Impact of Recession and Legislation on Families

Patrick Holden, MD, President, Texas Society of Psychiatric Physicians

The recession has had a huge impact on Texas children. In a few cases the Legislature was able to mitigate the impact of the recession but unfortunately in other cases, it did nothing thus leaving the most vulnerable of Texans - especially children - struggling to deal with these new challenges. The effect will be felt in four areas: employment, housing, education and public health.

Unemployment in Texas is currently at 8%. In some counties in Texas, unemployment doubled over a 4 year period from 2007 to 2011. These figures do not include Texans who have given up looking for a job or those who are in jobs below their skill and experience level. Unemployment and underemployment create a financial burden for the entire family, an emotional burden for most parents and a trickle down effect for their children. According to Texas Care, a multi-issue child advocate organization, more families fell into poverty during the recession and public safety net programs saw an increase in applications for benefits. "Hundreds of thousands more families with children are applying for Texas’ Supplemental Nutrition Assistance Program (SNAP formerly known as food stamps), CHIP and Medicaid, and the federal food and reduced price lunch program, due to the economic downturn..." Families with children in poverty struggle to pay for basics like food, housing, and clothing, and children who grow up experiencing poverty related stressors are more likely to struggle in school and remain poor later in life.

The recession has also created housing problems for many Texas families. While housing prices have only declined by about 1% from a year ago, this has made it some-what harder to sell a house and is important for a family needs to move to take a job elsewhere. The foreclosure rate in May 2011 is about 1 per 1000 homeowners. While that is lower than California at 1 per 260, Texas is still at a much higher rate. Foreclosures continue to be too high. For example, there were 2800 foreclosures in Texas in April so 2800 families had to move out of their home and in with another family, into rental property or in some cases a homeless shelter. Changes in residence particularly abrupt and unplanned moves can be very stressful for children and adolescents.

Texas children will feel the impact of the recession directly in their schools. With the passage of the budget in Austin, public schools will take a $4 billion hit. We have read how the school districts in our individual communities will deal with this hit. Many will lay off staff including some teachers; most districts will increase class sizes and will cancel extracurricular activi- ties. Many will shorten the school year coming parents to look for day care to cover those extra days when kids are not in school. Finally, some districts will replace BNs with LVNs leading to a lower level of medical expertise in the schools. Although there were no budget cuts to CHIP or Medicaid, there were changes including plans to increase efficiencies and to bring managed care to the Valley. There were cuts to other health services for children, specifically cuts to substance abuse programming and to programs serving youthful offenders with mental illness according to the website Texas Care. About 1800 fewer youth each month will receive substance abuse intervention services. In addition, the TCOOMMI budget was reduced; TCOOMMI serves youthful offenders with mental illness. This is meaningful since a disproportionate number of youth with MH concerns are involved in the juvenile justice system. These youth have looked to TCOOMMI for needed Mental Health services.

To be fair there are a few bright spots in this dismal picture. For example, SB 219 authored by Senators Nelson and Van Der Pouw supports improved health and mental health standards for children in CPS care and foster care and training for those who provide health care for these children. On the economic side, sales tax receipts were up about 10% from a year ago.

So what does this have to do with organized Psychiatry? We have no control over and little influence on the recession. But many of us are negatively impacted by it, albeit to a lesser extent than the more vulnerable families. As psychiatrists we are especially aware of the impact of financial and other environmental stressors on all families for we have seen the results of these stressors on patients with mental illness and their families.

We can tell a physician or a family what needs to happen. However with all of us, physi- cians and families, pulling together we can make the most of this bad situation we find ourselves in. Providing high quality care and realistic hope for a better tomorrow to a distressed family can be therapeutic and even life-saving at times for parents and their children. While this is not the best of times, with our help there can be better days ahead for Texas families.

Summary of the 2011 Texas Legislative Session

Eric Woomer, Public Policy Consultant, Federation of Texas Psychiatry

The Texas Legislature convened in January facing an unprecedented $26 billion rev- enue shortfall. That problem was the back- drop for virtually all public policy discussions which took place in Austin during the 82nd Regular Session. Bill filings were down 20 percent in 2011, relative to 2009, chiefly due to the funding shortfall. The members also wrestled with congressional and legislative redistricting, which takes place after each decennial census, and is generally regarded as the most contentious activity the legisla- ture can consider.

