**May 2014 APA Assembly Report**

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**New Hampshire Assembly Rep**

1. **Finances**

The APA’s financial status remains robust. There was a $30 million operating surplus largely due to sales of DSM5. Reserves also showed a significant increase due to a favorable stock market in 2013.

**II. Membership**

Membership showed its first significant increase in many years in 2014, at 35,000, up 3.5% from 2013.

**III. Rep. Tim Murphy**

Rep. Tim Murphy of the Pennsylvania 18th District, a psychologist and

Co-Chair of the Congressional Mental Health Caucus, gave a very inspiring presentation. He is a true friend of psychiatry and the mentally ill.

A video was shown of him grilling a CMS official over the proposed elimination of many antipsychotics and antidepressants from the Medicare formulary. One week later, the proposed formulary limitations were withdrawn.

He is the author of the Helping Families in Mental Health Crisis Act, which is building bipartisan support. This bill seeks to fix the national shortage of inpatient psychiatric beds, enlarge outpatient treatment with commitment, and make psychiatrists, not lawyers and bureaucrats, the ones who determine the rules governing mental health treatment. The Bill seeks to eliminate programs that aren’t working and fund new ones that will work better. APA is working with Rep Murphy to craft this bill, and it deserves the support of the New Hampshire congressional delegation. I urge you to write to Senators Shaheen and Ayotte, and

Reps Shay-Porter and Kuster, to sign on as co-sponsors of this important Bill.

**IV. Assembly Actions**

The Assembly ruled on the following notable actions. Those passed will still need to be approved by the Board before they become official APA policy.

1. Position Statement on Prior Authorizations – This was the outcome of an Action Paper that I submitted almost two years ago. Due to multiple shufflings back and forth between various committees to get wording that everyone was happy with, it was finally approved in the following form: The process of requiring prior authorization for payment or dispensing of psychotropic medication by third party insurance plans or other entities is detrimental to patients’ care. This process often results in delays for patients in receiving life-sustaining medications (authorization denials and the need to prescribe a non-first-choice medication), and always results in psychiatrists using large amounts of what would otherwise be clinical time to complete the essential prescribing transaction. There is no clear researched evidence base that this process improves the quality of patient care or is cost effective. The American Psychiatric Association is therefore opposed to any requirement of prior authorization for psychotropic medications prescribed by psychiatrists prior to payment by insurers, except for instances of clear outlier practices or an established evidence base which implicates concern for patient safety. In those instances, the decision to require prior authorization or documentation should be made only by a Board Certified Psychiatrist.

1. Increasing buprenorphine prescribing limits – This is an Action Paper that I submitted requesting that the APA work with the Drug Enforcement Administration to increase the current limit (100) on the number of patients that a single prescriber can prescribe buprenorphine to. The goal is to increase access to buprenorphine and thereby decrease the current epidemic of opioid overdose deaths. Concern was expressed that an increase in prescribing limits could lead to “buprenorphine mills” by unethical doctors, and also increase the diversion of buprenorphine. The Action Paper was passed in modified form and referred to the APA Committee on Addiction Psychiatry to come up with specific recommendations and report back to the Assembly in November 2014.
2. Eliminate reduction in payments to physicians who choose not to use electronic medical records in Medicare (and other insurance programs) – another Action Paper I submitted. It charges the APA to work with CMS to eliminate penalties of any kind for physicians who choose not to use EMRs. This was passed.
3. Eliminate black box warning on antidepressants – In view of newer research which makes the increase in suicidality with antidepressants much less clear, the FDA will be asked to review its current black box warning on this.
4. American Board of Psychiatry and Neurology expectations – The ABPN guidelines on whether it is using DSM IV or DSM 5 in its current exams is unclear. This Action Paper asks the ABPN to be more specific on what is required for the exam, and to begin using DSM 5 exclusively.
5. Industry Sponsored Symposia – A few years ago the APA eliminated industry sponsored symposia at the Annual Meeting. It was felt that this would reduce concerns of undue influence by the pharmaceutical industry in the workings of the APA. A significant reduction in APA revenue at the Annual meeting may have been a result of this. This Action Paper sought to bring back such symposia to the Annual Meeting. It was defeated.