Message from our President - Alexander Lerman, M.D.
Simulation and Dissimulation

I’m spending a lot of time these days with my nose buried in transcripts of residents’ simulated patient interviews. They’re fascinating – particularly the luxury of identifying all the ways communication goes wrong. Take, for example, last year’s gun-toting corrections officer, “Gary Sullins”, who turns out to be armed as he has a panic attack in the middle of the interview.

In the opening phase of the interview, the script calls for Gary to be sarcastic, devaluing to the interviewer. This may be less-intimidating than discovering a Glock 20 when the patient mops his face with hifas shirt – but it’s striking how many interviewers had trouble with it. Some seemed jarred and asked the patient to repeat himself (which he did, a little nastier the second time around). Others engaged in jargon-filled explanations of why the interview was important, what questions should be asked, etc. Others simply ignored the exchange and moved into a “template” interview of scripted questions, as though what the patient said and did didn’t matter at all – when in fact the issues driving the patient’s sarcastic, bitter posture represent the key to the whole case.

I’m left to reflect that being “genuine” is more difficult than it looks. I tell residents to “Just be yourself,” which for some of them seems as useless as the same words uttered by my mother before she sent me off to ballroom dancing lessons at age 11. “Are you kidding?” I wanted to tell her at the time. “How can I possibly ‘be myself’ as I’m being suffocated by a necktie and forced to touch – actually touch – a girl?”

“Being yourself” can be just as daunting a proposition for many of us as psychiatrists. Part of it is the sense that there are all these rules, and so many papers and templates to complete, that there just isn’t time. Sometimes there are issues of one’s own memories and emotions which can be activated by a patient’s material. But the deeper problem, I think, is fear of genuineness of perceiving just how deep the level of pain and desperation that a lot of patients feel; leading to self-doubts, confusion about what is wrong, uncertainty about what to do.

The first thing we’re supposed to do (it’s always valuable to remember) is to listen. But many patients need more. They need to feel the humanity, the observing and receptive mind, of the person they’re talking to. This doesn’t mean sharing intimate personal confidences with a patient. But it does mean establishing a person-to-person relationship with a patient who comes to believe in your desire to listen, and to understand and help as best you can.

This doesn’t always mean “being nice,” either: One of my favorite resident responses to “Gary’s” bullying is a resident who simply laughed – it wasn’t a real laugh, kind of a hiss of pseudo-laughter that seemed to say, “Okay, I get it: go ahead and bust my balls, I’ll pretend like it’s funny. Meanwhile, I’m focused on trying to understand what’s going on. Let’s talk about why you had a collection of loaded guns in your car.”

Interviewing – like everything else – comes naturally to some. Our mission in the SIM program is to identify the attributes that go into natural talent and teach them to everybody. Part of the challenge is that getting good at interviewing requires a process of personal growth, integrating one’s own life experience, letting patient after patient teach you what you don’t know.

I hope that the residents in the simulation exercise get comfortable with the experience of feeling uncomfortable or even “failing” in an interview. All of us react emotionally or fail to understand patients all the time – and the devil lies in the fact that we usually don’t know when we’re doing it, at

(Continued on page 2)
President’s Column By Alexander Lerman, M.D.

(Continued from page 1)

least not cognitively. Often one’s personal reaction is the biggest due to what you’re missing. For some early-career psychiatrists, personal feelings often seem to be the very thing you think you ought to be filtering out in order to be “professional.” Other trainees are comfortable feeling concern and compassion, but get anxious when the emotional color turns to frustration, boredom, or fear.

Anton Damasio, the great neuroscientist, is not the first psychiatrist to point out that emotions are a key component of human mentation. Freud said the same thing. So did my mother, when she told me “just be yourself.” Open yourself up to the patient in the room. Trust yourself to remember the list of questions you need to ask and let them come up naturally in the course of the interview. Try to notice when the patient changes the subject and wonder why they’re doing it. Get real, even (or especially) when the emotional color of the session is unpleasant. The patient may not (or may) love you for it, but at least you will be doing your job at a high level, you will be a psychiatrist, instead of someone trying to act like one.

