2003 Legislative Session: Organized Chaos

“All politics is local” - Speaker Tip O’Neill

The 2003 Texas Legislative Session was unique in many ways. With the installation of new leadership in both Houses, the Session was marked by significant and sweeping changes in rules and working procedures. A 25% turnover in members meant that institutional memory about issues was damaged. The large $10 billion deficit facing the State affected the entire Session. And the killer Ds who took up residence in Oklahoma for several days, brought the Session to a halt and placed numbered bills in jeopardy. These factors contributed to a very difficult Session, for legislators, lobbyists and mental health advocates.

Despite these issues, four legislative priorities of TSPP were achieved: 1) defeating another attempt by some psychologists to persuade the Legislature to grant them a license to practice medicine; 2) passing malpractice reform; 3) passing prompt pay legislation; and 4) passing a measure to allow guardians of persons with psychiatric illnesses to seek hospital treatment for their wards. These accomplishments resulted from members’ active involvement in the legislative process, during the Session and prior to the Session during the election cycle. Pressing once again, the wisdom of former Speaker Tip O’Neill, who once said: “All politics is local.”

On March 14, the final day allowed for the filing of bills, Rep. Rick Noriega (Houston) filed HB 3451. HB 3451, if enacted, would have allowed a psychologist hearing a “prescriptive authority certificate,” to “issue a prescription drug order, to administer or dispense a prescription drug, and to order tests to monitor the use of prescription drugs.” To receive a “prescriptive authority certificate” from the Texas State Board of Examiners of Psychologists, a psychologist would have to document that he/she is a provider of health services as determined by the American Psychological Association, complete a postdoctoral training program that at minimum satisfied the training recommendations of the American Psychological Association, and pass an examination administered by the Texas State Board of Examiners of Psychologists. To “protect the public,” the bill required a psychologist holding a prescriptive authority certificate to “consult with a patient’s provider of health services or its successor.”

On May 15, HB 3451 was pronounced dead, as it was left pending in the House Public Health Committee, where it received a public hearing on April 30.

This second failed attempt by psychologists to receive prescribing privileges by legislative fiat, was welcomed by those who are concerned about the bill’s potential adverse affect on patient safety and welfare. The major obstacle preventing the passage of HB 3451 was TSPP. This accomplishment was made possible, in part, by many, including: Martha Leatherman, MD, Chair of the Government Affairs Committee, who provided outstanding guidance and leadership; the Political Action Coordinators in each Chapter (Drs. Joseph Atisco, David Axelrad, Emilie Becker, Joseph Black, Charles Bowden, Raoul B. Captaniano, Joseph Castiglione, Jr, George Constant, Nicole Cooper, Suresh Durgam, Edward S. Furbur, Wayne Golf, Gerardly Gregory-Quinones, Ralph Hodges, Jose Igua, Grace Jameson, Sanford Kiser, Martha Leatherman, Bill Lynch, Shirley Marks, Conway McManalud, Jacquelin McGurn, Lynda Parker, Priscilla Ray, Linda Rhodes, George Santos, Clay Sawyer, Leslie Secret, and Paul Wick), who encouraged members to become involved in the political process during the legislative interim; the members of the Government Affairs Committee who read and assessed numerous bills of interest; the Legislative Advisory Committee (Drs. David Axelrad, Robert Denney, Sanford Kiser, Martha Leatherman, Conway McManalud, Priscilla Ray, Clay Sawyer, and Leslie Secret) who provided rapid response decisions about positions, strategies, and tactics; the members, including those who participated in the TSPP Seminar and Capitol Day featuring Joel Roberts, who visited the Capitol during the Session to call on legislators and to educate them about issues of importance to psychiatry; members who made themselves available to provide testimony; and, the many members who played a crucial role by responding to Alerts by calling, writing, and emailing legislators with specific, targeted messages.

TSPP was joined in this effort by the Texas Medical Association and other medical specialty societies, the American Psychiatric Association, the Depression and Bipolar Support Alliance (formerly Depressive and Manic Depressive Association), and many friends and colleagues who are psychologists who wrote letters, made calls, and submitted written testimony against the bill. After several false starts and contentious debate, malpractice reform legislation was passed (HB 4 by Rep. Joe Nixon, Houston and Senator Bill Ratliff, Mt. Pleasant). Early in the session, malpractice reform legislation was merged into a broader tort reform bill, creating major challenges for the passage of malpractice reform. However, in the final days of the Session, HB 4 was finally passed. The bill caps non-economic damages as follows: $250,000 per physician per claimant, a second $250,000 per health care institution per claimant, and a second $250,000 per health care institution per claimant if the second institution is completely separate from the first. A September 13 referendum authorized by HJR 3 by Representative Nixon regarding a constitutional amendment ratifying the legislature’s authority to cap damages is the next step in achieving malpractice reform for physicians. Hopefully, this legislation will help reduce escalating malpractice premiums.

The Governor will have another opportunity to sign a prompt pay bill this year. After a veto of the prompt pay bill passed by the Legislature in 2003, several prompt pay bills were introduced in 2003. The Legislature eventually passed SB 418 by Senator Jane Nelson (Flower Mound) and Representative John Smith (Amarillo). The bill provides that within 45 days after receipt of a claim submitted electronically or within 30 days after a clean claim submitted electronically, the insurer must pay the claim in full, 2) pay a portion of the claim that is not in dispute and notify the physician in writing why the remaining portion of the claim will not be paid; or 3) notify the physician why the claim will not be paid. A non-electronic clean claim is a claim submitted using the Centers for Medicare and Medicaid Services Form 1500 or, if adopted by commissioner rule, a successor to that form developed by the National Uniform Claim Committee or its successor.

Despite unsuccessful efforts to pass a bill to allow guardians to seek hospital treatment for their wards who have mental illness, the Legislature this year passed HB 2679 by Bill Hartman (Dallas) and Senator Chris Harris (Arlington). HB 2679 allows a guardian to transport his/her ward to an inpatient mental health facility for a preliminary examination if the guardian has reason to believe the ward is mentally ill and because of the mental illness there is a substantial risk of serious harm to the ward or to others unless the ward is immediately restrained. After transporting a ward to an inpatient mental health facility, a guardian shall immediately file an application for detention with the facility. This bill eventu-
## President’s Message

I’m Listening

_In necessary things, unity; in doubtful things, liberty; in all things, charity._
— Richard Baxter

What do a psychiatrist in the Valley, an obstetrician in the Panhandle and a neurosurgeon in Beaumont have in common? All are at risk of not being able to find affordable professional liability insurance.

