CALIFORNIA PSYCHIATRIC ASSOCIATION

CAPITOL INSIGHT

Randall Hagar
CPA Director of Government Affairs

The 2013-2014 legislative session is going into high gear in the first week in April, 2013 with committee hearings starting in earnest. There was a drop off this year in the number of bills introduced, (2,399), compared to bill introductions over the last decade. This is a LOW bill count which may not make sense, but . . . . well, trust me! The CPA Government Affairs Committee has closely reviewed over 40 of those and adopted positions on them. There are another 40 or so bills that will be watched for developments, and at least 11 bills on which the CPA will coordinate with the California Medical Association. Again, it is a typical bumper crop of issues ranging from mental health medication procedures in prison care, to confidentiality of records in the new federal health reform, to high school education in mental illness, and on and on and on. What follows are issues that have risen to the top in importance.

The Devil Came to California – CPT Code Hell

In February the CPA began hearing complaints from members that health insurance companies and health service plans were at the very least confused about CPT code changes which took effect on January 1, 2013. In typical fashion these changes delayed, denied or reduced the compensation owed to psychiatrists for services delivered under the new Evaluation and Management coding mandated at the first of the year. This has led to widespread confusion and despair among psychiatrists, words I use advisedly: some reimbursements plummeted 60% or more in some areas leaving some psychiatrists wondering how to keep the lights on in their practices. This was compounded by lack of reimbursement for some for weeks and months.

CPA was quick to respond: in this edition we have published a letter from a psychiatrist in San Luis Obispo detailing his personal and appalling experience – a letter that put CPA in high gear. CPA then blasted out an email containing information and a list of state regulators contacts useful for challenging and/or appealing claims determinations of plans and insurers to regulators. That information and contact sheet is also printed elsewhere in this edition.

Randall Hagar

What was meant to more accurately reflect the work psychiatrists do and improve patient access to care has been used to discriminate against patients receiving psychiatric treatment. These circumstances violate the federal Mental Health Parity and Addiction Equity Act of 2008 to the extent that these practices do not also apply to med-surge benefits.

There is additional information elsewhere in this edition in a special section on this dire and evolving situation.

Psychiatrists Take the Capitol by Storm!

Also in this edition you will find several descriptions of the recent CPA Advocacy Day. The purpose of this day was to provide a morning of education and an afternoon of meetings with elected officials advocating for two CPA sponsored pieces of legislation. (See the next item in this column for information about those). This event occurred on March 20 and the responses back from CPA members who participated (30 CPA members including 6 Members-in-Training) were full of good news. After meetings with their elected officials, many of the participants reported back to me success gaining support for the CPA sponsored bills while others indicated that some

offices needed follow-up and more information and still others would take more involved follow-up from me to gain support for the CPA bills. This kept me busy for an entire day as I reached out to Member's offices, thanked them for meeting with CPA members, thanked them for their support when offered, and delivered the requested information. Many of these visits were to Members or staffs that I have not had a chance to meet or work with, so these visits to over 30 offices in the Capitol were an effective beginning of a CPA relationship leveraged by the large number of CPA members involved, which should translate to long-term support for CPA policies.

CPA Sponsored Bills

The CPA Government Affairs Committee with consent of the CPA Council approved the sponsorship by CPA of two bills for the 2013-2014 legislative session. These bills are both big bills and each strives to improve access to care. One affects public systems: SB 664 (Yee/Wolk) Laura's Law Implementation strives to make Laura's Law easier to implement. The other affects the commercial market: SB 22(Beall) Parity Enforcement which strives to make parity enforcement more robust by providing a new set of data for regulators to use to enforce parity laws. Fact sheets on both have been provided in this issue for your information.

OTHER LAURA'S LAW BILLS: The atmosphere in Sacramento after the tragic events at Sandy Hook have produced multiple pieces of legislation on gun and ammunition control, and no less than 5 legislative proposals on Laura's Law. In addition to the CPA sponsored bill SB 664 the following are four new bills for the seriously mentally ill:

SB 585 (Steinberg/Correa) clarifies that Mental Health Services Act (Prop. 63) funds may be used to implement Laura's Law.

