM issues. They are also invited to attend the Legislative Institute that occurs along with the winter meeting.

At the summer meetings, we have recently organized a Resident Seminar. Besides the one RFM and one ECP from each DB, we also invite RFMs from the residency programs from the city hosting the Area Council meeting. The seminar generally lasts about five to six hours on Saturday, the first day of the Area Council meeting. Subject matter includes topics such as practice management, contracting, MOC, and APA's interaction with the practicing psychiatrist. The Resident Seminar is funded with outside sponsors that provide funding for speakers, meals, and the fee for the program organizer. We contracted with the Executive Director of the Indiana Psychiatric Society to organize and coordinate the Resident Seminars in 2014 and 2016. 15 Residents from eight DBs participated in the Resident Seminar in Minneapolis in August 2016.

RFMs are also invited for the winter Area Council meeting each year. About a dozen RFMs (including one RFM from each Psychiatry Residency program in Chicago area) attended the Area Council meeting in Chicago in March 2017.

3. Area 4 Legislative Institute – March 2017

At the winter Area 4 Council Meeting, the Area Council has, over the past couple of decades, organized a Legislative Institute, held on Saturday morning, prior to the start of the Area Council meeting. This is generally a four-hour session. Area 4 Council reimburses (from its savings account) one Legislative Representative from each DB to attend.

At the March 2017 Legislative Institute in Chicago, a total of about 25 participants attended, including Legislative Reps, RFMs, ECPs and Council members. Federal update was led by Mr. Jeffrey Regan, APA's Deputy Director of Federal Affairs, and state by state updates were provided by the DB participants.

The guest Speaker was Mr. Rob Kane who is Legal Counsel for the Illinois State Medical Society. Mr. Kane spoke about the rulemaking process being developed in Illinois in accordance with the psychology prescribing law from three years ago. Mr. Kane emphasized the importance of advocacy of physicians in both drafting legislation and then to be involved in the rulemaking process after the law is passed.

Several of the Legislative Reps attending the Legislative Institute also attended the Area 4 Council Meeting that followed.

4. Current Legislative Issues of Interest

The below report was prepared by Ms. Amanda Chesley Blecha, Regional Field Director, State Government Affairs – Midwest, APA Department of Government Relations. (It is reproduced here in its entirety, with minor editing by the Area Rep.)

- **Access to Care.**

  The APA and its district branches and state associations (DB/SAs) are proactively promoting evidence-based alternatives to mental health access challenges, such as

expansion of collaborative care models, telepsychiatry implementation, network adequacy, and parity enforcement. Coalitions in Illinois and Missouri are currently drafting mental health parity legislation to be introduced during the 2018 session, while telemedicine may be addressed in Ohio. These are viable alternatives to expanding scope for nonphysician providers, particularly psychologists seeking prescription privileges (RxP). Please contact Ms. Blecha if you are interested in more information or reviewing how to adopt model legislation for your state.

- **Mental Health Parity and Network Adequacy.**

  This year, Connecticut, Tennessee, and Texas signed comprehensive parity reform into law, while New Jersey enacted a law specific to parity compliance for substance use. Parity enforcement for mental health or substance use is or was considered in several legislatures this session, including Delaware, Connecticut, Illinois, Massachusetts, New York, Pennsylvania, and Rhode Island. An Illinois bill to create a Network Adequacy and Transparency Act was recently signed by the governor.

- **Opposition Campaigns Against Unsafe Prescribing.**

  APA and its DB/SAs continue to partner in opposition to unsafe prescribing proposals. Through well-executed opposition campaigns, APA and DB/SAs have deterred the introduction of RxP legislation or defeated bills this session in several states across the country. APA and the Oregon Psychiatric Physicians Association celebrated a victory this summer after the Governor of Oregon vetoed an amended RxP bill after a hard-fought battle. RxP bills in New Jersey, New York, Texas, and Vermont were defeated in the chamber of origin.

  Only one state – Ohio – has an active RxP bill now. The Ohio Psychiatric Physicians Association (OPPA) is once again leading the campaign against RxP. APA continues to have the pleasure of collaborating with OPPA to defeat unsafe prescribing. Participating in ongoing interested parties' meetings, OPPA maintains that psychologists interested in prescribing may follow an already established path for those of advanced practice registered nurses (APRNs) or physician assistants (PAs).

