2009 Legislation Summary
John R. Busch, Executive Director, Federation of Texas Psychiatry

DURING the course of the 81st Texas Legislature from January to June, 2009, the Federation of Texas Psychiatry tracked 294 bills that had the potential of affecting the practice of psychiatry. Seventeen percent of the bills were passed and became law, as follows:

Although some bills were filed that would have harmed patients and the practice of psychiatry, none were passed. Overall, psychiatry had a very successful legislative session.

The Federation’s success during the session can be attributed to several factors: psychiatrists who have responded to the Federation’s program of visiting with legislators and candidates during the election cycle, providing important education about psychiatric issues and forming relationships; psychiatrists who interrupted their busy schedules to come to Austin during the session to provide testimony on key bills; psychiatrists who reviewed bills and provided input that resulted in lobbying strategy; psychiatrists who responded to legislative alerts and contacted legislators; and psychiatrists who attended Capitol Day along with coalitions (Depression and Bipolar Support Alliance, NAMI Texas and Mental Health America of Texas) to send a strong and united message to legislators. The Federation’s success may also be attributed to the “strength in numbers,” or “representing over 40,000 physicians in Texas” and “united voice for psychiatry” afforded by the Federation’s affiliated organizations: Texas Society of Psychiatric Physicians, Texas Academy of Psychiatry, Texas Society of Child and Adolescent Psychiatry, Texas Osteopathic Medical Association, and the Texas Medical Association.

The following is a summary of some of the Federation-tracked bills that passed and became law.

CHILDREN
HB 2183 (S. Turner/C. Uresti) - The Health and Human Services Commission shall conduct a study to determine the appropriate- ness and safety of providing antipsychotic and neuroleptic medication through the Medicaid vendor program to children under 16 years of age.
HB 1690 (E. Naishtat/K. Watson) - Requires that children must be assessed by the Texas Youth Commission and the Texas Juvenile Probation Commission for eligibility for the child health plan program prior to release.
SB 185 (R. Dewell/L. Lucin III) - Provides for a Medicaid buy-in program for children with disabilities whose family incomes do not exceed 200% of the applicable federal poverty level.

MENTAL HEALTH
HB 1087 (E. Naishat/K. Nelson) - Allows for the reporting of suicide data that does not name the deceased individual. Reported suicide data may be used for suicide pre- vention purposes.
HB 2301 (V. Truth/C. Uresti) - Includes within the scope of services that may be rendered by a community center the treat- ment of persons with developmental dis- abilities.
SB 1325 (J. Nelson/R. Carre) - Requires the Department of State Health Services to develop a mental health intervention pro- gram for military veterans and to include in the program peer-to-peer counseling.

ECONOMIC
SB 185 (L. Oplony/P. Pitts) - The General Appropriations bill. A total of $85.1 million in new funds was appropriated for commu- nity mental health funding for 2010-2011, including $56.2 million for the crisis mental health strategy, $7.9 million for the adult mental health strategy and $5.6 million for the children mental health strategy.
HB 1342 (J. Menendez/C. Harris) - Beginning September 1, 2013, physicians will be required to use information technol- ogy that interfaces with health benefit plans (co-payments, coinsurance, applicable deductibles, benefits and services, etc).
HB 1088 (J. Davis/R. Duncan) - Establishes ground rules for a health benefit plan to follow in ranking physicians, classifying physicians into tiers based on perfor- mance, or publishing physician specific information.

ALLIED HEALTH
SB 1291 (J. Van de Putte/T. Martinez Fischer) - Requires a physician to delegate authority to a pharmacist to prescribe dangerous drugs in a hospital, hospital-based clinic or academ- ic health care institution.
SB 532 (O. Parek/ K. Coleman) - Broadens delegation of prescribing of con- trolled substances by a physician to physic- al assistants and advanced nurse practitioners by increasing the number of persons allowed for delegation from 3 to 4, by allowing for the refilling of prescriptions, and to increase the period for the prescription from 30 days to 60 days. It also expands from 60 miles to 75 miles the distance a physician assistant or advanced practiced nurse may be supervised by delegating physician. Also, the time required for a dele- gating physician to be on-site with an advanced practice nurse or physician assist- ant is reduced from 20% to 10%.

OTHER - CORPORATE PRACTICE OF MEDICINE
SB 1705 (R. West/ J. Pitts) - Allows the Dallas County Hospital District to employ pharma- cists. Employment contracts may not exceed 4 years. Each employed pharmacist shall report to the chief medical officer. This legislation may not be construed as author- izing the Dallas County Hospital District to supervise or control the practice of medi- cine.

OTHER - TEXAS MEDICAL BOARD
HB 732 (W. Hartnett/J. Huffman) - In the annual update of a physician’s profile, the Board must remove any record of a formal complaint if the complaint was dismissed more than 5 years before the date of the update and the complaint was dismissed as baseless, unfounded, or no action was taken against a physician’s license as a result of the complaint.
SB 292 (J. Nelson/S. King) - Each license holder shall submit to the Texas Medical Board telephone numbers, fax numbers and email addresses that the Board may use to contact the license holder in an emergency.

Bills that Failed to Pass
Perhaps, the bills that failed to pass may be more news-worthy, as follows:

Children
HB 3127 (S. Turner) - Prohibits the adminis- tration of a psychoactive or psychotropic medication to a child younger than 11 years of age if the medication is not listed as approved for use with a person of the child’s age. The list of acceptable medications will include psychoactive or psychotropic med- ications approved by the FDA.
SB 3682 (S. Turner) - If a child in the managing conservatorship of the state is prescribed three or more psychotropic drugs, the state will require the child’s case to be reviewed by a physician to determine whether or not the child medical treatment is consistent with standards of care for a patient diagnosed with the child’s mental disorder or documented symptoms.

