**May 2017 APA Assembly Report**

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1. **Finances** APA revenues and expenses for 2016 were roughly equal. Total net assets of the APA and the Foundation ($148 Million) were up about 6% due to favorable performance of the stock portfolio
2. **Membership** APA membership is at an all time high, over 37,000. There have been significant increases in younger members (residents and early career psychiatrists). This is welcome news for the APA’s future vitality.
3. **News from the APA Medical Director** Dr. Levin indicated that the APA Board has listened to the Assembly and is taking a much more aggressive stance regarding changes in Maintenance of Certification (MOC) requirements of the American Board of Psychiatry and Neurology (the ABPM). The ABPM appears to be listening, and has eased its requirements somewhat. However, many members of the APA feel much more remains to be done, including considering withdrawing from the ABPM and having the APA take over specialty certification for Psychiatry. Other specialties, particularly Internal Medicine and Anaesthesia, have been much more aggressive than Psychiatry to date in this battle. Ten States (including Massachusetts) have passed laws prohibiting MOC being used a basis for licensure or hospital privileges.
4. **Assembly Actions** The Assembly passed the following notable action papers. Those passed will still need to be approved by the APA Board before they become official APA policy.
   1. Requesting the APA to develop a position statement on the use of involuntary psychiatric commitment for the treatment of substance abuse disorders. States currently vary widely on this – in some it is prohibited (New Hampshire and Vermont), in some it is allowed and used (Massachusetts), and in some it is allowed but never used (Maine, Rhode Island, Connecticut).
   2. Requesting the APA to develop a position statement opposing psychology prescribing privileges. To many people’s amazement, the APA does not yet have such a position statement.
   3. Establishing that the APA promote the international neuroscience-based nomenclature (NbN) for psychotropic medications. This nomenclature classifies medications according to their mechanisms of action (e.g. D2-5HTD receptor antagonist) rather than their clinical effects (e.g. antipsychotic).
   4. That the APA develop definitions and clinical criteria for Residential Treatment, Intensive Oupatient, and Partial Hospitalization programs. This will hopefully lead to improved quality and more uniform insurance reimbursement for these programs.
   5. That the APA evaluate and provide guidance on the usefulness of pharmacogenetic testing in clinical practice.