What do an Austin anesthesiologist, a San Antonio pathologist and a Lubbock psychiatrist have in common? All believe that medications should be prescribed by persons properly educated and trained to do so.

What do a Ft. Worth general surgeon, a Dallas psychiatrist and a Houston urologist have in common? All have trouble getting managed care companies to pay their bills in a timely fashion and their practices are at financial risk.

But, the other things they have in common are dedication, hard work, sacrifice and a commitment to the health of Texans.

Because of the unity and constancy of purpose of these—and other—Texas physicians, a law capping the amount each physician would have to pay in noneconomic damages in a lawsuit was enacted. This is predicted to lower professional liability rates and make insurance more affordable.

And, because of hard work by psychiatrists, other physicians, spouses and staff, prompt pay legislation and lawsuits filed on behalf of physicians may once again stop us from being the no-interest loan institutions for some of the managed care entities.

In addition, because of education of legislators by psychiatrists, other physicians and our TSPP staff, the bill permitting non-medical prescribing privileges did not make it out of committee, effectively ending it for this legislative session.

It is simply amazing what can be done with unity—with the force of many wills and the implementation of many talents. We must understand our common goals and be willing to work together to accomplish them. We must unite behind what is best for our patients—and that means having access to a neurosurgeon in Beaumont, a choice of psychiatrists in Dallas and having a properly educated and trained professional prescribing medications.

We must also have liberty—for divergent, even opposing views. We must in fact encourage the expression of differing views, as this improves our flexibility and our representation and ensures that our organization is inclusive of members.

Likewise, we must demonstrate our sense of charity—to our patients and our colleagues, as well as ourselves. We must work toward a system of access to health care for all those who choose. We should be able to report and learn from medical errors without fearing the outcome.

We have already accomplished much—with the unity of Texas psychiatrists, other Texas physicians, spouses, our TSPP staff and the help of the TMA staff. But more needs to be done.

We need for our nonmember colleagues to join us—in membership in psychiatric societies like TSPP and APA and in other medical associations, like the TMA and AMA.

These are things that we, the membership of TSPP, have repeated as priorities. But there are other ideas about new goals and even how to accomplish these goals. My job this year is to listen to what you—the members—want and, as your elected representative, to try to get it accomplished.

Got ideas? I’m listening.

---

### Congratulations...

At the APA Annual Convention in San Francisco, R. Sanford Kiser, MD (Dallas) was awarded Honorable Mention in the Best Editorial Competition for his article in the TSPP Newsletter entitled “Mickey Mouse, Fantasia, and the Prescribing of Medications,” and the TSPP Newsletter was awarded the Continuing Excellence Award in the 2003 Newsletter of the Year Award. Edward Reilly, MD and Joseph Castiglioni, Jr., MD are the Editorial Board of the TSPP Newsletter. John Bush and Deblue Sandberg are the Newsletter’s Managing Editors.

---

### Clarification

The TSPP Newsletter of February/March 2003 listed members approved as Life Fellows and Distinguished Fellows as of January 1, 2003. The list published in the Newsletter was not a comprehensive listing of all Distinguished Fellows and Distinguished Life Fellows, but rather reflected only those members who had been given this new honor as of January 1, 2003 and not those members who received the honor of Fellow or Life Fellow prior to 2003. Members holding the status of Fellow and Life Fellow prior to 2003 were automatically given the designations of Distinguished Fellow and Distinguished Life Fellow, effective January 1, 2003, in accordance with APA’s new Fellowship procedures. Congratulations to you all!

---

### In Memoriam

Laurence C. McGonagle, MD
San Antonio
Lee F. Scarborough, MD
Austin
Ruben D. Rumbaut, MD
San Marcos
Constance Moore, MD
Jacksonville
John Ramsay, MD
Victoria

---

### Membership Changes

#### New Members

The following membership applications have been approved by the Executive Council and Executive Committee and have been transmitted to the APA.

**MIT Advancement to General Member**

<table>
<thead>
<tr>
<th>Name</th>
<th>MD</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Castillo, Sergio</td>
<td>El Paso</td>
<td>UT Southwestern</td>
</tr>
<tr>
<td>Chen, Frank Y.</td>
<td>Houston</td>
<td>UT Southwestern</td>
</tr>
<tr>
<td>Coggins, Woodrow</td>
<td>San Antonio</td>
<td>UT Southwestern</td>
</tr>
<tr>
<td>Garza, Daniel R.</td>
<td>Houston</td>
<td>UTHSCSA</td>
</tr>
<tr>
<td>Herrera, Cecilia</td>
<td>Houston</td>
<td>UT Southwestern</td>
</tr>
<tr>
<td>Mathews, Thomas</td>
<td>Houston</td>
<td>UT Southwestern</td>
</tr>
<tr>
<td>Munoz-Drumond, Sylvia</td>
<td>Houston</td>
<td>UTHSCSA</td>
</tr>
<tr>
<td>Steebeck, Sarah</td>
<td>MD</td>
<td>UT Southwestern</td>
</tr>
<tr>
<td>Warneke, Kimberly</td>
<td>MD</td>
<td>UT Southwestern</td>
</tr>
</tbody>
</table>

