

Texas Psychiatrist

Psychology Prescribing: A Lesson in Advocacy

Martha Leatherman, MD, Federation Vice Chairman for Public Policy and TSPP Chairman, Government Affairs Committee

The evolution of psychiatric legislative advocacy over the past ten years has been fascinating and informative. When I first became involved with organized Texas psychiatry, each legislative session was marked by harrowing battles during which we fought to preserve the rights of Texans to receive ECT when necessary. At the time, we were forced to advocate from a defensive position, few psychiatrists were involved, and we spent hours before legislative committees testifying while the Citizens Commission on Human Rights spread slanderous misinformation about us to the public and to the legislators. Tireless work by John Bush, Debbie Sundberg, and wonderful TSPP presidents have allowed us to enjoy the past 3 legislative sessions without anti-ECT bills.

Although, we have, for the present, neutralized the threat to ECT, psychiatrists nationwide have been beleaguered by a certain faction of well-funded, well-organized psychologists who are doggedly seeking to assume the privilege of practicing medicine without earning a medical degree. Louisiana and New Mexico have fallen against the onslaught of these misguided psychologists, increasing the threat of an eventual psychologist victory in Texas. The psychologists filed their prescribing bill in Texas during the 2001 and 2003 Legislative sessions. On both occasions, we prevailed in defeating them. Recent victories by psychologists in New Mexico and Louisiana, however, energized the Texas Psychological Association in its quest to achieve prescribing privileges from the Texas Legislature in 2005. We have worked hard over the past two years to prepare for their expected onslaught in the 2005 Legislative Session. However, on March 11, the final day to file bills for the current session, a psychologist prescribing bill failed to

emerge. Although their bill was not filed, we will continue to be vigilant to ensure that their legislative initiative does not appear as an amendment to a bill that has been filed. The Session is not over. But for the effective efforts of organized psychiatry in Texas, psychologists would have already won prescribing privileges by legislative fiat.

There are a few reasons I think we have prevailed and I think the study of our legislative efforts over the last ten years on these two major fronts is instructive and will help us in the inevitable battles to come. Here are the lessons I have learned:

Lesson One: Build Relationships

During the height of the campaign by the Church of Scientology to isolate us and paint us as monsters, we understandably were dispirited and a little frightened. After all, if legislatures could restrict lifesaving treatments based on a propaganda of hate, how could we possibly prevail using logic and science? What chance did our patients, many of whom live on the fringes of society, have to advocate for themselves? How could we fight the battle against Scientology slander while we and our patients were crippled by the pervasive stigma surrounding the mentally ill and those of us who care for them? After much reflection, I believe that the Scientologists were stopped by John Bush and Debbie Sundberg. I know they won't like me to say this, but we psychiatrists were suffering from substantial "issues with self-esteem." Our very character as a profession, and by extension, as individual human beings was under attack. It was difficult for us physicians to heal ourselves when we were so dispirited. John and Debbie saw the good in us and helped us to rise above our hurt and fear. They relentlessly prodded and encouraged us and helped strengthen us for the fight. We discovered that we really **had** gone into medicine "to help people," and with dawning gratitude and hope, we began to recognize that those people—our patients—knew it. The development of our ongoing Advocacy Coalition in those ECT years has proved invaluable as we have struggled with other threats: funding cuts, drug formularies, and renegade psychologists. That was our first lesson: build relationships.

Lesson Two: Build Relationships

Although the various TSPP presidents have focused on a number of different issues during their terms, all have had to deal with legislative realities. This legislative continuity has led our leaders to create programs which have strengthened our ability to effectively influence the legislature. The Political Action Task Force program developed in 1998 has served as a vehicle for Texas psychiatry to work with local legislators. The relationships built as a result of the

Political Action Task Force program, executed at the grassroots level through TSPPs 18 Chapters, were key in defeating the psychology prescribing bills introduced in 2001 and 2003. I believe that those relationships have prevented a psychology prescribing bill from even being filed (thus far) this year. The psychiatric leadership in Hawaii credited their recent victory, in part, to their hosting of an annual legislative reception. Our ongoing work in building a Key Legislative Contacts Database has facilitated liaisons with legislators that are not restricted to the legislative session, but which operate year round. I believe that it's because of these contacts, nurtured outside of the legislative arena in Austin that we have not yet had to endure a tense floor vote on a psychology prescribing bill such as the one Hawaii narrowly won by a 12-12 tie.

Lesson Three: Build Relationships

Five years ago, TSPP forged a new relationship with our extraordinary lobbyist, Steve Bresnen. The major factor in our choosing Steve to represent our interests was his clear commitment to ethical representation for his clients. He works with groups in whom he believes and his faith in us has enabled us to forge a true bond with him that transcends that of employer/employee. During internal struggles as well as struggles with the APA, Steve Bresnen has been patient, and has continued to fight for our interests even when we were distracted. He supported us during hard times with sage advice and unflagging confidence in our causes. Steve has worked heroically to learn our issues and has developed a real understanding of the complexity of psychiatric practice as well as mental illness. In contrast, the psychologists have depended on short-term alliances with expensive lobbyists. The money they have thrown at the efforts at prescribing have failed while our honest and ongoing relationships have continued to work for us. In discussions with legislators, not one of them ever fails to speak highly of Steve. They know they can trust him, and we are proud to say he represents us.

Lesson Four: Build Relationships

Over the past few years, we have been extremely fortunate in developing an ongoing relationship with Joel Roberts, a nationally renowned media consultant. On the personal side, we have seen him through the difficult rehabilitation following a bicycle accident and were able to congratulate him on his recent marriage. Joel has committed to an ongoing campaign to help dispel the stigma surrounding mental illness, the mentally ill, and those of us who care for them. He has worked with us in media training as well as helping us hone our message for legislative purposes. He has offered to be avail-



Martha Leatherman, MD

able, on call, to any one of us who has a media opportunity and would like preparatory help. Perhaps most valuable, he has also worked with our partners in the Mental Illness Awareness Coalition established by TSPP in 1995 (NAMI Texas, Depression and Bipolar Support Alliance, Mental Health Association, Texas Mental Health Consumers, and the Texas Medical Association). That work, which we were able to facilitate, provided our coalition partners a level of sophistication in their media and legislative relationships that will serve them well in years to come. The fact that we made that possible further strengthens our relationships with members of the Coalition.

Lesson Five: Build Relationships

As part of our ongoing Capitol Day events, conducted at the beginning of each Legislative Session since 1995, we have reached out to include psychiatric residents in our legislative efforts. Residents have been able to join other TSPP members, Coalition partners, and Joel Roberts in the media training and legislative visits. During that process, these trainees were given the opportunity to work closely with Joel and to accompany senior TSPP members as we went door-to-door educating legislators. I'm thrilled to report that these trainees quickly became proficient enough that they needed no supervision in their legislative work. Ultimately, they taught us a number of things about effective advocacy because of their fresh view of the process. Their empowerment in Austin has infused our efforts with renewed vigor and we have been so grateful for the relationships we have developed with these impressive young physicians.

Lesson Six: Build Relationships

Texas organized psychiatry has always striven to forge a strong and effective relationship with the Texas Medical Association and with our colleagues in other medical specialty

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It Takes A Physician....

J. Clay Sawyer, MD, President, Texas Society of Psychiatric Physicians

"We are not here to curse the darkness, but to light the candle that can guide us through that darkness to a safe and sane future" – John F. Kennedy

In my most recent column, I reviewed the major events of this past year which have impacted the Texas Society of Psychiatric Physicians. These events included legislative issues, organizational issues, the Federation of Texas Psychiatry, the Texas Academy of Psychiatry, and the APA Board of Trustees, to name but a few. In this, my last column as TSPP President, I want to reflect a bit on the meaning of these events and developments.

