THE BULLETIN

NEW YORK STATE PSYCHIATRIC ASSOCIATION

Winter 2009, Vol. 52, #1 • Bringing New York State Psychiatrists Together

President's Message: Conflict or Opportunity?

By C. Deborah Cross, MD

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In the mid 1990s I taught a course on Administrative Psychiatry to fourth year residents and each year for one class I tried to explain the organization of the APA to them. It was a daunting task! Our APA is a cumbersome behemoth with more dotted lines running everywhere than you can imagine. It was not always this way—and doesn't have to remain this way!

Our APA is currently facing major challenges. We have significant financial difficulties, (the Budget and Finance Committee is projecting a $4 million deficit for 2009) but more importantly we need to decide what our organization is to be for the next several decades. Are we going to be the premier and primary organization for psychiatrists in North America or are we going to watch our organization shrivel and die!

Briefly, our APA has a Board of Directors, an Assembly and a Component (committee) structure. I'll explain each of these briefly—feel free to skip the details if you get bored!

The APA has a Board of Directors comprised of the officers (President, President Elect, Vice President, Secretary-Treasurer (for a while we had separate offices, then combined, and now there has been a vote to separate the offices again!), the 3 most current past presidents, 7 Area trustees, 2 Trustees-at-Large, an ECP (Early Career Psychiatrist) Trustee, an MIT (resident) Trustee, an MIT-Elect Trustee, the Representative from the Residents & Fellows, the Representative from the Black Psychiatrists, the APA Bristol-Myers Squibb Fellow, the APA/Leadership Fellow, the APA/SAMHSA Fellow, and the Speaker and Speaker Elect from the Assembly (26 members), plus the Medical Director (Jay Scully) who is the CEO of the APA. They meet approximately 5 times a year.

The APA also has an Assembly. It used to be called the Assembly of the District Branches, but kept adding groups, so it was shortened to "the Assembly"! Each APA member is a member of a District Branch (there are 13 in New York State), and each District Branch belongs to an Area (there are 7 in the APA). Area 2 is New York State, and Area 6 is California, the other areas are comprised of multiple states. The Assembly also includes members of the Armed Services, and various Allied Organizations such as the ones for child psychiatry, AAPL (forensic), addiction psychiatry, etc. Currently the Assembly has approximately 240 members. The Assembly meets at the Annual Meeting and in November.

The third major part of the APA is the Components (our fancy word for committees!) At the present time there are over 90 APA committees! The Components are arranged in Councils which focus on such areas as education, economics, legislation,

[See **President** on page 2]

New Federal Mental Health Parity Law May Boost Mental Health Services in New York

By Rachel A. Fernbach, Esq. and Seth B. Stein, Esq.

The Emergency Economic Stabilization Act of 2008, which provided $700 billion in financial assistance for the faltering national economy, also included the most comprehensive mental health and substance abuse treatment parity law ever enacted on a federal level. The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, signed into law on October 3rd, was certainly a long time in coming for mental health professionals, patient advocates and legislators who have been lobbying for federal mental health parity for many years. This very positive outcome is also the result of efforts by NYSPA and its Timothy's Law Coalition partners who worked diligently with the New York State Congressional Delegation to secure language in the federal bill that not only protects but also enhances parity in New York State.

The new law requires all health plans (or health coverage provided in connection with a plan) that cover mental health or substance use disorder benefits to provide full parity with other medical and surgical benefits, with respect to financial requirements, treatment limitations and out-of-network benefits. The federal law applies only to large employers (more than 50 employees). Small employers with 50 employees or less are not covered by the federal parity law, but are covered by Timothy's Law, New York's mental health mandate. This article will provide a brief overview of the new federal parity law and its interaction with Timothy's Law.

Background on Timothy's Law

Timothy's Law, which went into effect on January 1, 2007, requires all group health plans to provide coverage for at least 30 inpatient days of treatment and 20 outpatient days of treatment for all mental illnesses. Such coverage must be "at least equal to coverage provided for other health conditions" and deductibles and co-payments must be "consistent with those imposed on other benefits" in the plan. For employers with 50 or fewer employees, the statute requires the state to pay for the cost of the 30/20 basic benefit.

Large employers (more than 50 employees) are also required to provide, in addition to the 30/20 basic benefit, full coverage of the following biologically based mental illnesses: schizophrenia, psychotic disorders, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorder, and bulimia and anorexia. Insurance carriers and HMOs are required to offer small businesses the option of purchasing the additional coverage for biologically-based illnesses at their own expense.

Finally, Timothy's Law mandates coverage by large employers for treatment of children under age 18 who have one of the following diagnoses: attention deficit disorder, disruptive behavior disorder, or pervasive developmental disorder and where the illness is life-threatening, the symptoms of

[See **Parity Law** on page 4]

Fall Area II Council Meeting

By Rachel A. Fernbach, Esq.

The New York State Psychiatric Association held its annual Fall Area II Council Meeting on Saturday, October 25, 2008 at the New York LaGuardia Airport Marriott Hotel in East Elmhurst, New York. C. Deborah Cross, M.D., NYSPA President, called the meeting to order and welcomed Council guests. After the call to order, various members of the Council provided reports. Dr. Cross provided an update on national public affairs issues, including the recent U.S. Senate inquiry into the relationship between psychiatry and the pharmaceutical industry, the start of the annual APA Healthy Minds campaign and her recent speaking engagement on the public radio show "All Things Considered" to discuss the current financial crisis.

Glenn Martin, M.D., NYSPA Vice-President, provided an update on his involvement with the development of RHIOs in New York State, which will create regional organizations for electronic storage and access to medical records. He and Mr. Stein have participated in many conference calls on the topic and have prepared public comments on the draft requirements, with NYSPA's particular focus on patient consent issues. Dr. Martin urged anyone who may be interested these issues to join the NYSPA Information Technology Committee or to visit www.nyehealth.org.

Seeth Vivek, M.D., NYSPA Secretary, presented minutes from the May 2-4, 2008, Area II Council Meeting at the Spring APA Assembly Meeting and the September 17, 2008, Executive Committee conference call. In addition, Dr. Vivek presented a flyer for the Second Annual NYSPA Scientific Paper Contest for Members-in-Training. He asked members of the Council to publicize the contest in their district branches and in local resi-

Michael Scimeca, MD, Lewis Opler, MD and Aaron Satloff, MD

dency programs. In addition, a mailing will be sent out to all training directors and psychiatry department chairs.

