

Texas Psychiatrist



Texas Legislative Update: Interim Hearings, Statewide Races, and the Road to the 90th Session

Eric Woomer, Federation of Texas Psychiatry Public Policy Consultant



Eric Woomer

As the 90th Texas Legislature approaches, the Legislature has been consumed this summer by interim committee hearings, a marquee tech settlement, and a slate of unusually competitive statewide races that will shape health policy for years to come. Here is what Federation of Texas Psychiatry members need to know from the past several months.

Meta’s \$1 Billion Settlement With Texas

On August 26, Attorney General Ken Paxton announced that Meta will pay more than \$1 billion to Texas to resolve a state lawsuit over child safety practices on Facebook and Instagram — the second billion-dollar settlement Paxton’s office has secured from the company, following a 2024 biometric-data settlement of \$1.4 billion. Under the agreement, Meta will impose stricter age-verification measures, a two-hour daily time limit for teen accounts, default-disabled notifications during school hours, and a new night-time restriction mode. Paxton’s office says settlement funds will support youth mental health services, crisis resources, digital literacy initiatives, and after-school programming. The settlement follows a similar but unrelated \$17 billion multistate deal Meta reached with 33 other states; Texas was not a party to that agreement.

Statewide Races: A Tighter-Than-Usual Cycle

With early voting beginning October 19, four statewide races are drawing unusually competitive polling for a state that hasn’t elected a Democrat to statewide office since 1994.

- **U.S. Senate:** Attorney General Ken Paxton, who unseated four-term incumbent John Cornyn in a bruising May 26 runoff, faces Democratic state Rep. James Talarico in November. Public polling since the primary has swung between a narrow Paxton lead and a narrow Talarico lead, with most surveys landing within the margin of error — but Talarico is well positioned to capitalize on a struggling economy and a challenging national political landscape for Republicans.
- **Governor:** Gov. Greg Abbott is seeking a fourth term against Democratic state Rep. Gina Hinojosa. Abbott holds a mid-single-digit lead in most nonpartisan polling (roughly 45–49% to Hinojosa’s 40–44%), though several polls this summer have

Important Election Dates	
Last Day to Register to Vote	Monday, October 5, 2026
First Day of Early Voting by Personal Appearance	Monday, October 19, 2026
Last Day to Apply for Ballot by Mail (Received, not Postmarked)	Friday, October 23, 2026
Last Day of Early Voting by Personal Appearance	Friday, October 30, 2026
Last Day to Receive Ballot by Mail	Tuesday, November 3, 2026
*Ballots postmarked by 7:00 pm on Election Day are accepted until 5:00 pm on Wednesday, November 4. Overseas and military deadlines differ.	
*Election Day at 7:00 pm	

- shown the margin narrowing to within a point or two, and the Cook Political Report recently moved the race from Solid to Likely Republican.
- **Lieutenant Governor:** Incumbent Dan Patrick leads Democratic state Rep. Vikki Goodwin in most public polling, generally by about 5 points (46%–41%), though at least one late-July survey showed Goodwin narrowly ahead as her name recognition grows.
 - **Attorney General:** With Paxton vacating the office to run for Senate, Republican state Sen. Mayes Middleton faces Democratic state Sen. Nathan Johnson in an open-seat race that the most recent public polling shows within five points, with roughly one-fifth of voters still undecided.

Sunset Commission: HHSC and DSHS Under Review

Both the Health and Human Services Commission and the Department of State Health Services are undergoing full Sunset review ahead of the 90th Legislature, a process running from September 2025 through December 2026. Sunset staff reports on HHSC, along with reports on the Texas Council for Developmental Disabilities and the Governor’s Committee on People with Disabilities, are expected to be released publicly by early October. Public hearings on those staff reports and overall agency performance are scheduled for November 18–19, 2026. HHSC is technically subject to abolishment in this review cycle, though a full restructuring is considered unlikely; the more probable but just as consequential outcome will be the statutory recommendations the Commission adopts for the Legislature’s consideration in a Sunset bill next session.

H-E-B Pharmacy Controlled-Substance Directive

H-E-B Pharmacy has adopted an internal directive requiring an annual in-person or telemedicine evaluation by the prescribing physician before dispensing Schedule II controlled substances — a standard that reaches beyond current Texas and federal

telemedicine flexibilities for controlled-substance prescribing. The Federation and allied medical associations have raised concerns that a pharmacy-specific evaluation requirement could restrict access to care for patients receiving stable, ongoing psychiatric treatment via telemedicine, particularly in underserved areas, as well as introduce corporate-practice-of-medicine concerns by effectively dictating clinical evaluation frequency and creating inconsistency if other pharmacy chains adopt differing standards absent statewide uniformity. We are working with various stakeholders seeking clarification ahead of the 90th session.

Other Recent Hearings Touching Mental Health

Several legislative panels have taken up mental health-related topics this summer. The Senate Committee on Health and Human Services held hearings in early July examining how local mental health authorities allocate scarce resources across Texas’s 254 counties, with testimony highlighting wide disparities in law enforcement mental health training and rural access to crisis services. The Senate Committee on Criminal Justice examined the intersection of untreated mental illness and the criminal justice system in early May, including how county jails have become a default placement for individuals in crisis. On the House side, the Intergovernmental Affairs Committee held an extensive hearing in late June on mental health, homelessness, and the criminal legal system, drawing testimony from NAMI Texas on gaps in the state’s continuum of care. The Senate Select Committee on Veteran Affairs met August 26 to review the transition of veteran mental health programs under HB 114.

House Select Committee on Health Care Affordability

The new Select Committee on Health Care Affordability, chaired by Rep. James Frank, held its most recent hearing on September 1, focused on delivery-system reforms and emerging financing models to reduce health care costs. The hearing built on an earlier two-day session in late April and early May that examined hospital and drug pricing, and a subsequent hearing that scrutinized

how insurers contribute to rising premiums. September’s hearing turned attention to third-party administrator transparency in self-funded health plans, with testimony alleging that some administrators obscure fee structures from the employers who hire them. The committee is expected to meet at least once more before issuing a final report ahead of the 90th session.

House Public Health Committee: Social Media, AI, and Youth Mental Health

The House Committee on Public Health, chaired by Rep. Gary VanDeaver, devoted much of its August 20 interim hearing to the effects of social media and artificial intelligence on adolescent mental health. Dr. Daniel Flint, a pediatric psychologist at Texas Children’s Hospital, told lawmakers that teenagers routinely and significantly underestimate their own screen time. Testimony throughout the day emphasized AI’s potential to help identify at-risk youth earlier, while witnesses cautioned that any AI-assisted mental health tools must remain clinician-directed rather than autonomous, from development through deployment.