Psychiatric Society of Westchester’s 32nd Annual Legislative Brunch

By: Jerry Liebowitz, M.D.

Our 32nd Annual Legislative Brunch was held at St. Vincent’s Hospital on January 27, 2019. Alex Lerman, MD, our President, opened the morning welcoming the legislators, members of PSW, and guests, and expressed the hope that legislators and members present could share experiences and learn more about the delivery of mental health care.

Susan Stabinsky, MD, our Legislative Representative and acting clinical director at Rockland State, welcomed all present “to one of the most important events the Psychiatric Society of Westchester has during the year” – to help us work together and fight for our patients. She expressed the hope that this meeting will help do something to change the systems we deal with. Speaking to the legislators, she hoped that it would “make you aware of what we’re thinking and what NAMI’s thinking.” She called everyone’s attention to NYSPA’s list of key legislative issues and priorities, especially the recent passing of the Mental Health & Substance Use Disorder Parity Report Act that will require NYSPA’s monitoring the implementation of the law and the passing of a law prohibiting “conversion therapy” for minors, making New York the 15th state to do so.

Richard Gallo, Government Relations Advocate for NYSPA, praised Barry Perlman, “our man in Albany,” who retired last year. He called the Brunch “a kind of celebration” for all that has been accomplished, noting three important priorities that have been enacted into law but still need NYSPA’s attention:

1) The implementation of New York’s Raise the Age Law, which was passed last year, still needs to be supported with an additional $100 million in funding proposed in the State Executive Budget for FY2019-20.

2) NYSPA will need to monitor the implementation of the Mental Health & Substance Abuse Disorder (MH/SUD) Parity Report Act – the so-called “parity compliance report card” and, according to Dr. Gallo, “the first major law since Timothy’s Law (2006)” – which was finally passed overwhelmingly by both houses and signed into law on the anniversary of Timothy’s Law on December 21, 2018. This bill will compel insurers, health plans, and behavioral health management companies to submit key data and information to the Department of Financial Services for analysis and evaluation of compliance with the federal and state MH/SUD parity laws, culminating in the publication of a report posted on the Department’s website. The Governor’s budget, he noted, expands parity to all insurers. NYSPA will monitor implementation of this law as well as other parity enforcement efforts and initiatives, including those aimed at aligning and codifying the standards and protections provided under state and federal parity laws and proposed by Governor Cuomo in his executive budget proposal, which includes $1.7 million appropriation to the Department of Financial Services and $1.05 million to the Department of Health to allow for enhanced monitoring and enforcement.

3) The bill Prohibiting “Conversion Therapy” for Minors was finally passed by the Senate on January 15th and signed by the governor yesterday (1/26). Although Licensed mental health professionals had already been prohibited from engaging in efforts to change a minor’s sexual orientation (so-called “conversion therapy”) in several counties, including Westchester under the leadership of County Executive Latimer, and municipalities around New York State, this bill now makes New York the 15th state to ban “conversion therapy” for minors statewide.

Dr. Gallo also spoke of two controversial pieces of legislation that are being considered: bills to legalize recreational marijuana and aid-in-dying.

He observed that the State’s mental health budget looks good, with a 3.6% increase in healthcare and education funding. And he emphasized loan forgiveness, with $150,000 in grants to early psychiatrists in

(Continued on page 6)
For a long time, I have been looking for a book that compares the health care financing and delivery systems of different countries. This is such a book. The author is a journalist who examined the systems in several developed countries: France, Germany, Japan, the UK, Canada, and the USA. It was published in 2009, so the book is limited to descriptions of the systems as they existed at that time. The author is a proponent of having central governments provide health care for all their citizens and examines the different systems from that perspective. The thesis of this book is that the USA can introduce universal health care by borrowing ideas from foreign models of health care. “I set out on a global tour of doctors’ offices and hospitals and health ministries to see how the other industrialized democracies organize health care systems that are universal, affordable, and effective.” (page 3)

