**November 2015 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. Combined assets of the APA and the APA Foundation now total close to $150,000,000.
2. **Membership** Membership continues to grow slowly, with a 1% increase in the past year. However, the average age of members continues to increase, which is a negative factor for leadership and dues income.
3. **Prior Authorizations** The prior authorization (PA) process required by most patients’ insurance plans for payment for prescription medications is becoming an increasing problem throughout the country. Colleen Coyle, JD, the APA attorney, gave an interesting presentation on Pharmacy Benefit Management (PBM) programs and how they work. PBMs are contracted by the major insurers to control costs on prescription drugs. PBMs claim that the PA process is a necessary one to reduce patient costs, but there is no clear evidence that this has occurred. What is clear is that PBMs have enormous profit margins, which are not even passed on to the parent insurance companies. Attorney Coyle feels that the PA process for psychiatric meds may violate parity laws, and is requesting that APA members who have had negative experiences with the PA process report these experiences to her at 703-907-8695, or [ccoyle@psych.org](mailto:ccoyle@psych.org) . The New Hampshire Psychiatric Society has also been very active on this issue, and is working on legislative proposals for the coming year to either eliminate or restrict the PA process in New Hampshire. Negative experiences with PAs should be reported to our Legislative Rep Jeff Fetter [jfetter@mhm-services.com](mailto:jfetter@mhm-services.com) . Jeff is especially interested in trying to identify patients who would be willing to testify in regard to negative experiences with PAs.
4. **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 Involuntary Outpatient Commitment (IOC)– This position statement supports IOC as a valuable treatment option
   2. Payer Coverage for Prescriptions from Nonparticipating Prescribers – Medicaid plans in Maryland and Kentucky are now refusing to pay for prescriptions written by non-participating physicians. It is feared this policy is going to spread to other states and other insurers. This action paper calls on the APA to gather further information on the situation, establish a position statement opposing the practice, and to seek legislative initiatives to block it.
   3. NIMH Funding of Clinical Research - NIMH funded research is becoming increasingly biological basic science research, with no immediate clinical applications. As a result, clinical psychiatric research is now almost exclusively pharmacology studies funded and run by pharmaceutical companies. This action paper calls on the APA to begin discussions with NIMH to resume funding of more direct clinical research, especially for psychotherapy.
   4. Ethics of Psychiatrists Serving as Utilization Management Reviewers – This action paper sought a ruling from the APA Ethics committee on whether psychiatrists are violating the APA ethical practices when they make decisions as utilization management reviewers that violate parity standards. The APA Ethics Committee has thus far indicated that psychiatrists’ behavior in public, as opposed to physician-patient settings, is beyond their purview. This would ask them to specifically consider a “public” behavior which many feel may be unethical. This action paper generated a tremendous amount of debate and was eventually defeated. However, a member of the Ethics committee present at the Assembly indicated that this question could be brought to the Ethics committee by any member and did not require an Assembly action. The author of the action paper now plans to solicit the Ethics Committee directly on this question.
   5. Residency Training in Buprenorphine Treatment – Remarkably, many psychiatry residency programs do not including training in buprenorphine treatment. This action paper called on the APA to work with the Accreditation Council for Graduate Medical Education to strongly promote buprenorphine training in all adult psychiatric residency programs.