SB 664 (Yee/Wolk) states that counties may implement Laura's Law without a special vote by supervisors.

SB 775 (Wolk) Prohibited Persons – puts participants in Laura's Law programs on the prohibited list for weapon ownership at the state Attorney General's Office.

AB 1265 (Conway) allows individuals under Laura's Law to receive treatment for up to one year (instead of the previous six-month maximum), and to use the law for release planning from institutions.

AB 1367 (Mansoor) is similar to SB 585.

It is interesting to note that the latter two Assembly bills are both authored by Republicans and virtually the entire Republican Caucus in the Assembly are co-authors. This is of course a response at least in part to the proliferation of gun control measures, yet it is not a cynical one in at least the respect that Republicans have consistently been strong supporters of Laura's Law since it was enacted. We will keep you posted on the progress of these bills.

Gun Violence Response: CPA Needs YOUR Help!

The recent mass shootings have sparked a review of the adequacy of the CPA Policy Platform in relation to violence and suicide. Both of these specific policy planks are provided below. The CPA Government Affairs Committee reviewed these policies and will be watching closely and participating in discussions at the national level on recently released violence related policy proposals for the American Psychiatric Association. The Committee would like to solicit your input on what it has decided are outdated policy statements which do not address certain more contemporary issues. The policy planks are below. Please address your comments to me at: randall-hagar@calpsych.org.

CPA Policy Platform Plank # 8: **Violence Prevention**

Support legislation that embodies reasoned regulatory action relating to violence. Support legislation that discourages the purchase of handguns and places strong controls on availability of all types of firearms to private citizens. CPA's focus on domestic violence acknowledges the negative psychiatric impacts of domestic violence and positive impacts of domestic violence prevention. Focus on prevention of school violence through removing disincentives to the identification and treatment of severely emotionally disturbed children who may potentially be violent.

CPA Policy Platform Plank # 12: **Suicide Prevention**

Work actively with other organizations to significantly reduce the rate of suicide by promoting treatment for mental disorders, creating awareness in the legislature and public that suicide is a preventable public health issue, coordinating state and local government agencies, and advocating in support of suicide prevention policies.

California Medical Association – Council on Legislation

Every year CPA representatives participate as members

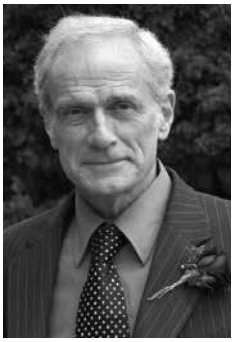
of the California Medical Association Council on Legislation. This year's event was held on March 21 in Sacramento. Roughly 100 delegates from every conceivable specialty, medical society and practice setting attended. CPA provided assistance and suggestions in helping the CMA shape its policy agenda for this legislative session on items related to mental health in general and psychiatric issues in particular. CPA also pledged assistance and support to the CMA on at least three expected scope of practice bills and received mutual promises from CMA on two others, many of which have emerged in response to widespread concern about adequate human resources to meet the needs of newly qualified beneficiaries produced by actions in the federal Affordable Care Act. Those bills are even at this date still in spot bill form i.e. innocuous placeholder language has been put in the bill with the intent that substantive language constituting a bona-fide legislative proposal will be amended into the bill at a later date.

CPA Needs Key Contacts

Please consider becoming a CPA Key Contact in order to receive Action Alerts on CPA sponsored legislation! We make it easy for you to register your support with a quick note to your elected official and to Committees holding hearings, or make an appointment with your legislator in their district office and use the following information for discussion. Find the Key Contact form in this issue, fill it out and return it. We will enroll you as a CPA Key Contact!

For further information on these two sponsored bills, see the CPA fact sheets pertaining to each, and other relevant information on the California Psychiatric Association Website at www.calpsych.org . Note: if you are viewing an online version of this newsletter clicking on this website address should link you directly to the website.