The legislative battles continue, and TSPP continues to be at the forefront in all areas where our expertise is needed and required. Whether the issues involved concern foster child care, scope of practice issues, public health care, mental health parity, or the rewriting of the Texas Medical Practice Act (especially with regard to physicians gaining due process before the Texas State Board of Medical Examiners), TSPP has been present, TSPP has been heard, and TSPP has been effective. I am especially proud of the fact that psychologists in Texas were unable to even have a prescribing bill filed, despite making this issue their number one priority for this session (and publicizing that goal, raising money specifically to achieve it, hiring a powerful lobbyist to advance it, and involving the resources of their national organization). The reason for this outcome?

The effectiveness of TSPP's legislative advocacy program.

As Speaker of the House of Representatives of the United States, Congressman Tip O'Neill declared that all politics is local. Legislative processes and results in Texas, in Louisiana, in New Mexico, and elsewhere all continue to prove the wisdom of his observation. We have a strong organization in TSPP, built and sustained by its members. This strength hasn't just happened—the efforts of many (members, administrators, and lobbyists alike) have been, and continue to be, required to enable us to achieve the effectiveness we now enjoy. The constant work and planning necessary and the continued development of legislative relationships are not tasks

which can be undertaken as a reaction to new events, nor can these tasks be undertaken only during a legislative session (every two years for 140 days in Texas). These approaches would be futile—too little and too late.

Success in legislative advocacy requires year-round effort, constant watch, keen observation and anticipation, strong alliances, and timely proactive choices, not ineffective reactive efforts. We now have even stronger alliances with other medical organizations (such as the Texas Academy of Psychiatry and the Texas Society of Child and Adolescent Psychiatry) thanks to the new coalition organization which is the Federation of Texas Psychiatry (and which is also planning to invite to organizational membership the Texas Medical Association). The voice of Texas psychiatry has been expanded by 7% just in the few months since the Federation came into existence. I have been told that the expanded voice made TSPP legislative advocacy much more effective during this legislative session than had been the case in recent years. The results speak for themselves. As Victor Hugo said, "Nothing is stronger than an idea whose time has come."

From our experience alone, not to mention the experiences of others, it would seem that the concept of having strong, effective district branches would be obvious and well-established. However, even now, efforts are being advanced by some within the APA to de-emphasize the importance of district branches. The feeling seems to be that the APA itself can handle any legislative challenges which might arise anywhere in the country. The lack of effective cohesive efforts in New Mexico and in Louisiana should serve to prove otherwise, and to serve as a wake-up call. In general, after-the-fact personal and written contacts by national organizations directed toward state and local governing bodies are typically not well received (the term "carpetbagger" has been heard in reference to such efforts in Louisiana). Well-intentioned

efforts on the part of APA cannot replace the effectiveness of well-prepared, strong district branches. District branches themselves must be willing to take this responsibility seriously and to do the work required, rather than leaving it for someone else. Fortunately, most district branches do accept this duty not only for the psychiatrists they directly represent but also for the patients for whom they also advocate. Thomas Hobbes was absolutely correct when he said, "There are very few so foolish that they had not rather govern themselves than be governed by others."

The current conflict between the APA Board of Trustees and TSPP no longer appears to be limited to the surface issues of the existence of a Federation and of an Academy. The very nature of the relationship between the APA and its district branches now seems to have also become an issue—perhaps this has been the real issue all along. If TSPP were to choose to ignore our fiduciary responsibilities (which would also serve to ignore the Texas laws for non-profit organizations under which we are organized) and allow any other organization to assume our governance duties, our membership duties, our financial duties, and our alliance-building duties, then the days of strong district branches would be over. We would be ignoring Mr. O'Neill's observation of the truth of the political process, and more New Mexicos and Louisianas would result.

We both welcome and admire the APA's continued effectiveness at advocating at the national level, just as we do the district branches which effectively advocate at various local levels. There is no reason that these two advantageous approaches cannot continue to coexist. I do not know how the overall conflict will be resolved, but I do not feel that TSPP being excommunicated by the APA Board of Trustees is any answer. However, that possibility continues to exist and we will be prepared for it should it occur. **TSPP has continued to be strong because it has never forgotten that its**



J. Clay Sawyer, MD, DFAPA



strength is because of its members.

Regardless of the eventual outcome, TSPP will continue to be strong and will continue to be the pre-eminent voice of psychiatry in Texas. Our ideas are working and are benefitting TSPP (which also benefits APA), and our effectiveness and legislative advocacy has been enhanced. Our basic approach to legislative advocacy, that of our members building and maintaining individual legislative relationships, has been proven. It is my hope that our efforts will always serve to "light the candle" as stated so eloquently by President Kennedy, and that we will never be satisfied with simply "cursing the darkness."

TSPP will be well-served by Gary Etter, M.D. at the helm as President for 2005-2006, and by Les Secrest, M.D., following as President in 2006-2007. Both are highly experienced in organized medicine, both understand completely the concepts and the consequences of the current conflict, and both are highly committed to keeping TSPP strong, effective, membership-driven, membership-run, membership-oriented, and dedicated to the proposition that all psychiatrists have a right to be heard.

I thank you for allowing me to serve as TSPP President for 2004-2005, and for taking to heart so well my chosen theme for this past year—the truism that **it takes a physician to be a psychiatrist**. I also thank John Bush and Debbie Sundberg for all of their help and their hard work. Regardless of any employment circumstances, John and Debbie are completely dedicated to TSPP, and we are most fortunate to have them working in our behalf. ■

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organizations. The relationship we enjoy with the House of Medicine has been helpful to us in many legislative battles, and conversely, we have contributed to successful legislative outcomes for other branches of medicine. These informal relationships were formalized this year with the establishment of the Patients *FIRST* Coalition, organized to work on scope of practice issues impacting each medical specialty. The Patients *FIRST* Coalition, representing over 41,000 Texas physicians, includes the Texas Association of Obstetrics/Gynecology, the Texas College of Emergency Physicians, the Texas Ophthalmological Association, the Texas

Pediatric Society, the Texas Society of Anesthesiologists, the Texas Society of Plastic Surgeons, the Texas Medical Association and the Federation of Texas Psychiatry. Not only are our colleagues in other specialty organizations educating legislators about the threats to patient safety and patient care by psychologists prescribing of medications, Texas organized psychiatry is actively helping with scope of practice issues involving podiatrists, optometrists, CRNAs, and other allied health professionals. The relationship with organized medicine is vital to our success.

Lesson Seven: Build Relationships

One of the more subtle lessons I've learned

from these past years is that the art of organizational compromise and agreement is essential to success. Perhaps part of the reason the psychologists have failed to gain prescribing privileges legislatively is that the psychologists themselves are divided on the issue. In fact, a determined and articulate psychologist joined us on Capitol Day and provided insight into the issue. We proved that we are grateful for the opportunity to work with psychology in taking care of patients, but are not willing to compromise patient safety in order to appease the strident group who aims to practice medicine without a license. It is probably clear to the legislature that psychology can't agree on its own agenda and, of course, that hurts their cause.