The Federation of Texas Psychiatry joined with the Texas Medical Association to over- come these enormous funding deficits, as well as to demonstrate the challenges brought by various interest groups to exacerbate the Texas Medical Board, weaken the state’s ban on the corporate practice of medicine, and expand the scope of practice of allied health profes- sionals. We are pleased to report to you the out- come of our efforts – which by large and real- ized meaningful wins for the mental health community and physicians in general. What follows is a look at the major issues consid- ered by the legislature during the regular ses- sion, as well as the subsequent special session.

Budget

HB 1 was filed as a bare bones budget of $144.5 billion, calling for deep cuts to health and human services. It was meant to serve as the “worst case scenario,” as it was shorn of what it would take to maintain current health serv- ices, especially given population growth and inflation. HB 1 slashed Medicaid and Children’s Health Insurance Program (CHIP) physician payments by 10 percent, expanded Medicaid HCMS statewide, and dramatically reduced mental health services.

The Senate filed a $175.6 billion budget - $12 billion more generous than the House version. The Senate budget plan restored funding for critical health care services, and reduced the cuts for physicians’ Medicaid and CHIP payments. It also preserved some fund- ing for community based mental health and hospital services for adults and children and graduate medical education.

To reconcile differences between the two chambers, a conference committee com- prised of 5 House members and 5 Senators was appointed. The committee adopted sev- eral TMA priorities: elimination of the addi- tional 10 percent Medicaid/CHIP payment reduction for physicians, restoration funding for community based mental health, and pro- viding funding for smoking prevention and cessation. Despite these improvements, the bill makes deep cuts in public health and graduate medical education. Funding for the family medicine residency program will decline 74 percent, and conferences eliminated funding for the other primary care residency programs.

Nevertheless, mental health spending was a big winner in terms of negotiation. The budget initially introduced by the House slashed MH spending by 20% of overall current level. The Senate version fully funded MH spending back to 2011 levels - an amount which many may characterize as inadequate to meet current needs, but represents a sizable improvement from the House version.

Conventionally approved Senate levels of spending virtually across the board. All told, the Federation helped preserve more than $100 million of additional state mental health spending across all budget strategies.

Ultimately, while the budget passed both chambers, the legislature also needed to pass certain revenue generating bills, as well as school finance reform. These non-tax rev- enue bills died in the closing days of the regu- lated

Patrick Holden, MD
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continued from page 1

The bill authorizes the Department of State Health Services to determine at the agency level, through rule making process by mandating that the facility administrator of the designated facility and the person's family be notified if the person is committed to a hospital for more than 120 days if the defendant is charged with a minor offense and a period of not more than 90 days if the defendant is charged with a felony offense, or if the defendant is charged with a minor offense and the bill died without a vote in the House of Representatives.

SB 42 by Sen. Judith Zaffirini closes a loophole in existing law, whereby a psychiatric institution is not held liable for an employer's sexualization of a patient unless the institution had "reason to believe" that the abuse would occur. Because the statute's definition of "reason to believe" as the person intended "of a person, or any person, "reason to believe" can only be established by the employee abusing the same person in the past. Therefore, a mental health provider could continue to abuse different patients into perjury making. The bill was never heard in House Committee, chiefly as a result of the concerns raised by TMA.

HB 1161 by Sen. Jeff Wentworth was in the view of the Federation, overly intrusive and out of proportion to the needs of mental health patients, and the bill died without a vote in Senate Committee. The bill would have authorized a court to require a person, acting under a low as an assistant outpatient treatment program for 90 days after completion of court-ordered mental health treatment for patients that the person received involuntary mental health services six or more times in the preceding year. Failure to follow the "continuing care plan" could result in a judge issuing a warrant for the person's apprehension.

