



Texas Society of Psychiatric Physicians NEWSLETTER

OCTOBER / NOVEMBER 2003

Dealing With Depression

Hal Haralson

Linda stuck her head in the door. "There's a lawyer in the waiting room who wants to talk to you. He doesn't have an appointment." She handed me his card and went back to the reception desk.

Andrew Wilson was with one of the largest law firms in Dallas (not his real name or location).

My "international" law practice took me as far as Bastrop, Elgin and Lampasas... never Dallas!

Attorneys don't usually show up without an appointment. This was unusual.

I walked to the reception room and introduced myself to Wilson. He was about 40 years old, well dressed, with an appropriate lawyer-like appearance. He appeared to be nervous and upset.

We sat down in my office and he apologized for not having an appointment. "I've got to talk to you."

I asked if he would like coffee.

"Yes, please...black."

I buzzed Linda and asked her to bring us two cups of black coffee.

"What can I do for you, Mr. Wilson?"

"Call me Andrew, please," he replied as he took out his wallet and removed a wrinkled piece of paper. He unfolded a newspaper article and handed it to me.

It was an Associated Press story that had appeared about five years ago. It told about my depression (at age 27), suicide attempt, three months in the San Antonio State Hospital, including 13 shock treatments.

The interview had taken place nearly 20 years after this experience. The reporter wrote about my six years in the business world, indicating that I had been an ordained minister for ten years prior to the attempted suicide. The diagnosis was "bipolar."

Six years later, at age 33, I entered law school at The University of Texas, graduating when I was 36. By the time Wilson came to see me, I had practiced law in Austin, Texas for 20 years as a solo practitioner. I was a country lawyer (general practice) who happened to live in the city.

Andrew had a desperate look on his face. "I'm depressed and contemplating suicide. I'm scared. I didn't know where to turn. I had kept this article for about five years. Can you help me?"

Andrew looked at the floor and hesitated. "I finished law school at the top of my class. I was editor of the law review and took a job with one of the top law firms in the state."

"I have everything I ever wanted. I am paid well, have a beautiful home in the right neighborhood, a beautiful wife and two small children. We belong to the right clubs and live an exciting life."

"I thought all was going well until my wife told me last week she is filing for divorce. She wants full custody of our children."

"I haven't been able to sleep. I have lost all confidence in myself. I can't concentrate. There's no way I can continue to practice law like this. I'm constantly thinking of taking my life."

Andrew paused and regained his composure.

"Do you have any idea what brought this on?" I asked.

"I know what has caused this. I work nights, weekends and holidays. The law firm required us young lawyers to produce 60 billable hours per week. I've rationalized that I'm doing this for my wife and children. They have the right house and luxury cars as a result of my commitment to this law firm."

"Sarah and I hardly see each other. I'm always exhausted and thinking about trials that are coming up. Sarah has had an affair with one of the lawyers in my office. It's gone on for months. He's going to divorce his wife and they plan to marry."

"I have failed as a husband and father. I will lose my job. It's all over! I remembered reading this article about you. I have kept it five years. I guess I knew this might happen. Can you help me?"

My answer was based on reality. "Andrew, there is no way to stop your wife from getting a divorce if she is determined to do so. I'm more concerned about your depression at this point. You must get to a psychiatrist and have him or her put you on anti-depressant medication. The doctor will tell you whether or not you need to be hospitalized. The downward spiral of depression can get out of control if you don't get help immediately. This could lead to suicide."

I was on the staff of a University when I first became depressed. I had been a minister for ten years. I spent days in bed. I didn't want to see anyone. When I went to the office, I checked in with my secretary and went to a broom closet on the third floor and spent the rest of the day.

What would my friends say if I left the ministry? It would embarrass my family. I would have no way to support my wife and child.

"These kinds of thoughts drove me to complete despair. I knew I needed help," I

told him.

"Andrew," I continued, "you have taken the first and most important step. You asked for help. There is help available. Let me suggest some things I learned from my experience."

"First, see a psychiatrist and get on medication that will help you deal with the depression."

"Second, do not take yourself off the medication when the depression begins to get better. Do exactly what your doctor says."

"Third, accept the reality of your circumstances. Do not try to resist your wife's demand for divorce. You have no energy to fight an emotional battle. It would only make matters worse."

"Fourth, be honest with your employer. If you can't handle the kind of pressure you have described, don't stay where you are."

"Fifth, don't give up. Call me and we will talk. I will come to you if I am needed. This will pass. Believe that. Life goes on."

"Sixth, develop a support system. Talk to friends and family. Don't keep this all inside. Faith in God and the support of your church family can make all the difference in the world. Pray! God does not intend this to be the end. Don't give up!"

The final suggestion was for exercise: "Walk 30 minutes each day. Work out in a gym. This will enable you to restore confidence by knowing you are doing something good for yourself."

"I am thankful to God for helping me. The steps I have suggested to you worked for me. That was 30 years ago. I've been on lithium for 25 years. I continue to see my psychiatrist."

"My children are grown and doing well, I've practiced law for 25 years. I'm still in love with my wife, who has stood by me for over 40 years."

"None of this would have happened if I had given up."

Andrew agreed to meet with me weekly for the next few months. His psychiatrist gave him what he needed medically and he accepted help from other sources.

The divorce was granted. I saw Andrew several times and watched as he began to face life and start over.

Five years later Andrew came by to see me. He had joined a small firm in another city. There was much less pressure.

He married a young widow with two small children and worked hard at being involved in the lives of his children from the first marriage.



HAL HARALSON

Life has turned around for Andrew. I'm thankful for the psychiatrist who made it possible for my own life to continue and for the opportunity to use my experience to benefit Andrew and others.

Hal Haralson is a nationally recognized advocate for persons with psychiatric illnesses. He is former President of the Development Board of the Texas Foundation for Psychiatric Education and Research and received TSPP's Special Service Award in 1999. He is the author of Gentle Mercies: Stories of Faith in Faded Blue Jeans.



INSIDE...

Amendments to TSPP Constitution Approved	6
Annual Campaign 2003	7
Annual Convention and Scientific Program Schedule	3
Calendar of Meetings	8
Candidates for Foundation Board Announced	7
Coding Help During HIPPA Transition Period	5
Congratulations	2
Editors	8
Executive Council 2003-2004	2
HHSC Transition Legislative Oversight Committee	5
In Memoriam	2
Membership Changes	6
Political Action	8
President's Message	2
Proposed Amendment to CHIP Plan	4
Proposition 12 Passes	8
Scientific Program Contributors	3
TMHP: New Medicaid Administrator Contractor	4
TSPP Elections 2003	3
West Texas Chapter Proposes Reorganization	6

P R E S I D E N T ' S M E S S A G E

Think you don't make a difference?

