

**Area 3 Council Meeting
March 10, 2018
Philadelphia, PA**

Call to Order: Dr Joseph Napoli, Area 3 Representative, called the meeting of the APA Area 3 Council to order on [Saturday, March 10](#) at 10:30 am, at the Jefferson Medical College in Philadelphia. A quorum was present for the entire meeting.

Present (voting members): Drs Mary Anne Albaugh, Lily Arora, Charles Blackinton, Ken Certa, Charles Ciolino, Constance Dunlop, Gerard Gallucci, Baiju Gandhi, Bill Greenberg, Annette Hanson, Barry Herman, Mark Komrad, Rahul Malhotra, Mel Melnick, Beth Morrison, Joe Napoli, Jennifer Payne, Ranga Ram, Richard Ratner, Cristina Secarea, Elias Shaya, Nazanin Silver, Eliot Sorel, and Brian Zimnitsky.

Non-voting members

Area 3 Trustee: Dr Roger Peele

Executive Director members: Patricia DeCotiis, Joanne Dunne, Deborah Shoemaker

District Branch Presidents: Randy Gurak (NJPA), Mansoor Malik (WPS President-Elect)

Privileged Guests: Drs Jake Behrens, Deborah Cross, Hetty Eisenberg (ECP Rep from Pennsylvania), Paul O'Leary, Karuna Poddar, Lindsay Standeven, Seeth Vivek, Mani Yavi

APA Staff: Jennifer Medicus

Absent voting members: Manuel Reich, Kenneth Thompson

1. Welcome New Members and Guests, and Introductions and Disclosures of Potential Conflicts of Interest – Dr Napoli welcomed new members and guests. Attendees introduced themselves and reported their affiliations, to identify potential conflicts of interest that might arise in the proceedings. Dr Napoli thanked Dr Certa for making the local arrangements for this meeting.

2. Minutes – There were no corrections or other changes proposed to the minutes of the Area 3 November 2017 meeting, and Dr Napoli announced that they were accepted as written.

3. Announcements – Dr Napoli made the following announcements:

A. WPS Career, Leadership and Mentorship (CLM) Program, the innovative program started by Dr Sorel and materially supported by Area 3, just celebrated its 10th Anniversary at the Cosmos Club in Washington DC, which Dr Napoli had the pleasure of attending

- B. Area 3 Council Members Contributing to APA 2018 Annual Meeting Scientific Sessions
 - Dr Napoli will be involved in a course disaster and two workshops on burnout
 - Dr Komrad reported that the Southern Psychiatric Association will have a slot for presentations, during which he will be giving a talk on the role of psychiatrics in the Eugenics and Sterilization movement in the United States and the Nazi program to kill the mentally ill in Germany, including leading psychiatrists of the time who participated in these activities with enthusiasm.
 - Dr Herman announced that he will be giving a talk on Career Choices for Psychiatrists, and that Dr Jayaram, a former Area 3 Council member representing Pennsylvania, will be receiving this year's Administrative Psychiatry award.
 - Dr Standeven will be part of two symposia: a Presidential symposium in which she will talk about the genetics of postpartum depression, and the other in which she will be discussing the safety of antidepressant use during pregnancy.
 - Dr Certa will be presenting with several of his residents on the topic of discharge of patients against their expressed wishes.

4. Area 3 Representative - Dr Napoli

A. COPE Committee

Dr Napoli noted that Area 3 had a functioning committee, chaired by Dr Herman and co-chaired by Ms Shoemaker, that accepts and reviews proposals for Area 3 expenditures for appropriate purposes. A webpage on the Area 3 website describes this program, and downloadable forms will soon be available there, for submitting proposals.

B. RFM Merit Award

The first example of an approved program is Dr Sorel's suggested RFM Merit Award, and a page on the website describes that program; there will also be an announcement soon appearing for candidates for these awards, with a deadline of April 1. The nominees will be reviewed by the Area 3 Council RFMs, who will make recommendations regarding the nominees, and then the Council will vote on these in our May meeting.

C. Travel Expenses Reimbursement

Dr Napoli reminded Council members that travel reimbursement forms were downloadable from our website, but that the APA requires that they be submitted within 10 business days of the meeting; members of the Council must have arranged with the APA to use Direct Deposit.

