**November 2017 APA Assembly Report**

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1. **Finances** APA revenues and expenses for 2017 have been within projections. Total net assets of the APA and the Foundation continue to grow due to favorable performance of the stock portfolio
2. **Membership** APA membership continues to reach all time highs at over 37,000. Although there have been significant increases in younger members (residents and early career psychiatrists), the overall aging of the APA population is likely to reduce dues revenue in the years to come. The Assembly has asked the Board of Trustees to set up a task force to assess the need/value of any future change in the APA dues structure.
3. **News from the APA Medical Director and President-Elect** Dr. Levin and Dr. Stewart both stressed that integrated care models are likely to be the practice environment for most psychiatrists in the near future. They indicated that the APA stands ready to assist psychiatrists’ transitioning into this new world. What it will eventually look like is dependent on how these models evolve, how much they are adopted by primary care, and any changes in the health care financing structure. The APA will be moving into its new building in the Southeast section of Washington DC on January 1, 2018. The building represents a stronger financial investment for the APA than its current rented facilities, and it is felt that the DC address will have more relevance for lobbying activities than its current Arlington address. Photos of the facility look quite impressive. It will contain a Museum of Psychiatry. All members are welcome to visit.
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 that the APA review its indemnification process for District Branches for liability related to ethics investigations, and provide this information more clearly to DBs. This came out of the Maryland Psychiatric Society realizing it was at more risk than it thought during a recent ethics proceeding.
   2. Requesting the APA develop a Council on Women’s Mental Health. There was a great deal of debate on this issue, some Reps feeling that there would be significant overlap with this and other existing Councils, and that the cost for it might not be justified.
   3. Requesting that the APA bring its Commentaries on Ethics in Practice in congruence with the AMA Principles of Medical Ethics in regard to the actions of Medical Directors and reviewers in managed care organizations. The AMA code is quite clear that the interests of the patient always supersede those of the personal interests of the Medical Director/reviewer created by the non-clinical role. However, the APA Ethics Committee has consistently been reluctant to clearly state this, apparently trying to protect its members that find themselves in these roles. The Assembly voted that it is time for the APA to take action on this outside of the Ethics Committee.
   4. That the APA adopt a Position Statement that: 1) Medical necessity criteria that insurance companies use for mental illnesses be developed by psychiatrists, and not other medical specialists, 2) That such criteria must be in compliance with Federal and State parity statutes, and 3) that insurance companies be mandated to supply providers and patients with information on how their medical necessity criteria comply with the above.
   5. That the APA adopt a Position Statement supporting 12 weeks of paid parental leave for all employees
   6. That the APA query all State MD and DO licensing boards regarding compliance with APA policy. This policy states that questions about mental health history should only be in regard to current mental health impairment affecting current ability to practice medicine.
   7. That the APA work diligently to revise and delay the implementation of the recent CMS-JCAH requirements for ligature safety on inpatient psychiatric units. These new physical plant requirements, aimed to reduce the likelihood of patients hanging themselves, were adopted with essentially no public input or comment. The new requirements threaten to reduce the already insufficient number of inpatient beds, as they are extremely expensive to implement.