  APA anticipates RxP proponents will seek the introduction of legislation in a few states in 2018, including Connecticut, Nebraska, and Florida. APA continues to support the Nebraska Psychiatric Society as it leads the effort to oppose the RxP application during the credentialing process. APA is preparing for next session as APA anticipates RxP proponents will seek the introduction of a bill next session regardless of whether the Nebraska Division of Public Health recommends it.

  If you are anticipating RxP legislation being introduced in your state, please contact Ms. Blecha to discuss how APA may collaborate with your DB and to

learn about APA resources available.

- **Psychologist Prescribing Rulemaking.**

  Currently psychologists may only apply for a license to prescribe in New Mexico and Louisiana. Illinois, Iowa, and Idaho are in various states of rulemaking for their laws.

  The Iowa RxP rulemaking subcommittee has reached an impasse on the education requirements and certification exam. APA continues to partner with the Iowa Psychiatric Society (IPS) in advocating for robust standards to protect patient safety. IPS members (including one IPS member of the subcommittee) have encouraged physician members of the subcommittee and Board of Medicine to remain steadfast in insisting on higher education standards and an independent exam. The physician subcommittee members have asserted an in-state program should be developed, while RxP proponents seek minimum education that may be completed online. If the Boards of Medicine and Psychology are unable to jointly agree on rules, the legislature will have the option to intervene and clarify through statute what the education requirements and certification exam should entail.

  Meanwhile, Illinois is moving closer to implementing the RxP compromise bill enacted into law in 2014. At that time, the Illinois Psychiatric Society (IPS) and Illinois State Medical Society (ISMS) had negotiated for the education and training requirements to be similar to those of physician assistants (PAs), to require a collaborative agreement with a physician, and to limit prescriptive authority (i.e. no patients under the age 17). Regardless of the intent or statutory language, RxP proponents sought to water down the standards during rulemaking, which we opposed. The APA, IPS, and ISMS advocated for patient safety protections during the rulemaking process.

  The final rules will be adopted by mid-October and then the state will establish an application process for psychologist prescriptive authority. In brief, the rules provide the following:

  - Mirror the statute requiring undergrad prerequisite biomedical coursework.

  - Do not specify that the 60 hours of didactic coursework must be completed in person, leaving them open to be completed online. The statute and intent did not specify that they should be completed in person; therefore, it was not surprising that the Board of Psychologist Examiners and Department of Financial and Professional Regulation (DFPR) did not add it in per our request. The specific courses required mirror the statute.

  - Training faculty may include physicians, surgeons, prescribing psychologists, and APRNs. The statute and intent did not limit them; thus, it is not surprising that DFPR did not limit them to physicians and

surgeons per our request.

- Allow for rotations to be completed within the parameters of the American Psychological Association, which is inconsistent with the statute requiring they be in accordance with the Accreditation Review Commission on Education for the Physician Assistant.

- "Full-time" practicum is defined as 20 clock hours a week. Students will still have to complete the statutory minimum credit hour requirement.

- Allow for grandfathering of programs "substantially similar" to the Department of Defense (DoD) Psychopharmacology Demonstration Project program in addition to the DoD program. APA/IPS voiced strong opposition to grandfathering any programs other than the DoD. In response DPFR revised the rules to be more narrow, but APA/IPS would like for the language to be identical to the statute, allowing only for the DoD program. This could still be changed in our favor before the final rules are published.

- The Psychopharmacology Exam administered by the American Psychological Association or its successor will be the "national certifying exam" required by statute.

- The written collaborative agreement requirement language mirrors the statute.

- The rules governing prescriptive authority, including patient populations and prescriptions, mirror the statute. A written delegation of prescriptive authority by a collaborating physician may only include medications for the treatment of mental health disease or illness, except for the following:

    - patients who are less than 17 years old or over 65 years of age;

    - patients during pregnancy;

    - patients with serious medical conditions or developmental or intellectual disabilities; and

    - prescriptive authority for benzodiazepine Schedule III controlled substances; controlled substance to be delivered by injection; Schedule II controlled substances; or narcotic drugs.

- **Maintenance of Certification.**

  This year there were approximately 15 states working to advance or introduce legislation removing maintenance of certification (MoC) as a contingent for employment, licensure, insurance credentialing, among other occurrences that the

MOC is a barrier for practice. Georgia, Maine, Tennessee, and Texas enacted similar laws.

In the Midwest, bills are currently being considered in Ohio and Michigan, where the state medical societies and APA DB/SAs are monitoring them. APA anticipates several DB/SAs and other provider organizations – particularly in the northeast and south – will make this a priority in 2018 building off the success this year.