The author posits 4 basic models of health care in developed countries:

The Bismarck Model, the Beveridge Model, the National Health Insurance Model, and the Out-Of-Pocket Model. He examines each of these models as they are applied. Germany and Japan have the Bismarck Model: multiple non-profit insurance companies financed by employers and employees, private physician practices, and government price setting. Great Britain has the Beveridge Model: Care is financed through a tax and provided by the government and physicians are government employees. Canada has the National Health Insurance Model: A universal non-profit insurance program where the government pays all medical bills (a single payer system financed through an insurance premium/tax). The USA has the Out-Of-Pocket Model: Health care financing is provided by private for-profit insurance companies or by direct payments from the patients. The United States uses this for the largest part of its health care financing, along with a large amount of single payer and other government financed programs. He looks at looks Out-Of-Pocket care in some less-wealthy countries, such as India.

In many ways the US health care system fares poorly in comparison with the systems of other developed countries. The US spends more and has poorer health outcomes in these comparisons. “The US health care system’s troubles with quality, coverage, and cost control are well known in the rest of the developed world.” (43) The author states, “I don’t think that Americans are any more willing to ditch our own health care system and replace it wholesale with a British or German or Canadian model. But there are useful approaches, ideas and techniques that we could learn from health care systems that are fairer, cheaper, and more effective than ours. That was the impulse behind my global quest: to look at the world’s best systems and see if they had useful lessons for us.” (44-45)

He then examines 2 developed countries that fundamentally reformed their health care financing to make delivery universal and more equitable: Taiwan and Switzerland. Taiwan had an out-of-pocket payment system for most people but in 1995 it changed to a single government-run insurance plan that uses private doctors and hospitals. Switzerland had a system using for-profit insurance companies. This left about 5% of the population uninsured. Switzerland’s new plan required that everyone buy health insurance and that health insurance be a non-profit commodity. Their new plan went into effect in 1996. “Under this plan, health insurance was separated from employment, and every family went out in the market to buy coverage. Insurance companies were required to offer a basic package of benefits to all applicants, and insurers could not make a profit on basic health coverage….” (179)

Regarding universal and equitable coverage, the author addresses what he calls the basic question of health care systems: “Do you think everybody has a right to medical care when they get sick?” (217) “Which inequalities will society tolerate? Is it acceptable that some people are left to die because they can’t see a doctor when they get sick? That question encompasses a more basic question: is health care a human right?” (212) “All the developed countries except the United States have decided that every human has a basic right to health care.” (213) “For the most part, the developed nations that legally declare a right to health care have implemented that right not by imposing duties on particular doctors or hospitals but, rather, by setting up some national system of care that is available to everybody, regardless of wealth.” (215)

The author believes that a country’s health care system reflects its basic ethical values but that the United States has not faced this ethical question. “Americans have never really carried out an ethical debate about health care as a right – that is, about which

(Continued on page 10)
YouTube Suicide Risk for Kids
Donna Vanderpool, MBA JD, Vice President of Risk Management, PRMS

Did you know that in children’s videos, a man can appear on the screen and give instructions on how to suicide? The Washington Post article, titled “A pediatrician exposes suicide tips for children hidden in videos on YouTube and YouTube Kids”, covers what can be found online. The “how to suicide” scene reportedly appears in videos on YouTube Kids, and the Nintendo game Splatoon on YouTube and YouTube Kids. In a different scene, a man appears in the video and reportedly demonstrates cutting behaviors. When asked about this, the article reports that YouTube responded that the company works to ensure that it is “not used to encourage dangerous behavior and we have strict policies that prohibit videos which promote self-harm.”

The pediatrician, Dr. Hess, has a blog detailing her findings, and notes that YouTube Kids is “a platform that advertises itself to be a safe place for children 8 years old and under.”

It’s so important to know what the kids are seeing….

