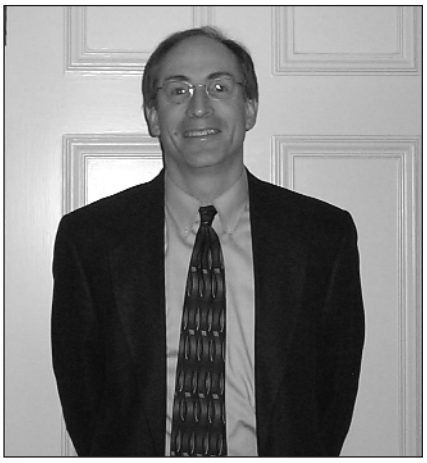
The Psychiatric Society of Virginia
VIRGINIA NEWS
SPRING *A District Branch of the American Psychiatric Association* 2003

PSV PRESIDENT / David Markowitz, MD, DFAPA



INSIDE THIS ISSUE

From the President of PSV

Recently I attended David Copperfield's show here in Richmond. After he made a beautiful 1940's Chrysler appear seemingly out of thin air, and I sat in awe of his talents, I began to assess the large number of people he had to assist him with each illusion. In addition to his numerous hired assistants and backstage staff, he engaged cooperation from a bounty of eager volunteers in the audience. Without all of this help, he would still be alone on stage, hoping that the gorgeous green car would appear simply by magic.

If you can excuse my allusion (and my bad pun), I would like to see if we could learn a few things from this master magician. First, I would like to thank all the wonderful board members and volunteers who have donated their time and effort to our organization. Greg Fisher and Yaccov Pashkin, our next President and President-Elect, are already planning their administrations and setting goals for the next two years. It's impossible to take the space necessary here to communicate the hard work everyone has provided this year, but I would like to thank Jorge Cortina (Treasurer), Anita Everett and John Shemo (Assembly Reps), Vladmir Karpov (Member-in-training), Penelope Ziegler and Ed Goldenberg (Members-at-Large), Jim Reinhard (Newsletter editor), Ram Shenoy and Helen Foster (Past Presidents), Pat Brown (Disaster Chair), Doug Chessen (Foundation President), Renate Forssman-Falck (Women's Chair), Stan Jennings (MSV Delegate), Adam Kaul (Early Career Rep), Richard Kaye (Public Education Chair), Jim Krag (Public Psychiatry Chair), and Rebecca Lindsey and Yaccov Pushkin (Ethics committee co-chairs).

I also want to thank Sandra Peterson, our dedicated, hard working, and always charming Executive Director. Without her leadership, we would quickly fall into disarray.

With the help of all of these people, we have accomplished a great deal this year. Increasingly, and of necessity, we have focused more resources on legislative issues in recent years. Such issues as the Medicaid Prescription Drug List and the Governor's Reinvestment Initiative (which could lead to fewer public hospital beds) have taken priority, but we have also worked more closely with the medical directors of two major insurance carriers here in Virginia to improve quality of care for our patients and quality of life for our members. As always, the PSV has provided two Scientific and Business Meetings (so far, with meals and CME's provided free of charge to members), reviewed ethics complaints, provided liaison services to Managed Care, and made multiple contributions to organizations that promote the mental health of Virginia's citizens and the well being of our profession (including our medical schools). Increasing media exposure for our members, and improving the image of psychiatry in general remains a priority, and new projects are in development to aid physicians in rural areas and to promote the education our members need to prepare for the post 9-11 world.

So what about David Copperfield's challenge. Without the hard work of our members and adequate financial resources, we become just another second rate magician working as a lead act for a Rock Band. The PSV has done a great deal over the years despite low membership dues, mostly through the work of a team of hard working and dedicated volunteers. But what was a great magic act 15 years ago would barely attract applause now. In our business, much more attention is required for legislative issues to protect our honorable profession and care for our distressed patients. The functions of the organization have changed dramatically, while our structure remains essentially unchanged. Please attend our semi-annual business meetings, or call us, to provide your guidance as the board prepares to transform the PSV into the organization you need for the 21st century. David Copperfield's act required manpower, money, creativity, and willingness to change. He finished with one gorgeous car. What will the PSV finish with? With your help we can find out.