Darvin Varon, M.D., NYSPA Treasurer, presented the financial statements for January-October 2008 with a comparison for the same period for 2007 and 2006. He also presented a schedule of NYSPA investments, noting that NYSPA funds are spread among various financial institutions and are all below FDIC insurance limits. Next, Aaron Satloff, M.D., Chair of the NYSPA Budget Committee, presented the proposed NYSPA budget for fiscal year 2009, which was subsequently approved by the Council at its meeting in November in Washington, D.C. Finally, Edward Gordon, M.D., presented the financial statements for the NYSPA Political Action Committee for January-October, 2008, along with comparisons for the same time period for 2007 and 2006, and the list of contributors so far this year.

Legislative Report

Barry Perlman, M.D., provided an update on federal legislative activities. He reported on

[See **Area II** on page 3]

Government Relations Report:

By Barry B. Perlman, M.D., Chair, NYSPA Committee on Government Relations and Chair, APA Committee on Government Relations and Richard Gallo, NYSPA, Government Relations Advocate

The following text is a synthesis of the Report of the Committee on Government Relations presented at the Area Council Meeting on 10/25/08 and the Report of the CGR to the Assembly on 11/9/08.

In the midst of what has been in many n the midst of what has been in many ways a dismal year for the nation, at the Federal level this year can only be described as having been an extraordinary one.

The 2nd Session of the 110th Congress has enacted mental health legislation of historic proportion, the realization of prolonged effort by the APA, AMA, and other advocacy organizations for persons with mental illness.

On July 15 many Americans, psychiatrists among them, were moved when Senator Edward Kennedy, undergoing treatment for brain cancer, returned to the floor of the United States Senate to cast his vote to override President Bush's veto of the Medicare Improvements for Patients and Providers Act of 2008. That bill: 1) Blocked a 10.6% cut in Medicare fees and replaced it with a .5% increase for the remainder of 2008 and a 1.1% update for 2009. 2) Provided a 5% bump in payment for psychotherapy services. 3) Made technical changes to the underlying budget neutrality requirement from work relative value units to the conversion factor. This change results in a distinct advantage for those providing "cognitive" services such as psychiatrists. 4) Requires modifications to the Part D benefit such that as of 2013 Medicare will pay for benzodiazepine and barbiturate prescriptions. 5) Most important was the initiation of a 5 year phase in starting in 2010 of an end to the discriminatory 50% co-payment for outpatient mental health services.

More recently, as part of the Emergency Economic Stabilization Act of 2008, the Congress passed and the President signed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 into law, culminating 12 years of advocacy by APA and a coalition of advocates for persons with mental illness. While some have spoken disparagingly of the "pork" needed to get the billed passed, we advocates certainly did not see this long overdue equitable treatment of coverage of mental illness in that way. Although the law does not require that health plans cover mental illness, if they do certain requirements then must be met. Among the significant accomplishments in the laws final version are the elimination of the federal pre-emption of state mental health parity laws and the inclusion of an out of network benefit for mental illness comparable to that for medical illness. At the suggestion of Mr. Seth Stein, NYSPA Executive Director and Council, we shall be asking the APA to conduct an analysis of the intersection of the federal Parity law on the parity laws passed by the states with the expectation that many of them may be broadened.

With these major accomplishments behind us, the new year with the new Obama administration and a more Democratic First Session of the 211th Congress will present us with many new challenges. The fortuitous passage of the federal Parity legislation will vastly improve our opportunity to assure comparable coverage for mental illness no matter what scheme emerges as

[See **Gov't Report** on page 6]

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Information for Contributors
The Bulletin welcomes articles and letters that NYSPA members will find timely, relevant, and compelling. Articles should be between 750 and 1500 words (three to five double-spaced manuscript pages) and letters no more than 750 words. All submissions must be made electronically, preferably by email to the editor. All authors are encouraged to also provide a photograph of themselves which will be printed alongside their article.

Information for Advertisers
The Bulletin welcomes advertisements from both NYSPA members and commercial enterprises. Total circulation averages 5,500 copies per issue. *The Bulletin* is received by members of the American Psychiatric Association who belong to a district branch in New York State. *The Bulletin* is also sent to the leadership of other district branches across the United States and to New York State legislators, medical libraries, and science writers. *The Bulletin* is published quarterly. Both classified advertisements and display advertisements are available. Please contact the editor for current rates and media requirements. NYSPA members receive a discount of 50% off the basic classified ad rate.

The opinions expressed in the articles or letters are the sole responsibility of the individual authors, and may not necessarily represent the views of NYSPA, its members, or its officers.

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FROM THE EDITOR'S DESK... By Jeffrey Borenstein, MD

This edition of the *Bulletin* highlights the Federal Mental Health Parity Law and its impact on how the law may enhance the provisions of Timothy's Law in New York Sate. The Government Relations Report provides an overview of key legislative issues. In addition, we report on the legislative brunches in NYC and Westchester. The President's Message focuses on the structure of the APA in the context of budgetary constraints. We also publish responses to the previous President's Message.


Jeffrey Borenstein, MD

We report on an initiative of the NYS Department of Health and Office of Mental Health focusing on psychotropic prescribing in the Medicaid population. We have an article about a "Catch 22" situation for physicians working with the Office of Professional Medical Conduct. We report on the Fall Area II Council meeting and the Trustee Report provides an update on the national APA issues. ■

LETTERS TO THE PRESIDENT:

Dear Deborah,

I enjoy your column the most whenever I read "The Bulletin." You asked for us to write and give our opinions.

Your most recent column was with regard to the relationship between physicians and pharmaceutical companies. I had two thoughts. I was a fan of Monty Python and they had a skit with regard to the "Silly Party." The candidates were idiots, but I find in reality this is usually true if they aren't actual crooks. The fact that reps can no longer give me a pen or pad after Dec. 31 is about as silly as you can get. The companies also give me speakers, samples, dinners, and information. The first and last help me help patients and the samples are a direct help to patients.The fact that I get all of these from many companies would eliminate my choosing one over the other. I don't think I'm any different than most physicians who make their choices based on clinical experience as well as other factors that aren't related to the company per se. The biggest "gift" I ever received was with regard to Consta in 2001 and I've prescribed decanoate many times more often than Consta. The second thought had to do with my training over 45 years ago and mental mechanisms. I think the politicians and regulators use projection on us.

Some pharmaceutical dinner speakers are slanted, but most are not. I thank the companies for the education they give me. However, side effects and efficacy influence me much more.

Jack Underwood, M.D.

Dear Dr. Cross:

I was surprised by the defensive tone of your recent President's Message.

It appears that some of the opinion leaders in psychopharmacology may have committed crimes. Dr. Trey Sunderland has already pleaded guilty to misdemeanor conflict of interest; facts about a few others which are publicly known would certainly justify criminal investigations. If anything, the practicing psychiatrist, who is supposed to be guided by these opinion leaders, is a victim of their unethical or even criminal behavior. We should not be shedding tears for them or, at the very least, should not be doing so in public.