Lesson Eight: Build Relationships

At the risk of being effusive, out of the ashes

of the realization that our vision of how best to represent Texas psychiatrists has sprung what promises to be an important organizational model: the Federation of Texas Psychiatry. Under the aegis of the Federation, TSPP, the Academy of Texas Psychiatry and the Texas Society of Child and Adolescent Psychiatry have united to present one strong voice for our profession here in Texas. The Federation has allowed us to reconnect with the child and adolescent psychiatrists and offer them representation. We have welcomed psychiatrists not previously involved in organized psychiatry into the growing voice of our profession here in Texas. In short, the Federation of Texas Psychiatry is rapidly forging relationships within our own profession. With increasing numbers, we will be more effective legislatively, a benefit to our profession and to our patients. ■

In Memoriam...

Eugene C. McDonald, MD
Dallas/La Marque

How to Harm a Patient

R. Sanford Kiser, MD, President, Board of Trustees, Texas Academy of Psychiatry

I am writing this article to relay new insights from reading the psychology prescribing statutes from New Mexico and Louisiana. I found it difficult to read those statutes and the process by which they were enacted into law. I have never liked horror movies, and as a result I found the laws quite unsettling. They appeared to generate a ghastly blueprint for harming patients.

In the following, I will briefly describe a few of the recurring patterns that I found to be particularly unnerving.

Hide Danger Behind Ill-Defined Labels and Slogans

By fiat the Louisiana law created an entity known as a “*medical psychologist*.” What is a “*medical*” psychologist? Is it in any way similar to a “*psychological dermatologist*?” The Louisiana law is vague regarding the definition of a “*medical psychologist*” other than using generalizations of circular logic to say that it is a psychologist who has taken enough courses to prescribe psychoactive medications. “*Enough courses*” unfortunately is also not clearly defined.

Questions:

- (1) If a dermatologist takes enough psychology courses, can he/she become a “*psychological dermatologist*” and conduct psychotherapy while treating skin conditions?
- (2) Will a law creating “*psychological dermatologists*” solve the access to care problems that the public experiences in obtaining dermatology and psychology appointments?
- (3) Can we thus hold down healthcare costs by combining treatment for mental illness and skin disorders?

Make it Easier to Obtain Controlled Substances

The psychology prescribing laws are vague and imprecise about whether psychologists

are empowered to prescribe potentially addictive medications. The one exception is the Louisiana law, which states that a “*medical psychologist*” may not prescribe narcotics. Otherwise the wording of the laws gives the impression that the authors did not know what they were talking about and were not considering the dangers to the public created by this part of the statutes.

Questions:

- (1) Do we need to declare a national emergency and begin major training programs for addiction psychiatrists?
- (2) Do we need to prepare our law officers to get ready for, not improved access to care, but improved access to uppers and downers?

Use the Foxes to Set Up the Henhouse Security System

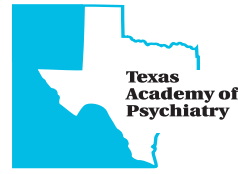
Both laws stipulate that the respective State Boards of Psychology function as the entities responsible for establishing and overseeing psychology prescribing rules and regulations, items such as developing the curricula, standards of training, competency exams, licensing, etc.. Both laws give authority to members of the state psychology boards, who are not trained or experienced in pharmacology, to create an entity of which they have a knowledge deficiency.

Questions:

- (1) Do these laws, in any way, remind you of the blind leading the blind?
- (2) While we are at it, can we also get a law, enabling a committee of pubescent boys and girls in heat, to establish rules and regulations for society to follow in areas of dating, romance, sex, marriage, and child-rearing?

Require “Loosey-Goosey” Contact with a Real Physician

Both laws appear to try to protect the public



R. Sanford Kiser, MD

by requiring prescribing psychologists to communicate with, interact with, or collaborate with a real physician, such as the patient's primary care physician. Unfortunately “*communicate with, interact with, and collaborate with*” are not well defined. The Louisiana law requires the “*medical psychologist*” to interact with the real physician at the times of initially prescribing medications and changing the doses. Otherwise the nature and frequency of these interactions with a real doctor are vague and ambiguous.

Questions:

- (1) If a patient develops chest pain and the real physician is not handy, how does a prescribing psychologist figure out the difference between a panic attack, a medication side effect, and a heart attack?
- (2) Can an unscrupulous medical doctor hire a platoon of prescribing psychologists to set up a “*pill mill*,” and fulfill statutory requirements for regular communication with a real physician by setting aside some time each Friday for counting the money together?

Zoom a Bill into Law So Fast That It's a Done-Deal Real Quick

I was quite impressed by the speed with which the prescribing bills became laws in both states. There appeared to be a well-orchestrated and well-coordinated plan to fly the bills under the radar so quickly that the majority of the medical community didn't know what hit them until it was too late.

Questions:

- (1) What would we do without the vigilance of the Federation of Texas Psychiatry? Members of the Federation have prevented this type of sneak attack by talking with their legislators, attending legislative planning and training meetings, and making themselves available to deal with unexpected incoming flak at a moment's notice.
- (2) Why do you think the proponents of the psychology prescribing bills avoided exposing the bills to open, public, in-depth discussion and debate by the interested parties? Would they be too embarrassed by the naked truth?

I am running out of space to describe the further frightening things that I found in these statutes. If at any time you do not have a good Stephen King book to read and you have a desperate need to slack your thirst for horror, I suggest that you have copies of these two statutes available. As a preview of coming attractions in your readings, I think you will especially be scared out of your wits by reading sections about:

- **Turning a Felony into a Misdemeanor**
- **Get'em While They're Young**
- **Get'em When They're Old**
- **Improving Access to Care While Really Improving Access to Bad Care**
- **Techniques to Obscure the Definition of Competence**

You will find an all-time classic in a particularly bizarre section about:

- **Techniques for Psychologists to Boss Around Nurses** ■

TSCAP Welcomes New Partnership

Cynthia W. Santos, MD, President, Texas Society of Child and Adolescent Psychiatry

The Texas Society of Child and Adolescent Psychiatry has become the newest member of the Federation of Texas Psychiatry. We are pleased that we were invited to become members, and believe this partnership will better help us advocate for the mental health needs of children and adolescents in Texas. TSCAP has already worked with the Federation on drafting guidelines for the psychiatric treatment of children in foster care. Several TSCAP members served on the Ad Hoc Working Group on Psychotropic Medication Guidelines for Foster Children, including immediate Past-President Valerie Robinson, MD, another past-president, Maureen Adair, MD, the current Treasurer of TSCAP, Dr. Steven Pliszka, and Sylvia Muzquiz, MD. This vulnerable population needs strong advocacy in order to make sure they receive timely and appropriate psychiatric treatment. Other important areas for advocacy include restoration of CHIP funding and maximizing eligibility for Medicaid. We will also support needed reforms of the state's child protective services. We look forward to working with other member organizations of the Federation in advocating for these

important issues.

On a national level, The Child Healthcare Crisis Relief Act is the top legislative priority of the American Academy of Child and Adolescent Psychiatry. This legislation creates incentives to encourage recruitment into all children's mental health professions, and specifically for child and adolescent psychiatry. This would include restoration of graduate medical education funding for child psychiatry training programs and create a loan forgiveness program for use by child and adolescent psychiatry trainees. All AACAP members are encouraged to contact their House representatives and Senators to request co-sponsorship of this bill. AACAP is working tirelessly to improve recruitment into child and adolescent psychiatry in order to reduce the shortage of child psychiatrists.