D. Committees, Work Groups and Reference Committees Assignments were announced:

Reference Committees

Ref Committee 1 (Advancing Psychiatry): Dr Dunlop

Ref Committee 2 (Advancing Psychiatric Knowledge and Supporting Research): Dr Greenberg

Ref Committee 3 (Education and Lifelong Learning): Dr Neff

Ref Committee 4 (Diversity and Health Disparities): Dr Arora

Ref Committee 5 (Membership and Organization): Dr Melnick

Assembly Committees

Access to Care: Dr Sorel

Maintenance of Certification: Dr Arora

Psychiatric Diagnosis and DSM: Dr Ciolino

Public and Community Psychiatry: Dr Gallucci

Assembly Committee and American Psychiatric Foundation: Dr Komrad

E. Today's Agenda was briefly reviewed by Dr Napoli

5. Candidates for Assembly Officers: Candidates made presentations, and answered questions

A. Speaker-Elect: Dr Debra Cross and Dr Paul O'Leary

B. Recorder: Dr. Jacob Behrens and Dr Seeth Vivek (Dr Stephen Brown was unable to attend.)

6. Reports

A. Trustee Report: Dr Peele reported that the BOT Rule of 95 Task Force will likely bring to the next Assembly meeting a proposal to change the rule of 95, ending the reduction of dues for members who have not already met that criterion or are close to meeting that criterion, and replacing the rule for those not already so grandfathered with an income-based criterion for dues reduction. Dr Herman added that this issue was financially motivated, but coming from the DBs rather than the APA, as the APA's income is mainly not dependent on dues, and that he felt that he preferred other options to address DB financial shortfalls. Further discussion included additional points of view by Drs Gurak, Morrison, Certa, Malhotra and others, as well as Dr Vivek who indicated that it was his action paper that requested that such a work group be established to address the question. A very informal straw poll after the discussion appeared to indicate that at this time more Council members were in favor of the proposed change than were opposed to it.

B. Recorder Report: Dr O'Leary described his work on helping track action papers and their status and making this information more accessible to the Assembly membership. He addressed a number of ongoing issues, including the proposal now going to the BOT to create a Council on Women's Mental Health; Drs Napoli and Silver helped explain that this Council was unrelated to the Women's Caucus, and that there was an important need for this independent body to address women's mental health with adequate expertise. Dr O'Leary also particularly highlighted a problem that has become quite pronounced in Alabama, a loss of psychiatric outpatient placements for those currently hospitalized, as available resources have been taken over by forensic services. Dr Sorel added another concern: that in the creation of the APA patient registry, it appeared that contractual language would hold us liable for errors in transmission of data to the vendor, rather than the vendor, and asked that this be brought up by the administration. Dr Sorel added that he even called the insurer himself, and the response was that they were not aware of the language that raised our concerns. Dr Greenberg reinforced this concern, elaborating that this was becoming a more general phenomenon, of organizations including "hold harmless" provisions in very lengthy contractual language, from language in employment and insurance documents that new physicians were expecting to sign to even including simple

updates to computer applications, and a tendency had developed with the proliferation of such and the frequency of updates, to not carefully read every such document. Ms Medicus agreed to take this issue back to APA Administration, and Dr O'Leary also agreed to follow up with the APA Administration.

B. Assembly Executive Committee Report: Dr Napoli indicated that Dr Sorel would report later on the campaign to promote recognition of mental health as human right. Dr Napoli reported that a pilot mentorship program for the Assembly was going well, and the AEC voted to continue funding that initiative for the next 3 years. The proposal to include an election voting form with dues statements resulted in Dr Miskimen being asked to convene a workgroup to study strategies to increase the number of members who vote in elections to a goal of 40% or above. Dr Herman noted that this was a vexing challenge, but in examining voting percentages of similar-sized professional medical organizations it was found that our voting percentages were higher than most, and that most proposals to try to increase the percentage of members that vote that have come up for consideration, have been voted down. Dr Sorel suggested that a useful strategy would be to have members vote at the time they registered for the Annual Meeting. Dr Napoli also announced that Dr Gary Weinstein was going to be the recipient of the Assembly's Warren Williams award.