Dave Markowitz

James S. Reinhard, MD, DFAPA

Our Patients?

For some reason the phrase in an e-mail from a psychiatrist in one of our state psychiatric facilities struck a nerve. He was expressing concern about the quality of care that "our patients" would receive if treated in the community (or was it a community hospital–I can't remember) as opposed to staying in the state hospital.

I'll try not to get too hung up on semantics. My patient…your patient…our patients. I've used the words, too, thousands of times during my medical education and career. But recently I've been more sensitive to how that sounds. Are they really our patients?

Of course we are indoctrinated through our training about the profound responsibility that is entrusted to us with the fiduciary relationship that we have with the people who seek our professional expertise and treatment. Fiduciary relationships involve situations in which one party, having knowledge superior to that of another, agrees to aid the other who has then put his or her complete trust and confidence in the one holding the superior knowledge. One can breach a fiduciary duty when the one possessing superior knowledge uses the relationship to obtain an unfair advantage over the other for his or her own benefit.

So there is the delicate balance. The pull toward possessiveness is understandable in a fiduciary relationship. "Our patients" are relying on our knowledge and skills so we can't let them down. One party has the opportunity for great control. But the danger is abusing the power and control and breaching fiduciary duty.

I propose that in spite of our fiduciary duties and other medical profession obligations that we move away from calling them our patients. Sure it is semantic nit picking, but it can also help remind some of us to pay closer attention to the recovery model that is progressing in the field of Mental Health – leaving many in our profession far behind.

The recovery model is based upon the principles that the patient, client or consumer (choose your favorite semantic term here – that discussion is for another day) directs the recovery process, therefore the individual's input is essential throughout the process. Professionals and patients must collaborate together to develop a recovery treatment plan. Mental health services are most effective when service delivery is within the context of the individual's community.

The recovery process model, on the other hand, focuses on supporting individuals to be active participants in their recovery process.

Our mental health system must acknowledge its historical tendency to enable and encourage dependency from "our patients". The recovery process model, on the other hand, focuses on supporting individuals to be active participants in their recovery process. This allows the individual to reach self-sufficiency in order to achieve their maximum potential.

Emphasizing with "our patients" the principles of recovery, self-direction, participation, and independence reduces the risk of even subtle forms of coercive treatment – let alone outright control.

For example, a major initiative with the Commonwealth's Department of Mental Health, Mental Retardation and Substance Abuse Services is to virtually eliminate seclusion and restraint in our15 state facilities – a coercive intervention that is really not a treatment – but a treatment failure. The accomplishment of this goal requires that all clinicians pay attention to issues of power struggles and control. Line staff who have been trained and practice under the model that "we must control our patients" at times in order to prevent injury are learning that there is actually reduced patient and staff injury when restraint is reduced and eliminated.

I believe there is often a similar "illusion of control" when we consider inpatient interventions vs. community based alternative treatments. But overly relying on institutional choices also:

- risk iatrogenic injury or unhealthy institutionally learned behavior
- risk being overly risk aversive rather than using state of the art risk assessment strategies, and
- risk not fully acknowledging and empowering the independence and responsibilities that lie untapped in many of these individuals.

Not calling someone "my patient" will be difficult since I'm so used to that terminology. Much more important than the semantics will be constantly assessing our attitude and approach to the individuals that we have the privilege of serving – and supporting their recovery and independence. ***Responses, differing opinions, or other letters to the editor are encouraged. Please send them to the PSV office or e-mail Sandra at: spetersonpsv@attbi.com.***

VIRGINIA NEWS

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We welcome letters to the editor and editorial contributions.