5. APA Staff

- Many thanks to Ms. Amanda Chesley Blecha for her comprehensive report above of recent legislative activities in the Midwest.

- We also thank Ms. Jessica Hopey, Ms. Allison Moraske and Ms. Margaret Dewar for their ongoing and efficient administrative support to the Area 4 Council.

6. Future Meetings

- Area 4 Council meeting in Chicago, March 10-11, 2018.

- Area 4 Council meeting with the Assembly in New York, NY, May 4-6, 2018.

Respectfully submitted,

Bhasker J. Dave M.D., D.L.F.A.P.A.
Area 4 Representative

Report prepared: October 4, 2017

DRAFT

Area 4 Council Meeting Minutes
San Diego Convention Center
San Diego, CA

May 19 and 20, 2017

Attendance

Area 4 Rep: Dr. Bhasker Dave

Area 4 Dep Rep: Dr. Kenneth Busch

Area 4 Trustee: Dr. Ronald Burd

Illinois Reps: Dr. Linda Gruenberg, Dr. James MacKenzie (For Dr. Shastri Swaminathan), Dr. Jeffrey Bennett, Dr. Jagannathan Srinivasaraghavan

Indiana Reps: Dr. Brian S. Hart, Dr. Michael Francis

Iowa Reps: Dr. Robert Smith, Dr. Carver Nebbe

Kansas Reps: Dr. Donald Brada, Dr. Matthew Macaluso

Michigan Reps: Dr. Vasilis Pozios, Dr. Lisa MacLean, Dr. Michele Reid

Minnesota Reps: Dr. Dionne Hart, Dr. Maria Lapid

Missouri Reps: Dr. James Fleming, Dr. Sherifa Iqbal

Nebraska: Dr. S. Faiz Qadri, Dr. Praveen Fernandes

North Dakota Reps: Dr. Gabriela Balf, Dr. Monica Taylor-Desir

Ohio Reps: Dr. Eileen McGee, Dr. Karen Jacobs, Dr. Suzanne Sampang, Dr. James Wasserman

South Dakota Rep: Dr. William Fuller, Dr. Timothy Soundy

Wisconsin Reps: Dr. Clarence Chou, Dr. Michael Peterson

RFM: Dr. Matthew Kruse [Area 4 RFM Rep],
Dr. Spencer Gallner [Area 4 RFM Dep Rep]

ECP: Dr. Jacob Behrens [Area 4 ECP Rep],
Dr. John Korpics [Area 4 ECP Dep Rep]

Attendance (Continued)

MUR:	Dr. Francis Sanchez [Rep, Asian-American Psychiatrists]
	Dr. Sarit Hovav [Dep Rep, IMG Psychiatrists]
ACROSS:	Dr. Cheryl Wills [American Academy of Psychiatry and the Law]
	Dr. Prudence Gourguechon [American Psychoanalytic Association]
	Dr. Beverly Fauman, [American Association for Social Psychiatry]
APA:	Dr. Saul Levin [CEO & Medical Director]
	Mr. Jeffrey Regan [Deputy Director of Federal Affairs]
	Ms. Amanda Blecha [Regional Director, State Governmental Affairs]
Guests:	Dr. Daniel Anzia [Speaker]
	Dr. Bob Batterson [Recorder]
	Ms. Sara Stramel-Brewer [Executive Director, Indiana Psychiatric Society]
	Mr. Doug Brewer [Staff, Indiana Psychiatric Society]
	Ms. Janet Shaw [Executive Director, Ohio Psychiatric Physicians Association]
	Dr. Louis Kraus [Treasurer, APA Foundation]
	Dr. Mary Vance [APA Public Psych Fellow]
	Dr. Chandan Khandai [RFM-Illinois Psychiatric Society]

Friday, May 19, 2017

1. Call to Order and Introductions

Dr. Dave called the meeting to order at 12:40 p.m. Introductions were made of those attending the meeting, with each attendee reporting any pertinent conflicts.

The agenda was reviewed and accepted as distributed. A mentor was assigned for new members attending this Assembly Meeting.

2. Remarks by the Area Representative

Dr. Dave made preliminary remarks about the Action items coming up at the Assembly. He strongly encouraged all Council members to attend the Reference Committee Meetings scheduled for later that afternoon. Dr. Dave reviewed assignments for Council members who will be represented on each of the five Reference Committees.

