**May 2016 APA Assembly Report**

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1. **Finances** The APA’s financial status continues to strengthen. Assets have grown continuously since 2011 due to favorable investment returns and revenue from DSM 5.
2. **Membership** Membership showed a significant increase over the past year, close to 7%. Total membership is now above 37,000. Much of the recent increase was due to foreign members.
3. **Medical Registries** Gregory W. Dalack, M.D.,the chair of the APA Registries Work Group, gave a report of this newly formed group. Their purpose is to establish electronic data sets for the practices of any members who wish to participate. The exact nature of what data will be included remains to be determined, and can be customized to any particular practice. The purpose of this is to aid members in the upcoming changeover in the health care industry from fee-for-service reimbursement to value-based reimbursement (a la Medicare). This registry should also be helpful in meeting certain new maintenance of certification requirements for the American Board of Psychiatry and Neurology. Most other specialties already have such registries up and running.
4. **Assembly Actions** The Assembly passed the following notable action papers. Those passed will still need to be approved by the Board before they become official APA policy.
   1. Direct to Consumer Advertising – An APA position statement opposing all direct to consumer advertising of medications, similar to a recent position statement by the AMA
   2. Payer Coverage for Prescriptions Found to be Beneficial to Patients – This action paper directed the APA to promulgate and promote legislation mandating that health insurance companies cover any medication for which a patient has empirically experienced two months or more of benefit, regardless of the FDA indications or recommended dosage.
   3. Drug Substitution- Arkansas has recently passed a law allowing pharmacists to substitute any drug from the same therapeutic class as the prescribed drug. An action paper passed to direct the relevant Counsels of the APA to oppose such statutes..
   4. Mandatory Competency Testing for Senior Psychiatrists– There are national movements afoot to mandate competency testing for all physicians over a certain age. This action paper directs the APA to advocate for the interests of psychiatrists wherever such testing is proposed, and to develop information and support services for psychiatrists who face mandatory testing.
   5. Psychiatric Involvement in Physician-assisted Suicide – The following position statement was passed: “The APA holds that a psychiatrist should not deliberately prescribe or administer any intervention to a non-terminally ill person for the purpose of causing death.”
   6. Development of a Clear APA Position on Ethical Behavior for Psychiatrists Serving as Third Party Utilization Management Reviewers – The current printed APA ethics code, and recent statements by the APA Ethics Committee, are not clear as to whether psychiatrists involved in UM activities have a primary obligation to the patient reviewed, or the UM company that employs the psychiatrist. This action paper directs the APA Board to establish an ad hoc committee to clearly define and elaborate the ethical tensions faced by psychiatrists in these positions.
   7. APA Voting Procedures – APA voting for national offices and referenda has had extremely low participation rates (around 20% of members) for the last several years. In an effort to increase the number of members voting, an action paper was passed which directs the APA to include all national ballots with yearly dues billings.
   8. Lesbian-Gay-Bisexual-Transgener Rights – A position statement was passed stating that the APA condemns all legislative attempts to stigmatize and discriminate agains LGBT citizens under the novel legal principle that religious beliefs supersede the equal protection of personal rights of American citizens.