**November 2016 APA Assembly Report**

**Robert Feder, M.D. New Hampshire Assembly Rep**

1. **Finances** APA revenues, expenses, and income were all relatively stable throughout 2016, with the overall financial status of the APA remaining robust.
2. **Membership** APA membership was also relatively stable through the year, around the 36,000 level. There will be no dues increase in 2017, with a small (currently 2%) dues increase projected for 2018.
3. **News from the APA Medical Director** Dr. Levin summarized results of recent APA efforts on a national level. Most psychiatrists practicing outside of institutional settings will now be exempt from Medicare MACRA quality and record keeping requirements. Only those psychiatrists who see more than 100 Medicare patients or who have more than $30,000 per year in Medicare billing will be subject to these standards. New CMS codes and reimbursement rates have been established for coordination of care in comprehensive settings. The White House Task Force on Mental Health Parity heard testimony from several APA sources and put forth numerous recommendations on how to ensure that parity is implemented (how these recommendations will proceed under a Trump administration is not clear).
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. Return of Interest for ABPN Payments – The American Board of Psychiatry and Neurology is now asking for yearly payments toward 10 year recertification fees. This action paper invokes the APA to demand that interest on these fees be credited to the candidates.
   2. Improving the Confidentiality of Prescription Drug Monitoring Programs (PDMPs) – This asks the APA to study the variations in PDMPs across states to ensure that they are consistent with federal regulations and to make recommendations to improve the PDMP system to ensure the confidentiality of patient records (in some states, PDMPs are open to scrutiny by law enforcement agencies).
   3. Smart Guns – This action paper asks the APA to support smart gun technology as one aspect of a solution to gun violence.
   4. Treatment for Incarcerated Individuals – This asks for the APA to advocate for 1) increased numbers of psychiatrists in jails and prisons to comply with the APA’a recommended guideline of at least one psychiatrists for every 200 incarcerated individuals with severe mental illness; 2) opposition to policies that allow psychologists or pharmacists to prescribe in correctional settings; 3) psychiatrists to be leaders of multidisciplinary treatment teams in correctional settings; and 4) advocate for increased training in correctional psychiatry in order to increase the number of psychiatrists working in correctional settings.
   5. Position Statement on Euthanasia – The following position statement was passed: “The APA, in concert with the AMA’s position on Medical Euthanasia, holds that a psychiatrist should not prescribe or administer any intervention to a non-terminally ill person for the purpose of causing death.”