7. Financial Report

A. Area 3 Financial Summary – January 2018 - Dr Greenberg gave the financial report, noting that the balance in our virtual account had grown to \$97,038.81 at the end of calendar 2017.

B. AEC AHWG on Area Financing Summary of Proposal to AEC – Dr Napoli also reported that the AEC appointed a workgroup, chaired by Dr Martin with Dr Anzia serving as a consultant, to create a proposal regarding AEC funding to the Area Councils. The workgroup proposal was to eliminate the block grant funding mechanism, replacing it with yearly funding to cover two components: funds to cover operating costs of business meetings outside of the Assembly meetings, and funds for programs to serve and benefit the members in our Areas, adding value to their membership. Our procedural code implies a need for two yearly business meetings, so that we can review action papers prior to the Assembly meetings. Operating funds will no longer roll over year to year, but the program funds will have some protection, so that approved programs may continue with approved funding. Dr Napoli recommended that each Area be considered a cost center, for simplification. Currently approximately \$82,000 is earmarked for RFMs and ECPs regarding their involvement with the Areas, although it appears that not all of this is spent; it might be simpler to include these funds with funding to the Areas. These proposals have not yet been approved. Another controversial proposal would be to include an assessment to support the Areas coming from DB funds; this currently being done by Areas 4, as well as the states that are Areas themselves (New York and California); Dr Napoli would support this if Area 3 could opt to be exempt from this expectation, as we operate very efficiently and currently have a surplus. Dr Napoli had strongly argued that the unspent monies currently earmarked for Area 3, per our paper balance, not be taken away, given our years of frugal and responsible spending and so that we might still be able to access same for future expenses. Dr Sorel encouraged all to think creatively of programming that we could

offer to benefit our members with our balance, and Dr Napoli noted some of our successful implementation of this idea, and our new mechanism for evaluating new programs.

8. Presentations of Candidates for Area 3 RFM Deputy Representative/Representative:

Drs Lindsay Standeven, MD (MPS), Kurana Poddar, MD, MS (NJPA) and Mani Yavi (WPS) gave presentations introducing themselves and supporting their candidacies.

There was a brief recess for lunch, and the meeting then re-convened.

9. RFM Rep/Dep Rep election: Anonymous paper ballots were distributed to qualified voters, and Dr Napoli explained the preferential voting procedure.

After the tellers completed their counting, Dr Melnick, Chairperson of the Nominating Committee, reported that the winner of the election was Dr Standeven. Dr Napoli thanked all the nominees for presenting themselves, and stated that he would be talking with Dr Silver about keeping Drs Poddar and Yavi involved as an RFM Advisory Group.

10. Area 3 Committees and Initiative Reports

A. Committee on Member Services (COMS) – Dr Greenberg reported that the Committee had not been convened since the last meeting.

B. Membership Development Across Area 3 – Dr Sorel reported on his leadership development efforts, and invited other DBs to consider adopting the WPS program, with adaptations for their local circumstances, in consultation with WPS.

C. Committee on Program Evaluation – Dr Herman noted that the COPE committee did not have a new report for this meeting.

D. Collaborative Care Initiative – Dr Sorel reported that 10 years ago Area 3 endorsed the WPS Action Paper on Primary Care and Psychiatry Collaboration, which has now become an integral aspect of the APA's position, including promoting in response to the CMS call for innovative programs, which led to the APA getting a \$2.9 million grant to train psychiatrists interested in training to practice integrated collaborative care. This model was also adopted by the World Psychiatric Association in 2015, which will lead to this model being soon rolled out in several countries. There will be ongoing research into surveying the differences in models implemented in different countries, and the differences that might be most appropriate in different countries, as one model may not work well in different countries because of social and economic differences. He pointed out the India has essentially had a model of integrated care for thousands of years. Some of the initial results of this surveying will be presented at the May APA meeting.