Report from the Spring NYSPA Area II Council Meeting
By: Karl Kessler, MD, APA Representative

The Fall Area II Council (The New York State Psychiatric Association or NYSPA) Meeting of the American Psychiatric Association was held on March 16, 2019 at the LaGuardia Plaza Hotel in East Elmhurst, New York. Some of the highlights of the meeting are given below.

Officers of NYSPA

President Jeffrey Bornstein, MD
Vice-President Edward Herman, MD
Secretary Felix Torres, M.D.
Treasurer Marvin Koss, MD

1) The Budget Committee of NYSPA recommended a dues increase because of an expected shortfall in revenue in 2019. They expect a deficit of approximately $31,000 due to the continuing impact of the Rule of 95. An aging membership is becoming expensive to the APA. The Rule of 95 will be eliminated after 2021 and replaced by reduced dues for semi-retired and retired members.

[The Rule of 95 states that members reaching Life status will be billed at two-thirds of the regular dues for the next 5 years and then at one-third of regular dues for the following 5 years. After 10 years, Life members become dues exempt. The Rule of 95 is being changed so that no individual will be eligible for dues exemption based on Life status, starting in 2022. There will be 2 categories of reduced dues available for semi-retired and retired APA members. Semi-retired members will pay no more than one-half of the highest dues rate of the APA and their District Branch. Semi-retired members are those that work less than 15 hours per week in any administrative or clinical capacity. Retired members shall pay no more than one-third of the highest dues rate of the APA and their District Branch. Retired members attest that they are no longer working in any paid roles in psychiatry. Note that those APA members whose dues are governed by the Rule of 95 will continue to be governed by the Rule of 95.]

The finances of NYSPA for 2018 show income from dues of $410,660.46 and a total income of $493,441.88. The total expenses were $503,507.14, leading to a deficit of $10,065.26. There was a balance of $218,664.58 in the NYSPA savings account.

The financial status of NYSPA, the NYSPA budget and a dues increase were discussed.

(Continued on page 10)
NO MATTER THE SIZE OF YOUR PRACTICE
WE HAVE YOU COVERED

WE PROTECT YOU

All providers in your practice - psychiatrists, psychologists, social workers and other behavioral healthcare providers - can be covered under one medical professional liability insurance policy, along with the entity itself.

- Access to a comprehensive professional liability insurance policy
- Simplified administration - single bill and one point of contact
- Custom rating leverages the best premium for your practice
- Coverage for multiple locations even if in different states
- Entity coverage available
- Separate and shared limits available
- Discounted background check packages

When selecting a partner to protect your group practice, consider the program that puts psychiatrists first. Contact us today.

More than an insurance policy
(800) 245-3333  PRMS.com/Dedicated  TheProgram@prms.com

Remy Palmer, RPLU
Senior Account Manager

Protection PRMS 16 Years
Dedication

Actual terms, coverages, conditions and exclusions may vary by state. Unlimited consent to settle does not extend to sexual misconduct.

Insurance coverage provided by Nell Aluminium Insurance and Maintenance Company Inc (8842) AWMC is an authorized carrier in California, ID number 07077. www.fbico.com

In California, JMBR Transatlantic Professional Risk Management and Insurance Services
2019 Legislative Brunch

(Continued from page 2)

underserved areas.

Coming up again will be scope of practice issues and NYSPA’s opposition to efforts to expand the scopes of practice of other licensed professionals into areas reserved to the practice of medicine (e.g., psychologists prescribing, NPs admitting to inpatient mental health units, non-MD MH practitioners diagnosing mental illness).

He concluded by suggesting we hold a roundtable discussion between legislators and psychiatrists, starting with this brunch.

Sandra Galef, State Assemblywoman representing the 95th State A.D. (northwestern Westchester and Putnam counties), agreed that this has been “a really good year,” especially the passing of the bill prohibiting conversion therapy. There is still much to do, she said, pointing out that expanding the statute of limitations and gun control were two topics under discussion right now. She is hesitant to support legalization of recreational marijuana, she explained, even though she supports medical marijuana. She said that we are “on a fast track now” and need to slow down. “Kids will get it, even if the age is 21,” she observed, wondering what the implications would be for children and adolescents. Concerning medical aid in dying, she expressed support but raised concerns about the disabled and noted that there are religious and moral issues to be addressed.

