

Paul Appelbaum Is Chosen APA President-Elect; Richard Harding to Succeed Daniel Borenstein as APA President

Paul S. Appelbaum, M.D., of Worcester, Massachusetts, was chosen president-elect of the American Psychiatric Association in balloting this winter by APA members and will assume the APA presidency in May 2002.

The current APA president-elect, Richard K. Harding, M.D., of Columbia, South Carolina, will become APA president next month at the conclusion of the APA annual meeting in New Orleans. He will succeed Daniel B. Borenstein, M.D., of Los Angeles.

Dr. Appelbaum, an APA vice-president since 1999 and APA secretary from 1997 to 1999, received 72 percent of the vote in a race against Jon E. Gudeman, M.D., of Milwaukee. Dr. Appelbaum is A. F. Zeleznik professor

and chair of the department of psychiatry at the University of Massachusetts Medical School in Worcester.

In the race for APA vice-president, Michelle B. Riba, M.D., M.S., of Ann Arbor, Michigan, defeated Donna M. Norris, M.D., of Wellesley, Massachusetts, to win a two-year term. Dr. Riba, who received 61 percent of the votes cast, has served as APA secretary since 1999 and was APA trustee-at-large from 1996 to 1999. She is chair for education and academic affairs and clinical associate professor in the department of psychiatry at the University of Michigan. Dr. Riba will fill one of two vice-presidential posts; the other is held by Marcia Kraft Goin, M.D., Ph.D., of Los Angeles.

Pedro Ruiz, M.D., of Houston,

Texas, was elected to a two-year term as APA secretary with 59 percent of the vote. His opponent was Thomas E. Allen, M.D., of Towson, Maryland. Dr. Ruiz is professor and vice-chair in the department of psychiatry and behavioral sciences at the University of Texas Medical School at Houston.

Patrice A. Harris, M.D., of Decatur, Georgia, was elected trustee-at-large with 58 percent of the vote, defeating Manoj R. Shah, M.D., of New Hyde Park, New York. Dr. Harris is staff psychiatrist for child, adolescent, and forensic psychiatry at St. Jude's Recovery Center in Atlanta and medical director of Fulton County Collaborative Crisis Services.

In a four-way race, Susan L. Padriano, M.D., a resident in internal medicine and psychiatry at Duke University Medical Center in Durham, North Carolina, was elected to the post of member-in-training trustee-elect. Her opponents were Mark D. Amerding, M.D., of Reno, Nevada; Byron K. Evans, M.D., of Brooklyn, New York; and Denise E. Greene, M.D., of Sacramento, California. Dr. Padriano won 56 percent of the votes cast.

Roger Peele, M.D., of Gaithersburg, Maryland, defeated John C. Urbaitis, M.D., of Baltimore, with 64 percent of the votes, for the post of area 3 trustee. Dr. Peele is professor of psychiatry at George Washington University in Washington, D.C.

Maurice Rappaport, M.D., Ph.D., of San Jose, California, was elected to the post of area 6 trustee, winning 56 percent of the vote. His opponent was Maria T. Lymberis, M.D., of Santa Monica, California. Dr. Rappaport is in private practice and is also affiliated with the San Andreas Regional Center for the Developmentally Disabled in Salinas, California.

For the first time in APA election history, eligible voting members were able to cast their votes online by visiting APA's Web site. The APA committee of tellers reported that 11,447 paper and online ballots were cast, representing the votes of 36 percent of the eligible voting members. About 7 percent of those who voted did so online.

Disability Advocates Disappointed by Supreme Court Ruling

In late February the U.S. Supreme Court ruled 5 to 4 that state employees are barred from suing their employers under Title I of the Americans With Disabilities Act (ADA). Title I prohibits state and local governments from discriminating against persons with disabilities in hiring and employment.

An online report by the Bazelon Center for Mental Health Law in Washington, D.C., provides an overview of the case. In *University of Alabama v. Garrett*, the court was asked to decide whether the states' rights supported in the 11th Amendment bar private citizens from filing suits in federal court against states that do not comply with the ADA. In making its decision, the court's conservative majority supported states' rights over the due-process rights in the 14th Amendment, ruling that Congress exceeded its 14th Amendment powers in declaring that states are liable for damages under the employment provisions of Title I of the ADA.

As noted in the Bazelon Center report, part of the majority's reasoning in *Garrett* was that Congress failed to establish a pattern of disability-based discrimination by state governments—a finding that astonished disability rights advocates. The report provides full texts of the briefs filed in the case on behalf of the respondents. The briefs offer detailed documentation of states' historical discrimination against persons with disabilities and of the fact that Congress was familiar with that history when it enacted the ADA.