HB 1162 by Sen. Jeff Wentworth was intended to address the concern that mental health patients are seeking to commit "sui- teresa by cop." The bill would have required a medical professional to report to law enforcement personnel and disclose confidential information to a patient if the professional has reason to believe and does believe that a patient is mentally ill and intends to attempt suicide by acting in a manner that provokes a lethal response by a police officer. The bill also provided for defense with- out a warrant and without a medical exam to remove the determination of intent to suicide under the bill. The Federation felt this bill was an unwarranted intrusion into the life of a patient and was without a mechanism offense and a period of not more than 120 days if the defendant is charged with a minor offense, or if the defendant is charged with a minor offense and the bill died without a vote in the House of Representatives.

HB 4 by Rep. Lois Kolkhorst would authorize the state to participate in a multistate compact to help fund and administer Medicaid. The terms of the compact would be submitted to Congress for its consideration. If approved, member states could pursue waivers that would reauthorize the state Medicaid federals mandates regarding Medicaid; CHIP; and all other health care programs, such as mental health and public health programs. If successful, Texas would likely receive a block grant of approximately $60 billion, which will provide funds for the federal health-care spending. Texas would then create its own health care program to replace Medicaid, CHIP, and all other federal health services. The bill died in Regular Session, but was revived in special session.

HB 13 by Rep. Coleman would authorize the development of a federal waiver to give Texas greater flexibility in the design and operation of the Medicaid program. TMA raised several concerns about the bill - specifically whether Texas could secure enough funding to cover not only annual medical inflation, but also caseload growth. The bill died during regular session, but was reintroduced during the special session. TMA, the Bexar County Medical Society, the hospital district and regional hospitals to develop a comprehensive health care program that provides the same medical benefit at a lower cost or more efficiently.

HB 25 by Rep. Lorena Estrella would require all of a patient's mental health records to be maintained at a mental health, and requiring them to do so
directs officers from their function of protect- ing the citizens of Texas. Under the bill, a court may authorize transportation through a specified mode of transportation - either a qualified transportation provider, or the truck, in order of priority.

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During the past fifteen years, physicians who list their Primary or Secondary specialty as Child Psychiatry have grown faster than the other two major specialties listed by the Board, General Psychiatry and Psychoanalysts. It is interesting to note the growth of Child Psychiatrists. Considering psychiatrists who list Child Psychiatry as either a Primary specialty or a Secondary specialty, the growth rate over the past ten years has been 208%.

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A total of 47% of Texas psychiatrists attended medical school in Texas, 26% received medical degrees in states other than Texas and 27% received their medical training in foreign countries. The distribution of Texas-medical schools psychiatrists attended is as follows:

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Sixty-three percent of Texas psychiatrists are over the age of 50.

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Profile of Texas Psychiatry – 2011

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MEETING LOCATION
The 55th Anniversary Convention & Scientific Program will be held November 11-13, 2011 at the beautiful NEW Westin Galleria Hotel, 13340 Dallas Parkway, in Dallas, Texas. The hotel recently re-opened after a stunning multi million dollar renovation and is completely renewed, beautiful and awaiting your stay! The hotel is conveniently located in North Dallas, with the attached Galleria Shopping and Entertainment Complex, with easy access to restaurants/shopping and complimentary self-parking.

HOTEL RESERVATIONS
TSSP has reserved a small block of rooms and is pleased to offer a special discounted room rate of $159.00 single/double available until October 20 or upon sell-out, whichever occurs first!

PLACE YOUR HOTEL RESERVATION AS EARLY AS POSSIBLE because the discounted rooms will sell out quickly and may not be available until the cut-off date. For hotel reservations call 1-888-627-8536 and refer to the group name: Texas Society of Psychiatric Physicians Annual Convention & Scientific Program.

COMMITTEE MEETINGS AND PRACTICE MANAGEMENT LUNCHEON
TSSP’s committees are scheduled to meet on Friday from 9:00 am - 5:30 pm and all members are encouraged to see the date and attend the committees of their interest and participate in the discussion, deliberations and activities of their State organization, TSSP. Non-members are also invited to attend as Guests. Participation in the committee meetings is a great way to meet your colleagues from across the State of Texas and share suggestions and solutions to the delivery and improvement of patient care in Texas!

Committee preference forms will be sent out to TSSP members next month, so please review the list of committees and their charge, and return your form to TSSP for appointment.