A different problem is posed by those psychopharmacologists who have commercial interests in new drug developments but have managed those interests in a manner which violates neither the law nor formal ethics of their academic and professional affiliations. Such people are not subject to sanctions of any kind. If public disclosure of their commercial interests amounts to bad publicity for them that is hardly a situation unique to psychiatry. Their public relations problems reflect on psychiatry only to the extent to which such persons are elected to positions of leadership in our association. If we will have bad publicity during the year of Dr. Schatzberg's presidency that is the way it has to be and will be an object lesson to us. Since - I hope - most of us are not psychopaths, we shall learn from experience and benefit from it in our future choices. In a membership as numerous as ours is there are many individuals who are well suited to positions of leadership and it may be possible to fill them even if we exclude from consideration persons who, however admirable in other respects, have a public relations problem.

Sincerely,

Miodrag Ristich, MD

Dear Dr. Ristich:

Thank you for your email. I certainly did not intend for my message to be defensive. What I had hoped was to try to present a balanced view of a very complex subject of which specific individuals' relationships with the pharmaceutical companies is a very small part. I agree that, based on

reports in the newspapers, some high profile psychoparmacologists have broken laws and that some have had resultant negative publicity for a variety of other deeds.

I also agree that we need a well informed electorate in the APA and we need well qualified, and dedicated psychiatrists to run for our offices. I hope you continue to be active in our APA and I look forward to hearing from you again in the future.

Deborah Cross, MD
President,
NYS Psychiatric Association

President's Message continued from page 1

etc. Most of the committees have at least 6-7 members and meet twice a year, in May at the Annual Meeting and in September. There are also a variety of task forces, special committees, standing committees, etc.

Clearly, understanding the intricacies of the APA and how anything gets accomplished is difficult.

The Board of Trustees, even though it is quite large for a Board, is nevertheless quite small when it comes to representing the 38,000 psychiatrist members. This is the main reason 7 Area Trustees were added to the Board, and even with that the Board often is isolated from the rank and file of the APA members. The Component structure is fragmented and each committee focuses on its narrow charge.

DISTRICT BRANCHES are the part of the APA which is most closely in touch with the average APA member. That is, if the member attends his/her DB meetings! Even so, most DBs do a fairly good job of keeping their members informed though newsletters, word of mouth, etc. of what's going on in the APA. And pretty much every APA member knows about his/her District Branch! In Area 2, we are very fortunate to have an active state organization (NYSPA) with a wonderful newsletter which goes to all members. Each DB has at least 1 representative and a Deputy Representative to the Assembly. At the Assembly, the DB rep has the opportunity to bring forward the issues that are important to that DB (through Action Papers) and have proposals put forward to the Board of Trustees for action. However, (remember the brief outline above), most Action Papers go first to a Committee (Component) which is felt to have an interest in whatever the Action Paper is dealing with. This results in a much broader review of the issue, but often a much longer delay (and sometimes a "burial") before coming to the Board!

At various times throughout the history of the APA there have been attempts to streamline the organization. In 1975 there was a conference at Key Biscayne which recommended a restructuring of the governance of the APA into a "unicameral" (one house) organization. Even though this recommendation was passed it never came about for a variety of reasons. In more recent years there have been various proposals for downsizing and streamlining the organization, often with the suggestion to integrate the governance structure. In the early part of this decade, because of significant financial problems, the Component structure was drastically cut. (As noted above, however, in the last 7 years, they have again increased substantially.)

Over the next several months there are going to be multiple proposals presented to the Board of Trustees as to how to "save money" by creating a leaner, smaller organization. Your NYSPA Executive Committee and Area Council has offered one such proposal, which focuses on incorporating the functions of the Assembly, namely representing each individual psychiatrist, with the Board functions, in other words, a unicameral structure, where there will not be a separate Assembly and Board but one structure working together to represent the psychiatrist members. Committees would only be active for the time needed to get specific tasks done. I feel very strongly that to lose the contact with the individual member at the DB level would be a death blow for our APA.

There will be significant financial cuts to the APA structure for 2009. We remain committed to representing the psychiatrists of New York State in an effective and active APA. This is a time of great challenge, and also of great opportunity. A revitalized and energetic APA is our future!

As always, I look forward to hearing from you with any comments or questions. My email is deborahcross@usa.net. ■

AREA II TRUSTEE'S REPORT By James Nininger, MD

James Nininger, MD

These are financially difficult times for many individuals and organizations, and the APA is no exception. The Board of Trustees in March will need to address budgetary issues going forward to offset portfolio and revenue losses. Out of crisis can come opportunity, and perhaps we can find ways to make our efforts on behalf of our patients and our colleagues more efficient and focused on membership priorities. Through the Bulletin and emails to you from the Executive Committee, you will be encouraged to weigh in and provide grassroots input to your Assembly Reps and any of us on the Executive Committee regarding a number of critical issues: Should the APA rely less heavily on Pharma for income? Should the components be downsized or in some cases eliminated? Should Governance (Assembly and Board) be downsized, or changed in function to be unicameral so that the setting of policy, not just advising capability, be given to the Assembly?

At the December Board meeting (minutes to be available on line or from me at the next Area II Council meeting) the Budget for 2009 was approved which canceled the September 2009 components meeting and spread out cuts over the Assembly, Board, and Components totaling one million dollars. The decision was made not to dip into APA reserves, which have been diminished this year by portfolio losses. No structural permanent changes were voted on in December but will be considered in the March meeting.

Dr. Jeffrey Geller chairs a workgroup on Financial Relationships Between the APA and the Pharmaceutical Industry and reported to the Board requesting feedback from members on a number of issues. The pharmaceutical industry has cut back this year on Industry Sponsored Symposia and advertising. Should APA also recommend decreasing or phasing out these symposia? Should Fellowships be sponsored by Pharma, and should meals be provided by Pharma at educational activities? Should pre-registration lists of psychiatrists for the annual meeting be provided to invite registrants to Industry Supported Symposia?

APA staff, under the able leadership of Dr. Jay Scully, has been stretched thin and there are currently 48 vacancies with a plan to phase out 23 positions. Membership has actually shown an increase in dues paying members, though a decrease in those paying full dues. Eve Herold, Director of the Office of Communications and Public Affairs, reported on a recent survey of the general public on "Perceptions of Psychiatry" which generally reported positive changes compared to a similar survey in 2005 (available on line or on request).