Leg (pronounced Ledge) Day



Ronald Thurston, M.D.

Ronald C Thurston, MD
CPA Government Affairs Chair

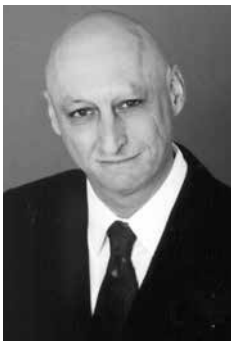
That's Legislative Day of course, or Advocacy Day. CPA in Sacramento.

APA has done it in Washington and CMA has done it in Sacramento but March 20 was the first in a long time for CPA. Council met March 19th and members stayed overnight to attend Leg Day. Then, together with other psychiatrists—including some residents—we walked over to the Capitol to meet and talk with our senators and assembly members. But first, on the morning of Leg Day, Randall Hagar, our Director of Government Relations, explained how things work. And we heard--up close and personal—from three legislators.

Helen Thomson, past Assembly member, gave us the remarkable, inside politics story of how her landmark legislation—Laura's Law—got through both Houses and was signed into law. Senator Jim Beall gave a personal history of his multi-year efforts to get a signature for parity legislation, and talked about his current parity enforcement bill--sponsored by CPA. Assembly member and pediatrician, Richard Pan, MD - who just happens to Chair the Assembly Health Committee - helped us understand how physicians can be effective in the Legislature.

And there was Show Time. Ruth Haskins, MD, Chair of CMA's Council on Legislation, rehearsed an interview with volunteer Bill Arroyo, MD, our CPA Treasurer. She did it again, live with Assembly member Pan—first an outlandish demonstration of what not to do, then a very professional example of what works. We were informed, confident and fired up by the morning events and—from what I've heard—effective at the Capitol and committed to staying connected with legislators at home.

A Facelift for 5150



Roderick Shaner, M.D.

Roderick Shaner, MD
Co-chair, CPA Public Psychiatry Committee

Recommendation 13 in the LPS Reform Taskforce II report (www.lpsreform.org) has great support from mental health advocates across the spectrum of opinions:

"Set uniform state custodial standards for who can generate a 5150 hold and clarify who can enforce, release or continue that hold."

Welfare and Institutions Code (WIC) 5150 sets forth the manner in which individuals can be involuntarily detained and transported to psychiatric facilities for assessment and possible involuntary admission for up to 72 hours. WIC 5150 procedures vary widely from county to county, and consensus about even basic rules is lacking. For instance:

- ***Who can be authorized to initiate 5150 detention?*** Some counties authorize only mental health professionals. Others authorize other clinicians in certain settings, such as general emergency rooms.
- ***When does the 72 hour time-clock for involuntary detention start?*** Some counties start the clock at the time the initial detention is written. Others start it when the detained individual is admitted to an LPS designated facility.
- ***Who may continue to confine an individual detained under 5150 detention, but not yet transported to an LPS designated facility?*** Some counties require emergency transport personnel or non-LPS designated hospital staff to confine individuals who are detained under WIC but not yet transported to a designated psychiatric facility. Others limit the requirement to LPS designated facilities.
- ***Who can release an individual detained under 5150 prior to his/her admission to an LPS designated facility?*** Among the differing practices are: 1) only the person who ordered the detention, 2) only LPS authorized individuals,3) any clinician who subsequently evaluates, and 4) only certain staff at LPS designated facilities.

Achieving a rational statewide consensus on involuntary psychiatric detention procedures is important to the well-being of our patients and their families, to our ability to deliver good psychiatric care, and to public safety.

A reasonable first step is to examine the actual language of WIC 5150 for its original meaning. This presents a problem because most of the statute was written forty-five years ago, and the mental health landscape today looks very different, replete with new types of facilities, treatment procedures, and terminology. Newer regulations like EMTALA and Health and Safety Code 1799.111 introduce possibly conflicting directives. Over four decades, counties have been forced to jury-rig WIC 5150 to deal with the modern world, and the extension cords and duct tape solutions differ.