The committee also considered proposals to require and reimburse postpartum depression screenings during well-child visits and heard testimony on infant mortality prevention strategies. Separately, the committee formally established a new Subcommittee on Maternal Health, Menopause, and Access to Evidence-Based Medicine, chaired by Rep. Katrina Pierson, signaling continued legislative interest in women’s hormonal health policy heading into 2027.

Looking Ahead
With Sunset hearings, interim charge deadlines, and a contested statewide election all converging this fall, the coming months will set much of the agenda for the 90th Legislature when it convenes in January 2027. We will continue monitoring these developments and will provide additional updates as the interim session progresses. Thank you for allowing us to be your representatives in Austin. ■

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“Risk Management Considerations with Supervisory and Consultative Relationships”

CME WEBINAR
November 19, 6:00-7:00pm
www.txpsych.org/tapwebinar-nov2026



TSPP 70th Annual Convention and Scientific Program

November 5-8, 2026 • Houston, TX
Register Online:
www.txpsych.org/2026-tspp-annual-convention



The Federation of Texas Psychiatry has furthered our mission to serve as a United Voice for Psychiatry on social media! Follow us on Twitter @FedTXPsych; Facebook, Instagram and LinkedIn



When Tragedy Shapes the Narrative: Psychiatry, Media, and Public Perception

Derek Neal, MD, President, Texas Society of Psychiatric Physicians

Like many of you, I first heard about the Lindsay Clancy case back in 2023 when the tragedy occurred. The fact that a mother of three had murdered her children and then tried to commit suicide understandably impacted people across the country. The initial discussions surrounding postpartum psychosis, the inadequacies of the healthcare system, disclosure of other people's similar experiences and shaping of the narrative of Lindsay Clancy as victim or villain began to take shape. Her trial, which began in late July of this year and recently concluded in a mistrial, has reignited these emotionally charged national discussions.

Unfortunately, this is not the first case of mental illness being associated with an unspeakably violent tragedy. I am writing this article on the anniversary of the Camden "Walk of Death," where Howard Unruh shot sixteen people, killing thirteen, and was subsequently diagnosed with dementia praecox, with his paranoia subsequently deemed central to his violent behaviors (he was found not guilty by reason of insanity with commitment until his death in 2009). The template of the "lone mass shooter" and awareness of the mental health needs of veterans developed alongside this event. The Andrea Yates case is now twenty-five years old, and although the facts of the case were obviously different from the Clancy case, similar themes were present and a similar national discourse ensued during that proceeding (Yates was found guilty in 2002, but the conviction was overturned in 2005 and she was found not guilty by reason of insanity in 2006 and currently remains committed). The old journalistic maxim of "if it bleeds, it leads" seems to still be alive and well, often associating mental illness with violence and death, with comparatively fewer examples of positive outcomes.

It is not only reality that can influence the public's perception of mental illness, the healthcare system, and medical providers but also the fictional world of media such as movies and TV. For years, media has influenced the public perception around mental illness and has influenced decision makers. Recent depictions of peri-

natal mental health include Elizabeth Sankey's *Witches* (2024), where women's mental health struggles are connected to accusations of witchcraft. A *Mouthful of Air* (2021), based on the 2003 novel of the same name, depicts Amanda Seyfried struggling with postpartum depression and anxiety and surviving a suicide attempt, an honest effort to confront the realities of perinatal mental health struggles. There are also more extreme examples, such as *Baby Blues* (2008), where a psychotic mother murders her children in typical slasher style (loosely based on the Yates case). Although difficult to watch at times, it is helpful to remind ourselves that these products are likely not maliciously intended to undermine our efforts to support our patients, but rather to provide entertainment and are more likely born of ignorance to the collateral damage that can follow.

So why should we as psychiatrists be concerned with any of this? Hopefully, we are interested in the opinions of our patients because those opinions can significantly influence the patient's expectations of treatment along with their willingness to engage in that treatment. Personally, I have had the experience of patients directly referencing movies such as *One Flew Over the Cuckoo's Nest* as a reason they preferred not to seek inpatient treatment.

As experts in the field, we may shake our head at such references, but it is important to remember that we have been exposed to vastly advanced levels of education and experience in mental illness compared to the public. This places us at risk of forgetting how much the public does not know about these issues. These malleable opinions can then be shaped by whatever information is available, be it social media comments, movies and TV portrayals, or online arm-chair experts. Ultimately, as has been seen in the past, these opinions can then significantly shape policy discussions. If organizations like TSPP do not help counter misinformation and bias, our patients are at risk of experiencing additional avenues of vulnerability and suffering.

Looking at the situation more optimistically, these sources of media can also func-

tion to assist young learners to understand accurate vs. misleading or biased representations of illness and treatment. If you are in the position of educating healthcare providers, I would encourage you to explore that potential. Powerful discussions can be facilitated from the material, and I have found that most learners enjoy talking about movies. My personal goal with medical students is to help them develop a sharpened discernment towards media depictions of mental illness and to encourage them to utilize it whenever they encounter mental health in the media going forward.

Subsequent high-profile outcomes also have the potential to raise awareness and support for innovative change. Texas has generously given support through the Texas Child Mental Health Care Consortium (TCMHCC) as the implications of maternal mental health for the development and well-being of the baby have become clearer. The Perinatal Psychiatry Access Network (PeriPAN) is one example of these innovations – placing psychiatry at the front lines of health care with both curbside and direct consultations to obstetric practices while also offering a variety of educational material. Organizations like Postpartum Support International (PSI) offer free resources and other forms of support to patients. Continued advocacy for initiatives like PeriPAN and PSI will be critical if we are to meet the needs of mothers across the state.

Going forward, we are going to have to accept the fact that maternal mental health conditions are the most common complications of pregnancy and childbirth. The expectation of the self-sacrificing mother, to the detriment of her own health, needs to change. We need to recognize that research is lacking, resources are lacking, and continued education and advocacy are paramount. Time will tell on how we respond to tragedies like the Clancy case. Will we vilify or empathize with the patient? Will this help fight stigma or will mothers be even more reticent to ask for help? Will the opportunity to increase our understanding of these complex issues be drowned out in conspiracy narratives and

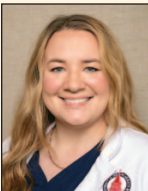


Derek Neal, MD

Congratulations to the newly elected TSPP RFM Committee Chairs



Tope Adedolapo, MD



Kaitlyn Thompson, DO

Thank you to our outgoing chairs for their excellent service:

Hayley Lange, DO, MPH, MS
Max Galvan, MD
Lydia Kong, MD

misinformation? Will this conversation fade into the background as the case concludes and the news cycle churns on?

The reach of media is greater than at any previous point in human history. It affects us as psychiatrists as well, and we are already seeing providers declining care for these patients. At the same time, PSI has noted an increase in patients reaching out for help, often retraumatized by what they are seeing in the news. It is incumbent upon us in the mental health field to educate ourselves not only with the conditions themselves but also with what may be influencing our patient's thoughts, emotions, and behaviors. Mental health and psychiatry have long been the subjects of misunderstanding, misrepresentation, and stigma but we can all help support change, one positive interaction at a time. ■

Looking Ahead

Don't forget to register for our annual meeting!