11. District Branch, ACROSS, ECP, M/UR, RFM and APA State Government Reports

A. Psychiatric Society of Delaware: Dr Gallucci reported there was a proposed law mandating reporting individuals who were potentially dangerous and had weapons, which had bipartisan support, which led to some Council discussion, including Dr Cross suggesting that a workgroup might usefully come up with model legislation, given the many disparate state efforts and come important concerns;

Drs Cross and Hanson discussing the New York and Maryland formulations and their relative merits. Dr Greenberg added that APA representatives from some states had some very divergent attitudes from those expressed in our Council, recalling recent examples of incidents in reference committees discussing the revised APA position statement, and that we should be aware of this in our discussions in APA meetings. Dr Sorel added that there have been prohibitions about using Federal monies to conduct research about gun violence, and that we should advocate for the promotion of scientific research to provide factual data, in the face of the recent predominance of emotional discussion, and asked if others would work with him in creating an action paper addressing this in the Fall meeting, and Dr Greenberg referenced a good retrospective article that appeared in the American Journal of Psychiatry a few years ago, finding a dramatic difference in gun-related violent deaths after the imposition of stricter gun laws in Australia, and Dr O'Leary noted that other research in this area found a very positive effect of just banning assault rifles, and Dr Komrad called for the availability of a resource document referencing such studies. In other discussion of PSD activities, Dr Gallucci reported that the PSD does not support proposed laws on aid in dying and decriminalizing the use of recreational marijuana, and also is not supporting a proposed law adding new strictures on prescribing benzodiazepines. There is strong resident involvement in writing their newsletter. The PSD is monitoring proposed health care reform discussions.

B. APA Administrative Report: Ms Medicus reported that there were some recent new hires addressing open positions regarding direction of Federal and State-level lobbying. Summarizing some elements of a 12-page report, she indicated that the APA continued to oppose any efforts to weaken the ACA, supports any efforts to stabilize the insurance marketplace, did support the budget agreement that included enhanced funding to address the opioid crisis, supports continuing CHIP reauthorization, offered information to DBs and others in response to disasters. The APA is now relying on its own systematic reviews rather than on AHRQ reviews as the AHRQ has less resources for this and does not always have available data that the APA is most concerned with; recently the APA is working on a systematic review on the use of antipsychotic medication during pregnancy and during the postpartum period. The Consultation/Liaison group is working on a document concerning fertility and mental health. Dr Certa expressed concern about the ligature issue, noting that the task force assigned to address this has not met yet, while the results of this JCAHO policy is having very severe effects on current inpatient services.

C. American Association of Psychiatric Administrators (AAPA): Dr Herman reported that the APA was sponsoring a symposium addressing pathways for leadership for psychiatrists. There will be an AAPA reception at the May meeting at the Yale Club. The AAPA may have to change publishers for its journal.

D. American Society for Adolescent Psychiatry (ASAP): Dr Ratner reported that the ASAP was being held next week in NY, "Beyond Our Roots: Emerging Issues in Adolescent Mental Health Care" and would be offering a certification examination.

E. Southern Psychiatric Association (SPA): Dr Komrad reported that Area 3 Council members are invited to attend their reception at the APA Annual Meeting, and emphasized that membership in the SPA is not limited to those living in the South, but that the SPA merely holds its meetings there. The SPA's next CME-accredited meeting will be in Nashville in September.

F. Maryland Psychiatric Society (MPS): Dr Zimnitsky noted that MPS is currently supporting a bill offering reimbursement for telemedicine, supporting a bill outlawing conversion therapy for gay and lesbian individuals, a bill allowing voluntary admission for those under guardianship (currently such individuals would need to be committed to be admitted). MPS successfully sponsored a day-long psychopharmacology symposium with good attendance. MPS has continued to work with the state on insurance network adequacy. Dr Napoli reported that a mental health advocacy organization in NJ did such a survey, the results of which actually worked against our interests regarding scope of practice efforts by psychologists.