On another note, we are eagerly anticipating another outstanding summer meeting. This year, the TSCAP will meet July 22-24 at the Lakeway Inn Conference Resort on Lake Travis, just outside of Austin. As always, our meetings are meant to be family-friendly and provide some time for relaxation and fun in addition to exceptional

CME talks. Our keynote speaker will be Dr. Jay Giedd, a nationally prominent researcher on adolescent brain development. The program title will be “*The Adolescent Brain: Developmental, Psychotherapeutic and Pharmacologic Issues*.” The theme of the conference will focus on the adolescent brain: specifically, how current knowledge of adolescent brain development can improve our understanding of adolescent psychopathology and better inform our psychotherapeutic and pharmacologic treatments. Results from an ongoing brain imaging project detailing dynamic changes in adolescent brain anatomy will be presented, and the impact of various forces on brain development will be discussed. Imaging normal cortical development may help our understanding of some neurodevelopmental disorders such as childhood-onset schizophrenia or autism. Dr. Steven Pliszka will provide an update of recent FDA warnings, specifically recent concerns about sudden death in patients treated with Adderall. Cognitive-behavioral techniques



Cynthia W. Santos, MD

from the recent Treatment of Adolescent Depression Study will be presented by Beth Kennard, PhD and Jessica Jones, emphasizing its usefulness in treating adolescent depression. In addition to presentation of research data, there will be a case discussion with the opportunity for a wide-ranging discussion of current clinical issues among the participants. Finally, George Pazdral, MD, JD will discuss ethical issues among psychiatrists and the procedures used for handling ethics complaints.

We look forward to continuing to seek ways to improve our organization and make it even more beneficial to our members. We believe our new relationship with the Federation of Texas Psychiatry will be a positive one that leads to enhancements in both organizations. ■

Foundation Records Another Successful Annual Campaign

Edward L. Reilly, MD, Chairman, Foundation Board of Directors



Edward L. Reilly, MD

The Board of Directors of the Texas Foundation for Psychiatric Education and Research met in Dallas on April 16, 2005 and received a report that Annual Campaign 2004 was supported by 93 contributions totaling \$14,250. To date, the Foundation has awarded 78 grants amounting to \$100,884, distributed as follows: Public Education and Advocacy - 59%; Professional Education - 34%; and Research - 7%. The Board approved grants for fiscal year 2005-2006 for the following: Mental Illness Awareness Week; Texas Depression and Bipolar Support Alliance;

TSPP Annual Convention; and Michael Nye Exhibit at the Houston Center for Photography.

The following members were elected as Officers for fiscal year 2005-2006: Chairman - Edward Reilly, MD (Houston); Vice Chairman - Linda Rhodes, MD (San Antonio); Treasurer - Arthur Farley, MD (Austin/Houston); and Secretary - Miriam Feaster (Friendswood). Charles Bowden, MD (San Antonio) was elected to the Honorary Board for a term of May 2006-April 2009.

The Foundation Nominating Committee

will present the following slate of Elected Directors to Foundation members at the Annual Membership Meeting in Austin in November 2005. Their terms will be May 2006-April 2009.

1. Re-appoint **Shirley Marks, MD** (McKinney)
2. Appoint **Clay Sawyer, MD** (Waco) to

replace Charles Bowden, MD (San Antonio)

3. Re-appoint **Mohsen Mirabi, MD** (Houston)
4. Re-appoint **Conway McDonald, MD** (Dallas)
5. Re-appoint **Hal Haralson** (Austin)
6. Appoint **Ed Nace, MD** (Dallas) to replace Stella Mullins (Austin) ■

The Foundation Board of Directors wish to acknowledge and thank the following individuals for their support of Annual Campaign 2004:

TEXAS FOUNDATION FOR PSYCHIATRIC EDUCATION AND RESEARCH ANNUAL CAMPAIGN 2004

FOUNDATION ASSOCIATES - 2004

Bush, John R.
Cimarron Foundation (Marcus J. Hunt)
Jameson, MD, Grace K.
Khushalani Foundation (Ashok Khushalani, MD)
Reilly, Edward & Mary Lou
Rhodes, MD, Linda J.
Stubblefield, Mrs. Robert L.
Tripp, MD, Larry E.

FOUNDATION ADVOCATES - 2004

Baskin, MD, T. Grady
Becker, MD, Emilie
Bennett, MD, Robert D.
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Skaggs, Dr. and Mrs. Murray
Sommerfelt, MD, Kathryn
Stowe, MD, Robert H.
Terrell, MD, Clark

Ticknor, MD, Christopher B.
Wick, MD, Paul
Zapalac, MD, Robert L.

OTHERS - 2004

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De Forster, MD, Estrella
De Silva, MD, Sriya
Dotter, MD, James F.
Drell, MD, William K.
Durand-Hollis, MD, Gabriel
Durgam, MD, Suresh K.
Fishkind, MD, Avrim
Groom, Linda
Gutierrez, MD, Jose A.
Hardee, MD, Thomas
Hawkins, MD, Wendy
Jeffreys, MD, Matt
Jones, MD, Mitchell

King, MD, John B.
Klaas, MD, Priscilla
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Macias, MD, Claudia T.
Meyer, MD, George G.
Miller, MD, Gary E.
Patel, MD, Rajeshkumar P.
Redmond, MD, Franklin C.
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Shannon, Jacqueline
Sparks, Dr and Mrs John C.
Swinney, James
Thompson, MD, Peter M.
Trivedi Crossley, MD, Sandhya
Williams, MD, Robert L.

Delegate Assembly Meets

The Federation Continues to Grow

The Delegate Assembly of the Federation of Texas Psychiatry met in Dallas on April 17, 2005. The Federation is an organization of psychiatric organizations, which serves as a coalition to unite and strengthen the voice of psychiatry in Texas. The Federation has three voting member organizations (the Texas Society of Psychiatric Physicians, the Texas Academy of Psychiatry, and the Texas Society of Child and Adolescent Psychiatry). Each voting member organization sends representatives to serve on the Delegate Assembly, the governing body of the organization. The Texas Foundation for Psychiatric Education and Research is a non-voting member of the Federation.

Since its inception on July 1, 2004 as a Texas non-profit corporation, the Federation now represents organizations with a combined membership enrollment of 1,669, an increase of 7% in united representation of psychiatry since July. The Delegate Assembly identified a number of other organizations in Texas which are eligible for membership, some of whom are already considering membership.

A major focus of the Federation is advocacy for psychiatry and patients with the Texas Legislature and with various State regulatory agencies. The Federation's united voice has already been effective in the current legislative session with significant achievements regarding the psychology prescribing issue and the reform of the fos-

ter care system in Texas. The Federation is currently tracking 213 bills in the Texas Legislature which could effect the practice of psychiatry and the delivery of psychiatric care to patients.

At their meeting on April 17, the Delegate Assembly authorized the distribution of ballot to the Assembly requesting consideration of an amendment to its Bylaws result-

ing from negotiations between TSPP and the APA Board of Trustees regarding the restructuring of organized psychiatry in Texas.

Current representatives to the Delegate Assembly include: Texas Academy of Psychiatry (Sanford Kiser, MD, Stuart Crane, MD and Thomas Martin, III, MD); Texas Society of Child and Adolescent Psychiatry

(Ralph Hodges, MD, Patrick Holden, MD, Steven Pliszka, MD, Valerie Robinson, MD, and Cynthia Santos, MD); and Texas Society of Psychiatric Physicians (David Axelrad, MD, Conway McDonald, MD, Gary Etter, MD, Martha Leatherman, MD, Richard Noel, MD, Priscilla Ray, MD, Clay Sawyer, MD and Leslie Secrest, MD) ■

Grace Jameson, MD Honored



Grace K. Jameson, MD (center) being swarmed by well-wishers during a reception conducted in her honor at the Yacht Club in Galveston recognizing her fiftyone years of the practice in medicine and psychiatry. Presentations recognizing Dr. Jameson's distinguished career were made by the Mayor's Office, John Bush, Executive Director of the Texas Foundation for Psychiatric Education and Research, Robert Hirschfeld, MD, Chairman of the UTMB Department of Psychiatry, and William Bondurant, MD, Dr. Jameson's partner of many years.