TSPP 70th Annual Convention and Scientific Program

*"Modern Psychiatry:
New Technologies, New Treatments"*

November 5-8, 2026

JW Marriott Houston by the Galleria
5150 Westheimer Road, Houston, TX 77056

New CME Reporting Requirement Begins September 1, TSPP Will Report Your Annual Meeting Credits for You

Beginning September 1, 2026, the Texas Medical Board will require physicians to track their continuing medical education through CE Broker. Physicians renewing on or after that date will not be able to complete their renewal unless the Board can verify their CME compliance through CE Broker. The core biennial CME requirement has not changed. Physicians generally must complete 48 credits every 24 months, with at least 24 hours in formal Category 1 or 1A courses, including two hours in medical ethics and/or professional responsibility. What is changing is how compliance is verified. TMB will use CE Broker exclusively and will not be able to verify credits reported through another platform. A Basic

CE Broker account is available at no cost to TMB licensees.

TSPP has established a provider account with CE Broker, and we will report CME earned at the TSPP Annual Meeting this November directly to CE Broker on behalf of attending physicians. TSPP will use each physician's Texas medical license number to report those credits. Physicians should still establish their own free CE Broker account well before their next renewal, as TMB requires an active account and verification of CME compliance through the system before renewal can be completed.

Several additional CME requirements have also changed. Physicians who provide direct patient care must complete at least

one hour of approved human trafficking prevention CME during their first renewal period after licensure and every third renewal period thereafter, or approximately every six years. The two-hour pain management and opioid prescribing requirement applies within the first year after licensure, again as part of the second renewal, and every eight years thereafter for physicians providing direct patient care.

A separate forensic evidence collection requirement applies to physicians whose practice includes treating patients in emergency room settings, including certain physicians working in ER or urgent-care settings. It is based on the physician's practice setting rather than psychiatry or

another specialty alone. TMB has indicated that implementation will begin with physicians whose licenses expire February 28, 2027, because approved courses were not yet available for earlier renewal dates.

Finally, Senate Bill 25 established a new nutrition and metabolic health CME requirement. TMB has now adopted implementing rules requiring physicians to complete one hour of CME in nutrition and metabolic health. The requirement applies to license renewal applications filed on or after January 1, 2027.

If you have questions about your CE Broker account or about the credits TSPP will report on your behalf, please contact the Federation office. ■



A September to Remember

Lisa Falls, MD, President, Texas Society of Child and Adolescent Psychiatry

It's fall y'all...meteorological fall that is! It runs from September 1 through November 30, which also happens to coincide with one of Texas's two wildfire seasons AND the peak of hurricane season! Most of us can probably agree that it doesn't feel like fall across much of our great state. Temperatures have soared past 100 degrees in many parts of the state. And unfortunately, on August 24th, the Ross Fire in North Texas started and is only 57% contained, becoming the largest fire in Texas this year and the state's 15th largest on record. On the opposite end of the spectrum, Tropical Storm Edouard dumped anywhere from 1 inch to more than 20 inches of rain on parts of Texas, with central-east Texas being hit the hardest. From your TSCAP organization, we express our heartfelt sorrow for the hardship experienced by those who were in the path of these disasters. The following is a link to the American Red Cross for disaster assistance: <https://www.redcross.org/get-help/disaster-relief-and-recovery-services.html>.

Our TSCAP website also has additional resources. Your TSCAP Disaster and Trauma Committee is available to help where possible. Please do not hesitate to contact us if the need arises.

I would be remiss if I didn't mention that the month of September is also National Suicide Prevention Month. Though individuals ages 10-24 only account for 13% of the total number of suicides across all ages, sui-

cide is the second leading cause of death in this age group and Texas ranks 25th in the nation for teen suicides. Youth suicides can be preventable. As a CPAN team member, I encourage you all to spread the word about SAFETY-A training to our primary care colleagues. This evidence based, family centered assessment and management of suicide risk comes with free CME credits. See the following link for additional resources: https://www.aacap.org/AACAP/AACAP/Families_and_Youth/Resource_Centers/Suicide_Resource_Center/Home.aspx

Lastly, twenty-five years ago, on 9/11/01, 19 suicides changed our country forever. Thousands of Americans suffered loss of life at the hands of these 19 individuals, and many have suffered and continue to die from exposure to the subsequent toxic debris caused by these attacks. Perhaps some reading this article had not been born or are too young to remember the horrors of that day. For the rest of us, we can all likely remember what you were doing at the exact moment you received the news about one of our nation's most devastating tragedies. Yet, in the face of that tragedy, Americans united, supported and comforted one another. Fast forward twenty-five years...though we continue to face ever-growing threats from outside, what is most disheartening is the division, animosity and threats that we face from within. While I was attending AACAP's annual meeting held in New York in 2023, I was for-

tunate to be able to take a tour that included a visit to the National September 11 Memorial & Museum. It was a beautiful fall day with a slight chill in the air. I will never forget the somewhat unexpected, intense mix of emotions that surfaced after so many years having passed...sadness as I looked upon the faces of those who had lost their lives... thoughts of the agony that their children, families, and loved ones must have felt on that dreadful day. Yet, there was also an overwhelming warmth in my heart as I looked at the faces of the brave men and women who sacrificed their lives to save the lives of others. May we never forget the horrors or heroism of that day. How will you observe Patriot Day (9/11, not to be confused with Patriot's Day held on the third Monday in April)? Please visit <https://www.911memorial.org/plan-your-own-911-anniversary-observance> for suggestions, as well as helpful tips on how to talk to children about terrorism. I would like to close with a few poignant quotes from the President of the United States at the time of the attack, the President who was to follow, a former mayor of New York City, and the loved one of a victim.

"Time is passing. Yet, for the United States of America, there will be no forgetting September the 11th. We will remember every rescuer who died in honor. We will remember every family that lives in grief. We will remember the fire and ash, the last phone



Lisa Falls, MD

calls, the funerals of the children. Now, we have inscribed a new memory alongside those others. It's a memory of tragedy and shock, of loss and mourning. But not only of loss and mourning. It's also a memory of bravery and self-sacrifice, and the love that lays down its life for a friend even a friend whose name it never knew." — George W. Bush

"Even the smallest act of service, the simplest act of kindness, is a way to honor those we lost, a way to reclaim that spirit of unity that followed 9/11." — Barack Obama

"Ten years have passed since a perfect blue sky morning turned into the blackest of nights. Since then we've lived in sunshine and in shadow, and although we can never unsee what happened here, we can also see that children who lost their parents have grown into young adults, grandchildren have been born and good works and public service have taken root to honor those we loved and lost." — Michael Bloomberg

"If we learn nothing else from this tragedy, we learn that life is short and there is no time for hate." — Sandy Dahl, wife of Flight 93 pilot Jason Dahl ■



Come Together, Serve Together

Mary Zuelzer-Arambula, MD, President of the Texas Academy of Psychiatry

As I watched the 25th anniversary commemoration of 9/11, I was moved by personal accounts of the profound loss so many endured that day, as well as stories of people who embraced the privilege and responsibility of serving a purpose greater than themselves. That enduring sense of commitment continues to inspire people to support others in meaningful ways — and it is in that spirit of service, connection, and shared purpose that I invite you to join the fall Texas Society of Psychiatric Physicians meeting.