The sixth meeting of the DSM-V Task Force was held October 26-27, 2008. The four DSM-V Task Force Study Groups on cross-cutting issues (Lifespan Developmental Issues, Diagnostic Spectra, Gender and Cross-Cultural Expression, and Psychiatric/General Medical Interface) have met face to face in their respective groups and brought their recommendations back to the full task force for discussion during each of the task force meetings. Each study group has held approximately fifteen conference calls since their formation in April 2007. A fifth study group, charged with working to implement measures of impairment across diagnoses, has been formed, and held its first in-person meeting October 7-8, 2008. An additional group, focused on the development of diagnostic instruments to be created in conjunction with development of the DSM-V, is currently being formed.

This has been a very successful year legislatively for the APA with the passage of full parity nationally (which had the "bail-out" appended to it!) and the phased-in removal of the discriminatory Medicare 50% co-payment for psychiatric services. For the 2007-2008 election cycle, 4,153 APA members and staff contributed over $580,000 to the PAC. This represents a growth of 48% in contributors and 43% in dollars over the previous election cycle. The PAC has been very active during the 2007-2008 election cycle; contributing some $447,500 to 138 candidates for Congress and national party committees, hosting 110 events for those candidates. Of the 117 candidates that were up for re-election this November, 106 won their election (2 races are still undecided). This is a win rate of 91%, which is truly remarkable.

APA Vice President, Carol Bernstein, has been chairing a work group on APA Disclosures and Interest Policies, and discussion has been ensuing as to what level of disclosure of potential conflicts of interest is appropriate for various positions within the APA. For example, should a psychiatrist be prevented from serving on a Board or Task Force if he/she owns more than a specified dollar amount of pharmaceutical or medical device stock or income, or rather only be expected to declare this as a potential conflict of interest? Should the bar be set higher for certain roles (ex., DSM Task Force) than other roles (Board, Assembly, general members)? The APA has expended considerable time and funds responding to requests for information from Senator Grassley of Iowa who is looking for improprieties in declaration of income by certain members. It is important our potential conflicts of interest be reasonably transparent and that our image with colleagues and the public be positive.

I have tried to share with you the major "hot issues" at this time on the national level, and as I hope you can tell, urge your participation in learning more and providing your input, so we may, as fully as possible, consider your wishes and concerns. ■

Fall Area II continued from page 1

two recent historic legislative victories for the field of psychiatry. First, on July 15, 2008, Congress overrode President Bush's veto of the Medicare Improvements for Patients and Providers Act of 2008, which provided for the following: reversal of a scheduled 10.6% cut in Medicare rates, a 1.1% increase in rates for 2009, a 5% increase in rates for psychotherapy services and the gradual elimination of the discriminatory 50% co-payment for psychiatric services.

Molly Finnerty, MD

Second, earlier this month, Congress passed the Paul Wellstone and Pete Domenici Mental Health and Addiction Equity Act of 2008, establishing a federal mental health parity law that will act as a floor and not preempt similar state law. Under the new law, if a carrier provides mental health coverage, it must provide the same coverage for mental health services as it provides for other types of medical services, including out-of-network benefits.

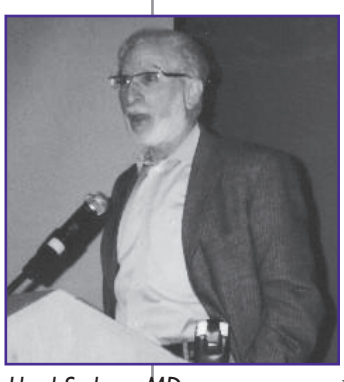
Dr. Perlman announced that the New York City Branches Tenth Annual Citywide Legislative Breakfast will be held on Sunday, December 7, 2008, at the New York Academy of Medicine and the Psychiatric Society of Westchester 22nd Annual Legislative Brunch will be held on Sunday, December 14, 2008, at the Crowne Plaza Hotel in White Plains.

Executive Director's Report

Seth Stein, NYSPA Executive Director, stated that NYSPA members have reported problems with reimbursement for evaluation and management codes for psychiatric services submitted to several third party insurance carriers, including United, Oxford and GHI. Many claims have been sent back with a letter incorrectly stating that psychiatric services will only be covered if billed as a 908xx service. NYSPA representatives recently met with the New York State Insurance Department regarding this issue and urged the Department to send out a circular instructing that E & M codes for psychiatric services are proper and must be paid.

Mr. Stein provided an update on the COPS reimbursement restructuring project, which plans to replace the current system of the COPS add-on with a system in which each clinic providing the same services will receive the same reimbursement. Mr. Stein also provided an update on NYSPA's involvement in the development of RHIOs and stated that NYSPA has taken the position that patients should be required to consent before their information is uploaded into the system in addition to consenting when information is downloaded.

Finally, Mr. Stein stated that NYSPA members have reported extensive delays and problems with paper claims submitted to New York State Medicare carrier National Government Services ("NGS"), which also serves as the Medicare carrier in four other states. The delay in processing paper claims is due to the use of scanners for data entry, which can cause delays if there is a problem reading the data, if data is misaligned within fields or if the claim form is misaligned in the scanner. In response to complaints, NGS has set up a triage system to address delays. If a member is having difficulties with paper claims, the member should forward the issue first to NYSPA central office, which will review the claim form and provide guidance where appropriate. If NYSPA is unable to correct the issue, it will forward the matter to the NGS triage unit. Mr. Stein added that members may purchase commercial software to assist them with printing out claim forms in the proper format, which may improve processing.



Lloyd Sederer, MD

NYS OMH Medical Director

Lloyd Sederer, M.D., Medical Director for the New York State Office of Mental Health ("OMH"), addressed the Council and answered questions. He provided an update on OMH activities and priorities, including work on outpatient clinics, co-occurring disorders, and PSYCKES, a new web-based software program aimed at improving prescribing practices.

NYS OASAS Medical Director

Steven Kipnes, M.D., Medical Director for the New York State Office of Alcoholism and Substance Abuse Services ("OASAS"), addressed the Council and answered questions. He provided a brief overview of the function and activities of OASAS and highlighted some recent initiatives, including a traumatic brain injury program and a tobacco initiative.

Harvey Bluestone Award

Aaron Satloff, M.D., and Michael Scimeca, M.D., awarded the second annual Harvey Bluestone Award to Lewis Opler, M.D., Director of the Research Division for the New York State Office of Mental Health. Dr. Scimeca described Dr. Opler as a model researcher, educator and administrator, noted for his extensive clinical knowledge and personal warmth and generosity. Dr. Opler briefly addressed the Council and expressed his gratitude.