Mental Health
SB 750 (J. Zaffirini) - Addresses consent pro- cedures for psychiatric medications in residential care facilities.
HB 1627 (J. Wentworth) - Requires that all patients committed to temporary or extended inpatient mental health services provide fingerprints for screening by the bureau of identification and records. Also requires the collection of a DNA sample from persons found manifestly dangerous in an order in the person to extended mental health services or is committed to a maximum security unit.
SB 1665 (J. Wentworth) - Allows a judge to find a person who is committed for extended mental health services as “manifestly dangerous” if the judge or jury finds

The proposed patient is likely to cause seri- ous harm to others. It also establishes proce- dures for post-commitment treatment and supervision of persons with mental ill- ness who are found to be manifestly dan- gerous.

HB 2247 (J. Zaffirini) - Prohibits a health care provider from prescribing a psychotropic drug order for a PSN psychopharmacic medica- tion administered by injection to a person who is in a residential treatment center unless the drug is administered in a psychiatric emergency or under court order.

Legal
HB 1150 (S. Thompson) - SB 168 (R. Ellis) - Changes the standard not guilty by reason of insanity from “did not know that the con- duct was wrong,” to “did not appreciate that the conduct was legally or morally wrong.”

ECONOMIC
HB 1632 (J. Wentworth) - Establishes a procedure to provide “federal prohibited person” information to the FBI for use with the National Instant Criminal Background Check System. “Federal prohibited person” includes persons ordered by a court to receive inpatient mental health services.

Allied Health
SB 1257 (J. Averitt) - HB 2750 (C. Elrod) - TMA’s centerpiece for its health insurance reform agenda. Provides accountability and transparency in the way health insurance companies conduct business.

SB 506 (J. Carona)/HB 1442 (K. Hancock) - Health insurers may not pro-hibit, penalize, terminate or restrict a pre- ferred provider from communicating with a patient about the availability of out-of-net- work providers for the provision of the services or the insured’s medical or health care services.

Allied Health
HB 3465 (J. Kefler) - Includes the define- ment of “practitioner,” licensed allied health professionals in Texas of psychology, profes- sional counselors and chiropractors and licensed by other states and Canada, such licenses allowing for the prescribing of danger- ous drugs.
HB 606 (R. Reiner)/SB 680 (G. Hegar) - Replaces physician-delegated model of care with an open-ended and loosely structured “prescriptive authority agreement” between a physician and a advanced practice nurse or physician assistant. There are no require- ments for supervision and unclear responsi- bilities for the Texas Medical Board.
HB 1450 (J. Landenberg)/SB 681 (R. Deuell) - Requires a psychological associate to practice under the supervision of a psy-
A Period of Opportunity

George D. Santos, MD, President, Texas Society of Psychiatric Physicians

ow more than ever, change is in the air. We have had historic national and regional elections, and the potential for major healthcare reform has never been greater. It is in times like these that our organized medicine can play its greatest role. These periods of opportunity bring to the forefront the need for mutual collaboration, fellowship, and proactive advocacy. With this as a backdrop, I find myself thinking about TSP in this next year. What role can we play in a process of reform? What are the needs of our members and potential members that deserve renewed attention? It will fall on us as an organization of informed professionals to take a leadership role in educating the community and our political leaders about the tremendous progress we have made. We have to take the time to advocate for our patients and for the ability to practice and deliver quality medical care. If we do not make the effort, you have to know there are other groups that will take our absence as their opportunity to further advance their own agendas. At the same time, we need to grow our organization and adapt to current needs of our members and potential members. I think we have to explore new ways to assess and meet the needs of new psychiatrists emerging from training and developing, expanding their academic, or private practices in our communities.

I want to commend Martha Leatherman for her service as President of TSPP this last year and for her ongoing efforts in managing our Government Affairs Committee. She was on fire at the Federation-sponsored Capitol Day in Austin. I would not be surprised if we see her on her own political stump in the future. Her dedication and energy is what we need in our society. As this year gets underway, we have to assess our own organizations and work to improve the effectiveness of the APA and TSPP. I am sure there are many who ask, “Why join us?” I have become convinced over the years that if we are not for organized medicine we would be practicing in a much harsher world and our patients would have a much more difficult time finding the help they need. There are groups that are all that know constantly work to limit a citizen’s access to quality mental healthcare. They work to place barriers, restrict, and even outlaw psychiatric treatments. Other groups want to lower the qualifications needed to practice medicine. Their voices never go away. Neither should ours.

TSPS provides the successful structure to meet those community and political demands. It is only with the diligent work of John Bush, Executive Director, Debbie Sandberg, Assistant Director, and our lobbyist Steve Bresen, and those members who volunteer time and effort to come to Austin to testify that we keep those misguided forces at bay.

Politics is always local and we must stay informed and involved. Can you imagine how we would be if TSP had not succeeded in its political efforts? Many of us could not offer many treatments to patients. You may need government approval to write a prescription to a psychiatric child. You may not find an available hospital when you treat a suicidal patient who is not safe on his or her own. You may be called in to stabilize a patient who has been poorly treated by a non-physician. Then the liability for that patient’s care is left at your feet. It is only through our educated, organized, and populous ranks that we can convince Legislators to maintain appropriate quality standards and to protect a patient’s access to care. Please consider investing some time in this area. Join us in developing ongoing relationships with your legislators. They need to know who you are and your availability as a knowledgeable resource for current and accurate information.