From November 5–8, the TSPP will meet at the JW Marriott by the Galleria in Houston. On Friday, November 6th, from 2:30 to 3:30 pm, the Texas Academy of Psychiatry will have our annual program. This fall we are pleased to announce Teva Medical Affairs will speak about the LAI Uzedy. All meeting registrants are invited to attend.

As a reminder, TAP is focused on improving psychiatric healthcare throughout Texas. TAP advances this mission by bringing together professionals who recognize needs across our state and voice their perspectives. Sharing your expertise and concerns supports fellow colleagues, while advocating for our profession. You can make a meaningful difference in advancing mental health care across Texas.

The conference offers an excellent opportunity to reconnect with peers, build new professional relationships, earn CME (the scientific program looks terrific!) and enjoy the camaraderie of our psychiatric community. Medical students and residents may attend at no charge if their PD attends, and those established in their careers are warmly encouraged to join as well.

And I encourage you to consider the positive impact on your own mental health.

MEMBERSHIP DUES

**Member-In-Training/
Medical Student** – \$0;

General – 1st yr \$250, then \$450

Early Career – \$150-\$360

Fellow – 1st yr \$250, then \$450

Retired – 1st yr \$95, then \$150;

Associate – \$50

Military – \$225

Telepsychiatry – \$225

Attending these meetings for decades, I continue to return to my practice with useful clinical knowledge, helpful networking, renewed energy, and great appreciation for time spent with colleagues and friends. Please join us and see what difference you can make for others as well as yourself.

The Texas Academy of Psychiatry was



Mary Zuelzer-Arambula, MD

formed in 2004 to provide additional membership options for Texas psychiatrists. Becoming a member of the Academy does not require the mandated dual membership of APA/TSPP. Academy members will receive benefits comparable to those offered by TSPP, minus APA benefits. The Academy and TSPP are independent organizations, with their own respective governing bodies. All TAP members, except Medical Students, have voting privileges.

Visit www.txpsych.org/texas-academy-of-psychiatry to learn more. ■



2027 Joint Dues Billing for TSPP & APA

Important note for TSPP members:

2027 Dues for the Texas Society of Psychiatric Physicians (TSPP) will be billed through the American Psychiatric Association (APA). You should receive your TSPP invoice directly from APA. If you have not received it, or if you have questions, please feel free to contact our office at TSPP@txpsych.org. Thank you for your continued membership and support of organized psychiatry in Texas. Our voice is stronger together.

If you would like to remain part of organized psychiatry in Texas but do not wish to join APA, the Texas Academy of Psychiatry (TAP) was established to provide this option without a dual-membership requirement. Please visit our website for more information:

www.txpsych.org/texas-academy-of-psychiatry.



Discussing Politics with Patients, a Problem without a Solution?

Constance George, MD, TSPP Ethics Committee Member

Political discussion during psychiatric sessions is becoming increasingly common, creating new clinical and ethical challenges for clinicians.¹ How should clinicians navigate this terrain? Psychiatry and psychotherapy are deeply interpersonal; patients share highly personal information, which requires substantial trust in the clinician. As personal issues become more politicized, politics inevitably enters the clinical exchange. Stressors that once seemed non-political — such as divorce, family planning, education, and even psychiatric treatment — are now often framed politically.

As this shift has unfolded, patients appear to be changing as well. Several studies report that patients increasingly want clinicians who share their political views.² They also report political discussions can be beneficial and relevant to their care.³ This is understandable: when personal stress is wrapped in politics and brought into the office by a vulnerable patient seeking to be heard and understood, the familiar admonition to “keep politics out of the office” may no longer be possible or useful.

What ethical obligations do clinicians hold when politics enters the office?

The ethical terrain is complex, and

nuanced guidance is limited. The APA and AMA offer broad principles and largely agree on three points: clinicians should not impose their political views on patients, should avoid initiating political discussions, and should keep the patient’s medical concerns and care at the center of treatment.^{4,5}

This guidance may be more intuitive than useful. Clinicians must respect the patient’s concerns and symptoms while treating the underlying problem employing the skills of our profession: compassionate listening, behavioral strategies, medication, or other appropriate interventions. As with any source of stress, it is important to acknowledge the stressor and address it directly without silencing the patient because the topic is uncomfortable.

When a patient’s political views differ sharply from the clinician’s, the task is not to contradict or influence the patient but to understand the patient’s experience. Understanding does not necessitate agreement. The clinician can use that difference to explore how the patient understands and lives their circumstances, how politics has shaped that experience and how that experience may affect their distress, relationships, and functioning.

Crucially, psychiatrists should provide education when appropriate and ground that education in current evidence. This ethical duty supports informed consent and helps patients make decisions about their care.⁶ The challenge is how to educate patients and correct misinformation without turning the encounter into a political debate.⁷ This becomes especially difficult when public leaders or institutions contradict accepted standards of care and raise doubts about treatment and the treating physician.⁸ Navigating this line requires practice and thoughtfulness: clinicians can and must address misinformation, reduce fear, and preserve trust without alienating or silencing the patient.

This is a time when consulting with each other can prove most useful in navigating this intersection of politics and clinical care. Drawing on the collective experience represented in this newsletter can help reduce our sense of isolation in these waters, provide opportunities to learn from each other and thereby, help bolster and preserve the physician-patient relationship and keep treatment centered on the patient. ■

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Constance George, MD

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Post-COVID, the Profession is Still in Crisis

Dev Banerji, MD, TSPP Medical Resident

Medscape's 2026 Physician Burnout and Depression Report estimated that 46% of doctors are experiencing burnout—down from the peak of 53% in 2023 but still above the pre-pandemic level of 44%. COVID-19 made a bad situation worse, but the roots of the problem run much deeper: relentless long hours, frequent overnight call, crushing administrative burden, and a culture that still treats exhaustion as a badge of honor.

The human and system costs are steep. Burned-out physicians make more medical errors, deliver worse patient outcomes, leave clinical practice earlier, and face higher rates of alcohol abuse and suicidal ideation. Mid-career doctors—the ones who provide the bulk of care, mentor juniors, and keep hospitals running—are especially hard-hit. When they walk away, the primary-care shortage worsens and health disparities widen.