**Mitigation**

<table>
<thead>
<tr>
<th>Name</th>
<th>MD</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bailey, Julia</td>
<td>MD</td>
<td>UT Southwestern</td>
</tr>
<tr>
<td>Colf, Joseph K.</td>
<td>MD</td>
<td>UT Southwestern</td>
</tr>
<tr>
<td>Garcia, Francisco</td>
<td>MD</td>
<td>Texas Tech El Paso</td>
</tr>
<tr>
<td>Hamanako, Derrick</td>
<td>MD</td>
<td>UT Southwestern</td>
</tr>
<tr>
<td>Hickley, Janet M.</td>
<td>MD</td>
<td>UT Southwestern</td>
</tr>
<tr>
<td>Kahan, Kara L.</td>
<td>MD</td>
<td>UT Houston</td>
</tr>
<tr>
<td>Koprunikar, Joan</td>
<td>MD</td>
<td>UT Southwestern</td>
</tr>
<tr>
<td>Mitchell, Stephanie</td>
<td>MD</td>
<td>UT Southwestern</td>
</tr>
<tr>
<td>Ng, Jeannette</td>
<td>MD</td>
<td>UT Houston</td>
</tr>
<tr>
<td>Trickett, Victoria</td>
<td>MD</td>
<td>UTHSCSA</td>
</tr>
<tr>
<td>Wyatt, Bobby W.</td>
<td>MD</td>
<td>UT Southwestern</td>
</tr>
</tbody>
</table>

**General Member**

<table>
<thead>
<tr>
<th>Name</th>
<th>MD</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bailey, Walter F.</td>
<td>MD</td>
<td>Houston</td>
</tr>
<tr>
<td>Garza, Maria</td>
<td>MD</td>
<td>Houston</td>
</tr>
<tr>
<td>Moore, Constance</td>
<td>MD</td>
<td>Jacksonville</td>
</tr>
<tr>
<td>Packard, Russell</td>
<td>MD</td>
<td>Lubbock</td>
</tr>
<tr>
<td>Teague, Annapurni</td>
<td>MD</td>
<td>Bellarine</td>
</tr>
</tbody>
</table>

**Member in Training**

<table>
<thead>
<tr>
<th>Name</th>
<th>MD</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buchanan, Patrick</td>
<td>MD</td>
<td>Tyler (Wyoming)</td>
</tr>
<tr>
<td>Hallant, Kerri</td>
<td>MD</td>
<td>Austin (Washington State)</td>
</tr>
<tr>
<td>Mathews, Pamela A.</td>
<td>MD</td>
<td>Temple (Louisiana)</td>
</tr>
<tr>
<td>Patel, Hemant</td>
<td>MD</td>
<td>Richmond (Illinois)</td>
</tr>
<tr>
<td>Sarhara, Bahadur</td>
<td>MD</td>
<td>Houston (Kentucky)</td>
</tr>
<tr>
<td>Serrano, Alberto C.</td>
<td>MD</td>
<td>San Antonio (Hawaii)</td>
</tr>
<tr>
<td>Slaughter, Rustin</td>
<td>MD</td>
<td>Temple, Plastic Surgery, PA</td>
</tr>
</tbody>
</table>

---

### Transfers from Other District Branches

<table>
<thead>
<tr>
<th>Name</th>
<th>MD</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buchanan, Patrick</td>
<td>MD</td>
<td>Tyler (Wyoming)</td>
</tr>
<tr>
<td>Hallant, Kerri</td>
<td>MD</td>
<td>Austin (Washington State)</td>
</tr>
<tr>
<td>Mathews, Pamela A.</td>
<td>MD</td>
<td>Temple (Louisiana)</td>
</tr>
<tr>
<td>Patel, Hemant</td>
<td>MD</td>
<td>Richmond (Illinois)</td>
</tr>
<tr>
<td>Sarhara, Bahadur</td>
<td>MD</td>
<td>Houston (Kentucky)</td>
</tr>
<tr>
<td>Serrano, Alberto C.</td>
<td>MD</td>
<td>San Antonio (Hawaii)</td>
</tr>
<tr>
<td>Slaughter, Rustin</td>
<td>MD</td>
<td>Temple, Plastic Surgery, PA</td>
</tr>
</tbody>
</table>
Building Effective Personal Leadership Skills for Organizational Success

DESCRIPTION (LEAD-SELF)* QUESTIONS

Please circle the one response that you feel most closely describes your own behavior in each of the twelve situations.

1. Your subordinates are no longer responding to your friendly conversation and obvious concern for their welfare. Their performance is declining rapidly.
   a. Emphasize the use of uniform procedures and the necessity for task accomplishment.
   b. Make yourself available for discussion, but don't push your involvement.
   c. Talk with subordinates and then set goals.
   d. Immaturely do not intervene.

2. The observable performance of your group is increasing. You have been making sure that all members are aware of their responsibilities and expected standards of performance.
   a. Engage in friendly interaction, but continue to make sure that all members are aware of their responsibilities and expected standards of performance.
   b. Take no definitive action.
   c. Do what you can to make the group feel important and involved.
   d. Emphasize the importance of deadlines and tasks.

3. Members of your group are unable to solve a problem themselves. You have normally left them alone. Group performance and interpersonal relations have been good.
   a. Work with the group and together engage in problem solving.
   b. Let the group work it out.
   c. Act quickly and firmly to correct and redirect.
   d. Encourage group to work on problem and be supportive of their efforts.

4. You are considering a major change. Your subordinates have a fine record of accomplishment. They respect the need for change.
   a. Allow group involvement in developing the change, but don't be too directive.
   b. Announce changes and then implement with close supervision.
   c. Allow group to formulate in direction.
   d. Incorporate group recommendations, but you direct the change.

5. The performance of your group has been dropping during the last few months. Members have been unconcerned with meeting objectives. Redefining roles and responsibilities has helped in the past. They have continually needed reminding to have their tasks done on time.
   a. Allow group to formulate in own directions.
   b. Incorporate group recommendations, but see that objectives are met.
   c. Redefine roles and responsibilities and supervise carefully.
   d. Allow group involvement in determining roles and responsibilities, but don't be too directive.

6. You stepped into an efficiently run organization, which the previous administrator tightly controlled. You want to maintain a productive situation but would like to begin humanizing the environment.
   a. Do what you can to make group feel important and involved.
   b. Emphasize the importance of deadlines and tasks.
   c. Intentionally do not intervene.
   d. Get group involved in decision-making, but see that objectives are met.

7. You are considering changing to a structure that will be new to your group. Members of the group have made suggestions about needed change. The group has been productive and demonstrated flexibility in its operations. a. Define the change and supervise carefully.
   b. Participate with the group in developing the change but allow members to organize the implementation.
   c. Be willing to make changes as recommended, but maintain control of implementation.
   d. Avoid confrontations; leave things alone.