Dr. Dave also informed the Council that Area 4 is the primary reviewer for a proposed amendment to the APA bylaws regarding MUR Trustee nominations and election process. He asked the members to review this item (Assembly Item #1.A1) in preparation for discussion the following morning.

Dr. Dave also asked the Council to review the Clinical Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder (Assembly Item #8.L.1) for discussion the following morning.

Dr. Dave asked the Council to save the New Travel Policy for reimbursement of Assembly meetings which was distributed in the handouts.

Dr. Dave distributed the minutes that Dr. Busch had prepared for the Area 4 Council Meeting in Chicago on March 11-12, 2017.

A motion was made and seconded to accept the minutes as distributed with the following corrections.

1. **MN District Branch Report: The date of the annual dinner was corrected to June 16, 2017.**
2. **OH District Branch Report: Added to the minutes--Ohio Representatives were excused from the Winter Area 4 Meeting.**

The motion was passed with the corrections noted.

3. Remarks by the Recorder

Dr. Batterson asked the members of the Council to review –Packet #3--Assembly Item #7.B - changes recommended by the Assembly Committee on Procedures. The Assembly is being asked to vote on the following actions:

1. Will the Assembly vote to approve the proposed language to allow for electronic voting on APA Practice Guidelines in the Procedural Code of the Assembly?
2. Will the Assembly vote to approve the proposed language to Article 1, Section 7.d (Officers/Vacancies) to note that a special meeting may be held electronically in the Procedural Code of the Assembly?

4. Consent Calendar and Reference Committee Assignments

Dr. Dave reviewed the consent calendar and reference committee assignments and asked the Area 4 Council to break up into five groups with each group representing one of the five Reference Committees. Each group was chaired by an Area 4 Council member on the corresponding Reference Committee:

Area 4 Group 1 – Dr. Prudence Gourguechon
Area 4 Group 2 – Dr. Matthew Macaluso
Area 4 Group 3 – Dr. Robert Smith
Area 4 Group 4 - Dr. Sherifa Iqbal
Area 4 Group 5 - Dr. Brian Hart

For the next hour, the groups reviewed and discussed the Position Statements and Action Papers assigned to the five Reference Committees.

The Area 4 Council recessed at 2 p.m. on Friday, May 19, 2017.

Saturday, May 20, 2017

The Area Council resumed at 8:35 a.m. on Saturday, May 20, 2017.

5. Reports from Area 4 Representatives on Reference Committees.

Dr. Dave invited reports on the deliberations of the five Reference Committees.

I. Reference Committee 1 – Advancing Psychiatric Care

Dr. Prudence Gourguechon represented Area 4 at the meeting of this Reference Committee on May 19, 2017, and reported on the Reference Committee Actions as follows:

- **cc 2017A1 4.B.13** Retain 1998 Position Statement: Misuse of Psychiatric Examinations and Disclosure of Psychiatric Records in Sexual Harassment Litigation
  Approved on the Consent Calendar.

- **cc 2017A1 4.B.14** Retire 2001 Position Statement: Doctors Against Handgun Violence
  Approved on the Consent Calendar.

- **2017A1 4.B.18** Proposed Position Statement: Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement.
  RC supported this Proposed Position Statement.

- **2017 A1 12.A** Involuntary Psychiatric Commitment for Individuals with Substance Use Disorders
  RC supported this Action Paper as written.

- **2017A1 12.B** Limiting Scope of Practice for Nurse Practitioners and the Opposition of Psychologists Prescribing
  RC did not supported this Action Paper.

- **2017A1 12.C** Simplification of Electronic Medical Records and Billing Codes
  RC did not support this Action Paper.

II. Reference Committee 2 – Advancing Psychiatric Knowledge and Research

Dr. Matthew Macaluso represented Area 4 at the meeting of this Reference

Committee on May 19, 2017, and reported on the Reference Committee Actions as follows:

- **cc 2017A1 4.B.2** Revised Position Statement: The Role of the Psychiatrist in the Long Term Setting
  Approved on the Consent Calendar.

- **2017A1 4.B.9** Revised 1978 Position Statement: Abortion
  RC supported this revised position statement.

- **2017A1 4.B.17** Proposed Position Statement: Risk of Adolescents' Online Behavior
  RC supported this proposed position statement.

- **cc 2017A1 4.B.19** Proposed Position Statement: Legislative Attempts Permitting Pharmacists to Alter Prescriptions
  Approved on the Consent Calendar

- **2017A1 12.D** Adopting Neuroscience-based Nomenclature ((NbN) for Medications
  RC supported this Action Paper with changed as noted in Packet #4, Distribution #9.