Please Note We Have A New Website

Cal Whitehead, Whitehead Consulting, LLC, PSV Grassroots Consultant

General Assembly Session Brings Major Changes to Mental Health System

Mental Health Funding

In a year with a huge budget deficit, mental health system funding was largely maintained, albeit shifted from state institutions to community-based programs. Legislators restored some cuts to mental health programs that were cut in Governor Warner's 2002 executive orders and moved nearly $13 million dollars from Central, Eastern, and Western State Hospitals to community service boards and other locally administered programs. Other highlights included expanded eligibility requirements for FAMIS and maintenance of funding for the Office of the Inspector General.

Mental Health System Reinvestment

Last fall, the Warner Administration unveiled its "Community Reinvestment Project" to redirect nearly $22 million annually from state mental health institutions to community services boards. This proposal was partially in response to the Supreme Court's Olmstead decision requiring the availability of community-based services. Budget conferees, those senior legislators who work out differences between the House and Senate budgets, strengthened language that requires quarterly progress reports to the Governor and General Assembly by DMHMRSAS Commission Jim Reinhard, declares state fiscal responsibility for the process, ensures that funds cut at state facilities remain in same geographic area, and prohibits any unexpended resources from reverting to Virginia's general fund.

Medicaid Preferred Drug List (PDL)

In an attempt to control rapidly increasing Medicaid costs, Governor Warner proposed use of a Preferred Drug List (PDL) to reduce state expenditures for prescription drugs. Pharmaceutical companies and patient advocacy groups lobbied successfully for a broad carve-out for atypical anti-psychotic medications. This exempts such drugs from the PDL and prior authorization requirements. The program will be managed by a Pharmacy and Therapeutics Committee (PTC) which will include a psychiatrist and other health professionals.

Parental Notification; HB 1499

The Senate Education & Health Committee rejected HB 1499 (Lingamfelter, R-Prince William), which would have required state and local government employees to report to a legal guardian if a minor seeks services related to sexually transmitted diseases, the provision of emergency contraception, pregnancy, illegal drug use, and the contemplation of suicide. The medical community and child advocates opposed the bill on the grounds that it was a deterrent for seeking treatment. The patron has stated that he will introduce similar legislation next year.

Board of Medicine Reform

Inspired by "bad doctor" anecdotes in state newspapers, Delegate Winsome Sears (R-Norfolk) introduced HB 1441, a bill to strengthen the disciplinary tools at the Department of Health Professions. Led by the Medical Society of Virginia (MSV), the medical community worked to ensure that the reform measures were reasonable and comparable to other professional standards. HB 1441 changes the standard for disciplinary action by the Board of Medicine from gross negligence to simple negligence, which makes it consistent with the standard used by other health professional boards. Additionally, it creates a "confidential consent agreement" that may be used by a health regulatory board, in lieu of discipline, in cases involving misconduct where there is little or no injury to a patient or the public and little likelihood of repetition by the practitioner.

2003 General Assembly Elections

All 140 seats of the General Assembly will be at stake on November 4. These are the first elections for the Senate under the new districts drawn in 2000. Many incumbents will be challenged by members of their own parties in primaries or conventions. Between retirements and upsets, we expect several new faces at the Capitol next session. At press time the following legislators have announced retirement: Senators Henry Maxwell (D-Norfolk), Kevin Miller (R-Harrisonburg); Delegates George Broman (R-Culpeper), Karen Darner (D-Arlington) Vic Thomas (D-Roanoke), and Chip Woodrum (D-Roanoke).

The opportunity to get politically-active is never better than in an election year!

The opportunity to get politically-active is never better than in an election year! Several PSV members have already indicated an interest in hosting fundraisers for their local Delegates and Senators. I am available to plan and manage events for psychiatrists willing to identify a site and encourage colleague participation. Contact me at cwhitehead@whiteheadconsulting.net to find out who your legislators are, how to contact them, and different ways to become involved.

