2007 Legislative Session Wrap-up

John R. Bush, Executive Director, Federation of Texas Psychiatry

A raucous 2007 Texas Legislative Session ended on May 28 after legislators considered 6,198 bills, a 13% increase from the 2005 Session. The Federation of Texas Psychiatry identified 317 of these bills as potentially affecting the practice of psychiatry. A total of 1,478 bills passed the Legislature, 60 of which were on the Federation's tracking list. The Governor has until June 17 to sign or veto the bills.

THANK YOU!
The Federation wishes to express appreciation to psychiatrists who met with legislators and candidates prior to the Session; who participated at the Federation's Leadership Conference in August and Capitol Day in February; who reviewed bills and provided direction for the Federation's lobbying efforts; who took time from busy schedules to come to Austin to testify on bills in committees; and, who responded to the Federation's alerts to contact legislators prior to key votes. The Federation is grateful to the leadership of member organizations (TSPP, Academy, TSCAP, TOMA and TMA) for uniting psychiatry and providing a more forceful voice in the legislative process. The Federation also wishes to thank our lobbyist, Steve Bresnen, and his associate, Annie Landmann, for their tireless and effective efforts in communicating psychiatry's positions on bills to legislators and recommending amendments to make bills more acceptable to psychiatry and to patients.

HIGHLIGHTS
During the Federation's Leadership Conference in August, 2006, the Federation announced its key legislative priorities for the upcoming 2007 Texas Legislative Session: funding for public mental health services; full insurance parity for psychiatric illnesses; improved Medicaid reimbursement for physicians; protection from managed care's interest, visit the Federation's website, www.txpsych.org.

BILLS FILED AND PASSED

<table>
<thead>
<tr>
<th>House Filed</th>
<th>Passed</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>House</td>
<td>4,140</td>
<td>953</td>
</tr>
<tr>
<td>Senate</td>
<td>2,058</td>
<td>525</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6,198</td>
<td>1,478</td>
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</tbody>
</table>

Mental Health Budget
A top legislative priority was the request by the Department of State Health Services (DSHS) for $82 million for mental health crisis services. THIS REQUEST WAS FULLY FUNDED ($27.3 Million for Fiscal Year 2008 and $54.7 Million for Fiscal Year 2009). According to a budget rider (i.e. an attachment to the budget that designates how money must be spent), the crisis services money will be distributed around the state by a methodology that allocates a portion to achieve equity among local mental health authorities, a portion on a per capita basis, and a portion using a competitive process.

Health Insurance Parity

Dieds Once Again
Unfortunately, we were once again not able to get any mental health insurance parity legislation through the process, although bills this session got further along than any initiative has since 1997 when the current limited mandate for eight Serious Mental Illnesses was originally passed. Senator Ellis sponsored a bill (SB 586) which required health plans that provide mental health coverage to provide health care benefits under terms at least as favorable as coverage provided for other medical and surgical procedures that passed the Senate and the House Insurance Committee. When the bill was not posted for consideration by the House, the proposal was subsequently attached to a bill on the Senate floor relating to health insurance coverage for individuals with brain injuries (HB 1919 by Todd Smith) that was continuing to move through the process in the final days of the Session. On the 139th day of the 140-day Session, at the request of the Governor, the language regarding mental health equity was stripped off the brain injury-related bill, and HB 1919 without mental health equity provisions was passed. Mental health insurance equity was opposed by the Texas Association of Business, the insurance lobby and anti-psychiatry groups.

Medicaid Fee Increases
A historic 25% increase in Medicaid payments to physicians for children's care, and a 10% hike for adult services was passed.

Graduate Medical Education

The Legislature responded to organized medicine's call for funding for graduate medical education in an effort to keep more Texas trained physicians in Texas to care for patients. The Legislature appropriated nearly $86 million for graduate medical education.

Medical Research for Children
Two bills were filed to ban medical research for children in the juvenile probation system (HB 1113 by Sylvester Turner and Carlos Uresti) and children committed to the Texas Youth Commission (HB 1111 by Sylvester Turner and Carlos Uresti). The Federation successfully had these two bills amended to remove the proposed ban and to require the reporting only of children participating in medical research programs who are in the juvenile probation system and committed to the Texas Youth Commission. Both bills passed with the Federation's amendments.

A top legislative priority was the request by the Texas Department of Human Services (DHS) for $82 million for mental health crisis services. This request was fully funded ($27.3 million for Fiscal Year 2008 and $54.7 million for Fiscal Year 2009). According to a budget rider (i.e., an attachment to the budget that designates how money must be spent), the crisis services money will be distributed around the state by a methodology that allocates a portion to achieve equity among local mental health authorities, a portion on a per capita basis, and a portion using a competitive process.