- **2017A1 12.E** Revising the Nomenclature, Definition, and Clinical Criteria for Partial Hospitalization Program
  RC supported this Action Paper with changes as noted in Packet #4, Distribution #10.

- **2017A1 12.F** APA Member Survey on Medical Aid in Dying as Option for End-of-Life Care
  RC did not support this Action Paper.

- ***2017A1 12.G** Providing Education and Guidance for the Use and Limitations of Pharmacogenomics in Clinical Practice*
  RC supported this Action paper with changes as noted in Packet #5, Distribution #21

III. Reference Committee 3 – Education and Lifelong Learning

Dr. Robert Smith represented Area 4 at the meeting of this Reference Committee on May 19, 2017, and reported on the Reference Committee Actions as follows:

- **cc 2017A1 4.B.11** Retire Position Statement: 1976 Joint Statement on Antisubstitution Laws and Regulations
  Approved on the Consent Calendar.

- **cc 2017A1 12.H** Expanding Access to Psychiatry Subspecialty Fellowships
  Approved on the Consent Calendar

- **2017A1 12.I** Educational Strategies to Improve Mental Illness Perceptions of Medical Students
  RC supports this Action paper with changes as noted in Packet #4, Distribution #12.

- **2017A1 12.J** Educational Strategies to Improve Mental Illness Perceptions of Non-psychiatric Physicians
  RC supported this Action Paper with changes as noted in Packet #4, Distribution #13

- **2017A2 12.K** Fostering Medical Student Interest and Training in Psychiatry: The Importance of Medical Student Clerkships
  RC supported this Action Paper as written.

- **2017A1 12.L** Requesting the APA Draft a Position Statement on Prescription Drug Monitoring Programs (PDMPs)
  RC supported this Action Paper with changes noted in Packet #4, Distribution #14.

IV. Reference Committee 4 – Diversity & Health Disparities

Dr. Sherifa Iqbal represented Area 4 at the meeting of this Reference Committee on May 19, 2017, and reported on the Reference Committee Actions as follows:

- **cc 2017A1 4.B.3** Retire 2009 Position Statement: U.S. Military Policy of "Don't Ask, Don't Tell"
  Approved on the Consent Calendar.

- **cc 2017A1 4.B.4** Retain 2006 Position Statement: Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on mental Health
  Approved on the Consent Calendar.

- **cc 2017A1 4.B.5** Retain 2001 Position Statement: Discrimination Against International Graduates
  Approved on the Consent Calendar.

- **cc 2017A1 4.B.6** Retain 1999 Position Statement: Diversity
  Approved on the Consent Calendar.

- **cc 2017A1 4.B.7** Retain 1994 Position Statement: Psychiatrists from Underrepresented Groups in Leadership Roles
  Approved on the Consent Calendar.

- **cc 2017A1 4.B.8** Retain1994 Position Statement: Resolution Opposing Any Restriction on the Number of IMGs Entering Graduate Medical Training
  Approved on the Consent Calendar.

- **cc 2017A1 4.B.10** Retain 1977 Position Statement: Affirmative Action
  Approved on the Consent Calendar.

- **2017A1 12.M** Juvenile Solitary Confinement
  RC supported this Action paper with changes as noted in Packet #4, Distribution #15.

- **2017A1 12.N** Addressing Physician Burnout, Depression, and Suicide – Within Psychiatry and Beyond
  RC supports this Action Paper with changes as noted in Packet #4, Distribution #16.

- **2017A1 12.O** Health Care is a Human Right
  RC supports this Action paper with changes as noted in Packet #4, Distribution #17

V. Reference Committee 5 – Membership & Organization

Dr. Brian Hart represented Area 4 at the meeting of this Reference Committee on May 19, 2017, and reported on the Reference Committee Actions as follows:

- **cc 2017A1 4.B.1** Retain2007 Position Statement on Use of Stigma as a Political Tactic
  Approved on the Consent Calendar.

- **cc 2017A1 4.B.15** Retain 2008 Adoption of AMA Statements on Capital Punishment
  Approved on Consent Calendar.

- **cc 2017A1 4.B.16** Retain 2010 Position Statement: No "Dangerous Patient" Exemption to Federal Psychotherapist Patient Testimonial Privilege
  Approved on Consent Calendar.