John P. D. Shemo, M.D., DFAPA and Anita Everett, M.D., DFAPA

Assembly Report

Again Area V met just prior to the Assembly Meeting in Washington, D.C., in November to save the travel expense of a separate area meeting. Only one or two other areas are doing so. The downside of doing this is that APA is not yet cooperating by allowing those areas that juxtapose their area meetings with the Assembly meeting to have a "fast track" for submitting action papers to the Assembly that derive from the area meeting.

Issues of general interest from the November Area and Assembly meetings include:

- APA President Paul Appelbaum, M.D., met with editors of the Washington Post who had opposed mental health insurance parity. Following this meeting, the Washington Post changed its position and stated so in an editorial. Getting the Washington Post, or any major newspaper, to change its editorial position is an impressive accomplishment.
- Paul Appelbaum also wrote an article on HIPAA regulations and privacy rights for the American Journal of Psychiatry. These new HIPAA regulations are not workable in the real world and I expect they will be amended over the next few years – after considerable hassle and expense to practitioners and without any acknowledgment from Washington as to their lack of reality testing. The APA is planning to publish forms to aid with HIPAA compliance on the APA website.
- Tom Issel, M.D., was selected as the new Director of the National Institute of Mental Health. APA successfully supported the selection of a psychiatrist for this position.
- The issue of the New Mexico law regarding psychologist prescribing was obviously a major issue of discussion. It is noted that 13 of 14 state-centered attempts by psychologists in this regard have been defeated, and the New Mexico case had some special political circumstances. So far this years, such bills have been introduced in 11 states. It has come to a vote so far only in Wyoming where it was defeated by a substantial majority. On the other side, New York passed a measure specifically and preemptively banning psychologist prescribing.
- James Scully, M.D., was introduced as the new APA Medical Director starting January 1, 2003.
- The move of the APA administrative offices to Roslyn, Virginia is "on again" and should occur before the end of 2003. It is stated that $800,000 a year will be saved by the move, plus it is a better building with much higher tech capacities.
- The APA budget is better than predicted. Not only will it not be in deficit for 2003, but it should have a small surplus. This is due to better than expected APA book sales. Publishing currently generates more than one-half of APA revenues. The APA expects to have balanced budgets both in 2003 and 2004. There are currently monthly meetings of the Medical Director, Assembly Representatives, Representatives of the Budget and Finance Committee, and the Board of Directors to see that finances are watched more closely – there seems to be a genuine commitment to "no more surprises."
- The APA endorsed liability program was addressed. It was reported that Legion is no longer the insurer as they are now under supervision of Pennsylvania insurance regulations. They are officially in "rehabilitation" which means they can issue no policies and liquidation may occur. Coverage is now being provided by the National Fire Insurance Company of Pittsburgh and the Lexington Insurance Company. These companies cover in all 50 states and Washington, D.C., and have an A++ rating. Nonetheless, a "solution" to prior acts coverage is "still in process." The APA representative charged with oversight of the APA-endorsed program is Dr. Allen Levenson. Anita and I were in agreement that we were not satisfied with his presentation to the Assembly; he seemed rather too much an apologist for the insurance industry. I will at the upcoming Area V meeting be addressing very vigorously the APA oversight of this program. Neither Anita nor I are covered by the APA program, but over 7000 APA members are enrolled. It seems imperative to me that any program that the APA endorses "sets the standard" for such coverage.

(continued on page 8)

John P. D. Shemo, M.D., DFAPA and Anita Everett, M.D., DFAPA

Area V Assembly Council Report

The Area V Assembly Council met in Atlanta on March 1 and 2, 2003. Anita and I think that the membership would be pleased to see how economical, "no frills" and work-centered these meetings are.