8. Group performance and interpersonal relations are good. You feel somewhat unsure about your lack of direction of the group.
   a. Leave the group alone.
   b. Discuss the situation with the group and then you initiate necessary changes.
   c. Take steps to direct subordinates toward working in a well-defined manner.
   d. Intentionally do not intervene.

9. Your superior has appointed you to head a task force that is far overdue in making requested recommendations for change. The group is not clear on its goals. Attendee at sessions has been poor. Their meetings have turned into social gatherings. Potentially they have the talent necessary to help.
   a. Let the group work out its problems.
   b. Incorporate group recommendations, but see that objectives are met.
   c. Redefine goals and supervise carefully.
   d. Allow group involvement in setting goals, but don't push.

10. Your subordinates, usually able to take responsibility, are not responding to your recent redefining of standards. You have group involvement in the development of standards but take control.
    a. Allow group involvement in developing new standards but don't take control.
    b. Redefine standards and supervise carefully.
    c. Avoid confrontation by not applying pressure; leave situation alone.
    d. Incorporate group recommendations, but see that new standards are met.

11. Your subordinates have made suggestions about needed change. The group has been productive and demonstrated flexibility in its operations. a. Define the change and supervise carefully.
    b. Participate with the group in developing the change but allow members to organize the implementation.
    c. Be willing to make changes as recommended, but maintain control of implementation.
    d. Avoid confrontations; leave things alone.

12. Recent information indicates some internal difficulties among subordinates. The group has a remarkable record of accomplishment. Members have maintained long range goals. They have worked in harmony for the past year. All are well qualified for the task.
    a. Try out your solution with subordinates and examine the need for new practices.
    b. Allow group members to work it out themselves.
    c. Act quickly and firmly to correct and redirect.
    d. Participate in the discussion while providing support for subordinates.

**TSPP Annual Scientific Program**

Make plans today to join your colleagues at the TSPP Annual Convention and Scientific Program on November 7-9, 2003 at the Omni Houston Hotel (Four Riverway) in Houston. George Santos, MD, Scientific Program Chair and the TSPP CME Committee have arranged another excellent Scientific Program, “Psychiatry Today,” featuring eight outstanding presentations.

**Program Objectives**

This continuing medical education activity (nine Category 1 credits) will be presented in a lecture with discussion format. It is designed to provide psychiatrists with clinically relevant information in new developments in ethics, research and new treatments. At the conclusion of the program, participants should be able to:

- Develop an understanding of the current clinical treatment of Bipolar Disorder.
- Develop an understanding and ability to identify and treat psychiatric disorders in women as they relate to pregnancy.
- Develop an understanding of new developments in the practice of emergency psychiatric evaluation and treatment systems.
- Develop an understanding of the implications of a patient's spiritual beliefs as they pertain to psychiatric symptoms and psychototherapy goals. Develop skills in how to integrate spiritual belief systems into psychotherapeutic techniques.
- Develop an understanding of the legal, practical and ethical issues involved in the use of physician extenders in a psychiatric practice.

**Meeting Location**

The Annual Convention and Scientific Program will be at the Omni Houston Hotel, Four Riverway, Houston, Texas. Winner of the AAA Five-Diamond Award for over 18 consecutive years, the hotel is located in the prestigious Post Oak/Galleria area of Houston. TSPP has negotiated an extremely reasonable room rate of $119 for convention attendees. Hotel reservations may be made by calling the Omni Houston Hotel at 1-713/591-8181 or 1-800-THE-OMNI. To receive the special group rate for this event, callers must identify themselves as an attendee of the Texas Society of Psychiatric Physicians convention. The cut-off date for discounted rates is October 14, 2003.

**Discounted Registration Fees**

Attendees who register before October 24 will receive the special discounted registration rates. Mail or fax your registration form and payment using your VISA or MasterCard to TSPP at (512) 478-0605. If paying by check, Fax your registration form to 512/478-5223. In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by October 24, 2003, less a $25 handling charge. No refunds will be given after October 24, 2003.

**Annual Business Meeting and Luncheon**

Plan to join your colleagues on Saturday at the TSPP Annual Business Meeting and Luncheon. The luncheon will feature the election of Officers for 2004-2005. The Foundation Annual Business Meeting will update members on the progress of its charitable activities.

**Social Activities**

The convention officially kicks off with a complimentary wine and cheese reception in the Exhibit Hall for convention registrants and their spouse/guest on Friday evening.

---

**Scientific Presentations**

**Saturday, November 8**

- **Update: Affective Disorders — State of the Art**
  - Lauren R. Marangell, MD — Director, Mood Disorders Research, Director, Adult Clinical Psychopharmacology, Associate Professor of Psychiatry, Brown Foundation Endowed Professor, Psychopharmacology of Mood Disorders, Department of Psychiatry, Baylor College of Medicine, Houston, Texas

- **Post-Partum Depression: Recognition, Treatment & Prevention**
  - Lucy J. Puryear, MD — Private Practice, Clinical Assistant Professor of Psychiatry, Baylor College of Medicine, Houston, Texas

- **Advances in Emergency Psychiatry**
  - Avram S. Fishkind, MD — Medical Director, Neuropsychiatric Center, Houston, Texas; President-Elect, American Association of Emergency Psychiatry

On the Way to Become Borderline and Narcissistic: Development of Severe Personality Disorders in Children and Adolescents

- Efrain Bleiberg, MD — Medical Director, Professionals in Crisis Program, Menninger Hospital, Topeka, Kansas; Vice Chair and Director of Child and Adolescent Psychiatry, Department of Psychiatry, Baylor College of Medicine, Houston, Texas

**Sunday, November 9**

- **Spirituality and Psychiatry**
  - James W. Lomas, MD — Associate Chairman and Director of Educational Programs Department of Psychiatry and Behavioral Sciences Baylor College of Medicine, Houston, Texas