"The secret of success is constancy to purpose."
—Benjamin Disraeli

Recently, the House Joint Resolution 3 authorizing caps on non-economic damages in medical liability cases passed the Texas legislature and was signed into law. Then Proposition 12, a constitutional amendment authorizing the legislature to set these caps (and likely to deter constitutional challenges to these caps) was passed by Texas voters. These victories were accomplished with the assistance of TSPP and TMA members, as well as others. Psychiatrists and other physicians around the state participated in First Tuesdays, the monthly trip to the Capitol to educate legislators on the needs of our patients for access to physicians. You wrote or called your legislators and told them of your support of the bill. In parts of the state, you held noontime educational rallies, to show the legislators how badly access to physicians was needed, without interrupting patient care.

The margin of victory in the statewide constitutional amendment was slim, and you made the difference. You obtained and distributed "Yes on 12" materials to patients, staff members and friends. You developed e-mail "blasts" to other physicians to encourage them to vote and to get others to do so. You placed yard signs, wrote letters, made phone calls, contributed money and encouraged others to do so also.

As a result, at least one medical liability company has already announced a cutback of 12% in medical liability premiums, with the hope of more. And other companies are likely now to return to the state, raising the possibility of more competition and even more favorable rates.

Of course, we as physicians benefit from decreased costs, in this day and age of ever-rising costs and ever-shrinking reimbursements,

but the true beneficiaries are the patients of Texas, who now have a chance for access to the care they need.

What was achieved is a testimony to the relationships you have built, the willingness to sacrifice your time, money and efforts and your "constancy to purpose."

Congratulations and thanks from all of us.



PRISCILLA RAY, MD

Congratulations...

The following members will achieve APA Life Status in January, 2004:

Life Fellows: Boyce Elliott, III, MD (San Antonio); Distinguished Life Fellows: Gonzalo A. Aillon, MD (Dallas), Leo J. Borrell, MD (Houston), Arthur J. Farley, MD (Houston/Austin), George S. Glass, MD (Houston), John L. Hall, MD (Longview), Sergio E. Henao, MD (Houston), Cervando Martinez, MD (San Antonio), N. Duane Purcell, MD (Fort Worth), Christian Restrepo, MD (Houston), and Richard L. Weddige, MD (Lubbock).

Life Members: Luis A. Alvarez, MD (Houston), Jacques Guy Baillargeon, MD (San

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MD (Washington DC), Ramesh R. Parikh, MD (Houston), Diego Rodriguez-Escobar, MD (McAllen), Alvaro Samaniego, MD (El Paso), and James T. Stinnett, MD (Commerce).

I N M E M O R I A M

E. Clay Griffith, MD
Dallas

Leo Edward Hollister, MD
Houston

Joseph H. Lindsay, MD
Dallas

BEFORE YOU SIGN...

If you are purchasing insurance for the first time or have a policy with another carrier, you may be surprised to find that not all policies offer the comprehensive protection you need in today's environment. Unlike most professional liability insurance programs, we have only one focus: psychiatry. We tailor our policy and services to meet your needs. Our staff of psychiatric professional liability specialists provides personal service and expertise...you will not have to explain psychiatric terminology to us.



Program features include:

- Modified occurrence and claims-made policies
- Risk Management Consultation Service helpline
- Administrative and Governmental Billing Defense Costs Endorsement
- Forensic psychiatric services coverage
- Discounts include: child and adolescent, early career, member-in-training, part time, and risk management education

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A District Branch of the American Psychiatric Association

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TSPP EXECUTIVE OFFICE

Executive Director John R. Bush
Assistant Director Debbie Sundberg

(★) Voting member of the Executive Council

TSPP Elections 2003

Nominations for TSPP elective offices will be finalized at the Annual Business Meeting on November 8, 2003 in Houston at the Omni Hotel during the Annual Convention and Scientific Program. Positions to be considered in the 2003 elections include:

- President-Elect, one year term, 2004-2005
- Secretary-Treasurer, one year term, 2004-2005
- Councilor-at-Large, three year term, 2004-2007

APA Assembly Representative, three year term, 2004-2007
 APA Assembly Representative to complete unexpired term of Robert Denney, MD, who resigned (2002-2005)

During 2004-2005, J. Clay Sawyer, MD (Waco) will be President and John Casada, MD (San Antonio) will be Vice President as the Scientific Program Chair for 2004.

The Nominating Committee, composed of

Sanford Kiser, MD, Chairman, Charles Bowden, MD, and A. David Axelrad, MD, have met and by majority vote, selected **Karen Dineen Wagner, MD, PhD** (Galveston) to run for President-Elect 2004-2005.

For the position of Secretary-Treasurer 2004-2005, the Nominating Committee by majority vote selected **Gary L. Etter, MD** (Fort Worth).

The Nominating Committee unanimously selected **Leslie Secrest, MD** (Dallas) as a candidate for Councilor-at-Large (2004-2007), succeeding **Gary Etter, MD** (Fort Worth).

By majority vote, the Nominating Committee selected **A. David Axelrad, MD** (Houston) to continue his service as APA Assembly Representative for another three year term (2004-2007).

The Nominating Committee also endorsed **Clay Sawyer, MD** (Waco) to complete the three year term of Robert Denney, MD who resigned when he moved to Arizona (2002-2005).

Following the finalization of the slate of candidates during the TSPP Annual Business Meeting on November 8, 2003, elections will be governed by the TSPP Bylaws, Chapter Nine, as follows:

Section II. At the annual business meeting, the nominees for office recommended by the Nominating Committee, the nominees for office submitted by the Chapters, and the nominees submitted by written petition signed by at least 20 voting members, shall be presented to the entire voting membership present. Additional nominations may be made from the floor by any voting member.

Section III. The election of officers shall be conducted by mail ballot whenever more than one slate of officers is nominated. The ballot shall list in alphabetical order, as candidates for office all members nominated in accordance with the Constitution and Bylaws. The ballot shall not in any way indicate the particular process by which the candidate was nominated. If no nominations are made by the Chapters, by petition, or from the floor, the slate submitted by the Nominating Committee will be considered to be elected by acclamation by those members at the annual business meeting.

Section IV. In contested elections, the ballots shall be mailed to all voting members within seven (7) days after the Annual Business Meeting. The ballots must be returned within thirty (30) days following the Annual Business Meeting...

As stipulated in Section V-VIII, the ballots will be tallied and reported at a regularly scheduled meeting of the Executive Council and the certified election results announced by mail to the entire membership following the Executive Council meeting.