- **2017A1 12.P** Making Access to the Voting Page a Default Action During Elections
  RC supported this Action Paper with changes as noted in Packet #4, Distribution 18.

- **2017A1 12.Q** Dues Relief for District Branch Members from the Commonwealth of Puerto Rico
  RC supported this Action Paper with changes as noted in Packet #4, Distribution #19.

- **2017A1 12.R** Streamlining the Application Process for Former APA Members
  RC supported this Action Paper as written.

- **2017A1 12.S** Connecting Psychiatrists to Volunteer Opportunities
  This Action Paper was withdrawn by the Author.

- **2017A1 12T** APA Referendum Voting Procedure
  RC supports with changes as noted in Packet #4, Distribution #20.

- **2017A1 12U** November Assembly Dates
  RC supports this Action paper as written.

6. Candidates for Assembly Recorder

Dr. Dave welcomed the following candidates to Area 4 for the position of Assembly Recorder:

Dr. Steven Daviss
Dr. Paul O'Leary

The candidates briefly spoke about their campaigns and Dr. Dave wished them the best.

7. Candidates for Assembly Speaker-Elect

Dr. Dave welcomed the following candidates to Area 4 for the position of Assembly Speaker Elect:

Dr. Bob Batterson
Dr. James Pollo

The candidates briefly spoke about their campaigns and Dr. Dave wished them the best.

8. Assembly Action Items

Dr. Dave asked the Council to discuss Item #1.A.1. Area 4 is primary reviewer for the Bylaws committee report which would make changes to the MUR Trustee nominations

and election process. Members were supportive and Dr. Dave thanked the Council for providing feedback.

Dr. Dave also informed the Council that all Areas were reviewing 8.L.1---Memo RE: Approval of the New APA clinical Practice Guidelines for the Pharmacological Treatment of Patients with Alcohol Use Disorder. Members discussed the guidelines and were supportive.

9. Remarks from the CEO & Medical Director

Dr. Dave warmly welcomed Dr. Levin to Area 4 Council. Dr. Levin thanked Area 4 for its leadership and dedication. He spoke about concerns regarding Maintenance of Certification (MOC) and that 10 states were considering legislation which would tie licensure, hospital privileges/credentialing and/or participation on insurance panels to the physician having completed Maintenance of Certification. Dr. Levin indicated that this was not reasonable and that the Assembly should draft an Action Paper to address these concerns. The Council thanked Dr. Levin for taking the time to come to Area 4 and talking with us.

The Area 4 Council recessed at 10:30 a.m. on Saturday, May 20, 2017.

The Area Council resumed at 4:50 p.m. on Saturday, May 20, 2017.

10. Nominating Committee Report

Dr. Matthew Macaluso, Chair of the Area 4 Nominating Committee presented the committee's report for the slate of candidates for the following positions:

APA Nominating Committee:
Dr. Bhasker Dave—Rep
Dr. Karen Jacobs—Alternate Rep

Assembly Rules Committee:
Dr. Clarence Chou—Rep
Dr. Matthew Macaluso—Alternate Rep

Area 4--RFM Dep Rep
Dr. Anita Rao

Area 4 Trustee (APA nominating committee to finalize slate):
Dr. Ronald Burd
Dr. Cheryl Willis

A motion was made and seconded to approve the Nominating Committee Slate separately for each position as presented. The motion was passed.

Dr. Macaluso then informed the Council that Dr. Chandan Khandai from Illinois was nominated by the RFMs in Area 4 for the Sorum Award to honor his work as RFM. The Nominating Committee voted to also support the award for Dr. Khandai and Dr. Macaluso asked the Council for its vote.

A motion was made and seconded to approve the Dr. Khandai for the RFM Sorum Award. The motion was passed.

Dr. Dave thanked Dr. Macaluso and the Nominating Committee for presenting the slate and for its dedication and hard work.

11. Treasurer's Report

Dr. Chou provided the Treasurer's Report.

Expenditures year to date (YTD) for the March 11-12, 2017 meeting in Chicago were $28,756.76. The actual amount will be higher since about 4-5 members have not yet submitted expenses.

Total revenue YTD is $40,081.97 and expenses YTD are $28,931.76.

Total assets for Area 4 YTD are $83,493.71.

A motion was made and seconded to approve the Treasurer's Report as presented. The motion was passed.

12. Election of Speaker-Elect

Dr. Dave and members of the Council congratulated Dr. Batterson on his election to Speaker Elect. Dr. Batterson thanked the Council for their support.