- **Children & Adolescent Psychopharmacology of Mood & Anxiety Disorders**
  - Graham Emmsie, MD — Professor of Psychiatry and Charles E. & Sarah M. Seay Chair in Child Psychiatry, UT Southwestern Medical Center, Chief of Division of Child and Adolescent Psychiatry, UT Southwestern Medical Center & Children’s Medical Center, Dallas, Texas

- **Use of Physician Extenders in Psychiatric Practice Settings**
  - John R. Larrimee, JD — Board Certified in Health Law by the Texas Board of Legal Specialization, Past Chair of the Dallas Bar Health Law Section, President and Author on Health Law Topics, Dallas, Texas

---

**Texas Society of Psychiatric Physicians**

**2003 Annual Convention & Scientific Program**

Saturday, November 7-9, 2003 • Omni Hotel, Houston, Texas

Please complete this form and return it with your check, money order or credit card information for your registration and event fees to the Texas Society of Psychiatric Physicians, 401 West 15th Street, Suite 8675, Austin, TX 78701 by October 24 to receive the discounted registration fee. Registration forms and payments by credit card may be faxed to TSPP at 512/478-5223.

If you require any special assistance to fully participate in this conference, please contact TSPP at (512) 478-0605.

---

**Registration Fees**

<table>
<thead>
<tr>
<th>Event</th>
<th>Regular Rate</th>
<th>Discounted Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome Reception - Friday Evening</td>
<td>$40</td>
<td>$30</td>
</tr>
<tr>
<td>TSPP Member</td>
<td>$190</td>
<td>$250</td>
</tr>
<tr>
<td>TSPP MD/Medical Student</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Non-Member</td>
<td>$235</td>
<td>$290</td>
</tr>
<tr>
<td>Non-Member MD/Medical Student</td>
<td>$55</td>
<td>$50</td>
</tr>
<tr>
<td>Allied Health Professional</td>
<td>$145</td>
<td>$150</td>
</tr>
<tr>
<td>Spouse</td>
<td>$9.50</td>
<td>$12.95</td>
</tr>
<tr>
<td>Advocacy/Organization Leadership</td>
<td>$35</td>
<td>$50</td>
</tr>
</tbody>
</table>

**Total Registration Fee Enclosed**

$________

---

**Tipping Point**

JUNE / JULY 2003

---

**Credit Card Billing Address**

---

**Method of Payment**

- Check
- VISA
- MasterCard
- Credit Card 

---

**Cancellation Policy**

In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by October 24, 2003, less a 25% handling charge. No refunds will be given after October 24, 2003.

Return to TSPP • 401 West 15th Street, Suite 8675 • Austin, TX 78701 • (512) 478-0605 • FAX (512) 478-5223
Update on The Psychiatrists’ Program

Last year, members were informed of a change in insurance carriers for The Psychiatrists’ Program, the APA-endorsed Psychiatrists’ Purchasing Group (PPG) for liability insurance coverage for The Psychiatrists’ Program (The Program), which was necessitated by Legion Insurance Company (Legion) being placed into rehabilitation. According to Melanie Smith, Senior Vice President, PRMS, the situation with Legion and the conversion to new carriers caused some confusion among members. The following is an update provided by The Program:

- We are delighted to report that during Program Year 2002 retention was approximately 90%.
- Applications for new coverage continue to be received daily. We have noticed an increase in contact from non-APA members, particularly from states where carriers have either left or stopped writing. When informed about the APA membership requirement, many ask how to join the APA. We direct these calls to the appropriate District Branch.
- The Program now offers coverage to APA members through National Union Fire Insurance of Pittsburgh, Pa. (National Union) in all but seven states (HI, LA, NJ, NV, OK, TN). In these states, regulatory approval of National Union is pending. In the interim, coverage is available through Lexingon Insurance Company (Lexington) National Union and Lexington are both member companies of AIG, rated A+ by A.M. Best.
- If approval of National Union’s rates and forms occurred after an insured’s 2002 renewal date, the doctor was written through Lexington to prevent any gap in coverage. At the doctor’s next renewal, if National Union’s rates and forms have since been approved in that state, the doctor will be offered the option to move to National Union from Lexington.

The program “Starting a Medical Practice” will be a 1-hour seminar conducted by The PPG, with the right perspective, processes and structure is key to the success of a medical practice. Space is limited so be sure to register for this free program today!

Proposed topics include the following:

1. Structure and Environment of a Medical Practice
2. Legal Organization of a Medical Practice
3. Professional Affiliations
4. Licenses, Certificates and Liability Insurance
5. Personnel Management
6. Office Policies and Procedures
7. Vendors and Suppliers
8. Managed Care Credentialing
10. Coding and Documentation, and
11. Marketing the Practice.

TMs consulting staff. Starting a new practice with the right people, processes and structure is key to the success of a medical practice. Space is limited so be sure to register for this free program today!

Proposed topics include the following:

1. Structure and Environment of a Medical Practice
2. Legal Organization of a Medical Practice
3. Professional Affiliations
4. Licenses, Certificates and Liability Insurance
5. Personnel Management
6. Office Policies and Procedures
7. Vendors and Suppliers
8. Managed Care Credentialing
10. Coding and Documentation, and
11. Marketing the Practice.

Complete and return the following information today to ensure your enrollment:

Member’s Name:
Address:
Phone/Fax/E-Mail:
Return to: Texas Society of Psychiatric Physicians, 401 West 15th Street, Suite 6075 Austin, Texas 78701 or FAX to 512/478-5223

Mental Illness Awareness Week – 2003

Planning should be underway in each TSPS chapter for Mental Illness Awareness Week 2003, scheduled for October 5-11, 2003. The purpose of MIW is to increase the public's understanding of mental illnesses and psychiatric treatments. MIW provides an annual opportunity to address three primary goals:

1. To encourage psychiatrists to collaborate with mental health advocacy organizations in the planning and implementation of MIW activities.
2. To produce a variety of educational outreach programs to reach as broad an audience as possible.
3. To involve community leaders, policymakers, educators, clergy, the media etc. in delivering positive and informative messages about psychiatric illnesses.