Academy Growth a Priority

Arthur J. Farley, MD, President, Texas Academy of Psychiatry

As your incoming President of the Texas Academy of Psychiatry, I want to extend my thanks to Dr. Stuart Crane for his thoughtfulness and energy during his presidency. The Academy, a member of the Federation of Texas Psychiatry, shares many goals with the Federation. Our major focus will be to bring new members into the Texas Academy. In our wonderfully large Federation of Texas Psychiatry, shares many members with them.

During the past months, I have made calls to individuals outlining the many benefits offered to us and to our patients in Texas. Our active, successful work educating Texas Legislatures about our patients’ needs is one of the paramount efforts of the Academy and our Federation. It is critical to have as many psychiatrists as we possibly can because numbers count. I remember the rich experiences I had as President of the Texas Society of Psychiatric Physicians when I contacted colleagues who had dropped out of TSP or had not joined. There were many rewarding telephone calls with many psychiatrists with all over the Lone Star State. One of the most pleasurable encounters was with one of our present leaders of TSPP Dr. Martha Leatherman. Martha still recalls to me that conversation and her recollection has bolstered my offers to get in touch with as many colleagues as I possibly can.

One facet in this present effort as President of the Texas Academy of Psychiatry will come as no surprise to readers. It isAmy. Financial difficulties have hit all of us, especially those of us who work in nonprofit or public facilities. Some of us can no longer pay membership dues to multiple organizations. Members of the Academy pay dues only to our State organization. Also, I plan to work with all of those former or potential members to work on the realities of our economic downturn so that membership is feasible.

Over the past two decades, I have worked at a nonprofit school for children and their parents. These students have been expelled from two to six schools; they are on two to six medications; they have Medical Malpractice Insurance Are you paying too much?

The Federation of Texas Psychiatry in cooperation with Cunningham Group is offering Texas psychiatrists free professional liability insurance. Prices have come down during the past year — one insurer dropped its rates 48 percent. Let Cunningham Group review the market for you and reduce your premium.

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

Cunningham Group Professional Liability Insurance Services Phone: 512-356-5356 • Fax 512-356-7121

2009 Legislation Summary continued from page 1

Chiropractic in order to practice psychology. HB 2320 (L. Laubenberg) — Establishes criteria under which a psychologist may delegate authority.

Other — Corporate Practice of Medicine SB 1506 (R. Duncan) — Allows hospitals in counties of 50,000 or less population to employ physicians and retain all or part of the professional income generated by the physician for medical services provided at the hospital.

Other — Texas Medical Board SB 3816 (I. Brown) — Proposes significant changes in the operation and procedures of the Texas Medical Board, including: 1) creation of an advisory panel to receive and investigate complaints concerning the operation and disciplinary actions taken by the Board; 2) a person filing a complaint against a physician must swear under oath to the truth of the statements in the complaint; 3) a physician who is subject of a complaint is to receive a copy of the complaint without redaction; 4) the physician who is subject of the complaint is to be given the identity and qualifications of each expert physician who reviewed the complaint; and 5) the Board may not require a physician to practice medicine in any particular manner. For details about specific bills, please visit http://www.legis.state.tx.us.
Physician Leadership Needed for Health Care Reform

Leslie H. Secrest, MD, Chairman, Federation of Texas Psychiatry

My first article as Chairman of the Federation of Texas Psychiatry is the result of struggling to understand the direction of Health Care Reform. I need to conceptualize what should be included in any legislation. It is obvious the opportunities to modify the legislation will be limited at best.Broadening the legible mandate when looking for specific guidance about the health care reform initiative. The tragedy is the time line may impair producing the best possible legislation.

With the conclusion of the Texas Legislative Session and the discussion of the activities of Congress and the Executive Branch, the importance of the election cycle is clearly evident. Recently in the Texas House, the concern about the next election cycle was clear with the proposed legislation requiring documentation of a voter’s identity and the efforts used by those opposed to make sure it did not pass the house even with the forfeiture of other worthy legislation. This process perceived mandate of the election cycle for Health Care Reform has everyone’s attention, and rightfully so. The election cycle always dictates future legislation and policy.

Health care reform becomes a complex issue but the need for reform is driven by many factors that were not in place when previously undertaken and detailed by factors embedded in the advent of Harry’s and Louise’s conversation around the kitchen table. Even without political mandates and legislation, the economic and financial factors in health care would eventually demand reform. The Obama Administration’s goal for Health Care Reform is clear, affordable quality health care for all Americans.

Two factors which the Obama Administration use to justify immediate reform focus initially on 45 million uninsured and 25 million underinsured Americans followed by the accelerating cost of health care. Currently 16.6% of the Gross Domestic Product is dedicated to health care. Healthcare spending is growing faster than the gross domestic product. For example, for 2009, spending is anticipated to be $2.6 trillion. The U.S. will know one’s surprise the gross domestic product is anticipated to decrease 0.2 percent. It is estimated for the first quarter of 2010, we will have 8.4 trillion dollars.

As many have pointed out, the increase in health care spending represents health care successes and advances at its best and health care failures at its worse. The merits of success and failures can be discussed endlessly with plenty of responsibility for every citizen. The movement for quality improvement and patient safety will hopefully reduce variability in health care and drive the focus on preventing disease as the measure of success and treating disease as the measure of failure. Such a shift in prevention is hoped to decrease the overall cost of health care and improve everyone’s health.