By Subject

<table>
<thead>
<tr>
<th>By Subject</th>
<th>Total</th>
<th>Priority 1</th>
<th>Priority 2</th>
<th>Priority 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Health</td>
<td>15</td>
<td>3</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>Mental Health</td>
<td>17</td>
<td>3</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Children</td>
<td>24</td>
<td>6</td>
<td>15</td>
<td>3</td>
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<tr>
<td>Economic</td>
<td>145</td>
<td>17</td>
<td>110</td>
<td>18</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>70</td>
<td>5</td>
<td>38</td>
<td>27</td>
</tr>
<tr>
<td>TOTAL FILED</td>
<td>317</td>
<td>38</td>
<td>206</td>
<td>73</td>
</tr>
<tr>
<td>TOTAL PASSED</td>
<td>60</td>
<td>8</td>
<td>30</td>
<td>22</td>
</tr>
<tr>
<td>Percent</td>
<td>19%</td>
<td>21%</td>
<td>15%</td>
<td>30%</td>
</tr>
</tbody>
</table>

SUMMARY

- Total 6,198 bills were filed; 1,478 passed, a 24% increase.
- Allied Health, Mental Health, and Children were the most popular subjects.
- The Federation's amendments to bills were successful in removing bans on medical research for children.
- The Legislature funded $86 million for graduate medical education.
- Medicaid fees for children increased by 25%.

Missouri State University Physician Assistant Program

The Federation of Texas Psychiatry (TSPP) also announced its key legislative priorities for the 2008 Session. The Federation wishes to express appreciation to psychiatrists who met with legislators and candidates prior to the Session; who participated at the Federation's Leadership Conference in August and Capitol Day in February; who reviewed bills and provided direction for the Federation's lobbying efforts; who took time from busy schedules to come to Austin to testify on bills in committees; and, who responded to the Federation's alerts to contact legislators prior to key votes. The Federation is grateful to the leadership of member organizations (TSPP, Academy, TSCAP, TOMA and TMA) for uniting psychiatry and providing a more forceful voice in the legislative process. The Federation also wishes to thank our lobbyist, Steve Bresnen, and his associate, Annie Landmann, for their tireless and effective efforts in communicating psychiatry's positions on bills to legislators and recommending amendments to make bills more acceptable to psychiatry and to patients.

- HIGHLIGHTS
- During the Federation's Leadership Conference in August, 2006, the Federation announced its key legislative priorities for the upcoming 2007 Texas Legislative Session: funding for public mental health services; full insurance parity for psychiatric illnesses; improved Medicaid reimbursement for physicians; protection from managed care's interest, visit the Federation's website, www.txpsych.org.

- Internal Medicine
- Foundation Elects Officers
- Volunteer for a TSPP Scientific Program
- TSPP 2007 Annual Convention and TSCAP Summer Conference
- Crisis Redesign in Texas
- From the Federation:
  - 2007 Legislative Session Wrap-up
  - HIGHLIGHTS
- BILLS TRACKED BY THE FEDERATION
  - By Subject
    - Total
    - Priority 1
    - Priority 2
    - Priority 3
    - Allies Health 15 3 11 1
    - Mental Health 17 3 11 3
    - Children 24 6 15 3
    - Economic 145 17 110 18
    - Substance Abuse 4 1 3 0
    - Other 70 5 38 27
    - TOTAL FILED 317 38 206 73
    - TOTAL PASSED 60 8 30 22
    - Percent 19% 21% 15% 30%

- Thank you to the Federation's key legislative priorities for the 2007 Texas Legislative Session: funding for public mental health services; full insurance parity for psychiatric illnesses; improved Medicaid reimbursement for physicians; protection from managed care's interest, visit the Federation's website, www.txpsych.org.

- Emergency Detention
  - The Federation supported HB 518 by Elliot Naishes and Kim Beimer which passed. It extends the time period allowed for detaining a person for a preliminary examination from 24 hours to 48 hours. The 48 hour period includes any time the patient spends waiting for medical care before the person receives the preliminary examination. If the 48 hour period ends on a Saturday, Sunday, legal holiday or before 4 pm on the first succeeding business day, the patient may be detained until 12 pm on the first succeeding business day. If the 48 hour period ends at a different time, the patient may be detainted only until 4 pm on the day the 48 hour period ends.

- Sex Offender Providers
  - The Federation successfully amended a bill (HB 2004 by Kirk England and Florence Shapiro) requiring licensure by the Council on Sex Offender Treatment of health care professionals who provide assessment and treatment of sex offenders. The amendment exempts from licensure a physician who prescribes medications to a person who may be deemed a sex offender.

- Scope of Practice
  - For the second consecutive Session, a bill to grant psychologists prescribing privileges was not even filed. This outcome can be attributed in part to the effort of psychiatrists during the interim to meet and visit with legislators about issues affecting quality psychiatric care. For the first time in 15 years, psychologists attempted to file a bill to allow psychologists to admit patients to hospitals. This was not filed after legislators called the Federation's office to inquire about the proposed bill.

- For information about other bills of interest, visit the Federation's website, www.txpsych.org.
During the next several weeks, I’ll be appointing TSPP committee members to committee posts. Most of you recently received an email or letter calling for committee volunteer efforts. Almost all committees are open to participation by any member willing to put forth a little effort to help TSPP address some important patient, professional, or organizational need. The rewards are several, and you’ll feel good at the end of the day.

The committees especially need residents and early career psychiatrists, who can contribute fresh ideas, modern training, and youthful energy to committee tasks.

The committees especially need mid-career clinicians, who can bring practical experience with patients, other clinicians, payers, and health care systems.

The committees especially need senior psychiatrists, who can share broad knowledge and a mature perspective, often knowing what has been helpful, and what has not, over the years.

The committees especially need public sector and institutional psychiatrists, whose expertise with the severely and chronically mentally ill, and with issues of practice regulation and treatment access, can guide us to help our neediest, most disabled patients.

The committees especially need academically-based psychiatrists, who often bring cutting edge information, who are close to the issues affecting our next generation of psychiatrists, and who have great influence on clinical training.