This year, the Texas Foundation for Psychiatric Education and Research will provide grants to TSPS Chapters to help underwrite the costs of MIW activities. Each Chapter President has received information about funds available for each Chapter as well as grant application forms. To apply for these MIW grants, Chapter Presidents should submit the Chapter’s grant request to the Foundation prior to August 1. A Foundation Grants Review Committee will evaluate grant requests and forward funding recommendations to the Foundation’s Executive Committee for final approval. The Committee’s determination of whether to fund a request is expected to be made by September 15. At that time, the Foundation will distribute funds to Chapter Presidents.

The TSPS Foundation is an excellent opportunity to educate the public about mental illnesses and to foster working relationships with patient advocacy groups in each community. The TSPS Foundation and the TSPS will encourage participation by all chapters during this annual event.
2003 Legislative Session: Organized Chaos

continued from Page 1
ally passed because of the persistence and organizational efforts of the Depression and Bipolar Support Alliance with the assistance of TSSP.

No review of the 2003 Legislative Session would be complete without a discussion of the State’s appropriation bill for 2004-2005. Faced with a $9 billion deficit, legislators hammered out a final state budget in HB 1 in the final days of the Session. Considering where the budget process started with huge cuts, the end results were improved although reserves were mixed. The good news is – it is not as bad as it was made to be. The bad news is – services will be trimmed and some cut. As a major priority for TSSP, TSSP allocated considerable lobbying effort to preserving and enhancing funding for public mental health services in the State budget. The approved budget of $11.4 billion, including state, Federal and other funds, represents a 3.1% increase over the 2002-2003 budget. The Health and Human Services agencies received an overall increase of about 13.7%. However, the Texas Comptroller reports that due to the conflict in the budget submitted to the Governor, the final state budget in HB 1 will be significantly revised.

According to HB 1, TXMIMHR total appropriations (all funds) will be $3.995 billion, an increase of about 7% over 2002-2003. However, general revenue appropriations for TXMIMHR represent only a 1.7% increase while Federal and other funds budgeted for the department increased by 14.4%.

There are several cost savings assumptions in the Budget which must be realized, such as: 5% drug cost savings for community centers; 10% administrative limit for community centers; 1.8% reductions for Community ICF-MR rates; and rates for Targeted Case Management (service coordination) and Relaibilitable Services; 2.2% rate reduction for MR Warner Rates; 5.5 million deferral of MR community center payments from FY 2005 to FY 2006; and a revised equity rider provides for equity to be achieved through the reallocation of dollars beginning in FY 2006 continuing through FY 2011. Based upon these savings assumptions, the Legislature made the following funding decisions: all MI research and training activity in the community and state hospital systems; no state school or state hospital closure; maintaining 6 bed ICF-MR settings; maintaining 3 and 4 bed waiver settings; fully funding current services for MI Community except for MI in Home and Family Support; MI In Home and Family Support is eliminated; 99% funding of current services for MR Community except for MR In Home and Family Support; MR In Home and Family Support is funded at 39%; agency Indirect Administration is funded at 89%; and $35 million in new bond authority is provided with TXMIMHR.

Prompted by the desire to reduce state spending, another significant bill passed was HB 2292 by Representative Arlene Wohlgemuth (Burleson) and Senator Jane Nelson (Flower Mound). HB 2292 reorganizes the Health and Human Services agencies by consolidating 12 agencies into 4 agencies within a new Health and Human Services Commission structure. The new Health and Human Services Commission, headed by an Executive Commissioner appointed by the Governor, would replace the following administrative services from existing agencies: information technology, human resources, planning and evaluation, program initiatives, contract management, financial management, budget, audit, legal, purchasing, rule making, rate setting, and policy development. Four new agencies reporting to the Health and Human Services Commission will be created: Department of State Health Services (Health Services, Mental Health Services, including State hospitals and community services, and Alcohol and Drug Abuse Services); Department of Aging and Disability Services (Mental Retardation Services, including State schools and community services, Community Care Services, Nursing Home Services, and Aging Services); Department of Family and Protective Services (Child Protective Services, Adult Protective Services, and Child Care Regulatory Services); and the Department of Assistive and Rehabilitative Services (Rehabilitation Services, Services for Blind and Visually Impaired, Services for Deaf and Hard of Hearing, and Early Childhood Intervention Services). A transition team appointed by the Governor is required to submit a plan for transferring powers, duties, functions, programs, and activities to the Health and Human Services Commission by December 1, 2003.

While reorganization of state health and human services agencies was the thrust of the bill, the 310-page bill became a vehicle for many other healthcare initiatives. By March 1, 2001, a Preferred Drug List program for Medicaid will become a requirement. Prior authorization will be required for prescriptions not included on the Preferred Drug List. A Pharmaceutical and Therapeutics Committee will be appointed by the Governor to develop recommendations for the preferred drug list. The committee’s findings will be composed of all interested parties, including at least one pharmacist, and five pharmacists. The committee is to submit their recommendations to the Governor by January 1, 2004.

A Boarder Health Foundation will be established by June 1, 2004 to raise money to finance health programs in areas adjacent to the border with Mexico. The bill also stipulates that local mental health and mental retardation authorities may serve as a provider of services only as a provider of last resort if two conditions exist: 1) the integration of mental health and mental retardation services is required, and 2) there is not a willing provider of the relevant services in the author- ity’s service area or in the county where provision of service is needed.

After August 31, 2004 and before September 1, 2005, TXMIMHR may contract with a private provider to operate a state mental hospital owned by the department. The results of a general Fission rendered during the session which affirmed that the physician in person examination of a prospective patient for hospital care may not be delegated to a non-physician, an amendment was added to HB 2292 which permits the examination to be conducted by a physician with the use of telemedicine.