Steven Kipnes, MD

Area II Trustee's Report

James Nininger, M.D., Area II Trustee to the APA Board of Trustees provided an update on APA finances. In the past year, the APA has seen a decrease in revenue due to decreased support from pharmaceutical companies and a lower attendance rate among international members at the 2008 Annual Meeting. However, membership numbers are still strong. The reserve fund has had some losses due to recent changes in the stock market. The APA expects increased revenues as a result of the DSM-V project, but associated revenues will not be seen until 2012. In order to balance the current budget, APA central office has instituted a hiring freeze and has made staffing cuts in all areas of the Association

Dr. Nininger reported that current hot topics in discussion by the Board include the balance between availability of electronic medical records and confidentiality and the need for appropriate disclosure of conflicts of interest. A task force has been convened to look into conflict of interest issues. Other active Board work groups include the Ad Hoc Work Group on a Mental Health Care System, the Ad Hoc Work Group on Adapting to Changes in the Psychiatric Environment and the Ad Hoc Work Group on Changes in Pharmaceutical Revenue. Finally, Dr. Nininger reported that he plans to post on the NYSPA website the most recent minutes of meetings of the APA BOT as well as the Report of the APA Treasurer.

Assembly Update

Ron Burd, M.D., Speaker of the APA Assembly, provided an update on APA budget and finances. Dr. Burd reported that because 2008 revenues are running behind projections, the organization is encouraging members to use technology to conduct meetings and avoid travel where possible and is also shortening Assembly activities during the November meeting in order to avoid additional accommodation expenses.

PSYCKES

Molly Finnerty, M.D., Director, Bureau of Adult Services Evaluation and Research, New York State Office of Mental Health, presented PSYCKES, the Psychiatric Services and Clinical Knowledge Enhancement System. PSYCKES is an internet-based software program now available through the OMH website that provides access to Medicaid data in an attempt to improve the quality and efficiency of psychotropic prescribing practices. The program allows article 31 clinics to search past Medicaid treatment records for current patients and also allows clinics to generate reports by agency, by region and by recipient. The program is currently available in New York City clinics as of July 1, 2008 and will be made available in clinics statewide on January 1, 2009. At present, the program focuses on polypharmacy and cardiometabolic risk indicators, with additional indicators to be added in the future.

Committee Reports

The meeting was concluded with reports from the following NYSPA Committees: Early Career Psychiatrists, Public Psychiatry, Children and Adolescents, and Membership. ■

OMH and DOH Partner to Improve the Quality and Safety of Psychotropic Treatment in NYS By

People with serious mental illness die 25 years earlier than the general population, according to The National Association of State Mental Health Program Directors (NASMHPD). Not only does this population have higher rates of cardiometabolic risk factors, but they have low rates of treatment for the risk factors and medical conditions that they have. Baseline data from the CATIE study revealed worrisome rates of non-treatment among those with schizophrenia who also have diabetes (30.2%), hypertension (62.4%), and dyslipidemia (88.0%). Increasingly individuals with serious mental illness are being recognized as a high risk population for diabetes and heart disease. For example, the Canadian Diabetes Association has included schizophrenia in its list of independent risk factors for the development of type 2 diabetes.

Various factors contribute to the healthcare tragedy currently occurring among this population. Smoking and a sedentary lifestyle as well as barriers to utilization of healthcare probably all contribute. In addition, recent studies have highlighted the role of select atypical antipsychotics in contributing to the high rates of cardiovascular disease and metabolic disorders among those with mental illness. Results from the CATIE trial made this topic headline news this fall. An article in this October's issue of Schizophrenia Research reported a significant elevation in estimated 10-year coronary heart disease risk after only a few months of exposure to the atypical antipsychotics olanzapine (associated with the highest risk) and quetiapine. The close association between obesity, diabetes, hyperlipidemia, and cardiovascular disease warrants considerable clinical concern about the relationships between SGAs and the development of these risk factors.

Motivated by these concerns, the New York State Department of Health and the New York State Office of Mental Health are collaborating on a statewide continuous quality improvement project. The initiative is focusing on the quality and safety of psychotropic prescribing in the Medicaid population, with particular attention given to the cardiometabolic impact of select antipsychotics. To support the initiative, OMH has established a Stakeholder's Advisory Committee with representatives from the APA and from NYSPA, including Executive Director, Seth Stein. Other members include representatives from the Greater New York Hospital Association, Healthcare Association of New York State, NAMI, the Mental Health Association, and the New York Association of Psychiatric Rehabilitation Services. OMH is also working closely with the newly established Evidence-Based Practices Technical Assistance Center (EBP TAC) of the New York State Psychiatric Institute in order to provide high quality support to this project.

This initiative is being implemented in 348 community mental health clinics and all state operated clinics throughout the state. Indicative of the initiative's momentum, 92% of eligible clinics have volunteered to participate. Statewide training is currently underway and due to be completed by December, 2008. A number of resources are available to providers in support of this project, including web-based Continuing Medical Education (CME) modules, clinical consultation, as well as other clinical training and education opportunities.

The central vehicle of the initiative is the Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES), an award-winning web-based computer program developed by OMH. Consumers, families, providers, and prescribers all contributed vital input in the development of PSYCKES. Originally used in state psychiatric hospitals, PSYCKES was found to be both user-friendly and to support significant improvement in medication practices in these settings. The application has been successfully adapted for the Medicaid mental health population, as a support for the OMH-DOH initiative. PSYCKES flags patients with quality concerns and provides access to the last two years of Medicaid claims data to support clinical review. PSYCKES has been shown to support more efficient and more accurate treatment history review by providing access to claims data across treatment modalities and settings. PSYCKES also includes quick and easy links to evidence-based clinical guidelines, facilitating the provision of evidence-based care to patients.

Reports generated by PSYCKES provide a list of quality indicators that were developed in consultation with a Scientific Advisory Committee of national leaders in the field. The Scientific Advisory Committee, Chaired by Dr. Jeff Lieberman and Dr. Lloyd Sederer, identified a number of mental health quality concerns for adults and youth. Two major areas were selected for the focus of this year's initiative: psychotropic polypharmacy and cardiometabolic conditions. The cardiometabolic indicator is designed to address the concerning issues raised by the recent CATIE findings. This indicator highlights individuals with cardiometabolic conditions who are on an antipsychotic medication that the Scientific Advisory Committee has defined as high to moderate risk for causing an exacerbation of their cardiometabolic abnormalities.

Currently PSYCKES is designed for use by clinicians, to alert prescribers and other health care workers when one of their patients should receive a treatment review and may warrant a change of medication. In the coming year, PSYCKES will be further adapted to support Shared Decision Making activities between Medicaid enrollees and their clinicians.

OMH is establishing users groups to help insure that the programs and data available through PSYCKES are meeting the need of psychiatrists and other clinicians. A further goal is making web-based CME, developed in consultation with national experts, available and open to all.

OMH has a website dedicated to this program. For more information about the quality improvement initiative and PSYCKES, please visit the PSYCKES homepage at: https://psyckesmedicaid.omh.state.ny.us ■

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psychosis are significant, there is a serious risk of injury to persons or property, or there is a substantial risk that the child will need to be placed outside of the home. Timothy's Law sunsets on December 31, 2009 unless it is extended by the Legislature next year.