The term “burnout” entered the professional lexicon in 1974, when psychologist Herbert Freudenberger observed volunteer staff at a free clinic in New York’s East Village sliding into cynicism, emotional depletion, and a sense of futility. Christina Maslach later refined the concept into three dimensions—overwhelming exhaustion, cynicism and detachment, and feelings of ineffectiveness—and created the Maslach Burnout Inventory, still the gold-standard measurement tool. Medicine, with its high emotional demands and chronic time pressure, is a perfect incubator for the syndrome.

The United States has long equated long hours with dedication. Other developed countries took a different path. The European Working Time Directive set a 48-hour weekly maximum (with some opt-outs) more than two decades ago. New Zealand

has limited residents to 72 hours a week, 16-hour shifts, and mandatory rest since 1985. Denmark boasts an average work week of 37 hours.

America’s only state-level experiment came after tragedy. In 1984, 18-year-old Libby Zion died at New York Hospital after an overworked intern, on duty for 18 straight hours and responsible for dozens of patients, missed a critical drug interaction. Her father’s public campaign led to the Bell Commission and, in 1989, New York’s pioneering regulations: an 80-hour week averaged over four weeks, limits on consecutive hours, and required days off. Enforcement lagged for years; by 2001–2002 the state was still citing more than half of inspected teaching hospitals for violations.

Facing pressure from advocacy groups and a congressional bill that ultimately died, the Accreditation Council for Graduate Medical Education (ACGME) finally imposed national duty-hour rules in 2003: 80 hours a week averaged over four weeks, one day off, and a maximum shift of 30 hours (later tightened for interns). Hospitals that ignore the rules theoretically risk losing residency accreditation and Medicare GME funding. In practice, no teaching hospital has ever lost accreditation, and violations remain common—some residents still report weeks exceeding 100 hours.

Research on the ACGME rules has been mixed. Some studies show modest gains in resident well-being or reductions in certain complications; others find little change or even new problems caused by more frequent patient handoffs. A major reason for the uneven results is that many programs continue to schedule 24- to 30-hour shifts, which research has repeatedly linked to higher error rates, resident injuries, depres-

sion, and cognitive impairment. The 80-hour figure itself was never grounded in evidence; it simply became the accepted compromise.

Several sensible ideas have been floated. Hospitals can install chief wellness officers and train better leaders—Stanford and Mount Sinai have done so with positive results—but that depends entirely on institutional will. Expanding mental health access is essential, and the 2022 Dr. Lorna Breen Health Care Provider Protection Act took real steps by funding support programs and reducing stigma. Yet it treats the consequences of burnout rather than the structural drivers. A single-payer system might slash administrative burden and improve equity, but the political and fiscal barriers are enormous.

The most practical lever is work hours. Roughly one-quarter of U.S. physicians already work more than 60 hours a week; the average exceeds 50. Reducing that load protects doctors’ health, improves learning and work-life balance, and reduces fatigue-related mistakes.

Congress should therefore write into law a straightforward set of limits that apply to both residents and fully trained physicians: a firm 72-hour maximum workweek with no averaging across weeks, overnight call no more frequent than every third night, and shifts capped at 16 consecutive hours. In this schema, non-compliant hospitals would lose Medicare GME funding and face fines up to \$100,000. The 72-hour figure is not arbitrary: it already governs EM residencies and matches New Zealand’s long-standing limit. It can be achieved with six 12-hour shifts plus one full day off.

Critics rightly note that shorter hours can reduce clinical exposure and shift more work



Dev Banerji, MD

onto attending physicians, who are expensive. The solution is not to keep residents working until they drop; it is to expand medical school and residency slots in shortage specialties, redesign training so that every clinical moment is educational, and intelligently reassign routine tasks to advanced practice providers. New York demonstrated that states can fund the transition costs of reform; a federal law could do the same nationwide.

Enforcement matters. Self-regulation by the ACGME has proven insufficient. Federal legislation would bring independent oversight and the same kind of public safety standards already applied to aviation, transportation, and nuclear power.

Legislation alone will not erase a work-hard culture that still lionizes sleepless nights. But clear external limits change incentives and signal that exhaustion is a patient safety risk, not a status symbol. Combined with smarter staffing models and genuine support for physician well-being, a 72-hour cap can help reverse the burnout epidemic, keep experienced doctors in practice longer, and ultimately deliver safer care.

The evidence is clear, the precedent exists, and the human cost of inaction continues to mount. ■



TSPP 70th Annual Convention and Scientific Program

November 5-8, 2026 • JW Marriott Houston by the Galleria • Houston, Texas

“Modern Psychiatry: New Technologies, New Treatments”



HOTEL RESERVATIONS

TSPP has secured a discounted room rate of \$189 plus taxes and fees at the JW Marriott Houston by the Galleria, for registered conference attendees and sponsors. Visit www.txpsych.org/2026-tspp-annual-convention for the custom booking link and reserve the reduced rate through October 19th or upon sell-out, whichever occurs first.

Booking a room within the TSPP room block is an important way to support TSPP and helps to keep the overall meeting registration fee and costs as low as possible. Please help us help you by booking your room at the hotel hosting the meeting and within the TSPP room block.

MEETING LOCATION

The 70th Annual Convention and Scientific Program will take place at the JW Marriott Houston by the Galleria, located at 5150 Westheimer Road, Houston, TX 77056. Enjoy this newly renovated luxury hotel, situated across from the Galleria mall in Uptown Houston, and also near the Houston Zoo and Downtown Aquarium. Dine at the hotel's onsite restaurant, Stray Horse, or enjoy the fitness center, yoga room, and rooftop pool. Explore local entertainment at the Museum of Illusions or The Escape Game. Take a short drive to one of Houston's many delicious restaurants like JOEY Uptown, Grotto Ristorante, or Casa do Brasil. There's no shortage of things to do in Houston!

THURSDAY RESIDENT FELLOW MIXER

Open to all Resident Fellow members registered for the conference. RSVP at www.txpsych.org/2026-tspp-annual-convention.

FRIDAY WELCOME RECEPTION

Kick off the conference alongside colleagues and friends at the Friday evening Welcome Reception, from 6:30-8:30pm in the Exhibit

Hall. We have several Sponsors/Exhibitors that will be in attendance, including the Kendra Scott Giveback Trunk Show benefiting the Texas Foundation for Psychiatric Education and Research.

70th ANNIVERSARY AWARDS GALA

Saturday evening festivities begin with a complimentary wine and cheese reception for registrants attending the Awards Banquet honoring the 2026 TSPP Award Recipients for their outstanding contributions to Psychiatry. Register early to reserve a table for your group at this memorable evening of dinner and dancing to celebrate the 70th Anniversary of TSPP!