As a result of work performed by a Task Force during the Legislative interim studying issues relating to competency to stand trial, SB 1067 by Senator Robert Duncan (Lubbock) and Representative Terry Keel (Austin) was passed. The bill defines a person as being incompetent to stand trial if the person does not have: 1) sufficient present ability to con-
TREATMENT GUIDELINES FOR OFFICE-BASED TREATMENT OF CANNABIS WITHDRAWAL

Cannabis (Marijuana) dependence in those who have ever tried the drug is estimated at 10-15%. 5% of 18-year olds are estimated to be daily smokers. Between 10 and 30% of individuals using cannabis in their early 20’s continue to use in their 30’s; and regular use (at least weekly) over several years leads to dependence (using DSM-IV and ICD-10 criteria) in 57-92% of individuals. In spite of dependence criteria being met in many marijuana users, is there a withdrawal syndrome? Cannabis withdrawal is not included in DSM IV. That there is withdrawal is suggested however by research in both animal and human studies. Human studies are complicated by lack of consistency in time of onset and time of completion of symptoms presumed to be secondary to cannabis withdrawal, as well as by personality variables that influence reporting of symptoms. The following facts seem to be established.

1. Discontinuing cannabis may lead to unpleasant effects.
2. The effects are brief, not severe, and usually do not produce “clinically significant distress or impairment” part of the criteria in DSM-IV for withdrawal states.
3. The most common symptoms are:
   a. Insomnia
   b. Decreased appetite
   c. Agitation (irritability, anxiety)
   d. Gastro-intestinal distress is less common but may include pain and nausea.
4. Onset of symptoms may begin within four hours of last use and last no more than one week.

TREATMENT GUIDELINES FOR GHB (GAMMA-HYDROXYBUTYRATE) TREATMENT OF WITHDRAWAL

Introduction

In 1964, GHB was discovered in the brain and synthesized in the laboratory. GHB binds to GABA receptors found mainly in the pons and hippocampi. GHB is a metabolite of GABA, the inhibitory neurotransmitter. However, GHB only binds to GABA receptors at pharmacologic doses. In addition, GHB appears to only bind to GABAA, (not GABAB) receptors. Binding to GABAA receptors may also occur through the conversion of GHB to GABA. Tolerance and dependence to GHB is thought to occur through GHB interaction with GHB, not GABAA receptors. GHB is highly soluble, and can be added to water for oral ingestion. GHB has a salty taste and is therefore difficult to disguise. GHB was used in the 1960s-1970s as a general anesthetic. Clinical use was discontinued due to dosing problems and adverse effects. In the 1980s, GHB was primarily used by body builders, and it was also used as sleep aid and dietary supplement. GHB was banned in 1990 by the FDA due to reports of GHB-induced coma and seizures, and GHB was labeled as Schedule I in 2000. Following rescheduling of GHB, use of the more toxic 1,4-butanediol, an industrial solvent, and gamma-hydroxybutyrate (GHB), has increased. These are “pro-drugs”; when ingested, they are converted to GHB. Use of GHB and the related pro-drugs has markedly increased since 1999. GHB and the related pro-drugs are known by such names as GHBazine, Bovis Bold, G, Liquid Ecstasy, Georgia Home Base, Res-Ee, Zen, Serenity, Scoop, Easy Lay, Blue Nitro, Blue, Thunder, Firewater, and Miracle Cleaning Products. GHB remains in clinical use outside the U.S. Clinical use of GHB is mainly for the treatment of narcolepsy, but is also used in the treatment of alcohol and opioid dependence and as an anesthetic. Doses of 20-50 mg/kg of GHB induce sleep, and 50 mg/kg produces an anesthetic effect. The duration of GHB’s effect is estimated at approximately 4 hours. Clinical effects of GHB include euphoria, disinhibition, relaxation, and increased feelings of sexuality. Aggression (or “creepiness”) is sometimes seen. Physical effects include ataxia and nystagmus. In general, the subjective and physical effects of GHB are similar to those of alcohol. Overdose of GHB can induce a coma state. Overdose typically (if not always) occurs in the presence of other drugs; particularly drugs of abuse, sedatives, and opioids. The major cause of death from overdose is respiratory depression. GHB-induced bradycardia responds well to atropine administration.

Withdrawing Symptoms

Withdrawal symptoms typically occur in subjects taking 100 gms of GHB daily, with dosing taken q1-3 hours around the clock over a period of 1-2 years. Frequent dosing is required due to the short half-life of GHB (around 20 minutes). Both the symptoms of GHB withdrawal and the treatment of withdrawal are based on anecdotal reports only. Clinical treatment trials of GHB withdrawal have not been reported. In general, both the symptoms of withdrawal and the treatment of withdrawal are similar to those of alcohol.

Early Symptoms of Withdrawal

Anxiety
Insomnia
Tremor
Confusion
Nausea and Vomiting

References


2003 Legislative Session: Organized Chaos

continued from Page 6

Disorders and discrimination against psychiatric care. The most egregious of the bills, HB 2985 by Representative Gatta Humph (Lampasas), would have required a pharmacist to report to the State Board of Medical Examiners any physician who prescribed three or more concurrent psychotropic medications, or two or more psychoactive medications of the same class concurrently, to a patient younger than 18 years of age. A letter writing campaign conducted by TSPD killed this bill, which did not even receive a hearing.

The other Scientology initiatives were contained in three bills which focused on public school efforts to inform and educate the public about the role schools may play in recommending medication to school children as a means of resolving behavioral misconduct, the Scientologists launched three bills which focused on the psychiatric medication and treatment, not the possible questionable practices in the use of medication in relying upon medication to control behavior. Cleverly, the legislation prohibits a school from using a parent’s refusal to consent to psychiatric or psychological treatment or testing for their child as a basis for reporting the parents for neglect. TSPD was able to defeat the bill in the Senate, which was the only bill then in conference committee. Both Rep. Gruesendorf and Senator Fraser opposed TSPD amendments and were stripped from the bill in conference committee. However, in the final version of the bill the language was inserted into the Education Code dealing with “consent” rather the Family Code dealing with the definition of “neglect,” as provided in original bill.

The trying experience of addressing issues brought to legislators by groups such as TSPD who have anti-scientology agendas made it very clear that some members of the Legislature still have a poor understanding of psychiatric and psychotropic treatments. Prior to the 2005 Legislative Session, TSPD members must reach out and continue efforts to inform and educate legislators about mental illnesses. Although the 2003 Legislative Session is now history, there is still much work to be done! “All politics is local.”
TSSP Awards Banquet

The TSSP Past President’s Council invites all members to attend the TSSP Awards Banquet to honor the recipients of TSSP awards, scheduled for Saturday, November 8, 2003 at 7:00 pm at the Omni Hotel in Houston. A reception will precede the banquet beginning at 6:30 pm. Reservations for the awards banquet may be made by completing and returning the registration form (see page 4) for the 2003 TSSP Annual Conference and Scientific Program, “Psychiatry Today”.