The report, entitled "The *Garrett* Case: New Challenges to the ADA," can be found at www.bazelon.org/garrettcase.html. The court's decision can be found at www.supremecourt.us.gov/opinions/00pdf/99-1240.pdf.

NAMI Publishes Legal Manual on Protecting Rights of Consumers in Managed Care Systems

In March the National Alliance for the Mentally Ill released a manual that provides consumers, family members, and advocates with an overview of their rights in public- and private-sector managed care systems. *Legal Protections and Advocacy Strategies for People With Severe Mental Illnesses in Managed Care Systems* was designed as a blueprint for challenging decisions and practices in these often-complicated systems. It is also intended to provide advocates with practical information that they can use to influence the design and implementation of managed behavioral health care systems and programs.

The manual's section on public-sector care summarizes consumer protection provisions of federal Medicaid law in such areas as enrollment, consumer choice, and parity. The section also describes the scope of services that state Medicaid agencies must provide to persons who qualify as "categorically needy." Most persons with serious mental illness who are eligible for Medicaid meet this criterion.

The manual describes three ways to challenge Medicaid decisions to deny services or coverage: through the managed care organization's internal grievance process, through the Medicaid fair hearing process, and by filing a lawsuit against the Medicaid agency or the managed care organization.

A section on advocacy in the public sector describes activities that consumers and family members can undertake to influence managed care systems. Instructions are given on obtaining Medicaid contracts and related documents, such as requests for proposals, and their important features are explained. The manual describes ways for consumers to provide input into the design of contracts, especially in critical areas such as medical necessity criteria and drug formularies.

For consumers with severe mental illness in private-sector systems, the manual takes pains to describe the background of the Employee Retirement Income Security Act of 1974 (ERISA), the federal law regulating

employee benefit plans. New federal laws governing the confidentiality of medical information are also detailed.

An appendix to the manual provides contact information for state protection and advocacy agency offices, including e-mail addresses of advocates in these offices.

The 101-page manual was developed with financial support from the Center for Mental Health Services. It can be downloaded from the NAMI Web site (www.nami.org/legal/managedcare.pdf).

NEWS BRIEFS

Bush budget blueprint for 2002:

On February 28 President Bush released to Congress a document outlining the initial framework of his budget priorities for 2002, entitled *A Blueprint for New Beginnings: A Responsible Budget for America's Priorities*. The preliminary budget includes a substantial increase—\$111 million in additional funds—to improve access to substance abuse treatment. The Substance Abuse Treatment Block Grant will receive an additional \$60 million. On the release of the blueprint budget, advocates from organizations such as the National Mental Health Association (NMHA) and the Bazelon Center on Mental Health Law expressed concern that the blueprint is silent on mental health funding, leaving some advocates worried that important programs will be funded at 2001 levels or cut. Advocates noted that the plan will limit overall Health and Human Services funding to a 4 percent increase. Copies of *A Blueprint for New Beginnings* can be ordered from the U.S. Government Printing Office (S/N 041-001-00560-9), for \$21 each, by calling 202-512-1800.

APA praises legislation to end discriminatory Medicare practice:

The American Psychiatric Association hailed legislation introduced in February to end Medicare's historic discriminatory 50 percent copayment requirement for outpatient mental health

services. The Medicare copayment rate for all other outpatient medical treatment is 20 percent. The Medicare Mental Illness Non-Discrimination Act was introduced in the House by Rep. Marge Roukema (R-N.J.). APA released a statement commending Roukema and pledging to work with her. The statement noted that the legislation would help not only older Americans but also the substantial number of individuals who qualify for Medicare by virtue of their long-term disability—many of whom are persons with severe mental illness.

Rand report on outpatient commitment:

A study by Rand that sought to ascertain whether involuntary outpatient commitment works concluded that not enough empirical evidence exists to support this approach over alternative, community-based treatments. The report states that the effects of implementing outpatient commitment in California would be "unpredictable." In the report, M. Susan Ridgely, Ph.D., and her colleagues review empirical literature about the effectiveness of outpatient commitment and alternatives. They describe the ways in which eight states have implemented involuntary outpatient treatment and the lessons learned as well as potential effects of implementation in California. The report can be downloaded from Rand's Web site at www.rand.org. A printed copy can be ordered for \$15 either online or by calling 310-451-7002. (The March issue of *Psychiatric Services* featured a special section on outpatient commitment that reviewed some of the same studies.)

