

Fall Assembly meetings were well attended and dynamic. Reference Committee meetings were held the evenings of October 19<sup>th</sup>-21<sup>st</sup> with the full Assembly meeting November 7<sup>th</sup>-8<sup>th</sup>.

Reference Committee chairs noted that turnout for virtual reference committee meetings was generally improved over attendance at previous years' in-person meetings.

### **APA CEO and Medical Director Report—Saul Levin, MD**

APA advocated:

- in opposition to HR 884/S.2772 Medicare Mental Health Access Act which would define psychologists as physicians under Medicare
- in opposition to a proposed VA pilot program to allow psychologists to prescribe medications
- for permanent expansion of federal coverage of telehealth services
- developed model legislation that would require private insurers to continue to cover telehealth services
- for passage of federal parity legislation
- at state level against scope of practice expansion

CMS 2021 Proposed Fee Schedule includes 8% increase in payments for psychiatric services

Created billing guide and patient pamphlet to provide guidance on Interprofessional Consultation Codes

Addition of Prolonged Grief Disorder to DSM 5 sent to Assembly for approval in November meeting

Multiple initiatives to address structural racism and healthcare disparity concerns:

- Learning modules on “Racism in Black Mental Health” and “Responding to Racism by Patients, Families and Guests Towards Residents and Practicing Psychiatrists” published by the Division of Diversity and Health Equity
- APA Town Hall “The APA addresses structural racism” in March was well-attended
- Regina James, MD appointed Chief of DDHE and Deputy Medical Director
- APA working on response to proposed changes to J1 visa rule

2021 meetings: will be held virtually, Annual Meeting in May and Mental Health Services Conference (formerly IPS) in October

### **Speaker's Report—Mary Jo Fitz-Gerald, MD**

- Dr Fitz-Gerald, Speaker-Elect, became Acting Speaker this spring due to the illness of House Speaker Dr. Joseph Napoli.
- July meeting w/ABPN resulted in permanent extension of the MOC alternative pathway currently being piloted by ABPN
- August letter to BOT expressing concern about structural racism in APA processes and policies as well as transparency and accountability of the BOT with respect to its relations with APA staff resulted in BOT hiring a consultant to meet with the BOT in a retreat which generated a set of recommendations from the consultant to the BOT

- APA budget is in deficit resulting in budget cuts—impact on the Assembly is to move to virtual meetings for the foreseeable future
- Dr. Fitzgerald and Dr. Adam Nelson, Recorder, have represented the Assembly over the last year with the following issues as a focus: scope of practice, MOC, climate change and the effect on the mental health, recognition of the field of psychiatry as a medical specialty, and transparency and accountability.

### **Nominating Committee Report**

Dr. Adam Nelson running unopposed for House Speaker

Two candidates for Recorder.

### **Treasurer's Report**

- APA net assets:\$114 million includes \$17 million in equity in headquarters, \$2.7 million in cash and \$92 million in investments
- \$3.3 million investment income in first eight months of 2020 (compared to \$9 million for same period 2020)
- APA reserve policy allows spending of 50% of last 3 years average of investment income
- Current forecast projects a \$3.7 million loss end of 2020
- Net income through August 2020 is \$6.3 million compared to \$14.1 million for same period 2020
- Net income loss due to annual meeting cancellation and investment performance
- Membership renewals are down \$291,000
- Revenue declines have been offset by improved revenue from Amazon sales of DSM 5 and a grant from ABPN for CME to members
- Savings have been achieved through travel, printing and meeting expense reduction

### **Reference Committee Action Papers/Items**

#### **Reference Committee 1: Advancing Psychiatric Care**

- APA to Eliminate Use of Ketamine to Facilitate Police Apprehension—withdrawn by author
- All others approved

#### **Reference Committee 2: Advancing Psychiatric Knowledge and Practice**

- Proposed Position Statement “Screening and Treatment of Mood and Anxiety Disorders During Pregnancy and Postpartum” extracted and discussed due to wording “pregnant women and other pregnant individuals.” Eventually approved w/agreement that some wordsmithing will be done
- Proposed Position Statement “Role of Psychiatrists in Reducing Physical Health Disparities in Patients with Mental Illness” extracted, discussed, not approved—too broad a mandate for psychiatrists to provide primary care.
- Proposed Action Paper to support mandatory mental health screening for law enforcement officers prior to hiring—extracted, discussed, not supported.
- All others (except “Re-defining ‘Treatment-Resistant Schizophrenia’ as ‘Potential Clozapine Responsive Schizophrenia’ and ‘Clozapine Resistant Schizophrenia,’” which failed) were approved.

### **Reference Committee 3: Education and Lifelong Learning**

- Abortion and Women’s Reproductive Healthcare Rights: retired previous APA position statement and substitutes similar statement with different formatting
- “Call for Study of Accreditation of Emergency Psychiatry as a Subspecialty” extracted, discussed, finally approved over some objections that it’s not necessary
- “Residency and Fellowship Training Nomenclature” extracted and not approved—would have supported restriction of the use of “residency” and “fellowship” to physician-only psychiatric training programs.

### **Reference Committee 4: Diversity and Health Disparities**

- All Position Statements and Action Papers approved except for revocation of the 2017 APA Jacob Javits Award to Representative Tim Murphy

### **Reference Committee 5: Membership and Organization**

- Assembly Notification to the APA PAC extracted, discussed, not approved. Would have required Assembly to notify PAC of “strong disapproval” of contributions to lawmakers with voting records not aligned with APA political positions on gun control, climate change, racism, bias, etc. This resulted in a lively discussion about PACs and political processes
- “Changing the name of the APA to the ‘American Psychiatric Physicians Association’”—study group will evaluate as a name change would be quite expensive due to having to change the logos on everything
- “Enhancing APA Transparency and Accountability Regarding Human and Financial Resources Allocation Across All APA Components” extracted, discussed, amended to be more specific, then passed. This is intended to hold APA staff accountable for implementing initiatives forwarded by the Assembly to the BOT for action

### **New Business**

- Proposed Position Statement on Concerns About Use of the Term “Excited Delirium” and Appropriate Medical Management I Out-of-Hospital Contexts. This addresses concerns about the use of ketamine in the field by EMS to assist law enforcement officers with detaining uncooperative suspects. The American College of Emergency Physicians has recognized the diagnosis of “excited delirium” since 2009 as describing a state of uncontrollable agitation, generally related to intoxication. These individuals sometimes die in police custody and POC are said to be overrepresented in this group, leading to concerns that the diagnosis is being used to cover up deaths due to excessive force by police. Additionally there is a trend for LEOs to call in EMS and have ketamine administered inappropriately to help subdue detainees, using the justification that they are exhibiting “agitated delirium.” The APA has a previous position paper expressing concern that this is not a recognized diagnosis in DSM-5. Assembly voted to approve the position statement.
- Assembly voted to formally request that the BOT release to the Assembly the consultant’s report which followed their board governance retreat this fall
- Discussion of purchase of new APA headquarters in Washington DC and current APA budget deficit