The Senate Finance Committee has produced three reports that may indicate some of the issues to be addressed in health care legislation. On April 29, 2009 a report entitled “Transforming the Health Care Delivery System: Proposals to Improve Patient Care and Reduce Health Care Costs” was released. On May 14, 2009 the committee report “Expanding Health Care Coverage: Proposals to Provide Affordable Coverage to All Americans.” On May 28, 2009 a report entitled “Financing Comprehensive Health Care Reform: Proposals Health System Savings and Revenue Options.” President Obama has frequently pointed out his time table for passage of the legislation in July 31. The President’s recent letter to Senator Edward Kennedy and Senator Max Baucus released by the White House office of the Press Secretary is a clear summary of the President’s goals and aspirations for Health Care Reform. His urgency for legislation is based on rising health care costs. The President has produced part of a reform that had been previous adversaries of reform, “... hospitalists, physicians, and health insurers, labor and business, Democrats and Republicans.” He continues by stating his goal, “At this historic juncture, we share the goal of quality, affordable health care for all Americans. But I want to stress that reform cannot mean focusing on expansion covered care. Indeed, without a serious, sustained effort to reduce the growth rate of health care costs, affordable health care coverage will remain out of reach.” The President outlines his “...core belief that Americans should have better choices for health insurance.” His position on health insurance and a public plan with health insurance and a public plan with “a health insurance exchange” a market place where health plans can be compared. The President notes all health plans “should include an affordable catastrophic coverage that includes prevention, and protection against catastrophic costs.” Operating along side of private health insurance plans would be a public health insurance plan that would provide a better range of choices, a more competitive market place and “keep insurance companies from ripping off the most vulnerable.” The President acknowledged the Senators’ desire to have every American responsible for having health insurance will decrease coverage but asserts that health care must be affordable, gaps and lapses in coverage must be addressed and there must be waivers for hardship, and exemptions for small business. He goes on to outline the need to have health care “deficit neutral.” This effort would include cutting spending by reducing overpayments and address payment accuracy by cutting waste, fraud, and abuse. He would encourage physicians to form “accountable care organizations” to improve quality of care. He asserts that increased revenue could be obtained. Senate published in the tax law to generate $326 Billion over 10 years. His last proposal, with a major delegation of power and responsibility, is to make the Medicare Payment Advisory Commission’s recommendations on cost savings binding unless opposed by a joint resolution of Congress. He concludes his letter with the desire to have Congress complete Health Care Reform with legislation to be signed by October.

As the Senate Finance Committee Reports and the President’s letter demonstrates, the changes to our health care system will be significant. The financial constraints that are ahead will not support the operations of the current delivery system. To successfully change the delivery system other changes must occur. The social attitude about life style choices must change. Conditions that are preventable but drive a health burden such as obesity, substance abuse must be addressed. Society also must change its approach to end life issues. The legal system as it currently interacts with health care is no longer affordable. The legal system cannot be the reviewer for health care quality as the process is expensive, slow and doesn’t always provide clear results based on science. The repetitive administrative pathways that are imbedded in health care cannot be sustained. As pointed out in the Senate Finance Committee documents, the cost to use new technology contributes to the tapped in the system. However, the access to new technology is not addressed unless it is deferred to the Medicare Payment Advisory Commission. Limiting access to Resources in most circles might be referred to as “Rationing Care.” Appropriate inclusion and exclusion criteria to health resources must be developed and the responsibility for such measures must be born by society. The election cycle and the legislative process becomes the avenue by which society can express its desires and responsibility. Unfortunately the legal system is often thought to carry the responsibility to define and monitor who has access and to express the will of the people.

Physician leadership is required of all physicians. The legislative time table is designed to allow little time to comment or to influence the legislation. Downloading the Senate Finance Reports and reading areas that are important to you as well as studying hammer at Senator Kennedy and Baucus is critical. Once the documents are reviewed, contact your Senators and your Representative’s offices, in their district or in Washington, DC and communicate your concerns and suggestions for the best possible legislation. Individual physicians must take leadership and speak as individuals as well as collectively through organized medicine such as our Federation partners the TMA & TOMA as well as the AMA and the specialty societies. All comments and suggestions are very important. Silence means consent to all elements of any proposed health care legislation. The voice of physicians and their patients must be expressed to have a high quality, effective, accessible, and financially sustainable health care delivery system. 

Leslie H. Secrest, MD

Leslie H. Secrest, MD, Chairman, Federation of Texas Psychiatry

http://www.lesliesecrestmd.com/
Texas Society of Child and Adolescent Psychiatry
2009 Annual Meeting and Scientific Program

“Bipolar Disorder in Children and Adolescents: Diagnostic and Treatment Dilemmas”

July 24-26, 2009 • Omni Fort Worth Hotel • 1300 Houston Street • Fort Worth, Texas

G E N E R A L I N F O R M A T I O N

LOCATION/HOTEL RESERVATIONS

All events will take place at the Omni Fort Worth Hotel, 1300 Houston Street, in downtown Fort Worth, 817/353-6664. A special TSCAP discounted room rate of $175 single or double occupancy is available to TSCAP program registrants before July 2 or upon sell-out whichever occurs first. Make your hotel reservation today by calling 1-800-843-8664.

OPENING WELCOME RECEPTION WITH EXHIBITORS

OPENING WELCOME RECEPTION WITH EXHIBITORS

A special Welcome Reception for all TSCAP attendees and their guests has been planned to kick off the weekend’s meeting and activities. The reception will be held Friday, July 24, 6:30-8:30 pm in the Texas Ballroom at the Omni Hotel. The Oaks Treatment Center, Austin, is the sponsor of the Friday Evening Welcome Reception and Exhibitor Reception.