13. Central Office Report

Mr. Jeffrey Regan, Deputy Director of Federal Affairs, gave the report from central office. APA is closely monitoring the developments on health care legislation on Capitol Hill after AHCA was pulled abruptly from the House of Representatives in late March. APA came out in opposition to AHCA. Under the bill 24 million Americans would have lost health care coverage including 4 million Americans with serious mental illness.

APA is working with stakeholders from medicine and allied health groups on a grass roots initiative to ensure adequate health care and mental health coverage for all Americans.

14. Report from the Regional Director of State Governmental Affairs

Ms. Amanda Blecha, Regional Director of State Governmental Affairs, gave the following report on trends in the region to the Council:

a) The APA and its district branches and state associations (DB/SAs) are proactively promoting evidence-based alternatives to mental health access challenges, such as expansion of collaborative care models, telepsychiatry implementation, network adequacy, and parity enforcement.

   Illinois network adequacy bill will be sent to the Governor to sign into law.

   Illinois parity bill will be revised and introduced in 2018.

   OPPA currently is lobbying for telemedicine coverage in Ohio.

b) APA and its DB/SAs continue to partner in opposition to unsafe prescribing proposals.

   Through well-executed opposition campaigns, APA and its DB/SAs have deterred the introduction of psychologist prescribing legislation this session in several states across the country, including Minnesota and North Dakota.

   The Nebraska Psychiatric Society is leading the effort to oppose the psychologist prescribing application through the credentialing process, in hopes the technical review committee will not recommend it to the state legislature in advance of 2018.

   As of late June, the Iowa psychologist prescribing rulemaking subcommittee members are at an impasse regarding education requirements and the exam.

   We continue to await the final rules to be published in Illinois.

c) Legislation eliminating Maintenance of Certification (MOC) as a condition of employment, hospital admitting privileges, reimbursement, licensure and/ or malpractice coverage is a growing trend. In the Midwest, bills are currently being considered in Ohio and Michigan.

d) Addressing the opioid epidemic is a priority of many states throughout the country, particularly in the Midwest. Several states have considered bills aimed at dealing with prescription drug misuse prevention.

Laws have been enacted to provide prescription guidelines, improve prescription drug monitoring programs, increase access to opioid antagonists, protect good Samaritans, and require prescription drug education.

Wisconsin has been a leader, most recently passing nine additional bills as part of the Rep. Nygren's H.O.P.E. Agenda during its special session.

The Missouri Psychiatric Association continues to advocate the establishment of a state-wide PDMP as it is the only state without one.

15. Future Meetings

Dr. Dave informed the Area Council of the following meeting dates:

Fall Assembly in Washington, DC
November 3-5, 2017

Area 4 Winter/Spring Meeting in Chicago
March 10-11, 2018

16. District Branch Reports

Time did not permit discussion of reports from the District Branches in Area 4. Several DBs did distribute written reports prior to the Assembly. (Please see previously distributed reports for details.)

The Area Council Meeting adjourned at 6:00 P.M on Saturday, May 20, 2017.

Respectfully submitted,

Kenneth Busch, M.D., D.L.F.A.P.A.
Area 4 Deputy Representative

Item 2017A2 11.F
Assembly
November 3-5, 2017

Highlights from Area 6 Council

Area 6 had our council meeting on July 29 in Southern California. Attendance includes not only our assembly representatives, but also the chairs of our standing committees and presidents and president-elects of our five district branches. We were also delighted to have Saul Levin, M.D. APA CEO, as a guest of the council, in addition to our regular APA staffer Samantha Shugarman.

President William Arroyo M.D. reviewed the legislative climate both at the state and federal level, and also reported that the prescribing bill that is on the governor's desk in Oregon allows prescribing by psychologists to children with only a three month additional training experience.

The remarks of the president elect Robert McCarron M.D. focused on our increasing educational efforts – we are continuing our annual meeting which will be in Yosemite this year but also have a separate day-long psychopharmacology conference just prior to the annual meeting, and it is our 3rd year of doing a conference for Primary Care on psychiatry.

We reviewed the importance of the state PAC and that our current contributions are low. We were able to support 5 candidates last year but could strengthen our legislative ties if we could support 15 or more. It was decided that we would put a PAC assessment of $25 in our dues statement, with the total amount due to include this number, but clarity that a member can opt out of the PAC portion of that money.