I did address the state of the APA-endorsed insurance program at the meeting. Both Al Gaw, M.D., the current Assembly speaker, and Gene Cassell from the Central Office were at the meeting. It is promised that Dr. Jay Scully, the new APA Medical Director, will address this issue at the upcoming Assembly meeting in May. The "unofficial" word is that the news is not good, which is particularly problematic in states like Mississippi where there are currently no other liability insurance options. There were complaints that the news media has been addressing physicians in some states not providing services as a "doctor strike" when in fact the physicians cannot practice because there are no liability insurance options and they are unwilling to risk practicing uninsured.

A report was discussed which had demonstrated that the uninsured currently account for 65 percent of all malpractice claims. One state is exploring the option of extending "good samaritan" liability protection to physicians when they render care to patients from whom they have no expectation of payment.

The Medicare rate change has been passed and signed. That is, instead of a 4 percent cut there will be a 1.6 percent increase in overall medicare rates. This change goes into effect on March 1, 2003. There will likely be problems with individual local Medicare carriers not getting their computers accurate.

The APA will be publishing about 50 pages of forms/information on the APA website to help practitioners meet HIPAA requirements. It is paradoxical that these elaborate and extensive rules are listed under a HIPAA law subsection entitled "Administrative Simplification."

Several Action Papers were reviewed by the Area Council:

- Anita and I did propose a paper, already endorsed by the PSV, addressing the issue of the Assembly not insuring that representational voting procedures are followed in votes on issues where the results of a voice vote are too close to be convincingly clear. Area V did endorse this paper and it will be moved for passage at the May Assembly meeting.
- A paper was presented addressing a request that the vote of each member of the APA Board of Trustees be recorded except where votes are unanimous. This paper was endorsed.
- A paper was presented requesting that material in the approximately 3-inch thick packet sent to each Assembly member prior to each meeting be made available on line and sent in hard copy only to those who so request. This proposal was endorsed for a one-year trial.
- A paper was proposed by the Texas Delegation requesting that the APA avoid "vague and misleading" terms such as "mental health problems" and "behavioral health services." This paper also requests that the APA promote the listing of psychiatrists by health insurers in their provider lists with other medical specialists rather than with "behavioral health providers." The paper was endorsed.

These above-referenced papers will now all be presented and debates at the May meeting.

As always, Anita and I are always available and eager to receive ideas and feedback from the membership. We view our role as one of representing the consensus views of the membership of the PSV and not just our own personal views.

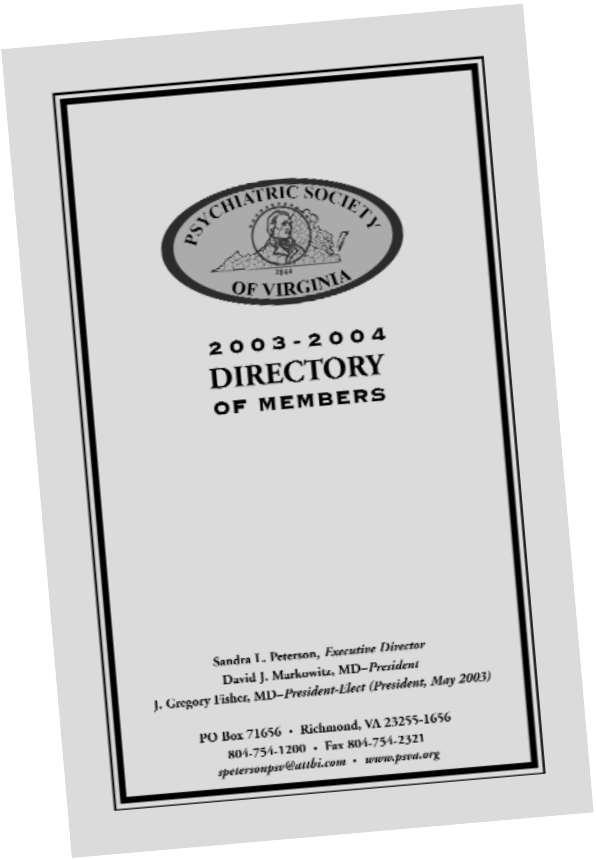
The Get Lost MD (Muscular Dystrophy) Foundation

This not for profit corporation was established to help formulate a training/charity cafe in Richmond, Virginia. This cafe will offer basic kitchen training to disadvantaged individuals (physically, mentally or economically challenged) and allow those individuals to acquire real food service experience that can help them secure employment at other restaurants.