Elective positions are currently held by the following members:

Officers 2003-2004:

- President - Priscilla Ray, MD (Houston)
- President-Elect - J. Clay Sawyer, MD (Waco)
- Vice President - George D. Santos, MD (Houston)
- Secretary-Treasurer - Gary L. Etter, MD (Fort Worth)
- Immediate Past President - R. Sanford Kiser, MD (Dallas)

APA Representatives:

- A. David Axelrad, MD, Houston (2001-2004, first term)
- J. Clay Sawyer, MD, Waco interim appointment by the President to serve in the position of Robert G. Denney, MD, Fort Worth (2002-2005)
- Priscilla Ray, MD, Houston (2003-2006, fourth term)

Councilors-at-Large:

- Gary L. Etter, MD, Fort Worth (2001-2004, first term)
- Lynda Parker, MD, Lubbock (2002-2005, first term)
- Franklin D. Redmond, MD, San Antonio (2003-2006, first term)

Representative to the APA Division of Government Relations:

- Leslie H. Secrest, MD, Dallas (2003-2006, third term)

Representative to the APA Division of Public Affairs:

- Timothy K. Wolff, MD, Dallas (2003-2006, third term)

ANNUAL CONVENTION AND SCIENTIFIC PROGRAM SCHEDULE November 7-9, 2003 • Omni Hotel, Houston, Texas

Friday, November 7

8:00 AM - 5:00 PM Committee Hospitality Room Woodway Refreshments & Light Hors D'oeuvres For Committee Members

COMMITTEE MEETINGS

9:00 AM - 10:30 AM Professional Practices Churchill Children and Adolescents Berkeley Budget Regency
 10:30 AM - 12:00 PM Foundation Board of Directors Churchill Socioeconomics Berkeley Membership Regency
12:00 PM - 1:15 PM Committee Member Luncheon Program La Reserve
Victoria Ford, Office of the Governor, Guest Speaker
 1:15 PM - 2:45 PM Constitution & Bylaws Westbury Forensic Psychiatry Berkeley Continuing Medical Education Regency
 2:00 PM - 4:00 PM Members in Training & Early Career Psychiatrists "Starting a Medical Practice" Program Churchill
 2:45 PM - 4:15 PM Strategic Planning & Coordinating Berkeley Public Mental Health Services Westbury Ethics Regency
 4:15 PM - 6:15 PM Government Affairs Westbury
 6:00 PM - 8:00 PM **WELCOME RECEPTION WITH EXHIBITORS** Grand Salon

Saturday, November 8

7:00 AM - 8:30 AM Complimentary Continental Breakfast for Scientific Program Registrants with Exhibitors Grand Salon

SCIENTIFIC PROGRAM

8:45 AM **Opening** Colonnade Ballroom
 9:00 AM - 10:00 AM **Lauren B. Marangell, MD**, Houston, Texas
Update - Affective Disorders - State of the Art
 10:30 AM - 11:30 AM **Lucy J. Puryear, MD**, Houston, Texas
Post-Partum Depression: Recognition, Treatment & Prevention
 11:30 AM - 12:30 PM **Avrim B. Fishkind, MD**, Houston, Texas
Advances in Emergency Psychiatry
 12:30 PM - 2:00 PM **ANNUAL BUSINESS MEETING AND LUNCHEON** Grand Salon
 Plan to join your colleagues on Saturday at the TSPP Annual Business Meeting and Luncheon. The luncheon will feature the election of Officers for 2004-2005. The Foundation Annual Business Meeting will update members on the progress of its charitable activities. Also, APA President Marcia Goin, MD and APA Medical Director James Scully, MD will address the membership.

SCIENTIFIC PROGRAM CONTINUES

2:00 PM - 4:00 PM **Efrain Bleiberg, MD**, Topeka, Kansas
On the Way to Become Borderline and Narcissistic: Development of Severe Personality Disorders in Children and Adolescents
 4:00 PM - 5:00 PM **Resident Paper Competition Winner**
 Lisa Miller, MD, Baylor College of Medicine, Houston
Neural Underpinnings of Fear and Its Modulation: A Review
 5:15 PM - 6:30 PM **EXECUTIVE COUNCIL MEETING** Essex
 6:30 PM **ANNUAL AWARDS BANQUET** Colonnade B
Distinguished Service Award:
 Arthur J. Farley, MD, Houston
 Edgar P. Nace, MD, Dallas
Psychiatric Excellence Award:
 Parviz Malek-Ahmadi, MD, Lubbock

Sunday, November 9

8:30 AM Complimentary Continental Breakfast for Scientific Program Registrants Grand Salon

SCIENTIFIC PROGRAM

8:45 AM **Opening** Grand Salon
 9:00 AM - 10:00 AM **James W. Lomax, MD**, Houston, Texas
Spirituality and Psychiatry
 10:20 AM - 11:20 AM **Graham Emslie, MD**, Dallas, Texas
Child & Adolescent Psychopharmacology of Mood & Anxiety Disorders
 11:20 AM - 12:20 PM **John B. Larrimer, JD**, Dallas, Texas
Use of Physician Extenders in Psychiatric Practice Settings
 12:20 PM - 12:30 PM **Closing**

SCIENTIFIC PROGRAM CONTRIBUTORS

The Texas Society of Psychiatric Physicians is pleased to recognize the following contributors of unrestricted educational grants for the 2003 Annual Convention and Scientific Program:

PLATINUM

- AstraZeneca
- Eli Lilly and Company
- Forest Laboratories
- GlaxoSmithKline
- Texas Foundation for Psychiatric Education and Research
- Wyeth-Ayerst Pharmaceuticals

GOLD

- Abbott Laboratories
- Janssen Pharmaceutica
- McNeil Pharmaceuticals
- Pfizer, Inc.

SILVER

- Bristol Myers Squibb
- Cypress Creek Hospital and West Oaks Hospital
- Novartis
- Solvay Pharmaceuticals, Inc.

Proposed Amendment to CHIP Plan

To fulfill requirements as set forth by the Texas Legislature in 2003, the Health and Human Services Commission developed an amendment to the Texas CHIP Plan and submitted it to the Center for Medicaid and State Operations for consideration and approval this summer. The following letter was subsequently sent to the Federal agency by TSP, TMA and other medical specialties, opposing the proposed amendment. On October 20, HHSC Executive Commissioner Albert Hawkins announced that savings resulting from the consolidation of HHSC agencies will permit the restoration of the mental health benefit in the CHIP Program.

On behalf of the Texas Medical Association, Texas Pediatric Society, Texas Academy of Family Physicians, and Texas Society of Psychiatric Physicians — which collectively represent more than 38,000 physicians — **we are writing to convey our strong opposition to the recently submitted state plan amendment for the Texas CHIP plan.**

Texas, like most states, experienced a substantial budget shortfall during our most recent, regular legislative session. In lieu of generating new revenues, the Legislature opted to reduce its spending on health care funding, particularly Medicaid and CHIP. Reductions in spending were made over the staunch objections of organized medicine, patient advocacy groups, religious organizations, civic groups, and many local employer organizations. Our opposition was multifold: spending cuts will decimate an already sparse physician and provider network; patient access to timely care will erode; and the loss of state and federal matching funds will inordinately increase the health care costs already born by taxpayers, employers, health care providers, and local governments.

