**May 2019 APA Assembly Report**

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1. **Finances** APA revenues and expenses for 2018 were both lower than budgeted. Net assets were down about 5% primarily due to poor stock market performance at the end of the year. Despite this, the APA financial picture remains robust.
2. **Membership** APA membership is at its highest ever, 38,600.
3. **Assembly Actions** The Assembly reviewed a record number of Action Papers this session. The following notable papers were passed. These actions will still need to be approved by the APA Board before they become official APA policy.
   1. That the APA begin working toward using names for psychiatric drug classes based on the Neuroscience Based Nomenclature (NbN) Project
   2. That the APA begin a research assessment of climate related psychiatric service needs, and work to develop, and disseminate, a model curriculum on Climate Change and Mental Health
   3. That the APA begin working on expanding the number of psychiatry residency positions (Isabel Norian, M.D. was primary author)
   4. That the APA begin a feasibility study for an alternative to the American Board of Psychiatry and Neurology for specialty certification
   5. That the APA begin educating pharmacy benefit programs on the risks involved with 90-day prescription supplies and that these should not be a requirement, but rather left to psychiatrists’ judgment
   6. A position statement that the APA supports a transition to universal health care in the United States, and the necessary components of mental health and substance use treatment in such a system
   7. A position statement that psychotropic medications should only be prescribed by psychiatrists; other physicians who can consult with a psychiatrist; or nurse practitioners or physician assistants being supervised by a psychiatrist or a physician who can consult with a psychiatrist
   8. A position statement outlining ideal components of laws and treatment settings for civil commitment for adults with substance use disorders
   9. That the APA petition the DEA to require all prescribers of controlled substances to register with their respective prescription drug monitoring program
   10. Reaffirmed a revised position statement that there is no current scientific evidence that supports the use of cannabis for treatment of PTSD