The cafe will operate with a paid staff and assisted by several area chefs volunteering their time. The cafe will also be open to the public for lunch and dinner, whereas all profits derived will go enhance the training program and as donations to the Muscular Dystrophy Association.

We are looking for donors and sponsors for the establishment of this cafe. There are booths offered for sponsorship, as well as a "Kitchen Wall of Fame" for sponsors of kitchen training equipment. We are relying on the community to help support this venture and make it a reality.

For more information on this non profit venture please call Garth Larcen at (804)-560-9622 or www.getlostmd.org.



Your 2003-2004 Directory of Members of the Psychiatric Society of Virginia is in the mail

Every effort has been made to ensure accuracy and to include everyone who is a member of the PSV. If changes have occurred after the directory went to press, or if any error exists, we sincerely regret any inconvenience that may be caused. This directory is not intended for commercial use.

If you find an error or would like to make a change please contact Sandra Peterson at the PSV office or via e-mail before July 1, 2003 and she will list corrections, one time only, in the July issue of the PSV News.

Please feel free to contact Sandra Peterson, Executive Director, if you did not receive your directory.

Did you know...

That the PSV website www.psva.org had regular updates during the 2003 General Assembly from Virginians for Mental Health Equity (VMHE)?

Did you know...

That the PSV website also has an updated calendar of events and the names of the current Executive Committee of the PSV?

Check the PSV website out!

You will be surprised what you will find.

Healthy Communities Loan Fund

Consider obtaining a loan from the ***Healthy Communities Loan Fund*** before interest rates climb up again!

The ***Healthy Communities Loan Fund*** encourages psychiatrists to practice in mental health professional shortage areas. Word of mouth conveys how satisfying it is to:

- develop long term relationships not only with individual patients but also with their families;
- set up and run your own practice;
- participate in the life of a community where your contributions really matter and people show their gratitude.

If these factors appeal to you, we urge you to consider the long term benefits of practicing in an underserved area. To finance opening a new practice, relocating, building, expanding a facility, or adding new equipment to accommodate another psychiatrist,

Call:
Lilia Mayer/ Healthy Communities Loan Fund at the Virginia Health Care Foundation
804-828-7494 or Email: loanfund@vhcf.org

First Virginia Banks, Inc.
The Robert Wood Johnson Foundation
The Virginia Health Care Foundation

PSV IN THE NEWS

Psychiatric Society of Virginia Members Get Appointed to Various State Boards and Committees

Congratulations to Dr. Eloise Haun of Woodstock for recently being appointed to the Medicaid Physician Advisory Committee. The Director of Medical Assistance Services, Patrick Finnerty, made this announcement.

Congratulation also goes to Dr. Ramesh Agarwal of Chester for recently being appointed to the Medical Advisory Board for the Department of Motor Vehicles. Governor Mark Warner made this announcement.

The PSV is looking for a few good men & women…

The PSV is looking for a chair of the Women's Committee (thank you Dr. Renate Forssmann-Falck for your service over the past two years) and a Membership Committee chair.

For more information on these two positions please contact Sandra Peterson at the PSV office or President-Elect Greg Fisher at langhorner@aol.com.

Become an APA Distinguished Fellow!

Fellow status is an honor that reflects your dedication to the work of the APA and signifies your allegiance to the psychiatric profession.

The Distinguished Fellow requires a different approach. Your application for Distinguished Fellow is through your local District Branch.

Please contact Sandra Peterson at PSV for the nomination form and the 2003 guidelines. Completed nomination forms, addenda, if any, and three letters of reference are due into the PSV by June 1 – deadline to the APA from the District Branch is July 1, 2003.