The Professional Practice Committee has planned a special practice management luncheon program of interest to all Psychiatrists “Psychiatrist’s Value and Contribution to the New Accountable Care Organizations (ACO) Model”, so please register and attend!

EXHIBIT AND SPONSOR OPPORTUNITIES
TO SUPPORT TSSP 55TH ANNUAL CONVENTION
Exhibit and Sponsor Opportunities at the 55th Annual Convention (completely separate from the TSSP Accredited CME Activity) are available. Please visit the website typ.psychiatrist.com for an Application for Sponsorship of Social Activities and/or Exhibit Display or email tsspconf@aol.com for additional information.

Organizations are also encouraged to purchase a Reserved Table for 10 at the Annual Awards Banquet and Gala. Purchase includes recognition in the Advance Program, online and on-site with signage denoting your support and participation of TSSP’s 55th Anniversary. Please see registration form for more details.

AWARDS RECEPTION, BANQUET AND GALA – We invite you to join us for the 2011 Awards Reception and Awards Banquet honoring this year’s outstanding Award recipients, as well as all TSSP Past Presidents and former Award recipients. Immediately following the awards presentation, TSSP has planned a gala evening of entertainment, conversation and dancing. (See Registration Form for Purchasing Reserved Table(s) for your Group and/or Organization. NOTE: Reserved Table Fee includes recognition in the 55th Anniversary Program, online and on-site signage.)

GOLF
TSSP members are busy arranging a golf outing at one of Dallas’ beautiful golf courses. All levels of players are encouraged to sign up for a relaxing and fun game of golf on Thursday, November 10. Please check the box on the Registration form if you are interested in playing and additional information regarding the golf fee, etc., will be sent to you as soon as the plans are finalized.

THIS YEAR’S AWARD RECIPIENTS ARE:

DAVID PHARIS AWARD – The David Pharis Award is presented by the Department of State Health Services and TSSP to recognize significant contributions to safety and quality of patient care and outcomes in State Hospitals. This year’s award will be presented during TSSP’s Annual Business Luncheon on Saturday, November 13. Please plan to attend and express your appreciation to the state hospital selected for this degree of excellence.

TSPP COMMUNITY SERVICE AWARD TO U.S. CONGRESSMAN MICHAEL C. BURGESS, MD—TSSP is pleased to present U.S. Congressman Michael C. Burgess, MD, 26th District of Texas with the TSSP Community Service Award on Saturday, November 12 at 4:35 pm. Congressman Burgess is also scheduled to participate in the CME program and present an “Update on Health Care Reform.” Please plan to participate and join TSSP in expressing appreciation for his advocacy efforts for health care reform legislation.

IN RECOGNITION
Special thanks to the following organization supporting the TSSP 55th Anniversary Awards Banquet and Gala with the purchase of a RESERVED table:

University of North Texas Health Science Center, Fort Worth

TSPP Convention Registration Form See Page 6

Awards

This Year’s Award Recipients Attending TSSP’s 55th Awards Gala

Download PDF
SCIENTIFIC PROGRAM SCHEDULE

SATURDAY, NOVEMBER 12
(7 Hours of Category 1 Credit)
8:00 am - 8:15 am Welcome and Introductions
8:15 am - 10:15 am Schizophrenia: Clinical Applications of Basic Science
Carol A. Tamminga, MD
10:15 am - 10:35 am Refreshment Break w/Exhibitors
10:35 am - 12:35 pm A Discussion and Case Presentation of Evidence-Based Psychotherapy
Adam M. Brenner, MD
Resident (TDI)
12:35 pm - 12:45 pm Refreshment Break w/Exhibitors
12:45 pm - 2:15 pm Annual Business Luncheon and Awards Presentations
7:00 am - 4:35 pm Exhibits / Refreshments
4:35 pm - 5:35 pm Presentation of TSP Community Service Award and Update on Health Care Reform
U.S. Congressman Michael C. Burgess, MD (United) − 26th District of Texas
5:35 pm - 5:50 pm Closing Remarks

SUNDAY, NOVEMBER 13
(4 Hours of Category 1 Credit)
8:00 am - 8:15 am Welcome and Introductions
8:15 am - 10:15 am Understanding Eating Disorders through Neuroimaging: A Biopsychosocial Approach
Carmie J. McDannal, MD, PhD
10:20 am - 10:35 am Refreshment Break
10:35 am - 12:35 pm Ethics: Physician Health and Competence: Overview of the Texas Physician Health Program
Alison R. Jones, MD and Bill Nemeth, MD