Legislative Update

The Federation is currently tracking 213 bills that could effect the practice of psychiatry in Texas.

Below are some of the bills of interest with the last action noted as of mid-April. For online copies of the bills listed below, go to the TSPP website (www.txpsych.org), select "Online Links" at the top of the homepage, and then select "Texas Legislature."

ALLIED HEALTH PROFESSIONALS

HB 1015 (Truitt)/SB 406 (Jackson) relating to the continuation and functions of the State Board of Examiners of Psychologists.
HB 1015 (4/6/05 substitute reported from House Public Health)
SB 406 (3/9/05 meeting cancelled in Senate Government Reform)

HB 1283 (Truitt)/SB 414 (Carona) relating to the continuation of the State Board of Examiners of Professional Counselors.
HB 1283 (3/30/05 action pending in House Public Health)
SB 414 (4/12/05 meeting set for Senate Government Organization)

HB 1320 (Truitt)/SB 415 (Shapleigh) relating to continuation and functions of the State Board of Social Worker Examiners.
HB 1320 (3/30/05 pending in House Public Health)
SB 415 (3/31/05 passed Senate; 4/4/05 referred to House Public Health)

HB 1413 (Truitt)/SB 417 (Whitmire) relating to the continuation and functions of the State Board of Examiners of Marriage and Family Therapists.
HB 1413 (4/7/05 pending in House Public Health)
SB 417 (referred to Senate Government Organization)

HB 3232 (Uresti)/SB 1688 (Hinojosa) relating to the establishment of the Texas Department of Health Professions Licensing and the transfer of the regulation of certain licensed health professions to that department.
HB 3232 (4/11/05 meeting set for House Government Reform)
SB 1688 (3/30/05 referred to Senate Health and Human Services)

HB 2706 (Delisi) relating to the establishment of the Health Professions Scope of Practice Review Commission. (4/7/05 pending in House Public Health)

MENTAL HEALTH

SB 130 (Nelson) relating to the provision of health and human services (prior authorization). (4/4/05 substitute reported from Senate Health and Human Services)

HB 470 (Davis)/SB 194 (Nelson) relating to local delivery of aging, disability, behavioral

health, and mental retardation services.

HB 470 (4/7/05 substitute voted favorably from House Human Services)
SB 194 (2/1/05 referred to Senate Health and Human Services)

HB 1771 (Delisi)/SB 871 (Nelson) relating to the Medicaid managed care delivery system.
HB 1771 (4/7/05 substitute reported from House Public Health)
SB 871 (3/10/05 referred to Senate Finance)

HB 1862 (Uresti) relating to a plan for equitable distribution and funding of mental health services in this state. (3/21/05 pending in House Government Reform)

HB 2472 (Delisi) relating to disease management services under Medicaid managed care. (3/15/05 referred to House Public Health)

HB 3060 (Turner) relating to prescription drugs under the Medicaid vendor drug program and other state health and human services programs. (3/17/05 referred to House Public Health)

HB 3077 (Naishat) relating to the establishment of a work group to make recommendations regarding the management of behavior or residents at certain facilities. (4/14/05 meeting set for House Human Services)

HB 3079 (Naishat)/SB 465 (West) relating to the administration of psychoactive medication to certain patients.
HB 3079 (referred to House Human Services)

SB 465 (3/31/05 recommended for Local/Uncontested Calendar)

SB 1187 (Nelson)/HB 2572 (Truitt) relating to the functions of local mental health and mental retardation authorities.
SB 1187 (3/21/05 referred to Senate Health and Human Services)
HB 2572 (4/14/05 meeting set in House Human Services)

SB 1760 (Gallegos)/HB 3089 (Dutton) relating to contracts with private entities to operate state hospitals for persons with mental illness.

SB 1760 (3/30/05 referred to Senate Health and Human Services)
HB 3089 (3/21/05 referred to House Public Health)

HB 920 (Uresti) relating to protective and guardianship services for elderly and disabled persons. (4/5/05 substitute voted favorably from House Human Services)

LEGAL

Insanity Defense:

HB 291 (Goolsby) relating to victim notifica-

tion regarding the release of certain defendants following acquittal by reason of insanity. (4/5/05 substitute reported from House Corrections)

SB 837 (Wentworth) relating to the insanity defense. (3/10/05 referred to Senate Jurisprudence)

SB 838 (Wentworth) relating to the reporting and collection of certain information regarding persons found not guilty of an offense by reason of insanity. (3/10/05 referred to Senate Jurisprudence)

Competency:

SB 679 (Duncan) relating to the procedure for determining the incompetency of a defendant to stand trial. (4/6/05 substitute voted favorably from Senate Jurisprudence)

SB 925 (Duncan) relating to competency to be executed in a capital case. (4/12/05 meeting set for Senate Criminal Justice)

Death Penalty for Mentally Retarded Persons:

HB 419 (Keel)/SB 65 (Staples) relating to the

continued on page 6

TSPP EXECUTIVE COUNCIL ACTIONS

The TSPP Executive Council met on April 17, 2005 in Dallas at the Westin Galleria Hotel and approved the following action items:

- ★ Upon the recommendation of the Strategic Planning Committee, the Executive Council unanimously approved the following statement regarding the APA Board of Trustees' negotiations with TSPP about the restructuring of organized psychiatry in Texas:
The Executive Council recognizes that progress has been made in the BOT-TSPP negotiations and that both parties have negotiated in good faith. We encourage the continuation of the negotiating process and endorse TSPPs April 6 proposal. We recommend as general negotiating principles that TSPP not enter into any agreement that would require TSPP to abrogate authority to any other organization, that would enable any other organization to micromanage TSPP, that would leave TSPP in a disadvantageous position, and that would require any TSPP admission of wrongdoing, as TSPP has not violated any Bylaws or policies.
- ★ Upon recommendation of the Membership Committee, the Executive Council supports TSPPs proposed settlement agreement to the APA Board of Trustees dated April 6, 2005 and TSPPs continued attempts to negotiate with the APA Board.
- ★ The Executive Council adopted a recommendation of the Constitution and Bylaws Committee that TSPPs official position in its ongoing negotiations with the APA Board of Trustees is expressed in TSPPs settlement proposal of April 6.
- ★ Upon recommendation of the Budget Committee, the Executive Council adopted the following statement: "The actions by the APA Board of Trustees in September and October have caused tangible and intangible damages to the TSPP and its members."
- ★ The Executive Council endorsed the following recommendations of the Academic Psychiatry Committee: 1) Residency Training Directors will be invited to attend the Committee's next meeting in November 2005 to further discuss issues of funding for Residency Programs in Texas; 2) to place an announcement in the next issue of the Texas Psychiatrist regarding the formation of the new Academic Psychiatry Committee; and 3) to communicate to TSPP members who are in academic psychiatry about the availability of a poster session or abstract for presentation by residents at TSPPs meetings.
- ★ The Executive Council approved an operating budget for fiscal year 2005-2006 as presented by the Budget Committee.
- ★ Upon recommendation by the Budget Committee, the Executive Council took actions on a request for membership status change and a dues waiver for a member.
- ★ The Executive Council approved the following TSPP CME Mission Statement as presented by the Continuing Medical Education Committee: "The mission of the TSPP accredited CME program is to provide information available in the field of psychiatry to psychiatric physicians so that they may be kept up-to-date with developments in research, clinical practice, economics, legislation, ethics and other issues pertinent to their practice and be better able to serve their patients and practice their profession. Selected information is presented in one major conference annually using a lecture/discussion format, small group discussions and poster sessions. Other educational presentations are used from time to time. In addition to the annual conference, other CME presentations may be developed by the CME Committee. The CME Committee facilitates the development of other accredited CME conferences of benefit to the membership."
- ★ The Executive Council approved a recommendation of the CME Committee to accelerate the timeline to select a Chair for the 2006 TSPP Scientific Program to August 1, 2005 and to April 1, 2006 for the 2007 TSPP Scientific Program. The Scientific Program Chair will be recommended by the Nominating Committee and will serve as TSPP Vice President and as a member of the TSPP Executive Committee.
- ★ Upon recommendation of the CME Committee, the Council approved a \$25.00 fee, per request, for replacement of CME certificate(s) verifying attendance at a TSPP CME program, effective November 2005.
- ★ The Executive Council, upon recommendation of the Fellowship Committee, approved for submission to APA one application for APA Distinguished Fellow. Two applications were approved conditionally.
- ★ Upon recommendation of the Institutional Psychiatry Committee, the Executive Council sunsetted the Institutional Psychiatry Committee as its issues and areas of interest are addressed by other TSPP committees.
- ★ Upon recommendation of the Nominating Committee, the Executive Council approved the following TSPP Awards for presentation at the TSPP Annual Convention in November 2005: Distinguished Service Award - Bernard M. Gerber, MD (Houston); Psychiatric Excellence Award - Robert M.A. Hirschfeld, MD (Galveston); and Special Service Award - Steve Bresnen (Austin).
- ★ The Executive Council approved two practice guidelines as recommended by the Professional Practices Committee: Guideline for Office-Based Treatment of Cocaine and Amphetamine Withdrawal and Guideline for Office-Based Treatment of GHB Withdrawal.
- ★ Upon recommendation of the Professional Practice Committee, the Executive Council authorized the establishment of a TSPP Committee for Physician Advocacy to assist physicians in dealing with complaints to the Texas State Board of Medical Examiners regarding issues dealing with psychiatric disorders, substance abuse or dementia and for TSPP to work with TMAs similar committee established for physician advocacy.
- ★ The Council approved a recommendation of the Professional Practice Committee for TSPP to promote to the Texas Legislature and regulatory agencies the establishment of an office of physician advocacy within the Texas State Board of Medical Examiners to assist physicians in dealing with complaints regarding psychiatric disorders, substance abuse or dementia.

Call for Nominations

The 2006 Texas Society of Psychiatric Physicians' Annual Convention and Scientific Program will be held November 3-5, 2006 at the Westin Galleria Hotel in Dallas, Texas.

TSPP members interested in being considered for appointment as the 2006 Scientific Program Chair should submit a brief resume outlining qualifications and knowledge of the CME process by August 1, 2005.

As the Scientific Program Chair you will be appointed to the CME Committee and, in consultation with the CME Committee, identify topics of interest expressed by the membership, write the program's objectives, develop the content, and select appropriate speakers for the program. You will be responsible for promoting the meeting to the membership by articles in the *Texas Psychiatrist* and notices to Chapters.

In addition, as Scientific Program Chair you will be nominated as TSPP Vice President and be appointed to the TSPP Executive Committee. As a member of the TSPP Executive Committee you will be responsible for participation in Executive Committee meetings and telephone conference calls required to conduct business between Executive Council meetings.

On-site at the Scientific Program, you will preside over 1½ days of the CME Program and assist in the introduction of speakers and keeping the program on schedule.

Additional information may be obtained by contacting the TSPP Office at 512/478-0605.

The TSPP CME Committee will receive and review applications for the position of TSPP Scientific Program Chair and forward recommendations to the TSPP Nominating Committee. The Nominating Committee will review the applications and forward its recommendations for approval to the Executive Council.

Deadline for Submission of Applications: August 1, 2005

Send your resume to:
Texas Society of Psychiatric Physicians
401 West 15th Street, Suite 675, Austin, Texas 78701
or, fax it to 512/478-5223 or send it by email to TSPPofc@aol.com.

Legislative Update continued from page 5

applicability of the death penalty to a capital offense committed by a person with mental retardation.

HB 419 (2/3/05 referred to House Criminal Justice)
SB 65 (1/31/05 referred to Senate Criminal Justice)

SB 85 (Ellis) relating to the applicability of the death penalty to a capital offense committed by a person with mental retardation. (1/31/05 referred to Senate Criminal Justice)

SB 231 (Ellis) relating to the applicability of the death penalty to a capital offense committed by a person with mental retardation. (2/3/05 referred to Senate Criminal Justice)

Courts:

SB 348 (Wentworth) relating to the availability of judges and magistrates for proceedings related to chemically dependent persons. (3/31/05 passed Senate; 4/4/05 referred to House Judiciary)

HB 2518 (Coleman) relating to the requirements of a mental health court program. (4/4/05 action pending in House Judiciary)

SB 307 (Duncan) relating to persons who participate in a mental health court program. (4/7/04 passed Senate; 4/7/05 received in the House)

CHILDREN AND ADOLESCENTS

Protective Services:

SB 6 (Nelson) relating to protective services. (3/3/05 passed Senate; 4/5/05 substitute voted favorably from House Human Services)

HB 6 (Hupp) relating to protective services. (4/5/05 action pending in House Human Services)

HB 339 (Naishtat) relating to the administration of psychoactive medication to foster children. (2/23/05 pending in House Human Services)

HB 478 (Goodman) relating to the operation of child protective services and foster care system. (2/23/05 pending in House Human Services)

HB 799 (Uresti) relating to the creation of an online medical passport for foster children. (2/14/05 pending in House Government Reform)

HB 800 (Uresti) relating to protective services. (2/23/05 pending in House Human Services)

SB 750 (Van de Putte) relating to the operation of the child protective services and foster care systems. (3/10/05 referred to Senate Health and Human Services)

Insurance Benefits:

HB 368 (Farabee)/SB 215 (Van de Putte) relating to health benefit plan coverage for certain mental disorders in children

HB 368 (2/21/05 hearing in House Insurance)
SB 215 (3/21/05 pending in Senate State Affairs)

HB 556 (Naishtat) relating to eligibility for and administration of the child health plan program (2/7/05 referred to House Human Services)

SB 1188 (Nelson) relating to medical assistance and children's health insurance programs (4/12/05 meeting set for Senate Health and Human Services)

HB 725 (Pena)/SB 69 (Shapleigh) relating to restoring services under the Medicaid and children's health insurance programs. HB 725 (2/9/05 referred to House Appropriations)
SB 69 (1/31/05 referred to Senate Finance)

HB 2606 (Guillen) relating to expanding mental health services provided under the medical assistance and children's health insurance programs. (3/16/05 referred to House Public Health)

HB 2738 (Guillen) relating to eligibility for and administration of the child health plan program. (3/16/05 referred to House Public Health)

HB 3436 (Coleman) relating to the restoration and expansion of the medical assistance, children's health insurance and other health insurance programs. (3/23/05 referred to House Appropriations)

Services:

HB 224 (Corte) relating to the treatment of certain persons younger than 18 years of age admitted for voluntary inpatient mental health services and discharge from that treatment for those persons. (4/4/05 passed the House; 4/6/05 referred to Senate Health and Human Services)

ECONOMIC

Malpractice:

HB 241 (Goolsby) and HB 242 relating to professional liability insurance for certain retired physicians acting as volunteer health care providers.