David Buchwald, State Assemblyman representing the 93rd A.D. (covering White Plains to North Salem), said that he, too, was pleased with what has been passed and that there are “not too many poison pills” in the Governor’s budget. He predicted that there will be no change to “doctors prevail” in New York. Concerning recreational marijuana, he agreed with Assemblywoman Galef that we are moving too quickly, but he warned that there is very strong momentum for it. He urged us to give the legislators feedback about the psychiatric and practical consequences of legalizing recreational marijuana. He concluded by noting that he brought up the issue raised at last year’s brunch about parity for county employees at a meeting organized by Thomas Abinanti, State Assemblyman from the 92nd A.D. (Greenburgh and central Westchester), and that they are now looking into it.

Shelley Mayer, former Assemblywoman from Yonkers and newly elected State Senator (37th District) and Chair of the Education Committee (which is concerned with vaping, alcohol, marijuana, and other substances in schools), said she was very interested in the “gun package” legislation that was being discussed in the coming week. She also expressed grave concern about the mental health needs she sees every week, even in her current district, coupled with financial distress. She receives many calls each week about mental health issues, housing, and other related concerns. She spoke with energy and enthusiasm about the concerns raised about recreational marijuana but emphasized that legalizing it might help with the racial disparity in drug arrests. She expressed concern about the rate of addiction, especially in northern Westchester, and noted that substance use issues confuse appropriate mental health diagnosis.

Gary Pretlow, State Assemblyman representing the 89th State A.D. (covering Mt. Vernon and Yonkers), agreed that it has been a good year, with a lot of money in the budget for mental health, including money for gambling addictions. He concurred with some of the other legislators that he is not sure where he stands on the issue of legalizing recreational marijuana. Only 18% use it, he noted, “but they use it a lot!” He wants to know what its effect on the brain is. He said there are serious issues with edibles, especially around children. And it can cause wrong-way drivers. Deborah Cross commented from the audience that there was a marked increase in traffic accidents in Colorado after it was made legal. Concerning “assisted suicide,” Pretlow said that is “on the fence.” He is leaning away from it and wants to be sure that there would be protection against being assisted to do something they didn’t want. He concluded by pointing out another problem concerning mental health services in the county – there are large numbers of people in jail with mental health issues, citing 70% on Riker’s Island.

Steve Otis, State Assemblyman from the 91st A.D. (New Rochelle, Larchmont, Mamaroneck, Portchester, Rye, and Rye Brook), highlighted some additional points. 1) He expressed good feelings about the “parity report card”; 2) He noted that there are two separate debates concerning marijuana – there are pros and cons concerning mental health and safety issues, but, he emphasized, there is a very important criminal justice equity issue and “lives are ruined” because of “illegal” recreational use; 3) Regarding the opiate crisis, he was pleased that new first prescriptions are not limited to seven days (and some say it should be three days) instead of having “unused bottles on the shelf”; and 4) He is leaning toward MDs in the scope of practice issues, recognizing the expertise medical doctors have.
crisis now,” citing opioid overdoses as an example. He is concerned with access to addictive drugs and what role legalizing marijuana would play.

**Smyra Brandon**, staff for Andrea Stewart Cousins (35th senate district), the new Majority Leader and Temporary President of the NY State Senate, expressed the senator’s regrets for not being able to attend and assured us that she listens to our concerns, which Ms. Brandon will report back to Senator Cousins.

**Tim Foley**, staff for Amy Paulin, Assemblywoman from the 88th A.D. (Scarsdale, parts of White Plains, New Rochelle, Eastchester, Tuckahoe, Bronxville, and Pelham), expressed similar sentiments.