The committees especially need private practitioners, who know where, and how, “the rubber meets the road,” who have learned how to succeed while taking personal responsibility for their practice set-up, and who deal with a variety of constituencies and funding sources.

The committees especially need urban and inner-city psychiatrists, some dealing daily with the complexities of patients and practice within highly complex, often very stressful social environments in a state that contains some of the nation’s most populous practice environments.

The committees especially need small-community psychiatrists, whose experience with geographic, patient access, and practice support issues has often led to creative solutions, and who need a strong voice in a state that contains some of the nation’s most isolated practice environments.

The committees especially need psychiatrists from minority and underrepresented ethnic and cultural groups, who can speak to professional issues that may be unique to those groups, and who can speak to clinical and social issues that affect patients from every part of the broad spectrum of the Texas population.

The committees especially need representation from many different TSPP chapters, in order to consider issues and make decisions relevant to all of TSPP and Texas. You get the idea.

Here are the committees. I know there is at least one that both interests you and can really use your talents. Please send your preference(s) and a little background information to TSPP at 401 West 15th Street, Suite 675, Austin, TX 78701.

Academy Psychiatry Committee (develops guidelines for psychiatrists in academic centers to network and share information of mutual interest and concern).

Children & Adolescents Committee (monitors public and private sector developments, and informs TSPP members, on issues and policies affecting the care of children and adolescents).

Constitution & Bylaws Committee (prepares and recommends necessary changes to TSPP’s constitution and bylaws and keeps them consistent with those of the APA).

Continuing Medical Education Committee (prepares the annual meeting scientific program and other educational activities; selects the winner of the annual Resident Paper Competition).

Ethics Committee (undertakes confidential review and, when appropriate, investigation of ethics complaints against TSPP members, in accordance with APA procedures).

Fellowship Committee (coordinates nominations for advancement to APA Distinguished Fellow and makes recommendations for same to the Executive Council).

Financial Committee (prepares the TSPP operating budget; reviews funding requests from committees and other components; reviews requests for dues adjustment; recommends action on same by the Executive Council).

Forensic Psychiatry Committee (reviews legal aspects of civil, criminal, correctional, and legislative issues affecting psychiatric patients and practice).

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Members-in-Training Committee (reviews needs and concerns of members-in-training; facilitates resident involvement in TSPP; provides a forum for trainees from all Texas residency programs).

Professional Practices Committee (develops guidelines for psychiatric practice; provides a grievance review for clinical or practice complaints not deemed suitable for the Ethics Committee).

Public Mental Health Services Committee (reviews the organization and funding of State and local public mental health services; assesses the roles and functions of psychiatrists in public sector clinical settings).

Sociocconomic Committee (studies developments in funding of clinical care, including managed care, federal payment systems, other third-party payers, and their review processes; serves as a resource for members, patients, advocacy organizations, industry, and government regarding sociocultural issues in mental health care).

Strategic Planning & Oversight Committee (develops and monitors long-range plans and 3-5-year goals for TSPP; assists in committee charges; develops TSPP-sponsored action papers for the APA Assembly and provides direction to TSPP’s APA Assembly representatives; helps identify future leaders within the TSPP membership).

Finally, I’d like to help enhance TSPP’s influence on funding for the mentally ill in Texas. Many of us will be working on ways in which TSPP can join with top-level representatives of organizations from all facets of business, government, and healthcare, over many years and in very substantial ways, to increase the dollars that make quality mental health services possible in both the private and public sectors. If you would like to be an early part of that effort, write to me directly with your name, contact information (including email), and specific area of influence or expertise. Right now, your information should be fairly brief (a page or less). I will review every communication. Send yours to reid@reidpsychiatry.com, fax it to (830) 596-9847, or mail it to me at P.O. Box 4015, Horseshoe Bay, TX 78657.

Practice well.

Volunteer for a TSPP Committee Appointment

William H. Reid, MD, MPH, President, Texas Society of Psychiatric Physicians

The TSPP Executive Council met on April 29, 2007 in Dallas at the Adolphus Hotel and approved the following action items:

Upon recommendation of the Academic Psychiatry Committee, TSPP will write to the American Board of Psychiatry and Neurology to obtain an opinion regarding a proposed plan to provide mock oral examinations to residents.

The Executive Council approved a recommendation of the Fellowship Committee to conditionally approve applications for Distinguished Fellow for 5 members and to table an application from one member for two years.

Dues reductions and waivers were granted to two members as recommended by the Finance Committee.

The Council approved a recommendation of the Finance Committee to utilize email to supplement efforts of contacting members who are delinquent in the payment of dues. The Council also approved a Finance Committee recommendation to send a letter to Chapter Presidents to solicit their assistance in contacting members who are delinquent in the payment of their TSPP dues.

Upon recommendation of the Finance Committee, a letter will be sent to all residency programs to collect information about residents’ participation in TSPP. The letter will include a copy of TSPP’s powerpoint presentation and a summary of TSPP’s advocacy activities.

The Executive Council approved an operating budget for FY 2007-08 as presented by the Finance Committee.

The Council approved a recommendation to merge the Physician Advocacy Committee into the Professional Practices Committee.