HB 241 (2/1/05 referred to House Insurance)
HB 242 (2/1/05 referred to House Insurance)

HB 686 (Rose) relating to the use of certain factors in determining premiums charged to professional liability insurance for physicians and health care providers. (4/11/05 meeting set for House Insurance)

HB 1532 (Rose)/SB 249 (West) relating to rates for professional liability insurance for physicians and health care providers. HB 1532 (4/11/05 meeting set in House Insurance)
SB 249 (2/3/05 referred to Senate State Affairs)

HB 1665 (Hopson) relating to a study of the



Joan Hebel, MD (Galveston), Clyde Bauman (McAllen), Dwight Steiner (McAllen), and George Santos, MD (Houston) provided testimony on foster care reform to the Texas Legislature's House Human Services Committee.

effectiveness of rate regulation for medical malpractice insurance. (3/2/05 referred to House Insurance)

Insurance Benefits:

HB 1669 (Rose) relating to health benefit plan coverage for the diagnosis and treatment of eating disorders. (3/2/05 referred to House Insurance)

HB 1784 (Coleman)/SB 1414 (Shapleigh) relating to health benefit coverage for an enrollee with certain mental disorders. HB 1784 (3/11/05 referred to House Insurance)
SB 1414 (3/21/05 referred to Senate State Affairs)

HB 1785 (Coleman)/SB 1781 (Van de Putte) relating to health benefit coverage for certain physical injuries that are self-inflicted by a minor.

HB 1785 (3/11/05 referred to House Insurance)

SB 1781 (3/30/05 referred to Senate State Affairs)

HB 1786 (Coleman)/SB 1782 (Van de Putte) relating to coverage of anorexia nervosa and bulimia nervosa as serious mental illnesses under certain group health benefit plans. HB 1786 (3/11/05 referred to House Insurance)
SB 1782 (3/30/05 referred to Senate State Affairs)

HB 1941 (Nixon) relating to group health benefit plan coverage for an enrollee with certain mental disorders. (4/14/05 subcommittee meeting set for House Insurance)

HB 3411 (Coleman)/SB 826 (Van de Putte) relating to mental health services for women with postpartum depression.

HB 3411 (3/23/05 referred to House Insurance)

SB 826 (4/5/05 pending in Senate Health and Human Services)

SB 208 (Lucio) relating to health benefit plan coverage for an enrollee with certain mental

disorders, including autism or another pervasive developmental disorder. (2/3/05 referred to Senate State Affairs)

Systems of Care:

SB 1756 (Zaffirini) relating to the managed care system known as integrated care management. (3/30/05 referred to Senate Finance)

SB 872 (Nelson) relating to a study regarding the impact of niche hospitals on other general hospitals and to certain disclosure requirements regarding niche hospitals. (4/11/05 placed on Senate Intent Calendar)

Insurance Practices:

SB 49 (Nelson) relating to the electronic submission of certain health care transactions. (1/31/05 referred to Senate State Affairs)

HB 7 (Solomons)/SB 400 (Nelson) relating to continuation of the Worker's Compensation Commission.

HB 7 (3/31/05 passed as substituted and amended by the House; 4/6/05 referred to Senate State Affairs)

SB 400 (2/15/05 referred to Senate Government Organization)

SB 46 (Nelson) relating to a universal benefits issuance and identification card for health and human services programs. (4/4/05 passed as substituted and amended by the Senate; 4/5/05 received in the House)

SB 50 (Nelson) relating to contracts between health care providers and certain health benefit plans. (3/31/05 substitute passed the Senate; 4/4/05 referred to House Insurance)

Taxes:

HB 3 (Keffner) relating to property tax relief and protection of taxpayers, taxes and fees, and other matters relating to the financing of public schools. (3/15/05 passed as substituted and amended in the House; 3/22/05 referred to Senate Finance)

SUBSTANCE USE

HB 658 (Naishtat) relating to the medical use of marijuana. (4/5/05 pending in House Criminal Jurisprudence)

HB 1805 (Campbell) relating to the provision of alcohol and substance abuse programs by school districts. (3/11/05 referred to House Public Education)

SB 348 (Wentworth) relating to the availability of judges and magistrates for proceedings related to chemically dependent persons. (3/31/05 passed the House; 4/22/05 set on Senate Local Calendar)

OTHER

HB 1944 (Solomons)/SB 419 (Nelson) relating to the continuation and functions of the State Board of Medical Examiners.

HB 1944 (4/13/05 meeting set for House Public Health)

SB 419 (referred to Senate Government Organization)

SB 424 (Carona) relating to the deadline for passing the examination for a license to practice medicine in this state. (4/7/05 passed Senate; 4/7/05 received in the House)

SB 1719 (Van de Putte) relating to the administration of medication. (3/30/05 referred to Senate Health and Human Services)

SB 1517 (Deuell) relating to qualifications of physicians who perform certain utilization review duties for a health benefit plan. (3/22/05 referred to Senate State Affairs) ■



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A Duty and Responsibility to Participate

Brian S. Earthman, MD, PGY-4, UTHSCSA

A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.

Psychiatrists are encouraged to serve society by advising and consulting with the executive, legislative, and judiciary branches of the government.

The first statement above is from the American Medical Association's Principles of Medical Ethics. The second statement is from the American Psychiatric Association's annotations specific to psychiatry. I recently had the opportunity to live those statements at the Capitol in Austin. I am a PGY-4 in the general psychiatry program at The University of Texas Health Science Center – San Antonio. Sometime before Christmas last year I received an e-mail from my Chief Residents Dr. Melissa Watson and Dr. David Huang announcing that the residency training program was trying to arrange for a group of residents to go to TSPP's two day Capitol Day Program to learn how to meet with elected officials and then to go speak with some of them. I immediately signed up and on January 25th I and several of my fellow residents headed up to Austin.

The two day event was structured with the first day being training on communication and current legislative issues in Texas facing psychiatrists and our patients. My initial thought was that as a psychiatrist I really

didn't need that training in communication after the many hours I have spent in residency on this topic. It was not long before I realized that the hours spent learning and doing psychodynamic therapy did not prepare me for the way I needed to communicate with legislators. At one point I was told that I should plan on having only five minutes (if legislators were not busy) to discuss why psychologists prescribing medications was a patient safety nightmare and that waiting for a judge to consent for a foster child to take psychiatric medication was not a good idea. Certainly not enough time to clarify any transference/countertransference issues.

The morning was filled with instruction on who is important to speak with and how to get in to see them. I was humbled to hear a highly respected and talented lobbyist tell me that because of his family's personal experience with the devastation of mental illness he was going to work tirelessly with TSPP to protect our patients. Then a former national radio talk show host told me that his life's goal is to educate psychiatrists on how to interact meaningfully with the media to erase the cultural stigma attached to mental illness and the medical treatment of it. Finally, consumer groups such as NAMI, DBSA, TMHC and MHAT told their stories about how the broken system of delivery of mental health treatment in Texas has compounded their own struggles with mental illness. Day one was enough to convince any physician that the care of our patients certainly extends beyond the halls of our hospitals and the walls of our offices.

