President's Message: Conflict or Opportunity?
By C. Deborah Cross, MD

In the mid 1990s I taught a course on Administrative Psychiatry to fourth year residents and each year for one class period I had each of the residents of the organization to the apo. It was a daunting task! Our APA is a complex 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 critically, the way that 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 will we watch our organization shrivel and die?

Briefly, our APA has a Board of Directors, an Assembly and a Current (Committees) 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 of the president, vice-president, Executive 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), an ECT Trustee, an MIT-ECT Trustee, the Representative from the

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

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

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 3, 2008, 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 Timmy'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 disorders to provide full parity with other medical and surgical benefits, with respect to financial requirements, treatment limitations and network benefits. The federal law applies only to large employers (more than 50 employees), but employers with 50 or fewer employees are covered by the federal parity law, but are covered by Timmy'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 Timmy's Law.

Background on Timmy's Law: Timothy's Law (T. L. A. P. 73-A, NY77254) was signed into law on January 1, 2007, requires all group health plans to provide coverage for at least 30 days of mental health services per year, at no out-of-pocket cost, for the next 5 consecutive years 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, Timmy'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 where the illness is life-threatening, the symptoms of which may be relieved by behavioral therapy, and the treatment of which will prevent the illness from interfering with the child's capacity to function in the home and community. It is the ambition of the entire NYSPA and its Timmy'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 disorders to provide full parity with other medical and surgical benefits, with respect to financial requirements, treatment limitations and network benefits. The federal law applies only to large employers (more than 50 employees), but employers with 50 or fewer employees are covered by the federal parity law, but are covered by Timmy'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 Timmy's Law.

Background on Timmy's Law: Timothy's Law (T. L. A. P. 73-A, NY77254) was signed into law on January 1, 2007, requires all group health plans to provide coverage for at least 30 days of mental health services per year, at no out-of-pocket cost, for the next 5 consecutive years 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, Timmy'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 where the illness is life-threatening, the symptoms of which may be relieved by behavioral therapy, and the treatment of which will prevent the illness from interfering with the child's capacity to function in the home and community. It is the ambition of the entire NYSPA and its Timmy'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 disorders to provide full parity with other medical and surgical benefits, with respect to financial requirements, treatment limitations and network benefits. The federal law applies only to large employers (more than 50 employees), but employers with 50 or fewer employees are covered by the federal parity law, but are covered by Timmy'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 Timmy's Law.

Background on Timmy's Law: Timothy's Law (T. L. A. P. 73-A, NY77254) was signed into law on January 1, 2007, requires all group health plans to provide coverage for at least 30 days of mental health services per year, at no out-of-pocket cost, for the next 5 consecutive years 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, Timmy'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 where the illness is life-threatening, the symptoms of which may be relieved by behavioral therapy, and the treatment of which will prevent the illness from interfering with the child's capacity to function in the home and community. It is the ambition of the entire NYSPA and its Timmy'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 disorders to provide full parity with other medical and surgical benefits, with respect to financial requirements, treatment limitations and network benefits. The federal law applies only to large employers (more than 50 employees), but employers with 50 or fewer employees are covered by the federal parity law, but are covered by Timmy'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 Timmy's Law.
Treasurer

and may not necessarily represent
bility of the individual authors,
icles or letters are the sole responsi-
The opinions expressed in the arti-
sified ad rate.

current rates and media require-
display advertisements are avail-

d New York State legislators, medical
es across the United States and to
\n
ted by members of the American
A psychiatric Association who belong
 to a district branch in New York
The Bulletin is also sent to the
leaders, medical libraries, and
The Bulletin is published quarterly.
Both classified advertisements and
display advertisements are avail-
Please contact the editor for
current rates and media require-
noma members receive a
discount of 50% off the basic
classified ad rate.
The opinions expressed in the ar-
ticles or letters are the sole responsi-
abilities of the authors and
may not necessarily represent
the views of NYSAPA, its members,
itis, and its officers.

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 psychiatrists members. This is the
main reason Area Trustees were added to
the Board, and in spite of this Board often is
isolated from the rank and file of
the APA members. The Component Struc-
tures of the organization and each committee
focuses on its narrow charge.

DISTRICT BRANCHES are the part of the APA
which is most closely in touch with the
primary area of the State and
may hold meetings and
even be part of decision making.

In any event, every member of
the estate committee should be
aware of how decisions are made
in this organization.

from it in our future choices. In a membership as
great as ours is there
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 relation
problem.

Lonely Rock, MD

Dear Dr. Cruz,

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. S. Sunderland has already pleaded guilty to malde-
meanor conflict of interest; facts about a few others which are publicly known
would certainly purify 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 com-
mercial interests in new drugs and treatments but have managed these inter-
ests in a manner which violates neither the law nor formal ethical norms.
Such people are not subject to san-
tions 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 that
such persons are elected to positions of leadership in our association.

We will not have public help 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
candidates who, however admirable in other respects, have a public relation
problem.