The Executive Council approved a recommendation from the Nominating Committee to present TSPP Awards to the following individuals at the 2007 Annual Convention and Scientific Program: A. David Aftael, MD (TSPP Distinguished Service Award); Karen Dineen Wagner, MD, PhD (TSPP Psychiatric Excellence Award); The Honorable Kyle Janek (TSPP Special Service Award); and A.C. Scott Winder, MD (TSPP Special Service Award).

At the conclusion of the Executive Council meeting, the following members were inducted as officers for FY 2007-2008: William H. Reid, MD (President), Martha E. Leatherman, MD (President-Elect), and Richard L. Noll, MD (Secretary-Treasurer).

In Memoriam...

Shannon Gwin, MD, Corpus Christi

Shannon Gwin, MD

Psychiatry Committee, TSPP will write to Chapter Presidents to send a letter to Chapter Presidents to remind them to collect their TSPP dues.

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Practice well.
The current legislative session has come to a close and illustrates again the benefits that ALL psychiatrists in Texas share from organized medicine. We have protected scope of practice, and in doing so, have also maintained our current quality of medical care for our patients. We have extended the time of detention and magistrate's warrants to 48 hours to allow time to fully evaluate and treat patients, and in many cases, avoid the need for involuntary hospitalization. We have increased funding for graduate medical education to keep more medical students in Texas. And I am happy to say that the legislature passed a budget which provided for all of what the Department of State Health Services requested for mental health including $82M to provide initial funding for the implementation of the Crisis Services Redesign Initiative in Texas.

In December 2005, the Texas Department of State Health Services Commissioner Eduardo Sanchez, MD established the Crisis Services Redesign Committee to develop recommendations for mental health and substance abuse services that are delivered through the local mental health authorities in Texas. I had the privilege of serving on this committee, in addition to other members of TSPP and the Academy: Joe Burkett, MD, Arrim Fishkind, MD, Lauren Parsons, MD, Sylvia Munqauz, MD, and Mark Jann, MD. In an effort to help the committee with its work, an evaluation of existing crisis services in Texas by the DSHS Community Mental Health and Substance Abuse Services Quality Management Division was performed. Thirty two local mental health authorities were evaluated as to their accessibility of their crisis services, competency of their service providers, availability of local community alternatives to hospitalization and the crisis screening and assessment tools used. The evaluation included surveys mailed to sheriffs departments, police departments, and licensed hospitals throughout Texas to obtain information about their experience with coordination and delivery of crisis services. A total of 258 out of 570 surveys sent to hospitals were returned for a response rate of 45%. A total of 442 out of 1,030 surveys sent to law enforcement were returned for a response rate of 43%. The surveys revealed problems in numerous areas including timeliness of crisis services provider response, training for crisis services providers, availability of alternatives to hospitalization, coordination of efforts between local mental health authorities, law enforcement and hospitals, and oversight systems to monitor the effectiveness of crisis services.

In addition, the Committee held several public hearings throughout the State to obtain additional information and testimony from local interested parties including patients, families, judges, law enforcement, and representatives from local mental health authorities. An effort was made to conduct the hearings in a variety of locations including the border between Texas and Mexico, rural areas in West Texas, urban areas, and a hearing for statewide issues in Austin. The Crisis Services Redesign Committee recommended the following services to be essential to the provision of effective crisis services: 1) crisis hotline services with the American Association of Suicidology guidelines as the clinical standards for this service, 2) psychiatric emergency services including extended observation services, 3) crisis outpatient services to provide ready access to psychiatric assessment and treatment for new patients with urgent needs, and access to same day psychiatric assessment and treatment for existing patients, 4) community crisis residential services including crisis residential services and respite residential services, 5) provision of mobile crisis outreach services, and 6) establishment and utilization of a crisis intervention team and mental health deputy peace officer program. In addition, there was a realization of the need to address medical transportation needs. Telemedicine and the use of tiered levels of intensity of services such as hotlines and 23 – 48 hour extended observation need to be provided and utilized.

Of course this all begs the question of cost for implementing these services. Texas historically has been near the bottom for funding of mental health services in the nation. It is estimated that approximately 54,255 patients require crisis services annually in Texas. The surveys revealed problems such as hotlines and 23 – 48 hour extended observation need to be provided and utilized. The establishment of psychiatric emergency hubs would be financed by community investment incentives where local mental health authorities in every region which could provide 25% in matching funds would be eligible. I would like to provide our readers with an update on this very ambitious initiative in future issues.

The strength of the Federation of Texas Psychiatry with the member organizations of the Texas Society of Psychiatric Physicians, the Texas Academy of Psychiatry, the Texas Society of Child and Adolescent Psychiatry, the Texas Medical Association, and the Texas Osteopathic Medical Association has been illustrated again in this last legislative session. The voices of our 46,000 physicians came through loud and clear. We need to thank all of our member organizations, and individual members who took the time and made the effort to contact their representatives, to participate in Capitol Day, and to testify before legislative committees. I want to especially thank Steve Bresnen, John Bush, and Debbie Sandberg for all that they did during this session. I encourage ALL psychiatrists to join a member organization and become involved. I thank you for allowing me to serve as the Chair of the Federation of Texas Psychiatry and look forward to the coming year.