While organized medicine believes that all the cuts in funding were imprudent and shortsighted, some are more egregious and myopic than others. **We are particularly distressed by the elimination of comprehensive mental health benefits from the CHIP plan. In a word, the decision to cut these family-preserving and life-saving services is unacceptable!** To some, this characterization may sound shrill or hyperbolic, but given the enormous strides we have made over the past decade in the intervention and treatment of psychiatric illnesses, to eliminate its coverage in CHIP returns treatment to the dark ages of psychiatric health. Organized medicine has worked for more than two decades to integrate mental health treatment into health insurance coverage. Its exclusion from coverage has contributed to the stigmatization of psychiatric illnesses and unnecessary pain, suffering, and lost productivity for millions of patients. **Inclusion of mental health coverage in the original CHIP benefit package acknowledged that treatment of psychiatric illnesses is no less vital than treatment of diabetes, asthma, or other chronic illnesses.** Texas' decision to drop coverage will revitalize old stereotypes about mental illness and reinforce to parents that mental health treatment is less necessary or worthy than treating any other illness.

The proposed amendment to the Texas CHIP plan will allow enrolled children one psychiatric consult/evaluation per enrollment period (every six months) and an additional six visits for medication management. **The proposed schedule of benefits falls well below the standards of care promulgated by the American Academy of Child and Adolescent Psychiatry** (practice parameters available upon request). Emotionally or mentally ill children and adolescents need comprehensive psychosocial and psychopharmacological mental health care. **One evaluation and a prescription is simply inadequate, unethical treatment. An inherent component of effective mental health treatment is counseling, whether the patient requires prescription drug intervention or not.** Moreover, the proposed plan will put psychiatrists and child physicians in considerable legal jeopardy. No physician will accept a new patient knowing from the beginning that he or she cannot provide medically-necessary treatment.

The proposed plan amendment also is completely inconsistent with recommendations from President Bush's New Freedom Commission on Mental Health. The report, released in late July, establishes six goals for improving mental health. Two in particular are noteworthy:

- "Disparities in mental health services [be] eliminated
- Early mental health screening, assessment, and referral to services [become] common practice."

The report goes on to recommend several approaches for early intervention and referrals, specifically stating that the U.S. health care system must:

- **"promote the mental health of young children;**
- improve and expand school mental health programs;
- screen for co-occurring mental and substance use disorders and link with integrated treatment strategies; and screen for mental disorders in primary health care, across the lifespan, and connect to treatment and support."

Exclusion of mental health services will have far reaching and long lasting implications for children and their families. Untreated psychiatric illnesses impair children's academic success and thus future productivity. The medical literature documents extensively the link between untreated mental health problems and juvenile crime, incarceration, and violence. The costs we avoid now will only manifest themselves later at a higher cost to the individual patient and society. In fact, a strong case may be made that the recently-announced national reduction in violent crime, with its resultant reduction in societal costs is in part due to better availability of mental health services for children.

One of the stated reasons the Legislature eliminated mental health from CHIP is that children can obtain care from public mental health clinics. Our anecdotal and quantitative data strongly indicate otherwise: **Fewer than 25 percent of children in need of mental health services are now able to receive care at public facilities. Most children are turned away, only to suffer untreated or to end up in an emergency room or the juvenile justice system after inflicting harm on themselves or others.** It should be noted that the Legislature reduced funding for children's public mental health in 2001 precisely because many of the children who were trying to access the public system were enrolling in CHIP. At the time of CHIP's inception, the program offered meaningful behavioral health coverage. Additionally, prior to 2001, funding for children's public mental health services was stagnant, though the Texas child population increased rapidly. In our most recent legislative session, Texas also revised the criteria by which patients access public mental health services. In essence, children with mild to moderate psychiatric illnesses are not eligible for public services.

We understand that CMS' role is not to be an arbiter in state funding decisions. Yet, we believe CMS has an obligation under the CHIP statute to ensure that the intent of Congress is adhered to. When it enacted CHIP in 1997, Congress intended for state's to seek Secretary approved benefit packages for the sake of improving coverage, not eroding it. **If CMS approves the Texas CHIP plan, it will establish an irreversible precedent for other states to eliminate vital children's health care services in order to achieve short-term fiscal gain.**

We urge you to reject Texas' proposed CHIP plan amendment until and unless it reinstates a meaningful mental health component.

TMHP: New Medicaid Administrator Contractor

Beginning January 1, 2004, claims processing for the fee-for-service Medicaid program will be managed by a new contractor: ACS State Healthcare LLC. The company also currently manages the State's Primary Care Case Management Network, Texas Health Network. ACS, which will do business in Texas under the moniker "Texas Medicaid Healthcare Partnership," or TMHP, will soon be contacting physicians and health care providers with details about the transition. In the meantime, the Health and Human Services Commission has posted an internet link to provide physician offices with current information about the impending changes: www.hhsc.state.tx.us/medicaid/med_tmhp.html

Medicaid Policy Changes

The following is a summary of Medicaid policy changes prepared by the Texas Health and Human Services Commission which resulted from the 78th Texas Legislature in 2003:

- Continues coverage for all children currently

eligible for Medicaid

- Maintains the term of children's coverage (continuous eligibility period) at six months
- Provides that more thorough procedures (such as using information from consumer reporting agencies, appraisal districts, or vehicle registration records) to verify assets may be implemented
- Requires a personal interview for initial eligibility determination if requested by the applicant; otherwise allows a personal interview for initial eligibility determination only if eligibility cannot be determined through mail correspondence
- Requires a personal interview for recertification of eligibility if requested by the recipient; otherwise allows a personal interview to renew coverage if eligibility cannot be determined through a telephone interview or mail correspondence
- Allows establishment of cost-sharing (i.e., co-pays and monthly premiums) based on federal maximum levels
- Requires that adult cash assistance recipients comply with the personal responsibility

agreement to continue to receive Medicaid coverage

- Discontinues coverage for adult pregnant women above 158% of the federal poverty level
- Discontinues coverage for adult clients with incomes above 17% of the federal poverty level (medically needy)
- Allows establishment of prior authorization requirements for high-cost medical services
- Directs the implementation of "disease management" efforts
- Requires that medical assistance be delivered through the most cost-effective method of managed care throughout the state and that guidelines for appropriate usage of out-of-network providers be established
- Directs that a Preferred Drug List (PDL) be implemented, with prior authorization required for prescribed drugs not on PDL
- Allows establishment of four brand-name and 34-day brand-name supply limits for clients previously eligible for unlimited prescriptions (does not affect current three-prescription limits for certain clients)

- Discontinues coverage for certain optional Medicaid services for adults over age 21: eyeglasses, hearing aids, podiatric, chiropractic, and psychological services (from Licensed Psychologists, Licensed Marriage and Family Therapists, Licensed Professional Counselors, and Licensed Masters Social Worker-Advanced Clinical Practitioners)
- Establishes a statutory basis for estate recovery of Medicaid expenditures pursuant to federal requirements
- Discontinues reimbursement of Graduate Medical Education
- Decreases reimbursement rates by 5% for Medicaid acute care providers such as physicians, hospitals, and HMOs (*note: this decrease has been partially restored to a 2.5% decrease*)
- Decreases reimbursement rates by 2.2% to 3.5% for non-acute care providers such as nursing homes, community care providers and ICF-MR providers (*note: these decreases have been partially restored to 1.1% to 1.75% decreases*)



Coding Help Available to Psychiatrists During HIPAA Transition Period

The new HIPAA billing standard required health insurers, hospitals, physicians and claims administrators to use a uniform electronic billing system by October 16, 2003. However, the Centers for Medicare and Medicaid Services (CMS) made two important announcements in September of this year.