G. New Jersey Psychiatric Association (NJPA): Dr Ciolino reported new legislation has been introduced allowing psychologist prescribing, with some additional support from a new Administration, with the NJPA lobbying against this bill. Another bill has been introduced to legalize marijuana, supported by NJ's new Governor Murphy, as opposed to the previous opposition by then-Governor Christie. NJPA is opposing this as well, and NJPA President Dr Gurak will be testifying in Trenton regarding this issue. Dr Napoli clarified that various marijuana bills varied in their aims ranging from full legalization, to lesser allowances for decriminalization. NJPA will be presenting a Collaborative Care training program in April, and in November there will be a program on the opioid crisis. There is a draft document addressing violence and mental illness, to be reviewed by the NJPA BOT at its next Board meeting. NJPA has a new website, in good measure the result of consultative help from Dr Malhotra.

H. Pennsylvania Psychiatric Society: Dr Certa noted that there have been some recent changes in the legislature, and that significant changes might come pending federal decisions about Congressional redistricting in Pennsylvania. Efforts at expanding the scope of practice from various other professions were extant (with alleged justifications that these providers were already filling out insurance forms), with the state medical society concerned about state push-back if all efforts are opposed. The problem of a serious lack of involuntary beds continue.

I. Washington Psychiatric Society: Dr Morrison reported that the WPS President resigned, and therefore Dr Malik, WPS Secretary then agreed to move up to assume that office. WPS is sponsoring several CME programs, and other Area 3 members are invited to attend at the WPS price: these conferences will address suicide, the legalization of marijuana and psychiatric consequences, pharmacogenomics and genetic testing, and one on brain stimulation. Lobbying is complicated given the unique geographic overlap that WPS has with several districts.

J. ECP: Dr Malhotra reported that a recent national phone conference and considered several possible action papers, including a proposal that he himself proposed: reforming a now-defunct committee on Psychiatry and Foreign Affairs, in the past that committee addressed issue intra- and international conflicts. Dr Sorel suggested that it might be helpful to connect with the World Psychiatric Association's Conflict Management and Conflict Resolution Section.

K. M/UR – Women's Caucus: Dr Payne noted that she is representing the M/UR groups as a whole here, reporting that a joint meeting with Council on Minority Mental Health and Health Disparities and the M/UR as a whole in September was very productive, leading to an action paper and a decision to continue to have joint meetings. Several action papers were successfully passed, including establishment of a Council on Women's Mental Health, and universal establishment of 12 weeks of parental leave. The LBGQT group noted the loss of recommended language in federal laws, and that efforts would be made to respond appropriately to this.

12. Recorder's update on the Ligature issue: Dr O'Leary reported back on the ligature problem, mandating that any handrails, doorknobs, towel racks, or anything else that something could hang on were judged to be ligature suicide risks, and had to be remediated, which in many cases could be a very expensive process and could lead to units being closed to avoid compliance with these draconian standards. There is a meeting that the APA will have with CMS on this, but time is of the essence as the rule is expected to be finalized in another 3 months. Dr Cross reiterated the seriousness of this problem for many units, and noted that there are more suicides on medical floors than on psychiatric units (per a review by New York's Seth Stein), and the CMS is paying no attention to that. She advised that all units needed to be contacting the APA Administration to convey the necessary sense of urgency that this matter deserved. Dr Peele agreed to bring this issue to the APA BOT Dr Sorel suggested than two APA Councils should be involved in responding to this JCAHO initiative: Health Care Systems and Financing and Psychiatry and the Law. Dr Malhotra moved that the Area 3 Council should assert the urgency of addressing this matter, and bring the issue to the APA BOT, and Dr Albaugh seconded. Drs Certa Greenberg and Napoli proposed to clarify the proposed language to state that Area 3 asks that the APA BOT accept as an urgent matter that the JCAHO does not implement this new rule, until there is finalization by CMS, and that the concerns are a matter of implications for access to care. The accepted amended language was approved unanimously by the Area 3 Council with no abstentions, and Dr Peele agreed to take this Area 3 resolve to the APA BOT.