SCIENTIFIC PROGRAM REGISTRATION

Includes Scientific Program & Syllabus, Saturday continental breakfast; Saturday & Sunday refreshment breaks.

EXHIBITS

TSCAP’s Welcome Reception, Continental Breakfasts and Refreshment Breaks will be held in the Texas Ballroom of the Omni Hotel. Please make plans on visiting with the exhibitors during the following hours:

Friday, 6:30 pm – 8:30 pm Welcome Reception
Saturday, 7:30 am – 8:10 am Continental Breakfast
Saturday, 10:30 am – 10:50 am Refreshment Break
Saturday, 12:20 pm – 12:30 pm Refreshment Break
Saturday, 1:30 pm – 1:45 pm Refreshment Break
Saturday, 3:15 pm – 4:15 pm Final Visits with Exhibitors
Saturday, 4:15 pm – 5:00 pm Exhibitors Tear Down and Depart

ANNUAL BUSINESS MEETING BREAKFAST

The Annual TSCAP Business Meeting will be held Sunday 8:00 am – 9:00 am in the Sundance Room of the Omni Hotel. All members are encouraged to RSVP in advance and attend.

SUNDAY, JULY 26

8:00 am – 9:00 am TSCAP Annual Business Sundance 1 Meeting Breakfast
10:30 am – 10:50 am Refreshment Break Sundance Ballroom
12:30 pm – 12:50 pm Refreshment Break Sundance Ballroom
1:30 pm – 1:45 pm Refreshment Break Sundance Ballroom
3:15 pm – 4:15 pm Final Visit with Exhibitors Sundance Ballroom

PAYMENT INFORMATION

Make Checks Payable to Texas Society of Child and Adolescent Psychiatry

Texas Society of Child and Adolescent Psychiatry

REGISTRATION

PAYMENT INFORMATION

CANCELLATIONS – Deadline for cancellation is July 2, 2009. In the event of cancellation, a full refund will be made if written notice is received in the TSCAP office by July 2, 2009, less a 25% handling charge. NO REFUNDS WILL BE GIVEN AFTER JULY 2, 2009.

RETURN TO: TEXAS SOCIETY OF CHILD AND ADOLESCENT PSYCHIATRY, 401 WEST 12TH STREET, SUITE #675, AUSTIN, TX 78701, PHONE (512) 478-6885, FAX (512) 478-5223
Texas Society of Child and Adolescent Psychiatry 2009 Annual Meeting and Scientific Program

“Bipolar Disorder in Children and Adolescents: Diagnostic and Treatment Dilemmas”

July 24-26, 2009 • Omni Fort Worth Hotel • 1300 Houston Street • Fort Worth, Texas

SCIENTIFIC PROGRAM

SATURDAY, JULY 25
Scientific Program: Saturday – 6 hours Category I Credit

08:15 am - 08:30 am
Welcome and Opening Remarks
Fort Worth Ballroom

08:30 am - 10:30 am
Neuromaging of Bipolar Disorder in Children and Adolescents: New Frontiers
Fort Worth Ballroom
Melissa F. Dellitto, M.D., M.S., University of Cincinnati College of Medicine, Cincinnati, Ohio
At the conclusion of the presentation, attendees will be able to:
• Understand the different neuroimaging modalities used in research with children and adolescents with bipolar disorder.
• Discuss the neur anatomical regions thought to be involved in the pathophysiology of bipolar disorder.
• Discuss how psychotropic medication may affect brain functioning in children and adolescents with bipolar disorder.

10:30 am - 10:50 am
Refreshment Break in Exhibit Hall
Texas Ballroom

10:50 am - 12:20 pm
Update on Medication Treatments for Bipolar Disorder in Children
Fort Worth Ballroom
René L. Olvera, M.D., MPH, UT Southwestern Medical Center, Dallas, Texas
At the conclusion of the presentation, attendees will be able to:
• Have an increased knowledge of the evidence base for pharmacological treatment of bipolar disorder in children and adolescents.
• Assess risk-benefit ratio of medication treatment for bipolar disorder in youth.

12:20 pm - 12:30 pm
Refreshment Break in Exhibit Hall
Texas Ballroom

12:30 pm - 1:30 pm
Child and Adolescent Psychiatry
Fort Worth Ballroom

Panel Discussion: Impact of Pharmaceutical Research and Manufacturers of America (PhRMA) Code on our Clinical Practice
Fort Worth Ballroom
John Z. Sadler, M.D., UT Southwestern, Dallas, Texas
Kirti Saxena, M.D., University of Texas Southwestern Medical Center at Dallas
Neesha Desai, M.D., University of Texas Southwestern Medical Center at Dallas

At the conclusion of the presentation, participants will be able to:
• Discuss how psychotropic medication may affect brain functioning in children and adolescents with bipolar disorder.
• Discuss the neuroanatomical regions thought to be involved in the pathophysiology of bipolar disorder.
• Discuss how psychotropic medication may affect brain functioning in children and adolescents with bipolar disorder.

1:45 pm - 3:15 pm
Cognitive Behavioral Interventions for Children and Adolescents with Bipolar Disorder – Relapse Prevention
Fort Worth Ballroom
Monica Ramirez Basco, Ph.D., UT Southwestern, Dallas, Texas

At the conclusion of the presentation, participants will be able to:
• Have an increased knowledge of the evidence base for pharmacological treatment of bipolar disorder in children and adolescents through a detailed discussion of a case presentation.
• Participants will display increased competence in designing a comprehensive biopsychosocial treatment plan for child and adolescent bipolar disorder.