- Although the Administrative Simplification portion of HIPAA stipulates the use of ICD-9-CM diagnostic codes in all electronic transactions, CMS has reassured psychiatrists and others that they can continue to use the diagnostic criteria found in DSM-IV to formulate diagnoses. Each of the diagnoses found in DSM-IV have been "crosswalked" to the appropriate ICD-9-CM code. Continued use of the DSM-IV codes for other purposes (e.g., medical records, quality assessment, patient communications, etc.) is perfectly acceptable.
- The agency will accept and process healthcare claims that are not HIPAA compliant after the October 16, 2003 deadline. No new deadline was set when CMS made the announcement on September 23, but CMS officials said they will "regularly reassess the readiness" of providers to determine when providers must come into full compliance.

"You may experience occasional problems in submitting electronic claims during this transition phase," said Becky Yowell, Assistant Director of the Office of Healthcare Systems & Financing (OHSF).

If this happens, please contact the APA via the Office of Healthcare Systems and Financing's Help Line, 1-800-343-4671.

Note: Medicare physicians with fewer than 10 full-time equivalent employees are exempt from meeting HIPAA standards for the electronic submission of claims.

The Center for Medicare and Medicaid Frequently Asked Questions (FAQs)

Question: Can mental health practitioners, agencies, institutions and others still use DSM-IV diagnostic criteria, even though DSM-IV has not been adopted as a HIPAA code set?

Answer: Yes. Adoption of the diagnostic criteria, which are used to establish a diagnosis, is outside the scope of HIPAA. Congress enacted HIPAA for the purpose of standardizing the form and content of certain electronic transactions, and not for the purpose of standardizing the diagnostic criteria applied by clinicians. The basic purpose for adopting code sets under HIPAA is to standardize the "data elements" used in the electronic processing of certain administrative and financial health care transactions. While the patient's diagnosis is a data element used in such transactions, the criteria considered by the clinician in reaching a diagnosis are not. Practitioners are free to use the DSM-IV diagnostic criteria or any other diagnostic guidelines without any HIPAA-related concerns.

Question: In current practice by the

mental health field, many clinicians use the DSM-IV in diagnosing mental disorders. Can these clinicians continue current practice and use the DSM-IV diagnostic criteria?

Answer: Yes. The Introduction to the DSM-IV indicates that the DSM-IV is "fully compatible" with the ICD-9-CM. The reason for this compatibility is that each diagnosis listed in the DSM-IV is "crosswalked" to the appropriate ICD-9-CM code. It is expected that clinicians may continue to base their diagnostic decisions on the DSM-IV criteria, and, if so, to crosswalk those decisions to the appropriate ICD-9-CM codes. In addition, it is still perfectly permissible for providers and others to use the DSM-IV codes, descriptors and diagnostic criteria for other purposes, including medical records, quality assessment, medical review, consultation and patient communications.

Question: The ICD-9-CM includes a glossary with definitions for mental disorders found in Appendix B. Are clinicians required to use these glossary definitions when using the ICD-9-CM codes?

Answer: No. HIPAA does not require clinicians to adhere to the glossary definitions in Appendix B. The ICD-9-CM itself does not require clinicians to adhere to the glossary definitions. With respect to these definitions, the Introduction to the ICD-9-CM states only that Appendix B has been "included as a reference to the user...to further define a

diagnostic statement." This statement suggests that the glossary definitions are advisory only, and not mandatory. While HHS has adopted the ICD-9-CM as a HIPAA code set for diagnosis, it has not mandated the use of the glossary definitions.

Question: Has Medicare announced its contingency plan?

Answer: Yes. On September 23, 2003 CMS announced that it will implement a contingency plan for the Medicare program to accept noncompliant electronic transactions after the October 16, 2003 compliance deadline. This plan will ensure continued processing of claims from thousands of providers who will not be able to meet the deadline and otherwise would have had their Medicare claims rejected. CMS made the decision to implement its contingency plan after reviewing statistics showing unacceptably low numbers of compliant claims being submitted. The contingency plan permits CMS to continue to accept and process claims in the electronic formats now in use, giving providers additional time to complete the testing process. CMS will regularly reassess the readiness of its trading partners to determine how long the contingency plan will remain in effect.

Questions about any of the above? Contact Rebecca Yowell of APA at ryowell@psych.org.

Source: American Psychiatric Association Office of Healthcare Systems and Financing



HEALTH AND HUMAN SERVICES

Transition Legislative Oversight Committee

Pursuant to H.B. 2292, 78th Regular Session, the Health and Human Services Commission has begun the process of planning for the transfer of powers, duties, functions, programs, and activities between health and human services (HHS) agencies with minimal disruption to the delivery of services. The initial planning process has been vested in a Health and Human Services Transition Legislative Oversight Committee. The committee has conducted six public hearings in Fort Worth, Lubbock, Tyler, Harlingen, Houston and El Paso. On October 21, the committee will conduct its final scheduled public hearing in Austin which will be to review the draft transitional plan. The public hearing will be conducted in Room 1400 of the Brown-Headley Building at 4900 North Lamar in Austin beginning at 9:00 am. The committee will eventually provide its transition report to the Executive Commissioner of the Health and Human Services Commission (HHSC) regarding transfers of agencies. The committee will also research, take testimony, and issue reports on issues as requested by the Governor, Lt. Governor, or Speaker, review recommendations for legislation proposed by HHS agencies, and monitor the effectiveness and efficiency of HHS system.

A delegation of TSPM members will meet with Executive Commissioner Albert Hawkins

in late October to review the transition plan and its impact on the delivery of quality psychiatric care to patients.

Following are the appointees to the Health and Human Services Transition Oversight Committee:

LEGISLATIVE MEMBERS

Representative Arlene Wohlgenuth, chair District 58

Burleson, Texas

Representative Arlene Wohlgenuth took office in 1994 and represents District 58. She is a homemaker and has been a flight instructor for 30 years. She serves as chair of the House Appropriations Subcommittee on Health and Human Services. She also serves on the Human Services Committee, the Select Committee on Health Care Expenditures, and as vice-chair of the Calendars Committee. She has been named to the GalleryWatch and Texas Monthly Top Ten Best Legislators List.

Representative John Davis District 129

Clear Lake, Texas

Representative John Davis took office in 1998. He is president and owner of Oates Industries, an industrial roof management and maintenance company. He is currently serving on the House Appropriations

Committee, Subcommittee on Health and Human Services, working in the areas of mental health and mental retardation. Also, he is Chairman of Budget and Oversight for the House State Affairs Committee. House Speaker, Tom Craddick, appointed Representative Davis to serve as State Chairman for the American Legislative Exchange Council (ALEC), the nation's largest bipartisan organization of state legislators.