Overview of the Federal Parity Law

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (hereinafter referred to as the "Federal Parity Act") amends applicable sections of the Employment Retirement Income Security Act of 1974 (ERISA), the Public Health Service Act and the Internal Revenue Code of 1986. This new federal law expands upon the Mental Health Federal Parity Act of 1996, which required parity only in aggregate lifetime and annual coverage limits.

It is important to remember that the Federal Parity Act does not require health plans to provide mental health or substance use disorder benefits. However, if a plan offers mental health or substance use disorder benefits, the provisions of the Federal Parity Act will apply. If a plan offers any mental health or substance use disorder benefits:

- Financial requirements applied to mental health or substance use disorder benefits must be no more restrictive than the requirements applied to medical or surgical benefits, including deductibles, copayments, coinsurance and out-of-pocket expenses.
- Treatment limitations applied to mental health or substance use disorder benefits must be no more restrictive than the limitations applied to medical or surgical benefits, including limits on frequency of treatment, number of visits, days of coverage, or other similar limits on the scope or duration of treatment.
- If a health plan covers medical and surgical benefits provided by an out-of-network provider, it must also cover mental health and substance use disorder benefits provided by an out-of-network provider.

In addition to the exemption for small employers, there is also a one-year cost exemption for health plans that are able to demonstrate that compliance with the Federal Parity Act will result in a 2% increase in total costs in the first plan year and a 1% increase in subsequent years. Finally, the Federal Parity Act acts as a floor and will not preempt or supplant state parity laws and will apply to all group health plans for plan years commencing after October 3, 2009.

Impact on New York State Law

As stated above, the Federal Parity Act is intended to act as a federal floor and will not preempt or interfere with existing state law. Rather, the new federal parity requirement may in fact amplify or enhance the provisions of Timothy's Law in such a way that New Yorkers may enjoy a level of parity in mental health benefits that goes far beyond what Timothy's Law provides. For example, if a health plan in New York offers unlimited visits per plan year to a participant's primary care physician, the federal requirement for parity in treatment limitations will also require the health plan to offer unlimited visits per plan year for mental health treatment. Following this line of reasoning, it would appear that a state mental health mandate of only one mental health visit per year would be legally sufficient to require full parity with medical and surgical benefits under the new federal mandate.

Although it is unclear precisely how the various federal agencies charged with developing regulations will implement the Federal Parity Act, NYSPA believes (and has urged APA to advocate on a national basis) that the provisions of the Federal Parity Act requiring parity in financial requirements, treatment limitations and out-of-network coverage, not only work with but also enhance the provisions of Timothy's Law and similar laws in other states, resulting in full parity coverage for all mental health benefits. Timothy's Law also contains a provision requiring the 30/20 benefit to cover all diagnoses (except for alcoholism and substance use disorders) that are covered by the health plan provided to state employees – which covers essentially all mental illnesses. This requirement for coverage of essentially all diagnoses is one of the most valuable elements of Timothy's Law when considered in light of the federal parity law.

With respect to parity for alcoholism and substance use disorder benefits, although Timothy's Law excludes coverage for these disorders, a separate New York law requires health plans to provide at least 60 days of outpatient treatment for alcoholism and substance use disorders. It remains unclear whether the requirements of the Federal Parity Act that mandate parity coverage for substance use disorders (if a health plan covers substance use disorders) would be construed to "expand" the state mandate for outpatient care into a federal mandate for both outpatient and inpatient care as well.

Finally, the Federal Parity Act applies only to employers with more than fifty employees. Timothy's Law, however, applies to both large and small employers, the main difference being that New York State subsidizes the cost of the 30/20 benefit for small employers. Because of Timothy's Law more inclusive rule, small employers in New York State will still be required to provide parity in mental health care coverage under state law.

Open Issues

The single most important issue is the reauthorization of Timothy's Law when it expires on December 31, 2009. If Timothy's Law is not reauthorized and the 30/20 mandate for large employers is lost, those employers may be able to limit coverage to selected mental illnesses and only provide parity for these selected mental illnesses or not cover mental illness at all. The federal law only requires parity to the extent a health plan covers mental illness. Since Timothy's Law requires large employers to provide 30/20 benefits for essentially all mental illnesses, the federal law essentially "expands" the Timothy's Law benefit into full parity.

Second, NYSPA's legislative efforts to expand the list of biologically based illnesses covered under Timothy's Law may no longer be necessary if the 30/20 benefit currently in effect works to expand current state mental health parity requirements into fully expanded mental health parity. Finally, the issue of the possible expansion of the New York 60 day outpatient detoxification services into an inpatient and outpatient benefit needs to be resolved.

NYSPA plans to prepare extensive guidance materials on the effect of the Federal Parity Act on current New York State law and will provide members with regular updates on proposed regulations and other developments. ■

Legislative Brunches By Rachel A. Fernbach, Esq.

The New York City District Branches of the APA hosted their Tenth Annual Citywide Legislative Breakfast on December 7, 2008, at The New York Academy of Medicine in New York, New York. One week later, the Psychiatric Society of Westchester hosted its 22nd Annual Legislative Brunch on December 14, 2008, at the Crowne Plaza Hotel in White Plains, New York.

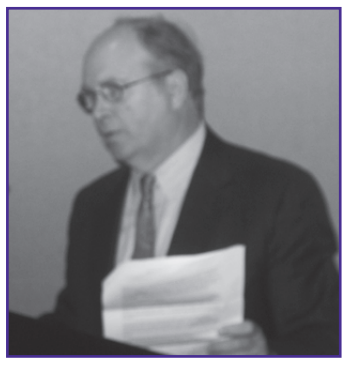
Barry Perlman, M.D., NYSPA Past-President and current Chair of the NYSPA Committee on Legislation, spoke at both events and provided a highlight of current issues facing New York psychiatrists. He summarized two recent pieces of federal legislation that represent significant victories for psychiatry: (1) the Medicare Improvements for Patients and Providers Act of 2008, which provides for the gradual elimination of the discriminatory 50% co-payment for psychiatric services billed under Medicare and (2) the Paul Wellstone and Pete Domenici Mental Health and Addiction Equity Act of 2008, a comprehensive federal mental health parity law. Dr. Perlman also discussed various state issues, including the impact of state budget cuts on services for the mentally ill, reauthorization of Timothy's Law, physician discipline and Medicaid enrollment, the sexually violent predator program, confidentiality of medical records and regional health information organizations, and loss of medical records by insurance carriers.