Gary L. Etter, MD, Chairman, Federation of Texas Psychiatry

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**Physician or PCP experienced in Geriatrics.**
Clinical, Supervisory and Administrative Responsibility with Geriatric Psychiatry Group. FT $200,000/yr DOE. Chart Reviews, Supervision of NP/PA, Phone Consults, PT 5-20 hrs/wk. $100.00+/hr DOE $1000.00/mth min. Expertise in psychopharmacology, psychotherapy, community geriatric psychiatry. Fax: CV 800-318-0120/Email: hte@seniorpsychiatry.com

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Busy private practice group seeking adult and/or child adolescent psychiatrist. Texas license and BC/BE required. Primarily outpatient practice. Inpatient optional. Ample referrals. Office well staffed and equipped. Austin is a great place to live and raise a family. Contact: J F Nelson, MD. Neuropsychiatric Associates of Austin @ 512-454-5716 or e-mail jnelsonmd@gmail.com

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**Medical Malpractice Insurance Are you paying too much?**
The Federation of Texas Psychiatry in cooperation with Cunningham Group is offering Texas psychiatrists free premium indications. Prices have come down. During the past year — one insurer dropped its rates 48 percent. Let Cunningham Group shop the market for you and reduce your premium.

Go to the Cunningham website (www.cg-ins.com) and complete the Medical Malpractice Premium Indication Short Form to receive your premium indication.

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Gary Etter, MD (right) presents an award to Clay Sawyer, MD recognizing his leadership of the Federation as Chairman during FY 2006-07. Gary Etter, MD was elected to serve as the Federation’s Chairman during FY 2007-08 at the Federation’s Delegate Assembly meeting in Dallas on April 27.
At the conclusion of this program, attendees will be able to:

- Pharmacogenetics in Child and Adolescent Psychiatry: Understand the basic principles of pharmacogenetics.
- Discuss how pharmacogenetics affects the tolerability of psychotropic medications.
- Discuss research to predict treatment response in child and adolescent psychiatry using pharmacogenetics.

Brain Stimulation Technologies in Psychiatry:
- Understand the basic principles of Vagus Nerve Stimulation (VNS). 
- Discuss the potential for VNS in deep brain stimulation.
- Know the indications for VNS.
- Discuss current research in new brain stimulation techniques.

Case Presentation of VNS:
- Discuss how VNS is used to treat epilepsy in children.
- Discuss possible psychological effects of VNS in epileptic children.
- Discuss the interaction of VNS with a child's psychopharmacological treatment.

Use of Multiple Psychopharmacological Agents in the Treatment of Children and Adolescents:
- Present the current literature on the use of multiple agents in severe psychiatric disorders.
- Discuss barriers to the research on the effectiveness of two or more medications in psychiatric disorder.
- Discuss recent guidelines issued by the Texas State Department of Health Services for the use of multiple psychotropic agents for foster children.

The Ethics of the Use of Multiple Psychopharmacological Agents in the Treatment of Children and Adolescents
- Discuss the standards for off label use of psychotropic medication in children and adolescents.
- Distinguish research from pharmaceutical company marketing in dosing and selection of agents.
- Discuss informed consent issues related to long term side effects with polypharmacopropharmacology.

Panel Discussion: Medical-Legal Issues Surrounding the Use of Multiple Psychopharmacological Agents in Children and Adolescents
- Discuss how standard of care is arrived at and how peer review determines if care is substantiated.
- Discuss current development in the political process regarding regulation of psychopharmacology.
- Provide input to colleagues on current practices in the psychopharmacology of children and adolescents.

Featured Speakers / Discussants
Sarah Benington, DO - Assistant Professor, Department of Psychiatry, UTMB, Galveston.
James McCracken, MD - Clinical Director of Mood Research at Be Well Center, UTSCSA, San Antonio.
Steven Pliszka, MD - Professor and Chair, Department of Child and Adolescent Psychiatry, UCLA, Los Angeles, California.
Randall Sellars, MD - Professor, Child Psychiatry, UT Southwestern Medical Center, Dallas, Texas.
Sarah Benington, DO - Assistant Professor, Department of Psychiatry, UTSCSA, San Antonio.
James Boger, MD - Director, Center for Children and Adolescents, UTSCSA, San Antonio.

Scientific Program:
- NEW DIRECTIONS IN CHILD AND ADOLESCENT PSYCHIATRIC TREATMENT
- Pharmacogenetics in Child and Adolescent Psychiatry
- Brain Stimulation Technologies in Psychiatry
- Case Presentation of VNS
- Use of Multiple Psychopharmacological Agents in the Treatment of Children and Adolescents
- The Ethics of the Use of Multiple Psychopharmacological Agents in the Treatment of Children and Adolescents

Registration Information
- MAILING ADDRESS / CITY / STATE / ZIP
- TELEPHONE NUMBER / FAX NUMBER
- EMAIL
- NAME OF SPOUSE / GUARDIAN / ATTENDING WELCOME RECEPTION
- CONFERENCE FEE INCLUDES:
  - Friday evening welcome reception
  - Saturday continental breakfast with exhibitors
  - Refreshment Breaks
  - Saturday scientific program luncheon and Sunday membership breakfast

REGISTRATION
- Before July 14 After July 14
- Texas State Pediatric Society $250 $270
- Non-Member Physician $250 $270
- Allied Health Professional / Spouse / Guest $180 $200
- Texas Society of Child and Adolescent Psychiatry / Texas Psychiatric Society / Texas Society of Psychiatric Physicians $120 $130

TOTAL REGISTRATION
- $250
- $270
- $250
- $270
- $180
- $200
- $120
- $130

PRIORITY REGISTRATION
- MD
- MD/PhD
- MD/PhD/Internship
- MD/PhD/Internship/Residency
- MD/PhD/Internship/Residency/Fellowship
- MD/PhD/Internship/Residency/Fellowship/Residency

TOTAL PRIORITY REGISTRATION
- $250
- $270
- $250
- $270
- $180
- $200
- $120
- $130

REGISTRATION PAYMENT INFORMATION
- Make checks payable to "TCSAP" and mail to:
  - 1101 West 12th Street, Suite 407, Austin, TX 78701
- Deposit slip and/or check number is required for check payments.