TSPP 2026 POSTER SESSION

Medical Students, Residents and Fellows in Training who are members of TSPP, TSCAP, or TAP will present/display posters at the TSPP 70th Annual Convention and Scientific Program during the Friday Evening Welcome Reception and Saturday Continental Breakfast and refreshment breaks, November 6-7, at the JW Marriott.

Please plan to visit with our presenters and learn about their research!

Thank You to our Current Sponsors

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The Harris Center for Mental Health and IDD
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Exhibitors

Kendra Scott
Neurolif
Teva Medical Affairs
Texas A&M Naresh K. Vashisht College of Medicine
Texas Foundation for Psychiatric Education and Research
The Menninger Clinic
Thousand Branches Wellness Houston
UTMB – Correctional Managed Care

Daily Schedule

Thursday, November 5

5:00 pm – 8:30 pm	Registration
6:00 pm – 8:00 pm	TSCAP Executive Committee
7:00 pm – 8:00 pm	Chapter Leadership Forum Meeting
7:00 pm – 8:30 pm	Resident Fellow Mixer
8:00 pm – 9:30 pm	Federation Delegate Assembly Meeting

Friday, November 6

7:30 am – 8:30 pm	Registration
8:00 am – 9:00 am	Foundation Board of Directors Breakfast Meeting
8:30 am – 5:00 pm	Committee Refreshments
9:00 am – 10:30 am	COUNCIL ON LEADERSHIP MEETINGS • Ethics Committee • Distinguished Fellowship Committee • Finance Committee
10:45 am – 12:15 pm	COUNCIL ON SERVICE MEETINGS • Academic Psychiatry Committee • Children & Adolescents Committee • Forensic Psychiatry Committee • Public Mental Health Services Committee
12:30 pm – 1:30 pm	Committee Members' Luncheon
1:30 pm – 2:30 pm	Texas Academy of Psychiatry Board of Trustees Meeting
1:30 pm – 2:30 pm	Resident-Fellow Section Committee Meeting
2:00 pm – 3:30 pm	COUNCIL ON EDUCATION MEETINGS • Continuing Medical Education Committee • Professional Practice Management Committee
2:30 pm – 3:30 pm	Resident Fellow Member Section Program
2:30 pm – 3:30 pm	Texas Academy of Psychiatry Program
3:45 pm – 5:00 pm	COUNCIL ON ADVOCACY MEETING • Government Affairs Committee
4:00 pm – 6:00 pm	Exhibits AND Poster Presenters Session Set Up
5:00 pm – 6:30 pm	Executive Council Meeting
6:30 pm – 8:30 pm	Welcome Reception with Exhibitors AND Poster Session for Meeting Registrants and Paid Guests

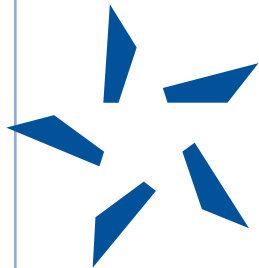
Saturday, November 7

7:30 am – 7:00 pm	Registration
7:30 am – 4:30 pm	Exhibits Open and Poster Session
7:30 am – 8:15 am	Complimentary Continental Breakfast in Exhibit Hall for Meeting Registrants and Paid Guests
8:15 am – 6:00 pm	SCIENTIFIC PROGRAM "Modern Psychiatry: New Technologies, New Treatments"
9:30 am – 9:40 am	Refreshment Break with Exhibitors and Poster Session
11:10 am – 11:30 am	Refreshment Break with Door Prize Drawings with Exhibitors and Poster Session
12:30 pm – 1:40 pm	Federation Joint Business Meeting Lunch
3:10 pm – 3:30 pm	Refreshment Break and Door Prize Drawings with Exhibitors and Poster Session
5:00 pm	Exhibits and Poster Session Closes
7:00 pm – 7:30 pm	Reception for Awards Gala Registrants Pre-Function
7:30 pm – 10:30 pm	Awards Banquet & 70th Anniversary Gala

Sunday, November 8

7:30 am – 11:30 am	Registration
8:30 am – 9:30 am	Complimentary Continental Breakfast for Meeting Registrants and Paid Guests
8:45 am – 11:30 am	SCIENTIFIC PROGRAM "Modern Psychiatry: New Technologies, New Treatments"
10:00 am – 10:20 am	Refreshment Break

Schedule and times are subject to change



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“Modern Psychiatry: New Technologies, New Treatments”

Nine (9) AMA PRA Category 1 Credits™,
with 2.0 of the Hours Designated for Medical Ethics/Professional Responsibility

SCIENTIFIC PROGRAM SCHEDULE

Saturday November 7, 2026

8:15 am – 8:30 am	Opening Remarks
8:30 am – 9:30 am	Artificial Intelligence and Psychiatry: From Hype to Help Sejal Mehta, MD Objectives: The learning objectives for this activity have been designed to address clinician competence. Upon conclusion of the activity participants should be able to: - Identify currently available AI tools for psychiatric documentation, diagnosis support, risk assessment, and treatment planning, and evaluate their evidence base and practical utility. - Apply federal and Texas-specific regulatory frameworks (FDA, AMA, TMA, TMB) to the responsible integration of AI in psychiatric practice. - Develop a personal framework for evaluating, adopting, and monitoring AI tools while maintaining patient safety, privacy, and therapeutic relationships.
9:30 am – 9:40 am	Refreshment Break
9:40 am – 11:10 am	Peptide Pharmacology / Peptides and Mental Health Andrew Brylowski, MD Objectives: The learning objectives for this activity have been designed to address clinician competence. Upon conclusion of the activity participants should be able to: - Compare the pharmacokinetic properties of peptide therapeutics and describe the implications for dosing and monitoring. - Describe the receptor signaling mechanisms of peptides with proposed neuropsychiatric relevance. - Appraise the current clinical trial evidence for peptide agents in psychiatric populations.
11:10 am – 11:30 am	Refreshment Break and Door Prize Drawings with Exhibitors and Poster Session
11:30 am – 12:30 pm	Innovations in Pharmacotherapy for Difficult-to-Treat Mood Disorders Sanjay Mathew, MD Objectives: The learning objectives for this activity have been designed to address clinician competence. Upon conclusion of the activity participants should be able to: - Summarize several major recent studies evaluating glutamate modulators for treatment-resistant depression and major depressive disorder. - Evaluate the scientific rationale for several novel pharmacotherapy approaches for mood disorders. - Identify future directions for clinical and translational research for experimental therapeutics.
12:30 pm – 1:40 pm	Federation Annual Business Meeting Lunch
1:40 pm – 3:10 pm	EMDR Beyond Trauma Reprocessing: Clinical Applications and What Sets It Apart Jessica Klement, PhD Objectives: The learning objectives for this activity have been designed to address clinician competence. Upon conclusion of the activity participants should be able to: - Identify patients who may benefit by a referral to a clinician well-versed in EMDR. - Describe the research base supporting EMDR, including key randomized controlled trials, meta-analyses, and guideline endorsements. - Describe key similarities and differences between EMDR and CBT-based approaches, including basic considerations for treatment matching and contraindications, as an introduction to informed referral decision-making. - Describe the phases of EMDR treatment based on a case example and brief demonstration.
3:10 pm – 3:30 pm	Refreshment Break and Door Prize Drawings with Exhibitors and Poster Session
3:30 pm – 4:30 pm	ETHICS: Considerations for Recommending Service and Emotional Support Animals Joseph Shotwell, MD, DFAACAP Objectives: The learning objectives for this activity have been designed to address clinician competence. Upon conclusion of the activity participants should be able to: - Understand the uses for Service Animals, Emotional Support Animals. - Be cognizant of misuses of requests from patients for Emotional Support Animals. - Be well-versed in how the Americans with Disabilities Act and Fair Housing Act apply to or do not apply to Service Animals, Emotional Support Animals.
4:30 pm – 4:40 pm	Refreshment Break
4:40 pm – 5:40 pm	Attention Across the Lifespan: Diagnosis and Management of ADHD in Older Adults Ashish Sarangi, MD, DABPN Objectives: The learning objectives for this activity have been designed to address clinician competence. Upon conclusion of the activity participants should be able to: - Recognize the clinical features of ADHD in older adults and differentiate them from other common neuropsychiatric conditions, including mild cognitive impairment, dementia, depression, and anxiety. - Apply evidence-based diagnostic approaches to accurately identify ADHD in geriatric patients while accounting for age-related medical and psychiatric comorbidities. - Evaluate pharmacologic and nonpharmacologic treatment strategies for ADHD in older adults to develop individualized, safe, and effective management plans.
5:40 pm – 5:50 pm	Closing Remarks