Sincerely,

Miodrag Ristic, M.D.


dr. cruz

Thank you for your email. I certainly did not intend for my message to be defensive. What I had hoped was try to present a balanced view of a very com-
plicated issue that needs a thorough discussion. One of the individual’s relationships with the pharmaceutical industry is a

Deborah Cross, M.D.

President,
NYS Psychiatric Association
Theodore Stein, NYSPA Executive Director, stated that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most important role of the Legislative Committee. He also noted that the setting of policy, not just advising or phrasing bills, is the most import
Parity Law

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. The legislation could be extended in one of three ways:

- 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) and the Public Health Service Act and the Internal Revenue Code of 1986. This new federal law requires the parity of mental health insurance coverage be no less favorable than that of medical and surgical benefits provided by an out-of-network provider.

- If a health plan covers medical and surgical benefits, including limits on frequency of visits, the number of visits per year, or time frame for the treatment of mental illness, there must be no more restrictive than the limits applicable to medical or surgical services, including deductibles,copayments,coinsurance and out-of-pocket expenses.

- Other 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 deductibles, copayments, coinsurance and out-of-pocket expenses.

- If a health plan covers medical and surgical benefits provided by an out-of-network providerLe
goal is making web-based CME, developed in partnership with NYSPA, available to providers in support of this initiative. The Scientific Advisory Committee, Chaired by Dr. Jeff Lieberman and Dr. Lloyd Sederer, originally used in state psychiatric hospitals. PSYCKES was found to be both user-friendly and to support significant improvement in medication adherence in these settings. The application has been successfully adapted for the Medicaid mental health population, including in-home care provided by an OMH initiative. PSYCKES flags patients with quality concerns and provides access to the last two years of Medicaid claim data to support clinical review. PSYCKES has been shown to support more efficient and more accurate treatment planning by providing access to claims data across treatment modalities and settings. PSYCKES also includes quick and easy access to evidence-based practice-based guidelines, facilitating the provision of evidence-based care to patients. Regionally-generated, by the federal Office of Minority Health, and based on 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: depression and cardiometabolic conditions. The cardiometabolic indicator is designed to address the tragic current occurring among this population. Smoking and a sedentary lifestyle as well as barriers to medication and medical care probably add all contribute. In addition, recent studies have highlighted the role of select antipsychotics in the high rates of cardiovascular disease and metabolic disorders among those with mental illness. The Canadian Diabetes Association has included this topic headline news this fall. An article in the November 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 relationship between SCAs and the development of these risk factors.

Meditation of 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 NYSRA, 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 to develop Evidence-Based Practices Technical Assistance Center(EBTAC) of the New York State Office of Mental Health to provide high quality support to this project. This initiative is being implemented in 34 counties and continues to expand this service through this national initiative.

Impact on New York State Law

As stated above, the Federal Parity Act is included as part of the Mental Health Parity and Addiction Equity Act of 2008 that is referred to as the “Federal Parity Act”). This new federal law requires the parity of mental health insurance coverage be no less favorable than that of medical or surgical benefits provided by an out-of-network provider. Under this new Federal law, small employers in New York State will still be required to provide parity in mental health 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 a key feature of the Federal Parity Act and will not preempnt or supplant state parimy laws and will apply to all group health plans beginning October 3, 2009.

Finally, the Federal Parity Act applies only to health plans that cover mental illness. Since Timothy’s Law requires large employers to provide 30/20 benefits for essentially all mental illnesses, the Federal Parity Act essentially “expands” the Timothy’s Law benefit into full parity. Second, NYSPA’s legislative efforts to impose certain minimum levels of medically indicated illnesses covered under Timothy’s Law may no longer be necessary if the 30/20 benefit currently in effect works to expand current state parity, ensuring that the Federal Parity Act essentially “expands” the Timothy’s Law benefit into full parity. Finally, the issue of the possible expansion of the New York law, if not realized, makes it even more important that NYSPA’s efforts to expand parity for mental health coverage under state law continue to be pursued.

To request more information about Timothy’s Law or to request the PSYCKES homepage visit the PSYCKES homepage at: https://psychmedicaid.ohm.state.ny.us

Special Discount for NYSPA Members! Health Assets Companies

Let’s answer your membership/health care questions

Types of Benefits:

- Mental Health Services
- Drug and Alcohol Services
- Prescription Drugs
- Emergency and Out-of-State Coverage
- Vision
- Dental
- Weight Management

Company Information: Health Assets, Inc.

Address: 6001 S. State Farm Rd., Suite 200
Burlington, KY 40009

Phone: 800-262-3653

Fax: 859-333-9250

Email: haf@healthassets.com

Website: www.healthassets.com

NY Tariff Code: 200

You cannot afford to see patients and not be paid by your carrier. We can help. With our 100% Money-Back Guarantee, if you’re not paid by your carrier, we’ll refund your money. For more information, please visit our website:

www.healthassets.com

-9183
Legislative Brunches

By Rachel A. Fernbach, Esq.