THURSDAY, NOVEMBER 10
12:00 noon Golf Outing Arranged by Dallas Members

FRIDAY, NOVEMBER 11
7:00 am - 7:00 pm Registration / Information
Fort Worth Ballroom (3rd Fl)
7:00 am - 7:00 pm Exhibit Set-Up
Dallas Ballroom I and II (3rd Fl)
7:30 am - 8:35 am Foundation Board of Directors Breakfast Mtg
Dallas (2nd Fl)
8:30 am - 4:00 pm Hospitality for Committee Members
Dallas Preference Foyer (3rd Fl)
9:00 am - 10:30 am Council on Leadership Meetings
Dallas Ballroom I (3rd Fl)
10:30 am - 10:45 am Ethics: Physician Health and Competence: Meeting of the Psychiatry Clinical Practice Council
Dallas II and III (3rd Fl)
10:45 am - 12:45 pm Council on Education Meetings
Dallas Ballroom II (3rd Fl)
12:45 pm - 2:15 pm Council on Education Meetings
Dallas Ballroom I (3rd Fl)
12:15 pm - 12:30 pm Professional Practice Management Luncheon Program: Fort Worth / "Psychiatrist's Value and Contribution to the New Accountable Care" (3rd Fl)
12:30 pm - 2:00 pm Professional Practice Management Luncheon Program: Fort Worth / "Psychiatrist’s Value and Contribution to the New Accountable Care" (3rd Fl)
1:30 pm - 3:00 pm Professional Practice Management Luncheon Program: Fort Worth / "Psychiatrist’s Value and Contribution to the New Accountable Care" (3rd Fl)
2:15 pm - 3:45 pm Members In Training Program: Establishing a Medical Practice and Open Forum for Q&A
El Paso (2nd Fl)
2:15 pm - 3:45 pm Texas Academy of Psychiatry Board Meeting
Waco (2nd Fl)

FRIDAY, NOVEMBER 11 continued
2:55 pm - 3:55 pm Council on Education Meetings
Dallas Foyer (3rd Fl)
3:45 pm - 4:00 pm Refreshment Break
Dallas Preference Foyer (3rd Fl)
4:00 pm - 5:30 pm Council on Advocacy (Government Affairs)
Dallas Ballroom I (3rd Fl)
5:10 pm - 7:00 pm Executive Council
Dallas Ballroom I (3rd Fl)
7:00 pm - 9:00 pm 50th Anniversary Gala Reception with Exhibitors
Dallas Room (3rd Fl)

SATURDAY, NOVEMBER 12
7:30 am - 7:00 pm Registration / Information
Dallas Ballroom I and II (3rd Fl)
7:00 am - 8:00 pm Continental Breakfast/Refreshments
Dallas Foyer (3rd Fl)
7:00 am - 8:00 pm Annual Business Luncheon and Awards Presentation Luncheon Registration - Open to All
7:00 am - 9:00 pm Annual Business Luncheon and Awards Presentation Luncheon Registration - Open to All
10:15 am - 10:35 am Refreshment Break and Door Prize Drawings with Exhibitors
Dallas Ballroom I (3rd Fl)
12:35 pm - 2:15 pm Annual Business Luncheon and Awards Presentation Luncheon Registration - Open to All
4:15 pm - 4:35 pm Refreshment Break and Door Prize Drawings with Exhibitors
Dallas Ballroom I (3rd Fl)
4:45 pm - 5:00 pm Exhibits Tear Down and Depart
Dallas Ballroom I (3rd Fl)
6:10 pm - 7:00 pm Annual Awards Reception
Dallas Ballroom I (3rd Fl)
7:00 pm - 10:00 pm Awards Banquet and Gala
Dallas Ballroom I (3rd Fl)