BILLING ADDRESS / ZIP CODE
- NAME OF LICENSEE (as registered)
- BILLING ADDRESS / CITY / STATE / ZIP
- SIGNATURE
- CANCELLATIONS - Deadline for cancellations is July 1, 2007. In the event of cancellation, all unpaid fees will be refunded except the non-refundable registration fee of $250 if the TCSAP has not received written notice of withdrawal by July 1, 2007.
TSPP's Annual Convention and Scientific Program

The TSPP Annual Convention and Scientific Program will be held at the Westin Galleria Hotel, 5060 West Alabama, Houston, Texas. Located within the prestigious Galleria shopping & entertainment complex in Uptown Houston, the Westin Galleria offers instant access to exclusive shops, restaurants and entertainment options. The AAA 4-Diamond award-winning Westin is renowned for its luxurious guest rooms and, at the TSPP discounted room rate of $152.00 single/double, these special rates represent an exceptional value, especially when compared to the Westin's current single occupancy rate of $279.00! To receive TSPP's discounted room rate you must register with the Westin Galleria Hotel before October 2 by calling 1-800-228-3800 or 1-713-960-9100. Refer to the Group and Meeting Name.

Meeting Location

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Top 10 List: Reasons to Attend TSPP’s Annual Convention

November 2-4, 2007 • Westin Galleria Hotel, Houston, Texas

10. Rx: De-Stress! Take some much needed time away from a hectic practice.
8. Treat yourself and/or family to a relaxing weekend in an outstanding hotel (at a greatly discounted room rate of $152).
7. No effort – Great return! Enjoy complimentary food and beverages while you visit with Exhibitors and learn about new products and services to help you in your practice AND becomes eligible to win exciting prize drawings.
6. Meet new colleagues and welcome new members to TSPP.
5. Have fun at TSPP-sponsored social events.
4. Participate in policy development for TSPP through participation at committee meetings.
3. Learn about new and innovative therapies to apply in your practice and participate in the LIVE visit with NASA astronauts in space.
2. Enjoy the fellowship of your colleagues from all regions of Texas and all practice settings.
1. Attend the Scientific Program and receive 11 hours of continuing medical education to benefit your practice.

AWARDS BANQUET & ENTERTAINMENT

Saturday evening join your friends and colleagues at the TSPP Awards Reception and Banquet honoring the 2007 TSPP Award Recipients in recognition of their outstanding contributions to Psychiatry. This year’s honorees include:

Distinguished Service Award
A. David Axelrad, MD, Houston

Psychiatric Excellence Award
Karen Dineen-Wagner, MD, PhD, Galveston

Special Service Award
The Honorable Kyle Janek, Houston
A. Scott Winter, MD, Fort Worth

Following the awards ceremony the evening will continue with a fun-filled night of musical entertainment. You should not miss this event!
The following is a very brief history of Osteopathic Psychiatry and its relationship to Texas taken from the much more detailed and scholarly work by Lloyd Dunn, DO, FCAP, FAAOM. Dr. Dunn’s work is entitled, “A History of the American College of Neuropsychiatrists (An Osteopathic Institution): Ms. Sue Westering, MBA, Executive Director, American College of Neuropsychiatrists (ACN), was kind enough to provide a copy of Dr. Dunn’s work.

The American College of Neuropsychiatrists was formally incorporated under the laws of the State of Missouri in 1929, but its roots are considered to go back much further. The organization of Osteopathic neurologists and psychiatrists (now The American College of Neuropsychiatrists) is considered to have begun with the opening of the Stili-Hildreth Hospital (originally Sanatorium) in Macon, Missouri before the outbreak of World War I. In those early years, Dr. L. Van Horn Gerdine did the psychiatric evaluations on patients admitted to the hospital and also taught psychiatry at both the Des Moines, Iowa and Kirkville, Missouri Osteopathic Colleges. He was the neuropsychiatrist who oriented Dr. Arthur Hildreth and Dr. Harry Still (the co-founders of the Stili-Hildreth Sanatorium) in the discipline and was the mentor of Dr. Herman F. Hoyle who became Stili-Hildreth’s Chief Psychiatrist after Dr. Gerdine moved to California in 1923. Dr. Gerdine became professor of Neuropsychiatry at the College of Osteopathic Physicians and Surgeons in Los Angeles. He originally received his MD degree from Rush Medical College and his DO degree from the old Massachusetts College of Osteopathy. He is considered the osteopathic neuropsychiatrist who did far more than anyone else to initiate into the disciplines of neurology and psychiatry those people who in the mid-thirties accomplished the foundation work that would result in the American College of Neuropsychiatrists (ACN).

In addition to the Stili-Hildreth Hospital in mid-America, the profession was fortunate to have an Osteopathic Psychiatric Hospital on each coast. The Merrill Sanatorium under the direction of Dr. Edward S. Merrill was located in Venice, California and a small private osteopathic psychiatric hospital operated by Drs. Dufur and Fuller was in the Philadelphia suburb of Willow Grove.