1:45 pm - 2:15 pm
Cognitive Behavioral Interventions for Children and Adolescents with Bipolar Disorder – Relapse Prevention
Fort Worth Ballroom
Monica Ramirez Basco, Ph.D., UT Southwestern, Dallas, Texas

At the conclusion of the presentation, participants will be able to:
• Have an increased knowledge of the evidence base for pharmacological treatment of bipolar disorder in children and adolescents through a detailed discussion of a case presentation.
• Participants will display increased competence in designing a comprehensive biopsychosocial treatment plan for child and adolescent bipolar disorder.

3:30 pm - 4:15 pm
Panel Discussion: Impact of Pharmaceutical Research and Manufacturers of America (PhRMA) Code on our Clinical Practice
Fort Worth Ballroom
Padra L. Delgado, M.O., UT Southwestern, Dallas, Texas
Matthew Brans, M.D., Houston, Texas
John Z. Sadler, M.D., UT Southwestern, Dallas, Texas

At the conclusion of the presentation, participants will be able to:
• Understand the clinically relevant information about recent changes in the PhRMA Code in order to advance their understanding and appreciation of the Code and thereby allow them to develop strategies to deal more effectively in their daily practice with the changes.

SUNDAY, JULY 26
Scientific Program: Sunday – 3 hours Category I Credit

08:00 am - 09:15 am
Welcome and Opening Remarks
Fort Worth Ballroom

09:15 am - 10:30 am
Role of the Advocacy Organization in Depression and Bipolar Support in Texas
Fort Worth Ballroom
Glenn D. Urbach, DBSA Greater Houston, Houston, Texas
At the conclusion of the presentation, participants will be able to:
• Have the knowledge to refer patients to advocacy peer support groups and understand what peer support consists of.

10:15 am - 10:45 am
Refreshment Break
Fort Worth Ballroom

10:30 am - 12:30 pm
Panel Discussion: Impact of Pharmaceutical Research and Manufacturers of America (PhRMA) Code on our Clinical Practice
Fort Worth Ballroom
Padra L. Delgado, M.O., UT Southwestern, Dallas, Texas
Matthew Brans, M.D., Houston, Texas
John Z. Sadler, M.D., UT Southwestern, Dallas, Texas

At the conclusion of the presentation, participants will be able to:
• Understand the clinically relevant information about recent changes in the PhRMA Code in order to advance their understanding and appreciation of the Code and thereby allow them to develop strategies to deal more effectively in their daily practice with the changes.

This Program has been supported in part by an Educational Grant from Bristol-Myers Squibb

SCIENTIFIC PROGRAM CONTINUING MEDICAL EDUCATION ACCREDITATION

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Texas Medical Association (TMA) through the Joint Sponsorship of the Texas Society of Psychiatric Physicians and the Texas Society of Child and Adolescent Psychiatry. The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians.

The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of time (8) AMA PRA Category 1 Credits. Participants should only claim credit commensurate with the extent of their participation in the activity.

The presentation “Panel Discussion: Impact of Pharmaceutical Research and Manufacturers of America (PhRMA) Code on our Clinical Practice” has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

TARGET AUDIENCE/PROGRAM GOALS & OBJECTIVES

This CME program is designed with didactic lectures supplemented with audiovisual presenta tion and direct discussion, panel discussion and a case study presentation in multiple educa tional sessions. The program is designed to provide its’ primary target audience of Child and Adolescent Psychiatrists, General Psychiatrists and other specialists of medicine in the State of Texas, with clinically relevant information to advance the physicians’ competence and effective use of targeted skills so that they may develop strategies to apply the knowledge, skills and judgment of the information presented in the educational activity into their practice.

SCIENTIFIC PROGRAM SPEAKERS

Monica Ramirez Basco, Ph.D.
Clinical Psychologist
Assistant Professor of Psychology
University of Texas at Arlington
Clinical Associate Professor of Psychiatry
University of Texas Southwestern Medical Center at Dallas
Matthew Brans, M.D.
Houston, Texas
Melissa P. Dellitto, M.D., M.S.
Associate Professor of Psychiatry and Pediatrics
Vice-Chair of Clinical Research
Department of Psychiatry
University of Cincinnati College of Medicine
Cincinnati, Ohio
Pedro L. Delgado, M.D.
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Houston, Texas

This Program has been supported in part by an Educational Grant from Bristol-Myers Squibb
# Program at a Glance

## Thursday, November 12
- 12:00 pm: Golf Outing at Moody Gardens Golf Course
- 7:30 pm: Federation Delegate Assembly Reception & Meeting

## Friday, November 13
- 7:30 am - 7:00 pm: Registration Open
- 7:30 am - 9:00 am: Foundation Board of Directors Breakfast Meeting
- 8:00 am - 5:00 pm: Committee Meetings
- 12:00 pm - 5:00 pm: Exhibit Set-Up
- 12:00 pm - 1:30 pm: Membership Luncheon / Program SPONSORED BY POLYCOM
- 3:30 pm - 5:30 pm: MIT / ECP Program – “Establishing a Medical Practice”
- 5:00 pm - 6:30 pm: Executive Council Meeting
- 6:00 pm - 8:00 pm: Titus Harris Society Reunion Reception
- 6:00 pm - 8:00 pm: Welcome Reception with Exhibitors SPONSORED BY TEXAS FOUNDATION FOR PSYCHIATRIC EDUCATION AND RESEARCH