Sunday November 8, 2026

8:45 am – 9:00 am	Opening Remarks
9:00 am – 10:00 am	ETHICS: Civil Forensics: Ability vs. Disability Management Andrew Brylowski, MD Objectives: The learning objectives for this activity have been designed to address clinician competence. Upon conclusion of the activity participants should be able to: - Identify strategies for managing conflict when a patient requests disability certification. - Compare the functional impairment standards and documentation requirements across major disability systems (FMLA, workers' compensation, STD/LTD, SSDI/SSI, DBA/DOL), and explain how differing legal definitions of disability shape the psychiatric opinion. - Analyze how referral source and evaluation context influence case formulation, and apply safeguards consistent with ethics guidelines.
10:00 am – 10:20 am	Refreshment Break
10:20 am – 11:20 am	Functional Neurological Disorders Jeff Waugh, MD, PhD Objectives: The learning objectives for this activity have been designed to address clinician competence. Upon conclusion of the activity participants should be able to: - Recognize a few of the structural brain abnormalities associated with functional neurological disorder. - Appreciate the impact of stigma, in part propagated by healthcare systems, on patients with functional symptoms. - Understand the components of an FND-focused treatment team and how to tailor therapy to individual patients.
11:20 am – 11:30 am	Closing Remarks

CME PROGRAM GOAL / TARGET AUDIENCE

This live activity has been designed in a format consisting of case study presentations, lectures and direct discussion to provide its primary target audience of Psychiatrists, as well as other specialties of medicine, with the most up-to-date, evidence-based data that can be translated into clinical practice. Information and data will address new developments in treatments 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. The learning objectives for this activity have been designed to address clinician competence.

NEEDS ASSESSMENT

TSPP has incorporated into this CME activity the relevant educational needs concerning competence that underlie the professional practice gaps of our participants.

ACCREDITATION STATEMENT

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

CREDIT STATEMENT

The Texas Society of Psychiatric Physicians designates this Live Activity for a maximum of nine (9) *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in this activity.

ETHICS DESIGNATION STATEMENT

The presentation entitled “Considerations for Recommending Service and Emotional Support Animals” has been designated by the Texas Society of Psychiatric Physicians for one (1) hour of education in medical ethics and/or professional responsibility. The presentation entitled “Civil Forensics: Ability vs. Disability Management” has been designated by the Texas Society of Psychiatric Physicians for one (1) hour of education in medical ethics and/or professional responsibility.

FACULTY AND PLANNERS DISCLOSURE POLICY

The Texas Society of Psychiatric Physicians will disclose to participants the existence of any relevant financial relationships between faculty members, TSPP staff and members, who planned, authored, contributed to, and/or reviewed the content of this activity, and any commercial interest discussed in this educational activity. Disclosure will occur through written communication in the syllabus/handout material.



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Register Online: www.txpsych.org/2026-tspp-annual-convention

REGISTRATION FEES

Registration Item	Pricing as of October 1st
Committee Lunch (Friday)	\$50
Welcome Reception Guest (Friday)	\$55
Annual Meeting Lunch (Saturday)	
TSPP/TSCAP/TAP Member	\$45
Non-Member Physician	\$55
TSPP/TSCAP/TAP Trainee/Student	\$30
Non-Member Trainee/Student	\$40
Guest	\$50
Awards Dinner and 70th Anniversary Gala (Saturday)	
Former award winners, email TSPP@txpsych.org for your complimentary dinner.	
TSPP/TSCAP/TAP Member	\$95
Non-Member/Spouse/Guest	\$105
Reserved Table for 8	\$715
CME Scientific Program	
Includes online program syllabus, complimentary continental breakfast, and AM/PM refreshment breaks	
TSPP/TSCAP/TAP Member	\$295
Non-Member Physician	\$345
TSPP/TSCAP/TAP Trainee/RFM	\$45
If your training director or APD registers for the scientific program, your scientific program fee is waived.	
Non-Member Trainee/RFM	\$60
TSPP/TSCAP/TAP Medical Student	\$30
Non-Member Medical Student	\$35
Allied Health Professional	\$195
Spouse/Guest (No CME Credit)	\$165
Approved Poster Presenter	–
If you're approved to present a poster, your registration fee for the Scientific Program is waived.	
CME Printed Syllabus Order	
Black/White	\$165
Color	\$195

If you require any special assistance to fully participate in this conference, please contact TSPP at (512) 222-6865 by October 20th.

 **CANCELLATION POLICY:** In the event of cancellation, a refund will be made if written notice is received in the TSPP office by October 10, 2026, less a 25% processing charge. NO REFUNDS will be given after October 10, 2026.

TSPP 70th ANNIVERSARY AWARDS GALA

Join us on Saturday night for an evening of recognition and celebration at the TSPP Annual Awards Banquet! The banquet is a celebration where we honor the remarkable 2026 TSPP Award Recipients for their exceptional contributions to the field of Psychiatry. Music and dancing will follow this year's awards dinner, to celebrate 70 years of TSPP! It's an opportunity to come together, appreciate excellence, and enjoy a wonderful evening of recognition and camaraderie.