After returning to San Antonio to fulfill my overnight on-call duties, I returned for day two. TSPP organized the group into 3-4 person teams, assigned us 4-5 legislators to speak with, dressed us up in our white coats and gave us a map of the Capitol. I arrived at the Capitol full of enthusiasm and certainty that I was going to help set things straight and that by the end of the day the Texas Legislature would be at the pinnacle of understanding about mental illness and would subsequently open the coffers of our State Treasury to fund its treatment. Well,

maybe I wasn't that optimistic but my confidence factor was flying high. Things changed a little bit when I walked through the front doors of the massive pink granite building and then descended to bottom halls of "the extension" into a dizzying array of men and women in business suits flying back and forth and members from multiple other groups that had their own agendas to advance. I imagine it is very similar to the experience a patient's family member might have if they took a wrong turn in the hospital and ended up in the trauma bays of the emergency room after a motor vehicle crash. My confidence was now tempered with an equal amount of anxiety. In the first office we visited we were politely seated and the Senator's legislative aide came to hear our concerns. I launched into a 4-5 minute explanation of why medical school is necessary to prescribe medications, why foster children should not have psychiatric care limited, and why psychotic patients arrested for trespassing do not need to be in jail. After finishing I realized that I felt strangely similar to how I felt during my mock orals from the year before, somewhat small and tentative. The aide asked some questions and said he would contact us if he needed any more information on the issues. We thanked him for his time and went on to visit number two. Before the end of the day I had made 6-7 visits including a stop by my local representative's office and had taken wrong turns at least twice as many times. By the last visit I felt like an attending leading morning rounds on the wards, confident and in charge.

We returned to the TMA building and John Bush thanked us for coming and reinforced how important our participation is to their efforts in the legislative session. On my drive home I reflected on how simple the process of participation was after I worked through my anxiety. It reminded me of how different I felt on my first night shift alone in the psychiatry emergency room and my last night there. Since the Capitol Day experience I have had the opportunity to return to Austin and work with the TSPP legislative



Martha Leatherman, MD and Brian Earthman, MD visit the Capitol

affairs team 4 times. Each time has been productive and eye-opening. My window into mental illness is as a clinician and I have learned to focus on how patients see mental illness. I am growing ever more aware that there are multiple windows including policy makers, insurance companies, hospital administrators, law enforcement, educators and so on. Each group has their own view and will fight for their own agendas. I know I will continue advocate for my patients in the arenas of city and state politics. I now view part of my responsibility as a professional as actively participating in the writing, execution, and upholding of the laws governing the practice of psychiatry and the delivery of mental health care in our society. I hope all psychiatry residents are afforded and take advantage of the opportunity to develop their identity as a political advocate for mental illness, just as we develop our identities as a therapist, an expert on psychotropic medication, and mental health team leader. I will finish with a quote that will forever remind me of my duties to participate. ■

"One of the penalties of refusing to participate in politics is that you end up being governed by your inferiors" – Plato

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Scenes from TSPPs Spring Meeting...



Past Presidents David Briones, MD (El Paso) and Spencer Bayles, MD (Houston)



Clay Sawyer, MD, (Waco) TSPP President with Past Presidents David Axelrad, MD (Houston), Priscilla Ray, MD (Houston) and Robert Denney, MD (Tucson, AZ)



Michael A. Schwartz, MD, (Austin) Adjunct Professor of Philosophy and Adjunct Professor of Psychiatry at the University of Louisville, provided a presentation entitled "Norepinephrine in the Brain: Neurobiology and Therapeutics for the 21st Century"

Clay Sawyer, MD (Waco) passes the TSPP Presidents' gavel to Gary Etter, MD (Fort Worth) who assumed the duties of TSPP President at the conclusion of the Spring Meeting.



Susan L. Marr (Dunnellon, FL), Regional Risk Manager with The Doctors Company, presented a program on "Risk Management Tips"

TMA Section on Psychiatry Gaylord Texan Resort and Convention Center Grapevine, Texas • May 13, 2005

The TMA Section on Psychiatry program arranged by Joan R. Hebel, MD and Karen D. Wagner, MD of the Texas Society of Psychiatric Physicians is targeted to physicians and residents practicing in the area of psychiatry or who specialize in the treatment of pediatric patients. Upon completion of the program, participants should be able to: 1) identify symptoms and treatment for childhood bipolar disorder; 2) identify symptomology and discuss evidence for treatment of childhood obsessive compulsive disorder; 3) discuss controversies related to treatment of childhood depression; 4) identify multicultural issues that affect treatment of childhood psychiatric disorders; and 5) discuss ethical issues related to psychiatric treatment of children in foster care.

- "Challenges in Diagnosing Childhood Bipolar Disorder"
Nga A. Nguyen, MD, Galveston
- "Treatment of Bipolar Disorder in Children and Adolescents"
Dwight V. Wolf, MD, Galveston
- "Childhood Obsessive-Compulsive Disorder"
Melissa Martinez, MD, Galveston
- "Controversies in the Treatment of Depressed Children"
Robin D. Mallett, MD, Galveston
- "Multicultural Issues in the Treatment of Children"
Vikram Kashyap, MD, Galveston
- "Ethical Issues in the Treatment of Children in Foster Care"
Joan R. Hebel, MD, Galveston

CALENDAR OF MEETINGS

MAY

- 13 TMA Section on Psychiatry**
Gaylord Texan Resort and Convention Center
Grapevine, Texas
www.texmed.org
- 19-22 American Academy of Psychoanalysis and Dynamic Psychiatry**
49th Annual Meeting
(How) Is Psychodynamics Relevant Today?
Westin Peachtree Plaza
Atlanta, GA.
www.aapsa.org

JULY

- 22-24 TSCAP Summer Meeting**
"The Adolescent Brain: Developmental, Psychotherapeutic and Pharmacologic Issues"
Lakeway Inn Conference Resort on Lake Travis
Austin, TX

NOVEMBER

- 4-6 TSPP Annual Convention and Scientific Program**
"The Dynamic Spectrum of Clinical Psychiatry"
Hyatt Regency Austin Hotel
Austin, TX
- 4 TSPP Committee Meetings**
Member Luncheon
Welcome Reception with Exhibitors
Annual Awards Banquet
- 5 TSPP Scientific Program**
Annual Business Meetings
Executive Council Meeting
- 6 TSPP Scientific Program**

FEDERATION OF TEXAS PSYCHIATRY

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

- to promote the common professional interests of psychiatrists by encouraging their participation as members of state professional psychiatric associations, including the Texas Society of Psychiatric Physicians and the Texas Academy of Psychiatry, and state professional subspecialty psychiatric associations including organizations for Child and Adolescent Psychiatry, Addiction Psychiatry, Geriatric Psychiatry and Forensic Psychiatry;
- to facilitate the coordination of and work in concert with state professional psychiatric associations and state professional subspecialty psychiatric associations, to unify programs that advance public and professional education and advocacy for psychiatry and persons with psychiatric illnesses;
- to provide centralized services to state professional psychiatric associations and state professional subspecialty psychiatric associations;
- to make psychiatric knowledge available to other practitioners of medicine, to scientists, and to the public; and,
- to promote the best interests of patients and those actually or potentially making use of mental health services.

The TEXAS PSYCHIATRIST is published 5 times a year in February, April, June, August, and October. Members of Federation member organizations are encouraged to submit articles for possible publication. Deadline for submitting copy to the Federation Executive Office is the first day of the publication month. Copy must be edited, acceptable for publication.

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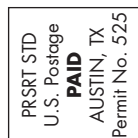
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