SUNDAY, NOVEMBER 13
7:00 am - 7:00 pm Registration / Information
Fort Worth Ballroom (3rd Fl)
7:30 am - 10:00 am Continental Breakfast/Refreshments
Fort Worth Ballroom (3rd Fl)
8:00 am - 12:35 pm Scientific Program Attendees
Fort Worth Ballroom (3rd Fl)
10:20 am - 10:35 am Refreshment Break
Dallas Ballroom I and II (3rd Fl)

DAILY SCHEDULE

ABOUT THE SPEAKERS
Zahid Ahmad, MD
Instructor
Internal Medicine - Nutrition and Metabolic Diseases
Center for Human Nutrition
Division of Nutrition and Metabolic Diseases
UT Southwestern Medical Center
Dallas, TX

Alison R. Jones, MD
President, Offsite Governing Board
Texas Physician Health Program
Arlington, TX

Carrie J. McDannal, MD, PhD
Assistant Professor, Department of Psychiatry
UT Southwestern Medical Center
Dallas, TX

Bill Nemeth, MD
Medical Director
Texas Physician Health Program
Arlington, TX

Carol A. Tamminga, MD
Foundation Board of Directors
UT Southwestern Medical Center
Dallas, TX

A Discussion and Case Presentation of Evidence-Based Psychotherapy
Adam M. Brenner, MD
Resident (TDI)

The presentation “Ethics: Physician Health and Competence” has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

FACULTY AND STAFF DISCLOSURE POLICY
The Texas Society of Psychiatric Physicians will disclose to participants the existence of any relevant financial relationships between faculty members, TSPF staff and members, who planned, authored, contributed to, and/or reviewed the content of this activity, and any commercial interest disclosed in this educational activity. Disclosure will occur prior to the presentations either through oral communication to the audience by the moderator or chair, or written communication in the syllabus or handout material.
Summary of the 2011 Texas Legislative Session

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chiefly to opposition by the Federation and TMA.

Happily, none of the proposed scope expansion bills passed the Legislature. HB 708 by Rep. Kelly Hancock, HB 913 by Rep. Wayne Christian, and HB 1206 by Rep. Garrett Collierville would each have allowed advanced practice nurses to practice independently of physician supervision. The bills would not have applied to nurse practitioners, nurse anesthetists, and clinical nurse specialists, and all would have been allowed to prescribe, diagnose, and order therapeutic care independent of physician supervision.

HB 637 by Representative Craig Elrod would have allowed the Texas Board of Ophthalmologists to expand the scope of practice for optometrists. The bill would have greatly expanded the scope of practice for optometrists. The bill would have allowed optometrists to perform certain surgeries, prescribe or administer any oral or parenteral drugs, and use the title “optometric physician.”

SB 1066 by Sen. Jeff Wentworth would have established a definition of “complementar y and alternative medicine health care services” in state law, and defined acts practiced by such services are prohibited from doing (such as surgery, diagnostic testing, the exercise of prescriptive authority, and medical diagnosis) but allow them to perform all other services.

Texas Medical Board

HB 640 by Rep. Charles Schwertner extends TMB’s deadline for completing a preliminary investigation of a complaint from 30 to 45 days after receipt of complaint. The new law also extends TMB’s deadline for notifying physician named in complaint as an informal meeting; most notify physician of time and place of meeting not later than 45 days after 30 days before date of meeting.

SB 190 by Senator Nelson would do the following:

• Allowing all physicians to0 proceed the requirements of a TMB informal settlement conference;
• Increase the time for a physician to respond to a notice from 30 days to 45 days;
• Eliminate anonymous complaints;
• Institute a statute of limitations on bringing a disciplinary action; and
• Prohibit the granting of a license to an applicant who has had a medical license suspended or revoked by another state.

SB 190 was woven into HB 640 as a floor amendment and was signed by the governor.

SB 1065 by Senator Nelson, which would bind TMB to the ruling of an administrative law judge in a proceeding supervised by the State Office of Administrative Hearings.

SB 227 by Senator Nelson, which would provide discretion for TMB to waive a fine in a minimal administrative violation.

CSHB 1014 by Rep. Brown would have increased all physicians’ licensing fees to pay for more bureaucratic requirements from TMB, which could advantage physicians that potentially have quality of patient care issues. A floor amendment eliminated a number of controversial elements in bill, but the bill ultimately did not pass.