**Michael Orth**, Commissioner of Westchester County Department of Community Mental Health and Co-Chair of the Suicide Prevention and Awareness Task Force, said he was happy to dialogue with us, noting that he has been with the Department for 25 years, involved with community mental health systems working with those from birth through senior years. He pointed out that investment in early childhood help pays off: there were no suspensions over the last 8 years! Funding for the diversion program has helped to prevent incarceration and repeated hospitalization. Help with housing the homeless has also by necessity involved mental health treatment. He spoke with pride about the workforce formed to fund peers in over 50 schools using mindfulness to help children self-regulate. Other programs he discussed included the Second Youth Summit, the Vet-to-Vet Program for suicide prevention (noting that the suicide rate in Westchester has been increasing), help with housing (“a massive issue”) and wrap-around services. Adding that NAMI has been helpful with many of these, he concluded by urging, “we need to do better.”

**Robert Laitman, MD**, Chair of NAMI Westchester’s Advocacy Committee, spoke in support of the single-payer act. Before evidence-based medicine, he urged, we have to talk about access!” Concerning legalizing recreational marijuana, he described NAMI’s position that focuses on responsibility with three main points: 1) the age should be 26; 2) there should be a warning label regarding the risks, noting that such labelling has helped decrease cigarette consumption; and 3) tax revenue should be re-invested into mental health care. Regarding the opiate crisis, he said that all MDs should be able to prescribe suboxone, which is evidence-based. He went on to speak about the need for criminal justice reform, including changes with solitary confinement that leads to an “unhealthy brain.” NAMI’s position is that it be limited to no longer than one week. He also mentioned the importance of guns and mental illness and the need to protect both the community and those with mental illness.

Dr. Laitman then discussed several clinical issues that NAMI is concerned with. Engagement with patients, including awareness of illness, is extremely important and part of an effective wrap-around treatment.

(Continued on page 8)
2019 Legislative Brunch

(Continued from page 7)

He cited First Psychosis Centers as a good example. Concerning recovery, he noted the stigma in the psychiatric community and said, “We can get much better than we are.” Speaking about “treatment failures,” he opined that many are not treated aggressively enough. He pointed out one of NAMI’s most important principles: if available, the family must be engaged.

Dr. Laitman concluded with suggestions for education for both the legislators and the psychiatrists at the Brunch: 1) D.J. Jaffee’s Insane Consequences: How the Mental Health Industry Fails the Mentally Ill; 2) I am Not Sick, I Don’t Need Help by Xavier Amador, an approach to helping the mentally ill accept treatment; 3) Surviving Schizophrenia: A Family Manual by F. Fuller Torrey, MD; 4) Meaningful Recovery from Schizophrenia and Serious Mental Illness with Clozapine: Hope & Help by Dr. Laitman, his wife Ann, his son Daniel, and the late Dr. Lewis A. Opler.
Psychiatrists Professional Liability Insurance

Discounts Offered Include:

- **15% NEW POLICYHOLDER DISCOUNT** (must be claims free for the last 6 months)
- **Up to 50% New Doctor Discount** (for those who qualify)
- **10% Claims Free Discount** (for those practicing 10 years, after completion of training, and remain claims free)
- **50% Resident-Fellow Member Discount**
- **15% Child and Adolescent Psychiatrist Discount** (for those whose patient base is more than 50% children and adolescents)
- **50% Part-time Discount** (for up to 20 client hours a week or less)
- **5% Risk Management Discount** (for 3 hours of CME)

*Where allowable by law and currently not available in AK or NY.
(Above Discounts and Coverage Features are subject to individual state approval.)*

Our Psychiatrists Professional Liability Program Provides:

- Limits up to $150,000 in Defense Expenses related to Licensing Board Hearings and other Proceedings
- Up to $150,000 in Fire Legal Liability Coverage
- Up to $100,000 in Medical Payments for Bodily Injury
- Up to $25,000 for First Party Assault and Battery Coverage
- Up to $25,000 for Information Privacy Coverage (HIPAA)
- Up to $15,000 in Emergency Aid Coverage
- Insured’s Consent to Settle required in the settlement of any claim – No arbitration clause
- Telespsychiatry, ECT, Forensic Psychiatry Coverage
- Risk Management Hotline with 24/7 Service for Emergencies

For over 40 years we have provided exceptional protection and have a reputation for outstanding customer service. Our extensive years of experience and industry knowledge allows us to help you by providing worry free coverage so you can concentrate on what you do best – helping people help themselves. When it comes to caring about people, we have a lot in common.