T

Legislative Brunches on page 6

Disciplinary “Catch 22”: The conflict between OPMC and OMIC

By James Nininger, MD

M ny physicians, including psy-

chiatrists, have been caught in a “Catch 22” because of the conflicting agendas of the Officer of Professional Medical Conduct (OPMC) and the Office of the Medicaid Impersonal General (OMIC). 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 returning to private practice under supervision in licensed facilities such as hospitals as per the settlement agreements they have entered into with OPMC. NYSFDA became aware of this problem when a member was asked to consider employing a psychiatrist who had entered such an agree-

ment with OPMC. The member's license had been suspended for a year and they had entered into psychotherapy as required. The 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’s peer project manager at OPMCD 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 ult-

imately led to their inability to continue at the hospital. OPMC rejected their application to rejoin the NYS Medicaid program. The individual's appeal was rejected by OMIC and their only avenue forward was an article 78 hearing. Given that the appeals process is so high to the point that the last hearing was unable to find the psychiatrist guilty of negligence. In seeking alternatives, such as a working in a priv-
ately practicing psychiatrist, it became clear that the case was one of a psychiatrist who had been caught in a “Catch 22” in which it was almost impossible to resolve.

As is so often the case, when a situation seems unique, it is not. With the goal of bet-

tering understanding the problem and its dimen-

sions further inquiries were made. Mr. Keith Servis, Director of OPMC, differed. It is to be noted that there was little they could do as the goals of the 2 parties, OPMC and OMIC, differed. It is also noted that Medicaid Impersonal General reports directly to the Governor.

While there seemed little that could be done to solve the situation, there is a particular col-

lege, a very important general medicine that had been identified. If a magistrate's action is so

unique, this may be the beginning of a solution that could lead to the bringing of the parties together to plan for a resolution. They informed me that there was little they could do as the goals of the 2 parties, OPMC and OMIC, differed. It is also noted that Medicaid Impersonal General reports directly to the Governor.

While there seemed little that could be done to solve the situation, there is a particular col-

lege, a very important general medicine that had been identified. If a magistrate's action is so

unique, this may be the beginning of a solution that could lead to the bringing of the parties together to plan for a resolution. They informed me that there was little they could do as the goals of the 2 parties, OPMC and OMIC, differed. It is also noted that Medicaid Impersonal General reports directly to the Governor.

While there seemed little that could be done to solve the situation, there is a particular col-

lege, a very important general medicine that had been identified. If a magistrate's action is so

unique, this may be the beginning of a solution that could lead to the bringing of the parties together to plan for a resolution. They informed me that there was little they could do as the goals of the 2 parties, OPMC and OMIC, differed. It is also noted that Medicaid Impersonal General reports directly to the Governor.

While there seemed little that could be done to solve the situation, there is a particular col-

lege, a very important general medicine that had been identified. If a magistrate's action is so

unique, this may be the beginning of a solution that could lead to the bringing of the parties together to plan for a resolution. They informed me that there was little they could do as the goals of the 2 parties, OPMC and OMIC, differed. It is also noted that Medicaid Impersonal General reports directly to the Governor.

While there seemed little that could be done to solve the situation, there is a particular col-

lege, a very important general medicine that had been identified. If a magistrate's action is so

unique, this may be the beginning of a solution that could lead to the bringing of the parties together to plan for a resolution. They informed me that there was little they could do as the goals of the 2 parties, OPMC and OMIC, differed. It is also noted that Medicaid Impersonal General reports directly to the Governor.

While there seemed little that could be done to solve the situation, there is a particular col-

lege, a very important general medicine that had been identified. If a magistrate's action is so

unique, this may be the beginning of a solution that could lead to the bringing of the parties together to plan for a resolution. They informed me that there was little they could do as the goals of the 2 parties, OPMC and OMIC, differed. It is also noted that Medicaid Impersonal General reports directly to the Governor.

While there seemed little that could be done to solve the situation, there is a particular col-

lege, a very important general medicine that had been identified. If a magistrate's action is so

unique, this may be the beginning of a solution that could lead to the bringing of the parties together to plan for a resolution. They informed me that there was little they could do as the goals of the 2 parties, OPMC and OMIC, differed. It is also noted that Medicaid Impersonal General reports directly to the Governor.
Government Relations Report continued from page 1

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 “filing” 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 divided 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 1955. This sea change will present new advocacy challenges for NYSAPA and MSNV.

In the new session, NYSAPA 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 provider 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, NYSAPA 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, NYSAPA’s representative will continue to participate in NYS OMIG’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, NYSAPA 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 NYSAPA as advocates for persons with mental illness and our profession. As professional organizations, APA and NYSAPA look forward to working closely with their professional staffs in meeting those challenges.

Brunches continued from page 5

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 Suri Oppenheimer discussed issues regarding Senate leadership and expressed support for psychiatry and its legislative priorities. Assembly Member Adam Bradley expressed his support for psychiatric discipline and Medicaid enrollment.

Representing the Governor and the Commissioner of the Office of Mental Health, Lesa 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 benefit in New York State under Timothy’s Law. She also remarked that since the passage of the civil confinement law, approximately 144 individuals have been confined under the program.

Assembly Member Sandy Calef 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.

Westerchester County Legislator Thomas Albinanti 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 NYSAPA’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 cost 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.