## Saturday, November 14
- 7:00 am - 7:45 am: Complimentary Continental Breakfast for Meeting Registrants
- 7:00 am - 7:00 pm: Registration Open
- 7:30 am - 5:00 pm: Exhibits
- 8:15 am - 4:45 pm: Scientific Program
- 10:15 am - 10:30 am: Refreshment Break with Exhibitors / Door Prize Drawings
- 12:00 pm - 1:30 pm: Annual Business Meeting Lunch
- 2:30 pm - 2:45 pm: Break
- 6:00 pm - 6:30 pm: Reception
- 7:00 pm: Awards Banquet

## Sunday, November 15
- 8:15 am - 12:45 pm: Scientific Program
- 10:30 am - 10:45 am: Break

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## Thursday Golf Outing

Saturday evening’s festivities begin with a complimentary wine and cheese reception before the Awards Banquet honoring the 2009 TSPP Award Recipients for their outstanding contributions to Psychiatry. Register early to reserve a table for your organization and friends at this memorable and entertaining evening! This year’s honorees include:

- **Distinguished Service Award**
  - J. Clay Sawyer, M.D. – Waco
  - R. Andrew Harper, M.D. – Houston

- **Psychiatric Excellence Award**
  - James E. Kreisle, M.D. – Austin

See Registration Form or visit the website www.txpsych.org for TSPP / TAP’s Special Discounted Meeting Registration Fees for this year’s convention. The earlier you register, the greater the savings!

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## Hotel Reservations

ALL MEMBERS AND NON-MEMBERS ARE INVITED TO JOIN US! TSPP’s 53rd Annual Convention and Scientific Program will be held at the Moody Gardens Resort and Spa, Seven Hope Blvd., Galveston, 1-800-582-4673. A special TSPP discounted room rate of $142 is available to TSPP program registrants before October 21, 2009 or upon sell-out whichever occurs first. **Make your hotel reservation today by calling 1-888-388-8484.**

Surrounded by 242 acres of breathtaking gardens and majestic pyramids, Moody Gardens Hotel, Spa and Convention Center is Galveston Island’s premier meeting destination. Moody Gardens features:

- Full Service Spa and Fitness Center, complete with indoor lap pool
- Rain Forest Pyramid – a ten story pyramid featuring primitive rainforests with plants and exotic fish and animals
- Discovery Pyramid – Experience mysteries of science with traveling and interactive exhibits.
- Aquarium Pyramid – Oceans of the world are represented in a 1.5 million gallon aquarium teeming with creatures from penguins to stingrays, sharks and more.
- IMAX 3D Theater – Be a part of the action at the IMAX 3D Theater featuring amazing 3D and 2D films on a giant six-story screen.
- IMAX Ridefilm Theater – Strap yourself in and dive, twist and turn as your seat rotates every movement on a giant wrap-around screen with six-channel surround sound.
- AND, special activities for you during Convention time! Festival of Lights – One of the Gulf Coast’s largest holiday lighting events at Moody Gardens!

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- Full Service Spa and Fitness Center, complete with indoor lap pool
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## Meeting Registration

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**Moody Gardens**

**Fun, Fun, Fun!**

Moody Gardens Resort and Spa, Galveston

Hotel Reservations – 1-888-388-8484

Mention TSPP to receive the discounted room rate
“Scientific Program

Scientific Program Schedule

Saturday, November 14
8:15 am Welcome and Introductions
8:45 am - 10:15 am Update on the Diagnosis and Treatment of Bipolar Disorder in Adults
Robert Hirschfeld, M.D.
Objectives: Upon completion of this presentation, participants will be able to demonstrate improved competence in diagnosis of bipolar disorder in adults
10:15 am - 10:30 am Break
10:30 am - 12:00 pm Update on the Diagnosis and Treatment of Bipolar Disorders in Adolescents
Karen Dineen Wagner, M.D.
Objectives: Upon completion of this presentation, participants will be able to demonstrate improved competence in diagnosis of bipolar in adolescents.
12:00 pm - 1:30 pm Annual Business Meeting Luncheon
1:30 pm - 2:30 pm Resident Paper Competition: Winning Paper To Be Determined
2:30 pm - 2:45 pm Break
2:45 pm - 4:45 pm Sleep and Psychiatric Disorders: Evidence Based Practice
Philip M. Becker, M.D.
Objectives: Upon completion of this presentation, participants will be able to demonstrate improved competence in sleep disorders and the appropriate prescription of sedative medications.
2:45 pm - 4:45 pm Panel: "Effective Appraisal of the Medical Literature" has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

Sunday, November 15
8:15 am Welcome and Introductions
8:30 am - 9:30 am Essentials of the Evaluation and Treatment of Thyroid Disorders: What Every Psychiatrist Should Know and Use in Practice
Randall J. Urban, M.D.
Objectives: Upon completion of this presentation, participants will be able to demonstrate improved competence in appropriate screening and referral of psychiatric patients with suspected diabetes, hypothyroidism, and hypertension.
9:30 am - 10:30 am Essentials of the Evaluation and Treatment of Diabetes: What Every Psychiatrist Should Know and Use in Practice
Manisha S. Chandalia, M.D.
Objectives: Upon completion of this presentation, participants will be able to demonstrate improved competence in appropriate screening and referral of psychiatric patients with suspected diabetes, hypothyroidism, and hypertension.
10:30 am - 10:45 am Break
10:45 am - 12:45 pm Effective Approaches of the Medical Literature – Using understanding of study design, levels of evidence, and conflicts of interest in clinical decision-making.
Panel: Pedro L. Delgado, MD; Maurice Tohen, MD, DrPh, MBA
Objectives: Upon completion of this presentation, participants will be able to demonstrate ability to effectively use the medical literature to make appropriate decisions to optimize patient outcomes.