Visit us at apamalpractice.com or call 877.740.1777 to learn more.
Report from the Spring NYSPA Area II Council Meeting

(Continued from page 4)

A dues increase of $15 (to $210 annual dues) was passed by the Council. This dues increase will take effect in 2020.

2) There was discussion of an important Federal Court decision that occurred in March 2019. The US District Court for the Northern District of California found that United Behavioral Health (UBH) illegally denied coverage of mental health and substance use disorder treatment by relying on flawed medical necessity criteria and that UBH had restrictive medical necessity criteria that deviated from generally accepted standards, resulting in systematic denials of outpatient, intensive inpatient and residential treatment. The court acknowledged that UBH’s utilization review activities appeared designed to limit coverage and reduce access to necessary behavioral health treatment. This decision has nationwide applicability for improving the parity of mental health services with other medical services. UBH indicated it plans to appeal the decision.

3) The NYSPA legislative report was given by our lobbyist Richard Gallo. Some highlights of his report are:

a) In January 2019, Gov. Cuomo enacted one of NYSPA’s priorities by signing a law that prohibits licensed mental health professionals from engaging in efforts to change a minor’s sexual orientation or gender identity or gender expression, prohibiting so-called “conversion therapy.” The passage of the legislation was partly due to a collaborative effort of NYSPA and other mental health organizations.

b) In December 2018, the Mental Health/Substance Use Disorder Parity Report Act was signed into law. This act adds a new section to the New York State Insurance Law that mandates the state to complete an analysis of the compliance of insurance companies with federal and state mental health and substance abuse parity laws. The results will be published in a report on the web site of the NY Department of Financial Services. Data collection is to commence in July 2019 with the first report to be published by October 1, 2019 and every 2 years thereafter. This is very important legislation towards enforcing mental health parity laws in New York State.

c) An issue of interest for the 2019 – 2020 legislative year is further behavioral health insurance parity reform. NYSPA has focused its energy on a budget proposal entitled “Behavioral Health Insurance Parity Reforms” (BHPR). This is a comprehensive overhaul of New York state insurance law aimed at eliminating insurance practices that restrict New Yorkers who have mental health problems or substance abuse disorders from accessing their health insurance benefits. It codifies and broadens New York’s existing mandates for health insurance coverage and establishes more uniformity among the current diverse provisions of insurance law that is related to such coverage.

d) Another issue before the New York State Legislature is the issue of medical aid in dying. This would allow terminally ill individuals to request self-administered medication that would result in death. Such a law would outline the requirements and conditions to be followed. So far, NYSPA has not taken a position on this legislation. The issue was discussed, and it was decided to maintain taking no position at this time.

[Note that in March 2019 the New Jersey legislature passed a medical aid in dying law (also called right-to-die or medically assisted suicide). This law has the support of New Jersey Governor Murphy and he is expected to sign it into law. This would make New Jersey the eight state to enact such legislation.]
INTERESTED IN WRITING AN ARTICLE?
LETTER TO THE EDITOR OR AUTHOR?
HAVE A CLASSIFIED YOU WOULD LIKE TO INCLUDE?

Contact Megan Rogers to have your article, classified or opinion featured in our next newsletter!

centraloffice@wpsych.org or (914) 967-6285

We’re On The Web!
www.wpsych.org

https://www.facebook.com/PSWInc

The Psychiatric Society of Westchester County
400 Garden City Plaza, Suite 202
Garden City, New York 11530
T: (914) 967-6285
F: (516) 873-2010
E: centraloffice@wpsych.org