Abortion

HB 15 by Rep. Sid Miller will require women to have a sonogram before terminating a pregnancy. The bill would ban the use of an emergency law by Gov. Perry, and has already been signed into law.

Other Issues of Interest

Education

During special session, the legislature adopted Senate Bill 6, an education bill that would broaden the ways district can fund using funds for textbooks, as well as Senate Bill 8, which would constrain the powers of the State Board of Education by unfurling teachers, reducing contract termination notice and minimum salary requirements and expanding the Texas Education Agency’s authority to grant waivers for the 22.1 student teacher size ratio.

The provisions in SB 8 would have increased all physicians’ licensing fees to pay for more bureaucratic requirements from TMB, which could advantage physicians that potentially have quality of patient care issues. A floor amendment eliminated a number of controversial elements in bill, but the bill ultimately did not pass. Congression redistricting was addressed during the special session by enacting Senate Bill 4. The bill preserves the GOP’s over whelming majority in the state’s congressional delegation, despite vocal objections from Democrats that the bill would maintain the state’s highly atypical line. Lawmakers on both sides of the aisle acknowledge that all redistricting maps will likely be settled by a court or the U.S. Department of Justice.

Texas Windstorm Insurance Association (TWIA): House Bill 3, passed during the special session, will overhaul the claims process for homeowners along the coast. Homeowners are damaged by hurricanes and to ensure that TWIA, the state’s insurer of last resort, remains solvent. Lawmakers agreed over how much to limit a homeowner’s ability to sue TWIA if the agency fails to honor their policy. Ultimately, a compromise was reached that struck on that issue, as well as proposed limits on what lawyers can collect when suing over mishandled and inadequate claim settlements.

This was the other “must pass” bill considered during the special session. The legislation was a priority for Gov. Perry, and judicial interest groups such as Texas for Lawyer Reform and the Texas Trial Lawyer Association monitored legislative activities closely. Partisan sensitivities were also heightened by the involvement of prominent plaintiffs’ attorney Steve Mostyn, who made a specialty of TWIA claims and was Gov. Perry’s most vocal antagonist during the 2010 election cycle.

Sanctuary Cities

A hot button topic among Tea Party circles, “sanctuary cities” references any local unit of government which adopt explicit policies

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Psychotropic Medication for Texas Foster Children
Regina K. Cavanaugh, MD, President, Texas Society of Child and Adolescent Psychiatry

Many members of the Texas Society of Child and Adolescent Psychiatry and other advocates have helped to ensure that foster children with the most serious mental health and developmental illnesses be allowed comprehensive psychiatric assessments and access to psychotropic medications when deemed necessary. It appears that approximately 20% of foster care children have profound mental health needs. For some, psychotropic medications can provide relief to the trauma they have suffered from abuse and neglect, as well as other mental disorders they may have inherited or developed.

In January 2011, Dr. James A. Rogers, medical director of the Texas Department of Family and Protective Services (TDFPS) presented Psychotropic Medication for Texas Foster Children, a power point presentation, to the DFPS Advisory Counsel. He reviewed the history of the Psychotropic Medication Utilization Parameters for Foster Children that began in 2005, updated in June 2007, and most recently in December 2010. The current version can be found at: http://www.dfps.state.tx.us/Child_Protection/Medical_Services/guide-psychotropic.asp. He discussed Senate Bill 6, which became effective in 2005, implementing reforms for DFPS, including a plan to have all foster children under a single comprehensive managed care system. Thus in April 2008, STAR Health began for all Texas foster children and young adults. The features of STAR Health include: Medical home model (PCP); Immediate enrollment; Coordination of physical and behavioral health (Service Management Teams); Provision of preventative care (TX Health Steps); Broad network of providers; 24/7 nursing and behavioral help-line; Medical advisory committees to monitor the provision of the healthcare and a Medical Passport for continuity of care.