…or become an APA Fellow!

Complete information and application material is posted on the Web at:

www.psych.org/apa_members/apply fellow.cfm

The deadline for application submission (directly from the member to the Central Office) is June 1, 2003.

DISASTER MENTAL HEALTH COMMITTEE NEWS

Edward Kantor, MD, incoming Disaster Chair – A special thanks to outgoing Chair Patricia Brown, MD for her hard work over the past two years.

Looking for Disaster Mental Health providers…

Particularly psychiatrists, who either already are or might be interested in participating in mental health disaster/crisis response in some capacity. Teams consisting of psychiatrists, psychologists, psychiatric nurses and other mental health providers will receive training and work along with the other emergency response agencies and providers should the need arise (RedCross, FEMA, EMS, etc...).

Please fill out the online form: http://intercom.virginia.edu/SurveySuite/Surveys/DisasterPsychRegister

Interested people are not obligating to anything other than hearing from me. Once organized, training opportunities will be announced. The goal is to have pre-identified lists and to either organize or support existing teams that know each other, understand the principles of disaster response and will be precredentialled to work within the evolving Secure Virginia and emergency response structure. We (PSV) will be working with DMHMRSAS, DOH, VACP, Red Cross, the Universities as well as Disaster Psychiatry Outreach (DPO) with the hope that we can have a coordinated disaster response plan for mental health locally and across the state. ***Please contact Edward Kantor at EMK2E@hscmail.mcc.virginia.edu for more information.***

Disaster Psychiatry and Mental Health Program Sponsored by Disaster Psychiatry Outreach (DPO) with all-star faculty

3RD INTERNATIONAL CONGRESS ON DISASTER PSYCHIATRY

April 25-26, 2003 at Hyatt Regency Crystal City in Northern Virginia

www.disasterpsych.org/congress

(continued from page 4)

- Free CME credit is available at the APA website based on the APA practice guidelines. It is important that members be familiar with the APA guidelines as they are considered the "state of the art" and many of the questions on board recertification exams are based on the guidelines. Additionally, many managed care practice guidelines are not compatible with APA guidelines, especially in situations where it is to the advantage of the MCO to be more restrictive. It is useful in negotiations with MCO's to know the specifics of the APA guidelines. For example, the APA guidelines do support the use of various medications to treat various disorders despite lack of "FDA approval." Note that even the FDA maintains that the FDA's role is not to regulate practitioner prescribing, but rather to regulate pharmaceutical company marketing and advertising. Given the economic basis of a pharmaceutical company's election to seek FDA approval for a given indication, even the FDA maintains that practitioners should use the current medical literature rather than FDA approval as the basis for prescribing decisions.
- The Assembly may be given veto power over any bylaw changes the Board of Directors makes. This is in lieu of a membership vote since the experience has been over many years that the membership does not typically vote in adequate numbers when such referendums are presented to reach a quorum. Interestingly, however, the Board of Directors then did decide to send this matter to the membership for a vote. The obvious risk is that the referendum will fail due to a lack of adequate numbers voting, leaving the Board with the power to make bylaw changes without the need to get approval from either the membership or the Assembly. It is noted that there have been numerous votes in which the overwhelming majority of the voting membership voted in a given way, yet a quorum was not achieved. Given this situation, Anita and I would urge the PSV membership to both vote to allow Assembly veto of Board decisions and make your opinions on Board actions known to your Assembly representatives.
- APA has joined as a party to the lawsuit currently in process against a number of managed care companies alleging RICO violations. In essence, this suit alleges conspiracy to defraud with criminal intent and sidesteps the ENTALA protections that have allowed the very existence of managed care.