A next step is to determine how archaic language should be updated. Should we simply modernize the original intent, or should we add new concepts and procedures regarding involuntary detention and hospitalization? Different interest groups may promote competing goals for modernization, including preserving civil rights, ensuring patient safety, ensuring public safety, preventing or abetting cost shifting from private to public facilities (or vice versa), mitigating liability of one or another entity, preserving various professional prerogatives, and ensuring good clinical care.

CPA is working closely with organizations like NAMI and CHA to find consensus on the meaning of existing language and the wisest changes to support.

Join the CPA Advocacy Effort.
Sign up as a Key Contact. See form on page 8.

California Psychiatric Association Advocacy Day 2013

Chaitanya Pabbati MD, Jessica Thackaberry MD

Medicine and politics have often had similar goals. Physicians have made it their mission to improve the quality of care they provide for their patients, while elected officials have dedicated their lives to speaking on behalf of those they represent. Medicine concerns itself with ensuring that a life is unencumbered by ailments and disease. The law protects the rights and freedoms of citizens so that their lives are their own, free from persecution or infringement. Together, these two fields impact lives in unimaginable ways, influencing not only independent action but also the very nature of a community.

In recent years, medicine and politics have converged in new and increasingly important ways. While progress in medicine has focused on expanding the degree to which physicians can impact the lives of their patients, policy has focused on understanding the rights of the individual patient. It is no longer enough to simply prescribe a treatment, as there is now a standard of care, and also a moral imperative, to ensure that every patient has a more thorough understanding of their condition. This includes being educated on the nature of their disease, the likely prognosis, and all the possible effects of each treatment option available to them. Despite the differences in their training, physicians and legislators have come together to change the way medicine is practiced. The result of such a diverse pairing has created a system in which treatment transcends the prescription pad. Our current system is now one that includes not only doctors and patients, but patient advocates, social workers, legislators, and often the very community in which each of these members reside.

Back Left to Right: Timothy Murphy, MD; Larry Malak, MD; Jessica Thackaberry, MD; Chaitanya Pabbati, MD Front: Maria Tiamson-Kassab, MD

As a result of this paradigm shift in the approach to treatment, new groups have formed to help advocate not only for the rights of patients, but the rights and interests of practicing physicians. A prime example is the California Psychiatric Association (CPA), which speaks on behalf of all psychiatrists within California, and advocates for their interests at both a state and national level. The CPA works to bring issues faced by practicing psychiatrists to light, and searches for ways in which to improve the climate in which today's psychiatrists work. Further, the CPA serves it's community by reviewing legislation, which, while not yet enacted, may in the future affect the mental health community for years to come. This past March, the CPA hosted its annual Advocacy Day in Sacramento and spoke on behalf of all of its members, and promoted the interests of organized psychiatry within California.

In keeping with its progressive traditions, this year the CPA continued it's practice of including Members-in-Training (MITs) as part of its delegation to Sacramento. Along with senior representatives from District Branches, the CPA delegation spoke to the lawmakers and representatives about a number of issues currently being reviewed by the State Legislature. Through the inclusion of residents in its ranks, the CPA recognizes the valuable role played by Members-In-Training in the development of the psychiatric discipline. Residents frequently serve on the front lines of psychiatry, working with at-risk communities and so-called "high utilizers" of mental health resources. By incorporating the viewpoints of MITs, the CPA hoped that this year's advocacy day would further promote the best interests of all members of organized psychiatry.

Among the topics discussed at this year's advocacy day, two items took precedence. Senate Bill 664, introduced by Senator Leland Yee, is a bill aimed at improving the implementation process for Laura's Law which was originally passed in 2002 and allows court mandated outpatient mental health treatment and case management of high-risk individuals. Senator Yee's bill is focused on removing obstacles preventing the full implementation of Laura's Law, such as ensuring the use of Mental Health Services Act (MHSA) funding for the law, and increasing the flexibility available for county officials who determine exactly how the law is implemented.