Senator Jane Nelson District 12 Lewisville, Texas

Senator Jane Nelson took office in 1992 after two successful terms on the State Board of Education. She is a former teacher and is known for her work in education. Senator Nelson serves as chair of the Senate Health and Human Services Committee, the Sunset Advisory Commission and the Senate Workgroup on Education Reform. She was recently elected the Senate's President Pro Tempore, which position involves fulfilling duties of the lieutenant governor in his absence and duties of the governor if both the governor and lieutenant governor are out of state. She is a key lawmaker on health care policy and a strong advocate for Texas patients.

PUBLIC MEMBERS

Mr. Noe Fernandez President-Owner, Dos Rios Textiles Corporation McAllen, Texas

Mr. Noe Fernandez is President-Owner of Dos Rios Textiles Corporation and serves on the Texas State Building and Procurement Commission. He also served for 12 years on the Texas Water Development Board, 11 years as vice-chair, in addition to serving on the Texas Water Resources Finance Authority and as chair of the E-Texas Natural Resources/Environment Group. Mr. Fernandez has also served on the Advisory Board of the Texas Higher Education Coordinating Board, and the Boards of Regents of the Texas State Technical Institute and Pan American University.

Mrs. Chris W. Kyker, LMSW Health and Human Services Consultant Abilene, Texas

Mrs. Kyker is a self-employed organization and development consultant, with an extensive record of public service and community involvement that includes a focus on health and human services. She currently serves as a member of the Advisory Council for the University of Texas School of Social Work. She

continued on page 6

West Texas Chapter Proposes Reorganization

Members of the West Texas Chapter have petitioned TSPP to reconfigure their Chapter into two Chapters to improve functionality and participation by members.

Currently, the West Texas Chapter encompasses 95 counties which include 114 psychiatrists and 54 TSPP members. Psychiatrists are located in 11 counties and TSPP members comprise 47% of market share.

Considering the distribution of members, there is justification for dividing the Chapter into two Chapters. The petition proposes the formation of a Panhandle Chapter and a West Texas Chapter.

The proposed Panhandle Chapter would include the following counties: Armstrong,

Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Cottle, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Foard, Garza, Gray, Hale, Hall, Hansford, Hardeman, Hartley, Haskell, Hemphill, Hockley, Hutchinson, Kent, King, Knox, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Stonewall, Swisher, Terry, Throckmorton, Wheeler, and Yoakum.

The remaining portion of the Chapter, designated as the West Texas Chapter, would include the following counties: Andrews, Borden, Brewster, Brown, Callahan, Coke, Coleman, Concho, Crane, Crockett, Culberson, Dawson, Eastland, Ector, Fisher, Gaines, Glasscock, Howard, Hudspeth, Irion, Jeff Davis, Jones,

Proposed Panhandle Chapter and West Texas Chapter Distribution

Chapter	No. Of Counties	No. Of Psychiatrists	No. Of Members
Panhandle	49	61	35
West Texas	46	53	19

Kimble, Loving, Martin, McCullough, Menard, Midland, Mitchell, Nolan, Pecos, Presidio, Reagan, Reeves, Runnels, Schleicher, Scurry, Shackelford, Sterling, Sutton, Taylor, Terrell, Tom Green, Upton, Ward, and Winkler.

The reorganization of the West Texas Chapter will be considered by the Executive

Council or Executive Committee during TSPPs meetings in Houston at the TSPP Annual Convention on November 7-9, 2003. Any member wishing to oppose the proposed restructuring should send their comments to the TSPP Office prior to the TSPP Annual Convention.



Amendments to TSPP Constitution Approved

Proposed amendments to the TSPP Constitution were submitted to the membership on June 1, 2003 by mail ballot. The recommended changes to the Constitution were approved by the Executive Council on April 21, 2002. The amendments to the TSPP Constitution primarily reflected changes made by APA in their new Bylaws (Article II, Section I and Article III, Section II). Other changes were for style (Article I, Name and Article III, Section I) and reflected a change made in a committee function (Article VII, Section I). The proposed amendments to the TSPP Constitution were unanimously approved by the membership with 162 members casting ballots (13.2% response rate).

AMENDMENTS TO THE TSPP CONSTITUTION

ARTICLE I. NAME

The name of this corporation shall be the

Texas Society of Psychiatric Physicians, a District Branch of the American Psychiatric Association (Society). It was first designated as the Texas District Branch of the American Psychiatric Association in 1963 and was incorporated in that name as a non-profit scientific corporation under the laws of the State of Texas in 1963.

ARTICLE II. OBJECTIVES AND STIPULATION

Section I. Objectives: The objectives of the Society are: (a) to function in cooperation with, and as a constituent part of, the American Psychiatric Association; (b) to assist the American Psychiatric Association in the promotion of its aims and objectives; (c) to promote the common professional interests of its members; (d) to improve the treatment, rehabilitation, and care of the mentally ill, the mentally retarded, and the emotionally disturbed; (e) to advance the standards of all

psychiatric services and facilities; (f) to promote research, professional education in psychiatry and allied fields, and the prevention of psychiatric disabilities; (g) to foster the cooperation of all who are concerned with the medical, psychological, social and legal aspects of mental health and illness; and (h) to make psychiatric knowledge available to other practitioners of medicine, to scientists in other fields of knowledge, and to the public; (i) to promote the best interests of patients and those actively or potentially making use of mental health services; and (j) to advocate for its members.

ARTICLE III. MEMBERS

Section I. Requirements for membership in the Society shall be the same as those for the American Psychiatric Association at the time of application.

Section II. There shall be the following categories of membership: Life Fellows, Fellows, Honorary Fellows, Inactive Fellows, Life Members, General Members, Associate Members, Life Associate Members, Members-in-Training, Distinguished Fellows, Honorary Members, Corresponding Members, Corresponding Fellows, International Fellows, International Members, and Inactive Members, and Medical Student Members as defined in the Bylaws.

ARTICLE VII. COMMITTEES

Section I. There shall be the following Constitutional Committees: Budget, Constitution and Bylaws, Ethics, Fellowship and Awards, Nominating, and Membership, with functions and procedures as defined in the Bylaws or by the Executive Council. Other organizational components of the Society may be established by the Executive Council.



Transition Legislative Oversight Committee

continued from Page 5

has also served as the founding Executive Director of the Texas Department on Aging, prior to which she served as the Director of the West Central Texas Area Agency on Aging and the Abilene Mental Health Association. As a member of the Texas Silver-Haired Legislature she has served as chair of the Human Services Committee. She also serves or has served on numerous public and community boards and committees, including the Alternatives to Guardianship board, HHSC Consumer Task Force and Committee on Texas Long Term Care Access, the board of World Wide Youth Camps, and the board of Abilene Meals on Wheels Plus. Her contributions include service on various boards and councils of Abilene Christian University, from which she received her undergraduate and graduate degrees and where she served as a Speech and Theatre Director and lecturer. She has been actively involved in leadership roles in various professional associations and has received numerous public service awards.