In the summer of 1938, the foundations of what was to become the ACN were established as was the connection to Texas. A small group of osteopathic physicians who were then recognized as neuropsychiatrists petitioned the Attorney General of the State of Texas for incorporation as a not-for profit organization and also petitioned the Board of Trustees of the American Osteopathic Association (AOA) for official recognition as the American College of Neuropsychiatrists. At the annual meeting of the AOA in Dallas, Texas in June 1936, recognition was accorded.

At that same time, The Board also granted the ACN the authority to set standards for specialists in Neurology and Psychiatry within the profession and granted recognition for the Degree of Fellow when bestowed properly upon physicians who met the requirements for that Degree. Letters of invitation were sent to every osteopathic physician known to be practicing neurology and/or psychiatry offering them the opportunity to submit their credentials and application for charter membership in this new College which was to become, by official AOA Board action, the standard-bearer and standard-setter for osteopathic physicians practicing those two related disciplines.

Some 17 Osteopathic Physicians and Surgeons met the requirements and were made Charter Fellows of the ACN. It was then decided that a medium of communication was essential and The Bulletin of the American College of Neuropsychiatrists was founded under the Editorship of Thomas J. (Tommy) Meyers. The ACN grew slowly in the pre-war years and then went into relative quiescence with the country involved in the war effort.

After the war, the ACN met in New York in 1946 and established the American Board of Neurology and Psychiatry that was tasked with revising procedures for certification. Prior to that time, the procedures for examination of candidates who desired recognition in psychiatry of neurology had been “somewhat informal” and consisted largely of certifying “on record” those who were known to have been practicing neurology and/or psychiatry for at least 5 years prior to application. It should also be noted that prior to this time, all those certified were considered “Fellows.” As part of the revisions at that time, the designation “Fellow” would in the future be bestowed on those whose contributions to the College and profession were outstanding and continuing.

Over the next decade, the ACN continued to grow and fellowship training programs were established and recognized. Criteria were established for the acceptance of candidates in Osteopathic training programs in these two disciplines as were criteria for the training programs, per se. The growth of the ACN had been slow, however, and by the 1956 meeting in New York City, the roster numbered only some 70 neurologists and/or psychiatrists. What was particularly important about this period in time, however, was that the new Mental Health Laws of both Texas (1957) and California (1958) specifically indicated that physicians certified by the American Board of Psychiatry and Neurology and/or the American Osteopathic Board of Neurology and Psychiatry would be equally recognized as psychiatrists in those states. Once again, there is another vital link established between Osteopathic Psychiatry and Texas.

The growth of the ACN continued to be slow and filled with numerous problems. I would choose to end this odyssey at this point, however, with just few additional comments. The ACN now consists of some 383 psychiatrists and 233 neurologists, 93 and 51 respectively. In each of these disciplines, and an additional 28 osteopathic medical students for a total of 788 members.

The first of the recertifying examinations in both disciplines were offered at the AOA Convention and Scientific Seminar in Orlando in October of 2005 and again here in San Antonio at the CAN/AONP Midyear Meeting and Scientific Seminar in March of 2006. I am happy to report that the pass rate remains at 100 percent and the ACN remains alive and well. Furthermore, I am proud and very happy to be an Osteopathic Psychiatrist in the great State of Texas.
of the strangest and most tumultuous months in Texas legislative history, happening right before our eyes. But bills rescued from the debris of the parliamentary storms include numerous measures that will be quite beneficial to Texas patients and their physicians.

When the 86th Texas Legislature convened in January, the Texas Medical Association issued a plea for lawmakers to pass physicians’ multi-point plan, “Preserving Patient Care.” And that’s just what they did. Led by medicine’s numerous champions in the House and Senate, the legislature passed bills to reduce the uninsured population, reform the health insurance industry, enhance access to care, and bolster our public health infrastructure.

The highlight reel will point out that the 2007 Texas Legislature:
- Enacted a historic 25 percent overall increase in Medicaid payments for physicians for children’s care, and a 10 percent hike for adult services;
- Allowed no dilution of Proposition 12 or the landmark 2003 medical liability reforms;
- Rescinded most of the 2005 cuts made in eligibility for the Children’s Health Insurance Program (CHIP), providing health insurance for 120,000 additional children;
- Relaxed health plans’ stringedeh to patient information;
- Approved funding for a premier Cancer Prevention and Research Institute;
- Maintained physicians’ tax deductions for Medicaid, Medicare, TRICARE, worker’s compensation, charity care, and CHIP;
- Established lower marginal tax rates on the state’s new business tax for businesses with less than $500,000 in annual gross receipts;
- Instituted changes to protect access to care for worker’s compensation patients and ensure appropriate review mechanisms are instituted by the health plans;
- Took the first steps toward requiring health plans to use smart card technology for patients; and
- Put structured physical education back into Texas public schools.

Preparation
TMA’s 2007 goal was to enter the 86th legislative session with strong stakeholder support and smart strategies for each top-priority topic. Two tactics were initiated in fall 2005. The first was to create special ad hoc committees to study and develop recommendations for TMA’s legislative platform. These committees studied Medicaid and the uninsured, scope of practice, health insurance reform, and responsible ownership.