Senate Bill 22, introduced by Senator James Beall, is a proposed bill aimed at enforcing Parity Laws in California. This bill proposes that insurers within California must make publicly available and accessible the data collected under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA). In doing so, it will allow the state to ensure that all seekers of mental health services receive appropriate care without discrimination or barriers. It will also allow patients to access care more readily, as it will require insurers to update their panels of physicians available on the internet, optimizing a service frequently utilized by many mental health patients.

Advocacy Day represents one of the primary goals of organized psychiatry: the development of physician interests. By connecting with policy makers on the discourse that will influence our field, and by allowing Members-in-Training to participate, the CPA and its members are working to ensure that the future of psychiatry is in good hands. Involving MITs allows the future psychiatrists of California to learn the workings of our political system, as well as the importance of political involvement early in our careers. By working towards the singular goal of improving the treatment of mental illness, CPA Advocacy Day brings together psychiatrists, lobbyists, advocates, and legislators, all with a common purpose – the betterment of the future of psychiatry.

DSM 5 – What You Need to Know

Steve Koh, M.D.

Steve Koh, MD, MPH, MBA – San Diego Psychiatric Society, President-Elect
Timothy Murphy, MD – California Psychiatric Association, President-Elect

Recognition and treatment of mental health disorders are significant concerns for all of us. This May 2013, after years in development, DSM 5 will be released at the APA Annual Meeting in San Francisco.

The DSM (Diagnostic and Statistical Manual of Mental Disorders) provides standard criteria for the diagnosis and classification of psychiatric disorders, and is used in this country and internationally. The DSM was first published in 1952 and has undergone several versions with the continuing advances in mental health research. The launch of DSM 5 in May 2013 marks its first overhaul since 1994 and is the culmination of a monumental undertaking that involved the efforts of top psychiatric researchers for much of the last decade. Ultimately, there existed a cast of thousands, representing expertise in all areas of mental health devoted countless hours to the completion of DSM 5.

Tim Murphy, M.D.

The goal of DSM 5 is to integrate the most important findings from genetic, neurobiological, and treatment research. It incorporates a developmental approach to psychiatric disorders and recognizes the influence of culture and gender. There is a movement towards use of dimensional measures to rate symptom severity, and the presence of symptoms that may not be specific to a diagnosis but that are nonetheless important (e.g., insomnia in a patient with schizophrenia). Another important goal was to harmonize DSM with that of ICD language, paralleling changes anticipated for ICD-11.

The work on DSM 5 has been unprecedented. From 1999-2002, the American Psychiatric Association worked with the National Institute of Mental Health, the World Health Organization, and the World Psychiatric Association to develop the overarching research criteria. From 2004-2008, hundreds of articles were written synthesizing the current state of knowledge, and recommenda-

tions were developed. Workgroup members were selected, representing 90 academic institutions; 30% were international. Task group members included psychiatrists, psychologists, statisticians, epidemiologists, social workers, speech and hearing specialists and family representatives. All task group and work group members were vetted against any undue outside influences such as pharmaceutical and industry conflicts of interest. More than 300 outside advisers contributed to the DSM 5 including many non-psychiatric physicians. The draft manual work was also overseen by independent scientific and public health committees.

In an unprecedented effort to solicit input from the public, draft versions of DSM 5 were posted on the Internet. Nearly 11,000 comments were received and reviewed, significantly impacting the final draft. After exhaustive work, draft DSM 5 criteria were subjected to field trials at 11 academic medical centers in North America in addition to community and individual practitioners' offices. Overall, approximately 3,500 patients were evaluated in the field trials.