The Honorable Kenn S. George Self-employed, Investments/Ranching Dallas, Texas

Kenn George is a former two-term State Representative from District 108 in Dallas. Previously, he has served as a general partner in River Acquisitions, a commercial real estate corporation; past chairman and CEO of

Ameristat, Inc., one of the largest private ambulance providers in Texas; and past chairman and CEO of EPIC Healthcare Group. He was appointed Assistant Secretary of the U.S. and Foreign Commercial Service of the International Trade Administration at the U.S. Department of Commerce by President Reagan. Mr. George has served on the boards of the Dallas County Hospital District, Dallas Area Rapid Transit and the Texas Youth Commission, and is an active participant in the Boy Scouts of America, where he has three sons who are Eagle Scouts.

EX-OFFICIO MEMBER

**Albert Hawkins
Executive Commissioner
Health and Human Services Commission
Austin, Texas**

Hawkins is the chief executive responsible for leading and guiding the operations of 12 health and human services agencies in Texas. Prior to his appointment by the governor as HHSC commissioner, Hawkins' career included the following positions: Assistant to President George W. Bush and Secretary to the Cabinet, Deputy Campaign Manager for the Bush-Cheney Presidential Campaign, State Budget Director for Governor Bush, and Deputy Director of the Texas Legislative Budget Board. Hawkins holds a Master of Public Affairs and a Bachelor of Arts from the University of Texas at Austin.



MEMBERSHIP CHANGES

NEW MEMBERS

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

MEMBER IN TRAINING

Adams, Marie, MD	Gracia, Edgar, MD	Nguyen, Diane, MD
Anupindi, Renu, MD	Hayat, Jabeen, MD	Peterson, Aaron, DO
Bonilla, Carolina, MD	Herron, Jennifer, MD	Reddy, Prasad, MD
Chen, Ashley, MD	Howell, Theresa, MD	Scott, Nakia, MD
Clarke, Tamla, MD	Lammers, Jeffrey, MD	Torres-Collazo, Victor, MD
Colon, Leslie, MD	Lederer, Benjamin, MD	Torres-Roca, Iliana, MD
Deuter, Melissa, MD	Livingston, Lyudmila, MD	Turay, Lynette, MD
Dev, Deepak, MD	Lopez-Roca, Argelio, MD	Walsh, Catherine, MD
Djokovic, Marija, MD	Martin, Andrew, MD	Ybarra, Christie, MD
Gotanco, Lucille, MD	Moore, Jolene, MD	

GENERAL MEMBER

Giray, Nilgun, MD	Montes, Jose, MD	Rodriguez, Angel, MD
Hogan, Marguerite, MD	Rodarte, Sergio, MD	

MIT Advancement to General Member

Azatian, Ashot, MD	Higgins, Napoleon, MD	Moeller, Mark, MD
Cherry, Judith, DO	Hogan, Marguerite, MD	Olsen, Jerry, MD
Cormack, Trina, MD	Lee, Shayna, MD	Parikh, Bhavin, MD
Dimitrov, Dimitre, MD	Lopez-Lira, Thelma, MD	Poa, Edward, MD
Diptee-Rodrigues, Jeevan, MD	Martinez, Melisa, MD	Shiekh, Michael, MD
Falcon, Laura, MD	Martinez, Octavio, MD	Siddique, Haroon, MD
Hasan, Syed, MD	Micheletto, Stacia, MD	Sweeney, Maria, MD

TRANSFERS FROM OTHER DISTRICT BRANCHES

Ibarra, Segundo, MD, Arkansas
Ostermeyer, Britta, MD, New York
Tamminga, Carol, MD, Washington

Annual Campaign 2003

An Opportunity to Participate

Have you made your annual contribution to the Texas Foundation for Psychiatric Education and Research (TFPER)? If not, the members of the Foundation's Development Board and Board of Directors encourage your participation and support. "I am pleased to announce that the Foundation launched its eleventh Annual Campaign... **Annual Campaign 2003** ..on October 1," said Grace Jameson, MD, Chairman of the Foundation's Board. "We are grateful for the growing number of TSPP members who have supported the work of the Foundation through their charitable giving and we are optimistic that this will be our most successful Campaign to date. The Foundation affords psychiatrists and mental health advocates an opportunity to direct their charitable giving to programs and activities that will support public and professional education, encourage research to improve treatment of mental illnesses, and fight stigma that prevents many people from seeking treatment."

Since 1993 when the Foundation first started accepting charitable contributions, the Foundation has received a total of \$233,224 from 1,019 donations. "TSPP

members have provided the nucleus of our support in the past," said Dr. Jameson.

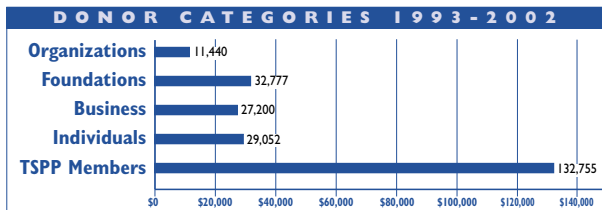
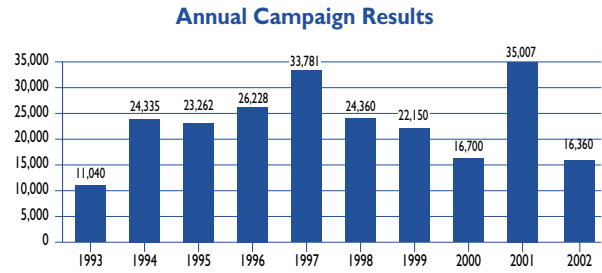
According to Dr. Jameson, TSPP members have accounted for about 57% of funds contributed to the Foundation.

"All members of TSPP are members of the Foundation, but unlike many other membership foundations, TFPER does not assess members dues. Instead, our Board made the decision to encourage members to contribute to the Foundation voluntarily," added Dr. Jameson. The Foundation has only one fund-raising function each year, an Annual Campaign that is conducted from October through December.

"Because TSPP has been generous in providing staff and resources to the Foundation, virtually 100% of a donor's gift may be allocated to programs supported by the Foundation," said Dr. Jameson. "This administrative support has given our Foundation the opportunity to become financially viable in a relatively short period of time."

The Foundation has awarded 66 grants amounting to \$84,450 allocated as follows:

Purpose	Number	Amount
Public Education/Advocacy	58	\$47,700
Professional Education	6	\$29,750
Research	2	\$7,000



Each TSPP member will receive a mailing in October about Annual Campaign 2003. The emphasis of Annual Campaign 2003 is to encourage unrestricted donations to enable the Foundation to support three areas of

interest: ending stigma and discrimination; ensuring access to quality psychiatric care; and, improving treatment through research.

TSPP was instrumental in founding the Foundation as a non-profit organization in December 1991. The Internal Revenue Service subsequently recognized the Foundation as a 501(c)(3) organization which entitles donations to be deducted from income taxes to the full extent of the law. The Foundation is independently governed by a Board of Directors, twelve of whom are elected by the membership. The balance of the Board is composed of persons who hold leadership positions in organized psychiatry and in mental illness advocacy organizations.