The TSSP Distinguished Service Award, established in 1975 to recognize individuals for sustained contributions to psychiatry, will be presented to Arthur J. Farley, MD (Houston/Austin) and Edgar P. Nace, MD (Dallas).

Former recipients of the award include Irvin M. Cohen, MD (Houston/1975), Arlin Cooper, MD (El Paso/1976), Shmunon Gein, MD (Corpus Christi/1976), Walter Reifsdager, MD (Austin/1980), William Langston, Jr., MD (Longview/1982), Stuart Semite, MD (Austin/1986), Howard Cross, MD (Gimlin/1988), Hunter Harris, MD (Houston/1988), Spencer Kayden, MD (Houston/1989), Frank Schuster, MD (El Paso/1989), Beverly Sutton, MD (Austin/1990), Irvin Kraft, MD (Houston/1993), Perry Talbot, MD (Dallas/1993), M. Lewis, MD (Dallas/1994), Pedro Ruiz, MD (Houston/1994), W. Robert Bausers, MD (Dallas/1995), Thomas Panchal Clarke, MD (Houston/1995), Victor J. Weiss, MD (San Antonio/1995), T. Grady Beakum, MD (Tyler/1996), Robert Stulbkguy, MD (Houston/1996), James L. Knoll, III, MD (Dallas/1997), Grace K. Jameson, MD (Galveston/1998), Rege S. Stewart, MD (Dallas/1998), Harris M. Hausner, MD (Houston/1999), William P. Moore, MD (Houston/1999), Robert G. Denney, MD (Fort Worth/2000), Priscilla Ray, MD (Houston/2000), Larry E. Tripp, MD (Dallas/2000), Tracy R. Gory, MD (Austin/2001), Paul H. Wick, MD (Tyler/2001), Robert L. Williams, MD (Houston/2001), Alex K. Shannon, MD, (Georgetown/Elmwood/2002), and Robert L. Zipadal, MD (Austin/2002)

The TSSP Psychiatric Excellence Award, established in 1991 to recognize individuals who have demonstrated sustained excellence in psychiatry, will be presented to Parviz Malek-Ahmadi, MD ( Lubbock). Former recipients of the award include Betty Comstock, MD (Houston/1993), Dorothy Cato, MD (Houston/1994), James W. Maas, MD (San Antonio/1994), Robert L. Leon, MD (San Antonio/1995), Harlan Coeck, MD (Austin/1995), Joseph Schooder, MD (Houston/1995), A. John Rush, MD (Dallas/1995), Kenneth Z. Altshuler, MD (Dallas/1996), KD Churamanswass, MD (Houston/1996), Donald R. Seidel, MD (San Antonio/1996), Charles J. Trouen, MD, (San Antonio/1997), Charles M. Gatz, MD (Houston/1997), Myron F. Weiner, MD (Dallas/1997), William E. Fann, MD (Houston/1999), Edward L. Reilly, MD (Houston/1999), David A. Walker, MD (Dallas/1999), Robert W. Gaymon, MD (Houston/2000), Keith H. Johannsen, MD (Dallas/2000), James W. Lomax, MD (Houston/2000), George A. Constant, MD (Victoria/2001), Ignacio Maguna, MD (McAllen/2004), Mohsen Mirabi, MD (Houston/2001), John Sauller, MD (Dallas/2001), Roy V. Varner, MD (Houston/2001), Edward S. Farber, MD (Fort Worth/2002), Margo K. Restrepo, MD (Houston/2002), and Madhukar Trivedi, MD (Dallas/2002).

The TSSP Special Service Award, created in 1975 to recognize outstanding service to community and to psychiatry, will not be presented this year. Former recipients of the award include E. Ivan Bruce, MD (Galveston/1975), Holland Mitchell, MD (Waco/1977), James Peden, MD (Dallas/1982), James Black, MD (Dallas/1986), Franklin Williams (Brownsville/1988), Dennis Jones (Austin/1991), Helen Trammell Carlton (Houston/1993), Pete Paredes, MD (Athlone/1993), Agnes V. Whitley, MD (Dallas/1993), Helen Jacobson (San Antonio/1994), Miriam Feaster (Friendship/1995), Byron L. Housey, MD (Dallas/1995), Jacqueline Shennan (San Angelo/1995), Earl Campbell (Austin/1996), Kathy Cronkite (Austin/1996), Norma Henry (San Antonio/1996), Anne R. Race, MD (Dallas/1997), Jules H. Bohm, MD (Houston/1999), Hal H. Hardison (Austin/1999), Joe Lovelace (Dallas/1999), Peter A. Olson, MD (Houston/1999), James Sexton (Grapetree/1999), The Hon. Garnet F. Coleman (Houston/2000), Roy Farnout, MD (Dallas/2000), David M. Kenedy, MD (San Antonio/2000), Steven B. Schnee, PhD (Houston/2000), Adh R. Mikkah, MD (Houston/2001), Jane Preston, MD (Houston/2001), and The Hon. Mike Moncrief (Fort Worth/2001).

Please plan to attend the TSSP Awards Banquet and help us honor these deserving individuals.

TSSP MEMBER INFORMATION UPDATE

Send your update information to:
TSSP ofc@aol.com (E-mail)

The TSSP NEWSLETTER is published six times a year for its membership in February, April, June, August, October, and December. Members are encouraged to submit articles for possible publication. Deadline for submitting copy to the TSSP Executive Office is the first day of the publication month.

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.

EDITORIAL BOARD
Joseph Castiglioni, Jr., MD
Edward L. Reilly, MD

MANAGING EDITORS
John R. Bush
Debbie Sundberg

Texas Society of Psychiatric Physicians
401 West 15th Street, Suite 675
Austin, Texas 78701

(512) 478-0605
(512) 478-5223 (FAX)
TSSPofc@aol.com (E-mail)
http://www.tssp.org (Website)