Scientific Program

Target Audience/Program Objectives

This CME program is designed with didactic lectures, panel discussions and case studies presentations in multiple educational sessions. The program is designed to provide its primary target audience of Psychiatrists, as well as other specialties of medicine, with high-quality, evidence-based, clinically-relevant information regarding ethics, new developments in treatment and new directions in research to address the professional practice gaps of the learners and advance the physicians’ competence and effective use of targeted skills so that they may develop strategies to apply the knowledge, skills and judgment of the information presented in the educational activity into their practice.

Accreditation

The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of ten (10) AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians.

The presentation entitled “Effective Approaches of the Medical Literature” has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

About the Speakers

Philip M. Becker, M.D.
President and Founding Partner of Sleep Medicine Associates of Texas, PA.
Medical Director for the Sleep Medicine Institute at Presbyterian Hospital, Dallas.
Clinical Professor in the Department of Psychiatry
University of Texas Southwestern Medical Center
Dallas, Texas

Manisha S. Chandalia, MBBS, M.D.
Associate Professor
Internal Medicine Division of Endocrinology and Metabolism
University of Texas Medical Branch
Galveston, Texas

Pedro L. Delgado, M.D.
Dielmann Professor and Chairman
Department of Psychiatry
University of Texas Medical Branch
Galveston, Texas

Mauricio Tohen, MD, DrPh, MBA
Endowed Krusk Professor
Department of Psychiatry
University of Texas Health Science Center at San Antonio
San Antonio, Texas

Robert M.A. Hirschfeld, M.D.
Chair, Department of Psychiatry & Behavioral Sciences
University of Texas Medical Branch
Galveston, Texas

Manuel Chandal, MBBS, M.D.
Endowed Krusk Professor
Department of Psychiatry
University of Texas Health Science Center at San Antonio
San Antonio, Texas

Randall J. Urban, M.D.
Professor, Chief Endocrinology Division and Director, Endocrinology Fellowship Program
Endocrinology and Starks Diabetes Center
University of Texas Medical Branch
Galveston, Texas

Karen Dineen Wagner, M.D., Ph.D.
Marie B. Gale Centennial Professor and Vice Chair
Department of Psychiatry & Behavioral Sciences
University of Texas Medical Branch
Galveston, Texas

Educational Grants

AstraZeneca

Registeration Fees

This conference is open to all interested professionals. The registration fee includes attendance at all sessions, luncheons, and social events.

Payment Information

The registration fee for residents is $200. Payment must be made in full by October 12, 2009. Payment can be made by check, credit card, or wire transfer. Payment is due in full by October 12, 2009.

RECOMMEND YOUR COLLEAGUE TO THE TSPP FOR THE 2009 ANNUAL CONVENTION & SCIENTIFIC PROGRAM!
The TEXAS PSYCHIATRIST is published 6 times a year in February, April, June, August, October and December. Members of Federation member organizations are encouraged to submit articles for possible publication. Deadline for submitting copy to the Federation Executive Office is the first day of the publication month. Copy must be edited, acceptable for publication. Display advertising is available and publication is determined on a case by case basis by the Editorial Board. The Editorial Board reserves the sole right to accept or reject any submitted advertising copy.

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http://www.txpsych.org (website)

CALENDAR OF MEETINGS
JULY
24-26 Texas Society of Child & Adolescent Psychiatry Annual Meeting & Scientific Program “Bipolar Disorder in Children and Adolescents: Diagnostic and Treatment Dilemmas”
Omni Fort Worth Hotel, Fort Worth, Texas
TSCAP Discounted Room Rate $175 / Hotel Reservations Until July 2 or Upon Sell-Out, whichever occurs first / 1-800-843-6664
For additional information please visit www.txpsych.org or call 512-478-0605
SEPTEMBER
4-5 TMA Fall Conference
Hyatt Regency Hotel, Austin
For additional information please visit www.texmed.org or contact TMA at 1-512-370-1300 or 1-800-880-1300.
NOVEMBER
13-15 Texas Society of Psychiatric Physicians 53rd Annual Convention & Scientific Program - Galveston’s Back and Better Than Ever - Lots of Fun Activities Planned - Register Early!!
Moody Gardens Hotel, Galveston, Texas
TSPP Discounted Room Rate $142 / Hotel Reservations Until October 8 or Upon Sell-Out, whichever occurs first / 1-888-388-8484
For Additional Program Information / Registration 1-512-478-0605 or email tsppofc@aol.com
APRIL 2010
Texas Society of Psychiatric Physicians
Spring Meeting and CME Program
Westin Austin at the Domain (NEW!)
TSPP Discounted Room Rate $145
For additional information 512-478-0605 or email tsppofc@aol.com

MEETING REGISTRATION
See Registration Form on page 7 or visit the website www.txpsych.org for TSPP Special Discounted Meeting Registration Fees for this year’s convention.
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Whether you are looking for career opportunities or you are recruiting to fill a position in your organization, you will want to check out the Federation’s JOB BANK on its website at www.txpsych.org. The Federation’s JOB BANK could be just what you have been looking for.