Update from the state medical association representatives led by past president Tim Murphy MD included that one of the three major foci of the upcoming annual delegate meeting will be on mental health issues He called for contributions of specific ideas to give to our medical society that could help improve mental health in California. The California Medical Association Board of Trustees accepted a comprehensive report on firearm violence that consolidated policies adopted over time and included a review of our own APA position. The CMA worked hard to get a California ballot initiative passed that adds a $2 tax on tobacco products. The funds were designated by the initiative to increase provider rates for the state MediCaid system and the state organization also had to work hard to avoid the appropriation of these funds to backfill other parts of the state budget.

We heard updates from the APA July Board of Trustees meeting from our trustee, Dr. Mindy Young, and updates from APA from Dr. Saul Levin. Discussion about the action paper involving psychologist prescribing and the multiple complexities of this issue were discussed. We also updated the area on the recent AEC meeting. The role of the Assembly and the importance of bidirectional communication was stressed.

We approved awardees and reviewed our proposed budget which will be voted on at our next meeting.

Our state governance issues were reviewed including this year's budget (see above). We have a parity bill we sponsored on the governor's desk, and two other sponsored bills in play– one supporting informed consent for inmates for psychiatric medication and one on a psychiatric bed registry bill (placed on hold for now). We are fighting a bill on physician gifts that is so restrictive it would make it prohibited to even accept sponsorships for our annual meeting. We continue to get legislation making it more difficult to care for children in the foster care system, including allowing the Medical Board to initiate investigation on cases just based on prescribing records of the physician but with no evidence of harm or wrongdoing. The bill (SB798) that should have renewed our medical board for the next few years had a clause that destroyed all patient psychotherapy privilege with regards to medical board investigations; this was stopped dead, and we are working to get a bill that honors the confidentiality of psychiatric records. We also have had two legal cases involving the medical board wanting to investigate patient records without the patient's consent. The first came down with a decision has been that the medical board can access our CURES (PDMP) database even if the patient objects, stating that the need for patient safety trumps patient privacy. The second case involved release of psychiatric records to the Medical Board against the wishes of the patient, and we were not allowed to file an amicus brief in this case. Hopefully this privilege can be reestablished as SB798 is reworked. Our state medical society has been working with us on these legislative issues. We began to look at proposed sponsored legislation for 2018 including increasing bed capacity or possibly moving our CURES system into the public health department, and we have plans to educate legislators about substance use disorders. Our state facilities, public psychiatry, child and adolescent psychiatry, integrated care, resident fellow, judicial action, workers compensation, and substance use disorder committees are all active. Our next meeting will be December 3rd in Northern California. Please feel free to talk with us if you have questions about the activities in our area.

Joe Mawhinney M.D. and Barbara Weissman M.D.
Area 6 Rep and Dep Rep

APA Assembly
Area 7 Report
Fall, 2017

Area 7 meet August 5-6 in Vancouver, BC, welcomed by one of our largest district branches, both in number and in geographic scale, Western Canada.

Our Canadian colleagues welcomed us with a reception the evening before the meeting, hosted at Dr Colleen Northcott's home, and their DB organized a social event during the BC days fireworks that was well attended by both area council members and local DB members. Personally, I noticed many of our Western Canada DB attendees were ECP and RFMs who had been invited by our Assembly Council members. Also, many thanks to Gabrielle Lynch-Stanton who organized our local activities as the DB executive secretary.

An important part of our work was selecting members to submit to the nominating committee for our area Board Trustee election coming up.

New procedures for an APA referendum and the potential (now planned) interim election procedure were announced.

Area finances were discussed, and it was decided to have one typical meeting during the 2018 year, during our Summer meeting time. In Spring we are planning either a conference call or electronic meeting to remain current with our essential business, and support our Alaska DB. Strong opinions were voiced, and the need to emphasize the awareness of the Assembly was noted. An Area member tax was discussed.

Dr Gise discussed the need to have all DB's participating in the Assembly's disaster response committee.

An important element of our area council meeting is the DB reports. Themes arising from this meeting included suicide rates in the states and provinces of our area and the need to consider primary prevention. Also the continued push to legalize cannabis for increasingly diverse problems raised both this specific issue and also the need for effective legislative advocacy in or area's states. Member recruitment events were discussed.

The need for increased visibility of APA Caucus participation, and IMG Maintenance of Certification issues were discussed as potential Action Papers, and the strong opinions from ECP members about scope of practice advocacy are expected to play roles in our November Assembly.

Submitted,
Craig Zarling, MD
Area 7 Representative