The medical passport is a secure, web-based electronic health record (EHR) system, which may be accessed at www.fostercares.com (follow the link to “sign-up”). It provides access by authorized users according to their role, and when the child leaves foster care, the Passport is available in electronic or printed formats to: child’s legal guardian, managing conservator, or parent; and if the child at least 18 years of age or an emancipated minor. Dr. Rogers also reviewed psychotropic monitoring for Texas foster children which uses eight criteria to indicate a need for further review of the child’s medication regimen. These include:

1. Absence of a thorough assessment of DSM-IV diagnosis in the child’s medical record.
2. Five (5) or more psychotropic medications prescribed concomitantly.
3. Prescribing of:
   - Two (2) or more antidepressants at the same time
   - Two (2) or more antipsychotic medications at the same time
   - Two (2) or more stimulant medications at the same time
   - Three (3) or more mood stabilizer medications at the same time
4. The prescribed psychotropic medication is not consistent with appropriate care for the patient’s diagnosed mental disorder or with documented target symptoms.
5. Multiple psychotropic medications for a given mental disorder are prescribed before utilizing a single medication.
6. The psychotropic medication dose exceeds usually recommended doses.
7. Psychotropic medications are prescribed for children of very young age, including children receiving the following medications with an age of:
   - Antidepressans: Less than four (4) years of age
   - Antipsychotics: Less than four (4) years of age
   - Psychostimulants: Less than three (3) years of age
8. Prescribing by a primary care provider for a diagnosis other than the following (unless recommended by a psychiatrist consultant):
   - Attention Deficit Hyperactive Disorder (ADHD)
   - Uncomplicated anxiety disorders
   - Uncomplicated depression

The Texas DFPS, the University of Texas Austin College of Pharmacy, the Department of State Health Services and the Health and Human Services Commission, along with a group of experts, many of whom are members of the Texas Society of Child and Adolescent Psychiatry, provided the Psychotropic Medication Utilization Parameters for Foster Children. In a letter to the Foster Care Network, Commissioner Anne Heiligenstein, of the Texas DFPS, concluded, “The implementation of the Parameters has resulted in a significant decrease in the utilization of psychotropic medications among foster children in Texas.”

The Update on the Use of Psychotropic Medication in Texas Foster Children Fiscal Year 2012-2013 can be found at: http://www.hhsc.state.tx.us/medicaid/OCU/psychotropic_medications.html

TSCAP would like to express a thank you to Dr. “Jim” Rogers, and all the speakers who presented at the TSCAP annual summer meeting and scientific program on PTSD, July 15-17, 2011 in San Antonio. It is hoped that the participants learned more about providing care to foster care children, and other children who suffer with this disorder. TSCAP would like to extend appreciation to the House would either need to adopt the bill as a “laughingstock,” and said its passage would make the Texas Legislature to the bill as a “publicity stunt,” and said its passage would make the Texas Legislature to the bill as a “publicity stunt,” and said its passage would make the Texas Legislature to the bill as a “publicity stunt,” and said its passage would make the Texas Legislature...
The American Psychiatric Association after many years with the same company has changed to a new medical malpractice insurance carrier – and if you are currently enrolled in the old program, it is important that you know your renewal is not automatic. We also think you should be aware that there is only one malpractice program in the nation endorsed by the American Psychiatric Association where the coverage is extensive and the rates are low—American Professional Agency, Inc.

To remain enrolled in the only APA-endorsed program monitored by the Association, you must contact American Professional Agency, Inc. to do so. If you are not currently enrolled or perhaps considering a change in malpractice insurance carriers, there is no better opportunity or time to change to American Professional Agency, Inc. than now.

So, regardless of when your renewal date is, or who your current carrier might be, we urge you to please visit us on the web at www.apamalpractice.com or call us toll free at 877-740-1777 and make a change for the better to American Professional Agency, Inc.

The TExAS PSYCHIATRIST is published 6 times a year in January, March, May, July, September, and November. Members of Federation member organizations are encouraged to submit articles for possible publication. Deadline for submitting copy to the Federation Executive Office is the first day of the publication month. Copy must be edited, acceptable for publication.

Display advertising is available and publication is determined on a case by case basis by the Editorial Board. The Editorial Board reserves the sole right to accept or reject any submitted advertising copy.

JOB BANK

Whether you are looking for career opportunities or you are recruiting to fill a position in your organization, you will want to check out the Federation’s JOB BANK on its website at www.txpsych.org. The Federation’s JOB BANK could be just what you have been looking for.