Psychiatric Excellence Award
Chad Lemaire, MD
Houston



Distinguished Service Award
Daniel Goggin, MD
Fort Worth



Special Service Award
Doug Beach, NAMI
San Antonio



Spencer Bayles Outstanding Member of the Year
Lori Kels, MD, MPH
San Antonio



Daryl K. Knox, MD
Sugar Land

FEDERATION OF TEXAS PSYCHIATRY JOHN R. BUSH LEADERSHIP EXCELLENCE AWARD

The John R. Bush Award, instituted in 2016, was created to acknowledge those exceptional psychiatrists who have demonstrated unwavering dedication to providing outstanding leadership. This commitment extends over a substantial period, and their efforts have significantly contributed to the advancement of the highest standards in psychiatric practice and the delivery of top-quality care for our patients. We are proud to announce that this esteemed award will be conferred during the Federation of Texas Psychiatry's luncheon on Saturday, November 7. We warmly invite you to join us at this event and take the opportunity to express your gratitude to your esteemed colleague. Through his exceptional leadership in organized psychiatry, he has made a remarkable impact on our field.

BCBSTX Implements New E/M Downcoding Policy as Physician Concerns Grow Nationally

Blue Cross and Blue Shield of Texas implemented a new evaluation and management claims-review policy on July 1, 2026. The policy permits reimbursement at a lower E/M level when the insurer determines that the billed service does not support the code submitted. The change comes amid growing national scrutiny of payer-initiated downcoding.

Effective for dates of service beginning July 1, Blue Cross and Blue Shield of Texas (BCBSTX) expanded its claims editing and review process for office, inpatient, and outpatient E/M services provided to members of commercial plans. Under the policy, BCBSTX may reimburse a claim at a lower E/M level if its review determines that the services billed do not support the submitted level of service.

BCBSTX states that its reviews will follow American Medical Association guidelines for determining E/M levels and medical decision-making. Physicians who disagree with a payment adjustment may submit medical records supporting the E/M level originally billed. The insurer's current Evaluation and Management reimbursement policy recognizes both medical decision-making and total time on the date of the encounter as bases for selecting office and outpatient E/M levels.

Particular Relevance for Psychiatrists

The change is particularly relevant to psychiatric practices because psychiatrists frequently bill E/M services for

medication management, including encounters in which psychotherapy is also provided. BCBSTX's psychiatry and psychotherapy coding policy recognizes psychotherapy add-on codes 90833, 90836, and 90838 when psychotherapy is performed with a separately identifiable E/M service. In those encounters, the E/M service is reported as the primary code and may therefore be subject to BCBSTX's E/M claims-review process. BCBSTX has not indicated that the psychotherapy add-on codes themselves are being downcoded.

Psychiatrists who provide medication management with psychotherapy should therefore review remittance information carefully for claims with dates of service on or after July 1. Documentation should separately support the E/M service and the psychotherapy service under applicable coding rules.

The Texas Medical Association (TMA) opposes unilateral downcoding and would monitor the BCBSTX policy's effect on Texas physicians and practices. TMA had previously challenged a similar policy announced by Cigna.

Part of a Broader HCSC Initiative

The Texas change is not a nationwide Blue Cross Blue Shield policy. It is, however, part of a multistate initiative among Blue plans operated by Health Care Service Corporation. Plans in Illinois, New Mexico, Oklahoma, and Montana issued substantially similar notices

for July 1. New Mexico's notice also applies to Turquoise Care Medicaid members and many commercial plans.

National Scrutiny of Downcoding Is Growing

The American Medical Association opposes payer programs that rely exclusively on software, algorithms, or other methods—without review of the patient's medical record—to deny or downcode E/M services. Its practice resource on payer E/M downcoding programs advises practices to watch remittance advice and compare actual payments with expected amounts because the billed code itself may not always change.

Maryland regulators stated in an April 7 bulletin that state prompt-payment law prohibits a payer from modifying a submitted service code based on its own assessment before obtaining the information needed from the provider to justify the change.

Illinois enacted the Transparency in Downcoding Act on July 10. Effective January 1, 2028, the law requires downcoding determinations to be made or reviewed by a natural person, bars downcoding based solely on diagnosis codes, requires notice and an explanation, and establishes dispute protections.

Virginia's 2026 legislation requires notice when claims are downcoded, disclosure of relevant adjustment and remark codes, a dispute process, batch disputes for claims involving an individual patient, and natu-

ral-person review of dispute decisions. In California, Anthem Blue Cross extended its pause on a separate automatic E/M downcoding policy through at least September 1, 2026, while regulators continue their review.

What Texas Psychiatrists Should Do

Review payments closely. Monitor remittance information for E/M claims with dates of service on or after July 1, particularly higher-level services and encounters combining E/M and psychotherapy.

Document the selected level. When coding by medical decision-making, clearly document the problems addressed, data considered when applicable, and management risk. When coding by time, document total time and the work counted under applicable CPT guidance.

Challenge unsupported reductions. If BCBSTX reimburses a lower E/M level and the original code is supported by the documentation, submit the relevant medical records and follow BCBSTX's applicable claim reconsideration or dispute process.

Track patterns. Record the codes affected, frequency, financial impact, reason codes, and results of reconsiderations or appeals. Aggregated practice data may help medical societies and policymakers evaluate the policy's impact.

TSPP will continue to monitor the BCBSTX policy and broader state and national efforts addressing payer-initiated downcoding. ■

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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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Dieter Burckhardt
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Federation of Texas Psychiatry

1211 W. 6th Street, Ste. 600-216
Austin, Texas 78703
(512) 222-6865

TXpsychiatry@txpsych.org (E-mail)
http://www.txpsych.org (website)

CALENDAR OF MEETINGS

Visit www.txpsych.org/conferences-and-events for up-to-date information on upcoming events and CME webinars for TSPP, TSCAP and TAP

OCTOBER

26-31 AACAP Annual Meeting
Atlanta, GA
<https://www.aacap.org/AnnualMeeting-2026>



70
ANNIVERSARY

**November 5-8
TSPP 70th
Annual
Convention**
JW Marriott Houston
by the Galleria

Register Online
www.txpsych.org/2026-tspp-annual-convention

NOVEMBER

12-14 TPA Annual Convention
Austin, TX
www.texaspsyc.org/annual-conference

14 Texas Tech Child and Adolescent Psychiatry Symposium
El Paso, TX
<https://cmetracker.net/TTUHSCEP/Publisher?page=pubOpen&nc=4542895972#/EventID/4752/>

18-21 ACLP
San Diego, CA
<https://www.clpsychiatry.org/annual-meetings/>

19 TAP CME Webinar
Register Online: www.txpsych.org/tapwebinar-nov2026

MARCH 2027

2 Federation Capitol Day
Austin, TX
Save the date!

JOB BANK

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