NYS Senator Liz Krueger

NYC Council Member Gale Brewer

The New York City event was moderated by Anne Sullivan, M.D., Chair of the Legislation Committee of the New York County District Branch. Jeffrey Friedman, M.D., President of the New York County District Branch, welcomed all attendees and announced that the New York County District Branch has a new website, www.nycpsych.org, where legislative items and other items of interest to members will be posted regularly. Dr. Sullivan also introduced Deborah Cross, M.D., NYSPA President and Glenn Martin, M.D., NYSPA Vice-President.

The following legislators attended the New York City breakfast: United States Congresswoman Carolyn Maloney (D-Manhattan, Queens), New York State Senator Liz Krueger (D-Manhattan), New York State Assembly Member James Brennan (D-Brooklyn) and New York City Council Member Gale Brewer (D-Manhattan). Lloyd Sederer, M.D., Medical Director for the New York State Office of Mental Health, David Rosin, M.D., Division Chief Medical Officer for Mental Hygiene for the New York City Department of Health and Mental Hygiene, Sarah Jacobs, a staff member from the office of New York State Assembly Member Felix Ortiz (D-Brooklyn), Alen Beerman, a staff member from the office of New York City Council Member David Weprin (D-Queens) and Peter Port, a staff member from the office of New York City Council Member Alan Gerson (D-Manhattan) also attended the event.



NYS Assembly Member James Brennan

Senator Liz Krueger was the first legislator to address the group. She discussed some challenges in connection with control of the newly elected State Senate, her work on a pending bill in support of same-sex marriage, the New York State budget, physician discipline and Medicaid re-enrollment issues, the sexually violent predator program, and issues regarding electronic medical records. She answered questions from members regarding Medicare claims processing and Medicaid recertification for homeless individuals.

NYS Assemblymember Sandy Galef

The next speaker was New York City Council Member Gale Brewer. She stated that she serves on the Council's Mental Health Committee, which is currently working on geriatric issues and the expansion of mental health services in public schools. She also serves as Chair of the Council's Technology Committee and is very interested in the way technology can improve the functioning of government as well as health care. She discussed the functioning of the New York City Department of Health and Mental Hygiene and issues regarding the homeless population.

U.S. Congresswoman Carolyn Maloney

Next, Lloyd Sederer, M.D., Medical Director for the New York State Office of Mental Health, discussed the work of his agency, including three new statewide initiatives: improvements to clinic standards of care, focus on treatment for people with co-occurring disorders, and PSYCKES, a new internet-based quality improvement program for psychotropic prescribing practices.

Assembly Member James Brennan followed by discussing the state economy, unemployment and budget issues. He highlighted some budget proposals that are being considered by the Assembly, which hopes to avoid significant tax increases. He also suggested a reduction in units of local and municipal government throughout the state as a way to save money and eliminate waste.

The final legislator to speak at the New York City breakfast was Congresswoman Carolyn Maloney. She was very pleased to announce the recent passage of the Wellstone and Domenici Mental Health Parity and Addiction Equity Act, new landmark federal parity legislation that requires health plans to provide parity in coverage for mental health and substance use disorder benefits. She also discussed her work on mental health issues for returning veterans, police officers, fire fighters and other first responders. She agreed to provide assistance to NYSPA members who are experiencing delays with processing of Medicare claims due to the use of scanners to read claim forms.

NYS Senator Suzi Oppenheimer

Dr. Sullivan concluded the event by encouraging those present to contribute to the New York State Psychiatric Association Political Action Committee to support those legislators who do important work on behalf of psychiatrists and their patients. She also thanked the staff of the New York County District Branch and the Brooklyn District Branch for their assistance in planning today's event.

NYS Assemblymember Adam Bradley

The Westchester brunch, which took place the following week, was well attended by members and local legislators. Edward Herman, M.D., Legislative Representative for the Psychiatric Society of Westchester, moderated the event and welcomed New York State Senator Suzi Oppenheimer (D-Westchester), New York State Assembly Members Adam Bradley (D-White Plains), Sandy Galef (D-Ossining), George Latimer (D-Mamaroneck), and Westchester County Legislators Thomas Abinanti and Kenneth Jenkins. Leesa Rademacher, Director of Intergovernmental Relations for the New York State Office of Mental Health, Grant Mitchell, M.D., Commissioner of the Westchester

NYS Assemblymember George Latimer

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Disciplinary "Catch 22": The conflict between OPMC and OMIG

Many NYS physicians, including psychiatrists, have been caught in a "Catch 22" because of the conflicting agendas of the Office of Professional Medical Conduct (OPMC) and the Office of the Medicaid Inspector General (OMIG). As a consequence of the diverging agendas of these 2 NYS agencies, many doctors have found that they are unable to pursue their plans of rehabilitation and resume practice under supervision in licensed facilities such as hospitals as per the settlement agreements they have entered into with OPMC.

NYSPA became aware of this problem when a member was asked to consider employing a psychiatrist who had entered such an agreement with OPMC at their hospital. They reviewed the case and asked the hospital's council to do so as well. As part of the settlement agreement the psychiatrist's license had been suspended for a year and they had entered into psychotherapy as required. Their license was restored with the contingency that they could only practice under supervision in a licensed facility. The member agreed to serve as the site monitor. Their project manager at OPMC was delighted with the arrangement. Once they had regained their ability to participate in the Medicare program it was felt that they could join the hospital's staff. What happened next was both surprising and ultimately led to their inability to continue at the hospital. The OMIG rejected their application to rejoin the NYS Medicaid program. The individual's appeal was rejected by OMIG and their only avenue forward was an Article 78 hearing. Given that the extraordinarily high legal threshold to win such a suit the hospital was unable to further retain the colleague. In seeking alternatives, such a working for a privately practicing psychiatrist, it became clear that the requirement of working only in a licensed setting would require their attempting to achieve a revision of their settlement. At this moment the psychiatrist is unable to return to practice under the existing plan of rehabilitation because for the "Catch 22" in which they are caught.

As is so often the case, when a situation seems unique, it is not. With the goal of better understanding the problem and its dimensions further inquiries were made. Mr. Terrance Bedient, Vice President and Director, Committee for Physician Health of the Medical Society of the State of New York was contacted. While he had no specific numbers, Mr. Bedient indicated that many of the physicians they monitored found themselves caught in this situation. Mr. Keith Servis, Executive Director, OPMC, a division of the NYS Department of Health provided a similar response. Both seemed frustrated and implied that this situation seemed to be arising with greater frequency of late. When contacted, individuals within the Governor's office were aware of the matter and seemed to be attempting to bring the parties together in an attempt at resolution. However, they informed me that there was little they could do as the goals of the 2 parties, OPMC and OMIG, differed. It is to be noted that Medicaid Inspector General reports directly to the Governor.