13. PAC – Dr Certa explained the importance of contributing to the APA PAC, and solicited our universally contributing to it, thanking us for our past contributions. Dr Gurak reported that for the second consecutive year, 100% of NJPA Board members were APA PAC contributors. Dr O'Leary emphasized the importance of PAC contributions, and noted that after Doug Jones' historic election victory in Alabama, he was one of a small group invited to a party for Doug Jones and had an opportunity to speak with him for 10 – 15 minutes. Several members described their DB's advocacy efforts to their respective state legislatures. Dr Komrad, a representative for the APA Foundation, took the opportunity to

describe some very laudable initiatives that they pursue, helped by members' donations, focusing on their Typical or Troubled initiative that addressed schools concerns about their students and their possible problems. He invited members to attend Foundation events at the Annual Meeting in May, which would involve a contribution to support their good efforts.

13. Unfinished Business

A. Tracking Action Items

1. AP - Civil Liability Coverage for District Branch Ethics Investigations – Dr Hanson reported that the APA decided that District Branches would not have access to the full coverage policy, but that other resolves of the action paper, including updating the operations manual to provide better information for DB Ethics Committees and a procedure to reimburse DBs for expenses for liability coverage had not yet been addressed to her knowledge. Dr O'Leary reported that these remaining matters would be presented to Dr Levin and the APA Counsel.

2. AP - Conflicts of Interest Not Limited to Pharmaceutical Companies – Dr Certa reported there was agreement that the report of conflicts would be adjusted to allow inclusion potential conflicts other than with pharmaceutical companies.

3. AP - Council on Women Psychiatry – Dr Silver reported that the JRC agreed to pass on the Assembly-approved action paper to the BOT.

4. AP – 2017 A112.O Health Care is a Human Right – Dr Sorel reported that the BOT approved this position statement, and that it now appears on the APA website.

5. AP – 2017A1 12.G Providing Education and Guidance for the Use and Limitations of Pharmacogenomics in Clinical Practice – Dr Napoli reported that this action paper was sent to many Councils at the request of the author, and that these reviews were ongoing.

B. APA-District Branch Disaster Liaison Network and Assembly Disaster Psychiatry Group – Dr Napoli noted that he was exploring if there was enough interest to bring back a group interested that would meet informally, as a “caucus.”

14. New Business

Action Papers: Three action papers presented by Dr Dunlap, primary author on all three:

- a. Addition of Adequate Amounts of Phosphatidylcholine (choline) to All Prenatal Vitamins:** Dr Dunlap noted that her interest in this area started with a presentation by Dr Carl Bell, about the enduring disadvantageous effects of nutritional problems during pregnancy. There is scientific support and an AMA call for ensuring adequate choline in the prenatal diet, but pharmaceutical companies have not been meeting this requirement for prenatal vitamins, so this action paper would ask that these standards should be required. After some discussion, Dr Dunlap moved this action paper, Dr Gurak seconding, and the Council voted to endorse it, unanimously except for one nay vote.
- b. Regulation of Alcohol at the Federal Level:** Dr Dunlap noted that the Bureau of Alcohol, Tobacco and Firearms did not have involvement in clinical issues related to alcohol, merely being interested in regulating interstate commerce. Dr Dunlap proposed that an APA effort be undertaken to work with other organizations to help give the FDA authority to regulate clinical issues related to alcohol. Dr Napoli recommended that Dr

Dunlap take some time to work on a few issues in this action paper a little further, instead of seeking endorsement at this time, which she agreed to do.

- c. **Study of Racism as a Clinical Disorder:** Dr Dunlap noted that initially she planned on asking that the APA consider Racism as a DSM-included clinical disorder, but has backed off from this idea, but would like to see a DSM code “object of racism.” She also asked for more research, and several listed several other resolves. There was some extended discussion addressing multiple issues, and Drs Napoli and Sorel recommended that the action paper be reworked, and probably should focus on recommending that the issues raised should be studied by the Committee on Research. Dr Dunlap agreed to do revise the action paper.
- d. **Potential action paper** on recommending perinatal mental health trainings for all clinicians, perhaps narrowed to residents in training (Dr Standeven). Dr Napoli noted that this was an issue that would come before the Council on Education, and that other organizations such as the Directors of Residency Training (AADPRT) and the ACGME would need to be involved. Dr Certa offered some specific recommendations in this regard.

Adjourn: There was no further old or new business, and Dr Napoli adjourned the meeting at 3:00 p.m.

Respectively submitted,

William Greenberg, MD, DLFAPA
Area 3 Deputy Representative