The structure of the Foundation also includes a Development Board which is charged with identifying programs to support and directing fund-raising activities.

Please help to make Annual Campaign 2003 our best campaign. Please donate as generously as you can. Your participation is important and we hope will be rewarding.



TEXAS FOUNDATION FOR PSYCHIATRIC EDUCATION AND RESEARCH
ANNUAL FUND 2003

I am pleased to support the Foundation with a contribution of:

\$50 \$100 \$250 \$500 \$1000 \$ _____

I am pleased to commit a pledge of:

\$ _____ payable over the period of _____

DONOR INFORMATION

Name _____

Address _____

Telephone () _____

Contact me about a PLANNED GIFT.

Special Instructions/Requests: _____

Please make your check payable to "Texas Foundation for Psychiatric Education and Research"
401 West 15th Street, Suite 675, Austin, Texas 78701.
Your contribution is tax deductible to the full extent of the law. Thank you for your support!

Candidates for Foundation Board Announced

Elections to be Conducted at Annual Meeting

The Nominating Committee of the Texas Foundation for Psychiatric Education and Research, composed of Clay Sawyer, MD, Chair, Art Farley, MD and Larry Tripp, MD submit the following slate of candidates for positions on the Board of Directors:

Four Three Year Terms (May 2004-May 2007)

- ★ Grace Jameson, MD, Galveston, to be re-appointed to another 3 year term.
- ★ Linda Rhodes, MD, San Antonio, to be re-appointed to another 3 year term.
- ★ Larry Tripp, MD, Dallas, to be re-appointed to another 3 year term.
- ★ Paul Wick, MD, Tyler, to be re-appointed to another 3 year term.

Elections for these positions will be conducted at the Foundation Annual Membership Meeting at the Omni Hotel in Houston on November 8, 2003 during the TSPP/ Foundation Annual Business Meeting. Foundation members, which include all TSPP members in good standing, may submit names of candidates for the position of Foundation Director by submitting a petition signed by at least 20 members. Nominations may also be entertained from the floor during the Annual Membership Meeting. If there is a contested election, the election will be conducted by mail ballot in accordance with the Bylaws of the Foundation. Otherwise, the election will be conducted at the Annual Membership Meeting.

The Foundation's Board of Directors are

charged with supervising, managing and controlling all of the policies, activities and affairs of the Foundation. There may be as many as 21 individuals holding a position of Director. There are two classes of Directors. Designated Directors are persons serving on the Board by virtue of positions they may hold in organized medicine or among mental health advocacy organizations (ie President-Elect of TSPP, Secretary-Treasurer of TSPP, Immediate Past President of TSPP, President of the Development Board, President of the TSPP Auxiliary, President of the NAMI Texas, Chairman of the Mental Health Association in Texas, President of the Texas Depressive and Manic-Depressive Association, Chair of the TSPP Public Affairs Committee and Chair of the TMA Committee on Psychiatric Health Care and Mental Retardation). There are

currently 7 Designated Directors.

In addition to Designated Directors, the Board is composed 12 Elected Directors. Elected Directors are elected by the membership of the Foundation to serve three year terms on the Board. At least 3 Elected Directors must be past Presidents of TSPP.

Current Elected Directors include Charles Bowden, MD, David Briones, MD, Arthur Farley, MD, Tracy Gordy, MD, Grace Jameson, MD, Shirley F. Marks, MD, Conway L. McDonald, MD, Mohsen Mirabi, MD, Edward Reilly, MD, Linda Rhodes, MD, Larry Tripp, MD, and Paul Wick, MD. Designated Directors currently are Linda Groom, Gary L. Etter, MD, Miriam Feaster, Jerry Grammer, PhD, R. Sanford Kiser, MD, and J. Clay Sawyer, MD.



Proposition 12 Passes

On Saturday, September 13, 2003, the voters of Texas approved Proposition 12 by the slim margin of 51% to 49%. Voter turnout was 12%. Proposition 12 will amend the Texas Constitution to allow the Texas Legislature to establish limits on non-economic damages for medical malpractice cases. The passage of Proposition 12 was a major hurdle in achieving malpractice reform in Texas, although it is highly probable that it

will be tested in the courts to determine if it is constitutional.

During the regular session that ended on June 2, the Legislature passed HB 4, the tort reform bill that limits pain and suffering awards in medical malpractice cases to a total of \$750,000. The cap breaks down to a maximum of \$250,000 from a physician, \$250,000 from a health care institution or hospital, and \$250,000 from a nursing home. Proposition

12 authorizes the Texas Legislature to establish these caps.

The passage of Proposition 12, encouraged by TSPP, TMA and other healthcare organizations, was supported by Governor Perry. Just an hour and a half after the polls closed, Governor Perry said: "Proposition 12 will indeed preserve access to quality healthcare and make it more affordable in the state. Our clinics, our hospitals, not only will remain

open, but they'll be vibrant. Healthcare providers will be able to provide much needed care."

Supporters of Proposition 12 believe that capping non-economic damages will help curb escalating malpractice premiums which have adversely impacted the practices of psychiatrists and other physicians.



Political Action...

A contribution from the APA Political Action Committee is conveyed by Stephen Sonnenberg, MD (Austin) to Congressman Lloyd Doggett (District 10) of Austin.



Gary Etter, MD (left) of Fort Worth presents a contribution from the APA Political Action Committee to Congressman Michael Burgess (District 26) of Lewisville.

CALENDAR OF MEETINGS

OCTOBER

- 20-21 **TXMHMR Mental Health Transformation Summit**
Palmer Events Center
Austin, TX
- 29 **39th Annual Conference of the Learning Disabilities Association of Texas**
Renaissance Austin Hotel
Austin, TX
Contact: 512/458-8234 or 800/604-7500
- 29 **55th Institute on Psychiatric Services**
Marriott Copley Place Hotel
Boston, MA
Contact: 703/907-7815

NOVEMBER

- 7-9 **TSPP Annual Convention and Scientific Program**
Omni Hotel, Four Riverway, Houston, TX
- 7 TSPP Committee Meetings
Convention Welcome Reception
- 8 TSPP Scientific Program, "Psychiatry Today"
TSPP and TPER Annual Meetings
TSPP Awards Banquet
- 9 TSPP Scientific Program, "Psychiatry Today"

APRIL 2004

- 3 **TSPP Committee Meetings**
Hilton Austin Hotel
Austin, TX
- 4 **TSPP Executive Council Meeting**
Hilton Austin Hotel
Austin, TX



TSPP MEMBER INFORMATION UPDATE

NAME _____			
ADDRESS _____			
CITY ()	()	STATE	ZIP
TELEPHONE	FAX	E-MAIL	

Send your update information to:

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS
401 West 15th Street, Suite 675
Austin, Texas 78701
512/478-5223 (fax)/TSPPofc@aol.com (E-mail)

The TSPP NEWSLETTER is published 5 times a year for its membership in February, April, June, August, and October. **Members are encouraged to submit articles for possible publication.** Deadline for submitting copy to the TSPP Executive Office is the first day of the publication month.

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

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