While there seemed little that could be done to salvage the situation for the particular colleague, a very important generic matter had been identified. If a miscreant's action is so heinous that they are felt to be unable to be restored to practice by OPMC, the agency charged by the state with making such decisions, that would seem an appropriate outcome. However, if the agency charged with making that decision, OPMC, takes an action which sets the stage for restoration to practice through a rehabilitative program it seems unjust that another agency, OMIG, should use its very different mandate to undermine its sister agency's settlement agreement. To a non attorney the ramification of the OMIG seems to result in a punitive outcome marked by neither justice nor mercy. As such, it is a concern not just for organized psychiatry but for the entire "house of medicine" within New York State. As such, the matter was brought before the NYSPA Council which at its fall meeting took several steps. A letter of concern was sent to the Governor, a letter of concern was sent to CPH supporting their efforts to achieve a more equitable outcome for the doctors they monitor, and a resolution was passed which is to be brought before the MSSNY House of Delegates by NYSPA's representatives to that body. This matter will be raised at the annual legislative brunches held during December in NYC and Westchester with the legislators attending. Efforts to identify other groups with which to ally NYSPA's efforts continue. NYSPA seeks equitable outcomes for physicians entering into settlement agreements with the goal that one arm of state government will not thwart the actions of another. Rather, we seek the appropriate coordination of state agencies to the end of assuring protection of public safety and fair treatment of physicians in rehabilitation programs under settlement agreements with OPMC. ■

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the nation's approach to health care system reform. Other important but more technical issues with which we shall have to grapple will be those related to electronic medical records, the privacy of personal health information (phi), and "fixing" the problem of the Sustained Growth Rate methodology, among others.

Nationally, at the state level, organized psychiatry finds itself focused on several areas. Of great importance will be preserving funding for programs for persons with mental illness, especially those with serious and persistent mental illness, against the background of the extraordinary budgetary shortfalls confronting the states. And, as has been the case for many years, we shall continue to confront the efforts of psychologists to inappropriately expand their scope of practice into domains which by virtue of training rightfully belong with those with medical training.

With the new year, New York State is likely to have a Democratic State Senate majority for the first time in 44 years. While this outcome seems highly likely, 3 Hispanic Senators have withheld their decision about whether they will join with the Democratic or Republican caucus in the closely dived chamber. If the Senate majority is Democratic, all 3 legs of state government, Governor, Assembly, and Senate will be under Democratic control for the first time since 1935. This sea change will present new advocacy challenges for NYSPA and MSSNY.

In the new session, NYSPA will continue to press several key agenda items. First, we continue to seek penalties for the loss of personal health information. Currently insurers treat the loss of phi comparably to the loss of credit card information by providing a year of "credit watch" despite the greater potential for adverse consequences. We urge a small monetary payment for each lost record. While no individual would receive a substantial award, the consequences when vast numbers of records are lost, as when computers or data storage devices are lost, would be significant for the insurer. Second, we shall advocate for Office of Professional Medical Conduct and the Office of the Medicaid Inspector General (OMIG) to work cooperatively to permit physicians who are participating in a program of rehabilitation that includes practicing only in a licensed, supervised setting to maintain enrollment as a participating provided in the NYS Medicaid program. At present many physicians, including psychiatrists, find themselves caught between these 2 state agencies such that despite complete cooperation, their programs of rehabilitation are undermined by their being excluded from participation in the state's Medicaid program. Such an exclusion, while not usually a hindrance in private practice, means the doctor can not, for all practical purposes, work in a licensed facility due to its dependence on Medicaid reimbursement. Third, NYSPA will address concerns about elements of OMIG's data mining project. The goal of the project is to detect potential Medicaid fraud. However, some of the elements seem medically dubious such as questioning the prescribing of 2 atypical antipsychotics for a patient in one month and the focus on "Off-label and dangerous prescriptions". Fourth, NYSPA's representative will continue to participate in NYS OMH's outpatient and other restructuring projects. Finally, as with all states, we in New York will face a hard fight during the coming year in advocating to protect health and mental health spending. As part of that fight, NYSPA will seek reconsideration of the costly and ill advised program of civil commitment of sexually violent predators.

At all levels of government 2009 will be a very challenging year, fraught with danger and opportunity, for APA and NYSPA as advocates for persons with mental illness and our profession. As professional organizations, APA and NYSPA look forward to working closely with their professional staffs in meeting those challenges. ■

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County Department of Community Mental Health, and Ann Loretan, Executive Director of the National Alliance for the Mentally Ill – Westchester, also attended the event.

Senator Suzi Oppenheimer discussed issues regarding Senate leadership and expressed support for psychiatry and its legislative priorities.

Assembly Member Adam Bradley expressed his support for reauthorization and possible expansion of Timothy's Law. He discussed the sexually violent predator program as well as his concern that any necessary cuts to the Medicaid program not disproportionately affect facilities providing essential mental health care services.

Assembly Member Sandy Galef discussed state budget issues, the civil confinement program and expressed her support for imposing monetary penalties on health plans that lose medical records. Assembly member George Latimer discussed a variety of the state issues raised by Dr. Perlman and also announced that he hosts a public hearing in his district on state and local budget issues.

Representing the Governor and the Commissioner of the Office of Mental Health, Leesa Rademacher, Director of Intergovernmental Relations for OMH, expressed the Administration's support for the new federal parity law and its likely expansion of mental health benefits in New York State under Timothy's Law. She also remarked that since the passage of the civil confinement for sexually violent predators law last year, approximately 144 individuals have been confined under the program.

Westchester County Legislator Thomas Abinanti discussed state budget issues and expressed his support for the interests and priorities of psychiatry, including the new federal parity law. Westchester County Legislator Kenneth Jenkins discussed the issue of tax cuts and expressed his support for NYSPA's position on physician discipline and Medicaid enrollment.

Grant Mitchell, M.D., Commissioner of the Westchester County Department of Community Mental Health, who is a psychiatrist, discussed Treatment Alternatives for Safer Communities, a program operated by his office that provides alternatives to incarceration for defendants suffering from mental illness and/or substance abuse. He also provided an update on the Care Coordination Project, a new pilot program aimed at the top users of Medicaid services within the county to provide coordination of care in an attempt to improve outcomes and reduce Medicaid expenditures. He reported that 30 individuals are currently enrolled in the program and preliminary data shows lowered overall costs and fewer hospitalizations and emergency room visits.

The event concluded with remarks from Ann Loretan, Executive Director for NAMI-Westchester. She discussed a new initiative to train first responders and 911 staff on proper procedures for dealing with individuals with mental illness. Ms. Loretan also expressed NAMI's support for a Medicaid carve-out for anti-psychotic medications, the proposed additional tax on individuals earning more than $1 million per year, adult home reform and expanded research on mental illness. ■

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