Action Papers

Numerous action papers were presented and debated both in Reference Committees and on the Assembly floor. At an almost unprecedented level, Anita proposed and had passed a block of five interrelated action papers centered around care needs of patients with "serious and persistent mental illnesses." Included were papers related to:

- Access to care for persons with serious and persistent mental illness.
- Adoption of principles of care for persons with SPMI.
- APA advocacy for persons with SPMI.
- Education of psychiatry residents and APA members in the care and treatment of persons with SPMI.
- APA guidelines inclusion of evidence based services for persons with SPMI.

Other Action Papers Included:

- Joining the class action RICO lawsuit against managed care – *passed.*
- Reaffirming that APA Fellows who drop APA membership lose Fellowship status – *passed.*
- Incorporating Axis II diagnoses into Axis I given the experience that managed care discriminates against persons with Axis II diagnoses – *defeated based on a concern about "politicizing" the DSM process and thereby weakening its scientific standing.*
- Challenge to the DSM 4 criteria for a 30-day period of symptoms for the diagnosis of PTSD – *defeated on a similar basis.*
- Paper based on Atkins v. Virginia regarding the meaning of the Principles Of Medical Ethics With Annotations Especially Applicable To Psychiatry relating to issues of mental retardation – *postponed.*
- Encourage members who attain fellowship status to actively use the "FAPA" designation – *passed.*
- Paper affirming the APA position that the State remains the party of ultimate responsibility for the humane care and effective treatment of the psychiatrically ill – *passed.*
- Paper directing the APA to develop guidelines for use by state medical boards for "fitness for duty" evaluation of allegedly impaired physicians – *passed.*
- Paper regarding dues relief for Canadian members of the APA given the unfavorable exchange rate and the fact that Canadian members cannot access some of APA member benefits – *passed -- Canadian members may pay in Canadian dollars rather than U.S. dollars.*
- Paper supporting a national initiative to address the consequences of the lack of access to mental health care – *passed.*
- Paper asking APA to create a task force to provide guidelines regarding the issue of the diagnosis of mental retardation given the fact that the Supreme Court in Atkins v. Virginia did rule that execution of mentally retarded defendants is unconstitutional – but did not define how mental retardation should be defined and assessed in capital cases.
- A paper aimed at requiring speakers who do industry-sponsored symposia at the APA and Institute for Psychiatric Services meeting to also participate more broadly in "unpaid" aspects of the meeting – *defeated – while the sentiment of this paper was appreciated, the Assembly did not see it as uniformly enforceable.*
- A paper was presented related to the centralized membership processing issue. This paper reaffirmed that the District Branch does have "veto power" over any proposed members within the jurisdiction of that District Branch. It was pointed out that this level of "autonomy" was necessary to retain the non-profit status of District Branches – *passed*.
- A resolution was proposed to require the inclusion of substance abuse disorders in any future resolutions related to access to care – *passed.*

As always, the meeting was lively and very informative as to the practice climate around the country.

Anita and I are most open to suggestions from the PSV membership on issues or action papers you would like addressed or proposed in our roles of representing the PSV in the Assembly.

VIRGINIA NEWS
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HIPAA News –

Deadline nears for complying with new confidentiality rules

Psychiatrists have only until April 14, 2003, to put in place procedures and practices that meet the new HIPAA privacy regulations for protecting the confidentiality of health care records. The regulations are long and detailed, making a comprehensive presentation of the requirements in this newsletter impossible. You can find out more information:

APA website: www.psych.org

On the home page, scroll down to "HIPAA Education Materials under the Advocacy Section." You'll find links to the privacy rule itself, as well as other government sites that provide answers to frequently asked questions, and the like.

Minimum Necessary Guidelines for Third-Party Payers for Psychiatric Treatment.
An APA position statement available on the APA website, or from the APA's Office of Healthcare Systems and Financing at 1-800-343-4671.

For more information about HIPAA Seminars visit www.prms.com (Professional Risk Management Services) or call them at 703-907-3800.

STATE LAWS AND HIPAA STANDARDS IN VIRGINIA

One day seminar in Richmond on May 30, 2003

Call 715-833-3959 to register and 715-833-3940 for general questions.