DSM 5 workgroups evaluated mountains of research on mental disorders, concluding that certain diagnoses should be changed, others added, and some eliminated altogether. **Among the changes:** The 5 Axis system, which has separated certain psychiatric conditions from personality disorders and medical conditions, has been eliminated. Asperger's Disorder, Pervasive Development Disorder and Autism have been combined into a single condition, *Autistic Spectrum Disorder*. Chronically sullen children who experience frequent severe angry emotional outbursts may meet criteria for a newly described mood disorder, *Disruptive Mood Dysregulation Disorder*. The diagnosis of Hypochondriasis has been replaced with *Somatic Symptom Disorder*, the core symptom being anxiety that is grossly out of proportion to an identified medical problem. Dementia and Mild Cognitive Impairment will be renamed *Neurocognitive Disorders*, categorized by severity. The bereavement exclusion has been eliminated in the diagnosis of *Major Depressive Disorder*. *Hoarding Disorder* and *Excoriation (Skin Picking) Disorder* have been added to a new category, *Obsessive-Compulsive and Related Disorders*. Nearly every category of disorder will see changes, some more major than others.

While the DSM 5's release is a celebration for us, its importance to our physician colleagues and allied mental health providers cannot be overstated. Primary care physicians provide a majority of mental health care for those with mental illness, and between 11% to as many as 40% of primary care patients have a psychiatric disorder. Just as important, it is well known that those with mental illness have a shorter life expectancy, and those with chronic diseases with mental illness have even worse outcomes. Therefore, DSM 5's impact will be pertinent not just to psychiatrists, but to all physicians. As APA's District Branches, we are well suited and should take on the task of working with our respective colleagues to help introduce and teach the changes in DSM 5.

In partnership with the American Psychiatric Association, the San Diego Psychiatric Society has organized a 1½ day CME conference devoted to introducing and reviewing key topics of DSM 5, to be held at the La Jolla Hyatt at Aventine on June 8-9 (*www.dsm5sandiego.org*). Presenters include many of the individuals who aided in its development. Dr. Darrel Regier of the American Psychiatric Association and Vice-Chair of the DSM 5 project will open the event. Presenters include past APA Presidents, researchers from UCSD, UCLA, Harvard, New Mexico, Johns Hopkins and the Menninger Clinic. They will present the changes to the DSM, describing the evidence that led to those changes. They will make the case that changes being made to the diagnoses of psychiatric conditions are based on advances in neuroscience, clinical experience, objective evidence and data, and that these changes will improve the quality of care for the mentally ill. During breakout sessions, the new criteria will be illustrated with clinical vignettes.

We hope that our colleagues throughout the CPA will join us in June. May this be our opportunity to initiate a dialogue with other physicians and allied mental health professionals to make the DSM 5 a success. After the conference, we at SDPS hope to share from our experience at this conference with other CPA District Branches.

Contact (for SDPS DSM 5 Conference and other inquiries):
Janelle Kistler – Executive Director, San Diego Psychiatric Society; janelle.kistler@sdcms.org; 858 300 2787
http://www.dsm5sandiego.org

Key Contact Sign Up & Update Form
Revised 2013

Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Home FAX: _____

NOTE: Home address information is needed because it's where you are *registered to vote*. We match you with your legislative representative this way. It is held in strictest confidence.

Office Address: _____

City/State/Zip: _____

Office Phone: _____ Office FAX: _____

E-Mail Address: _____ Is it confidential?_____

Is your FAX a confidential line_____ or in a multidisciplinary office _____ (check one)

Do you personally know a California legislator or her/his spouse? Yes____ No____

If so, whom? _____

As a Key Contact, I would be willing to:

_____ Write letters to my state legislators
_____ Meet with legislators
_____ Work on a campaign
_____ Participate in public events
_____ Author a newspaper opinion piece or letter to the editor
_____ Be a legislative bill reader, if so, which topic(s) would you cover?_____
_____ Other, please specify: _____

Please feel free to write down any suggestions you may have to help strengthen our Key Contact System:

_____

_____

If you know who your legislator is, please make note of it here:

Assembly Member:_____ Senator:_____

We can find your representative for you. Please call the California Psychiatric Association's toll-free number (800) 772-4271. Please FAX completed form to 916-442-6515.