The second was to bring key players together at three TMA Healthy Vision 2010 summits. More than 300 attended the summits, representing medicine, business, insurance, hospitals and other health care providers, and government. The summits helped to build support among political and business leaders, and to develop collaborative legislative agendas on the uninsured and on wellness and prevention.

Expand All Texans’ Health Coverage Options
At the onset of the 2007 legislative session, TMA argued that lawmakers could no longer ignore the continuing alarming numbers of uninsured children and adults in Texas. The cost to care for the uninsured was fast becoming a huge burden for many communities. Nor could lawmakers disregard the impending Fews v. Hawkins lawsuit settlement that would demand they allocate more funds to children’s Medicaid services. As a result of these two forces, lawmakers were quick to support TMA’s legislative agenda aimed at reducing the ranks of the uninsured.

Every single item on TMA’s legislative platform for the uninsured was passed. The legislature:
- Restored physician fees for Medicaid services; 25 percent for children’s Medicaid services and 10 percent for adult services;
- Simplified enrollment and eligibility requirements for CHIP’s Children’s Health Insurance Program (CHIP), including 12 months’ continuous coverage for nearly all children on CHIP and children’s Medicaid;
- Supported measures to reform Texas’ Medicaid using state and federal dollars that will:
  - Extend private coverage for low-income parents and reduce the number of uninsured children;
  - Create and maintain local public-private collaborations to address the uninsured; and
  - Test new initiatives such as health savings accounts.

Patient Access to Appropriate, Quality Care
Texas’ fast-growing population exacerbates the demand for medical care. Competition in the health care marketplace had ambitious goals for reducing the ranks of the uninsured, but few of TMA’s concerns. Legislators even upped the ante by passing legislation that:

- Allocated nearly $86 million to graduate medical education at the University of Texas Health Science Center in El Paso, and Texas A&M;
- Allowed health plans to advertise their plans to patients and their employers;
- Put physical education back into Texas public schools.

The tremendous pace of modern scientific advances gives physicians amazing new potential to diagnose and cure disease. Those same advances, however, threaten to outstrip society’s financial capabilities and ethical boundaries.

This debate was a focal point during the 2007 legislation session, especially as it relates to end-of-life care. Legislation changing the Texas Advanced Directives Act was introduced and would have rewritten state law on continuing medical treatment for a terminally ill patient. TMA argued that physicians never quit caring for dying patients. At some point, however, further medical treatment does more harm than good for the patient. TMA made good faith efforts to achieve a compromise. Nevertheless, the bill failed in the waning days of the session, and TADA was left unchanged. TMA will continue to work on addressing concerns that were identified during session to ensure appropriate care is provided to patients at the end of life.

Taxes and Public School Finance
During a 2006 special session, Texas legislators enacted a broad-based business activity tax on most Texas businesses, including some physician practices. Recognizing that saving lives should not be taxed like other services, lawmakers incorporated tax deductions for the and under-reimbursed care that physicians provide to Medicaid, Medicare, CHIP, worker’s compensation, military, and charity patients. Physician practices were the only business that received these deductions.

Healthcare’s mission during the 86th legislature was to preserve the tax deductions to help preserve patients’ access to health care services. TMA reiterated this message from 2005-06: Health care is not a traditional business activity and should not be subject to a traditional business tax. Legislators listened. In the end, lawmakers protected physicians’ practice deductions and instituted a graduated tax rate that reduced the business tax for companies with gross incomes from $300,000 to $890,000.

William W. Hinchey, MD
As you can imagine, this will be no small task if we are to be successful in accomplishing this undertaking. If we truly want to be taken seriously, it is vital that we take ourselves seriously. One step in that direction is to participate in systematic and organized efforts to advance our Mission such as those coordinated through the Federation of Texas Psychiatry and its affiliates. In order to be effective, we must have a membership that represents those who cannot speak for themselves. We no longer have the luxury of sitting back and assuming that someone else will carry the load. We cannot afford to depend on the few to convey the message to those who make the decisions. We must each take on the responsibility for delivering that message personally. It falls to each and every one of us to be an active advocate not only for our profession but also for our patients, their families, and for all those who seek to provide support, guidance, and treatment to those who are in need.

The field of Psychiatry is at a crossroads. According to a recent Vogh Foundation survey, the members of our profession in Texas are aging and the demand for services is outstripping the supply. This situation is only going to worsen if we do nothing; we must take action, now. It is our responsibility to ensure the future of Psychiatry and the availability of psychiatric services. In order to do this, we must develop a strong organization to speak not only for the psychiatric profession but also for those who are in need of psychiatric services. As important as the actual message is itself, the “volume” at which that message is delivered is even more important. We must search deep within ourselves; we must look past individual interests and embrace the motivation to serve; that motivation which inspired many of us to become physicians.

The Federation of Texas Psychiatry was established on July 1, 2004 with the following purposes:

A. to unify programs that advance public and professional education and advocacy of mental health services.

B. to facilitate the coordination of and work in concert with state professional psychiatric associations and state professional subspecialty psychiatric associations, to unify programs that advance public and professional education and advocacy for psychiatry and persons with psychiatric illnesses;

C. to provide centralized services to state professional psychiatric associations and state professional subspecialty psychiatric associations;

D. to make psychiatric knowledge available to both practitioners of medicine, to scientists, and to the public; and,

E. to promote the best interests of patients and those actually or potentially making use of mental health services.