NIMH launches study of bipolar disorder:

The National Institute of Mental Health has launched the largest study yet undertaken to improve treatment of bipolar disorder. Funded at \$22 million, the Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD) will enroll 5,000 participants at 18 treatment centers nationwide. To evaluate the effectiveness of current treatments, the program will offer participants ongoing evaluation and care for up to five years. The study centers are in Tucson, Ari-

zona; Stanford and La Jolla, California; Denver; Chicago; Louisville, Kentucky; Boston and Worcester, Massachusetts; Kansas City, Missouri; Buffalo and New York City (two centers); Cleveland; Tulsa, Oklahoma; Pittsburgh and Philadelphia; and Houston and San Antonio. For more information about STEP-BD, call 866-398-7425 or visit the STEP-BD Web site at www.stepbd.org.

NIAAA launches COMBINE clinical trial: The National Institute on Alcohol Abuse and Alcoholism has announced the start of a nationwide study—Combining Medications and Behavioral Interventions (COMBINE)—that targets persons with alcohol dependence. It is the first national study to evaluate the effectiveness of behavioral treatments alone and in combination with medications. In announcing the study, NIAAA director Enoch Gordis, M.D., noted that more than 8 million American adults meet criteria for alcoholism and that only a minority achieve long-term remission of the disease. The 11-center study will recruit 1,375 persons over the next 24 months who meet diagnostic criteria for current alcohol dependence and assign them randomly to moderate-intensity or lower-intensity behavioral treatments (or both) and to medication regimens of naltrexone or acamprosate (or both), or a placebo. The treatment centers are in Charleston, S.C.; Boston (two centers); Seattle; San Antonio; Miami; Albuquerque, New Mexico; New Haven, Connecticut; Philadelphia; Providence, Rhode Island; and Milwaukee. The study is recruiting persons who are at least 18 years old. Interested persons may determine their geographic eligibility by calling 886-807-8839 after 8 a.m. Eastern Standard Time.

Applications sought for NARSAD 2002 Distinguished Investigator Award: The National Alliance for Research on Schizophrenia and Depression (NARSAD) is seeking applications for its Distinguished Investigator Awards for 2002. The private, not-for-profit organization provides awards of up to \$100,000 for one year to estab-

lished scientists at the rank of full professor or equivalent who maintain a laboratory. The rewards encourage the pursuit of innovative projects in diverse areas of research on schizophrenia, affective disorders, and other serious mental illnesses. Guidelines and an accompanying face sheet can be downloaded from the NARSAD Web site at www.narsad.org. The submission deadline for first-round applications is May 15, 2001. For more information, contact Audra Moran, director of the research grants program at NARSAD, 60 Cutter Mill Road, Suite 404, Great Neck, New York 11021; 516-829-5576; e-mail, amoran@narsad.org.

FDA approves new Alzheimer's treatment: The U.S. Food and Drug Administration has approved Reminyl (galantamine hydrobromide), a new treatment for mild to moderate Alzheimer's disease derived from the bulbs of daffodils. The drug was developed by the Janssen Research Foundation under a codevelopment and licensing arrangement with the Shire Pharmaceutical Group, based in England. The drug was tested against placebo in four double-blind trials involving 2,650 patients. Results showed that it can have a beneficial effect on patients' daily functioning and ability to think. Reminyl has been approved in 21 other countries. It will be available in the United States by prescription in May.

FDA approves Prozac Weekly: The U.S. Food and Drug Administration approved the first prescription medication administered weekly for the continuation phase of long-term depression treatment for patients whose acute symptoms have stabilized. Prozac Weekly, a product of Eli Lilly and Company, contains 90 mg of fluoxetine with an enteric coating that delays release into the bloodstream. In clinical trials 501 depressed patients who responded well to 13 weeks of therapy with fluoxetine at 20 mg a day then received random, double-blind assignment to the weekly formula or to continued treatment at 20 mg a day for a 25-week period. Relapse rates in both groups were significantly lower than with placebo.

PEOPLE & PLACES

Appointments: Deborah J. Hales, M.D., was appointed director of the American Psychiatric Association's department of education and career development in January. Dr. Hales, a psychiatrist and pediatrician, was formerly director of the psychiatric residency training program at San Mateo County (California) Mental Health Services, where she was also director of professional education for more than ten years. Dr. Hales chairs the APA committee on graduate education and has been a member of the APA council on medical education and career development for five years. She plans to launch an educational resource network for educators and APA members to use when conducting workforce and educational survey research.

Arthur Lazarus, M.D., M.B.A., has joined Pfizer, Inc., as director and regional medical research specialist on the central nervous system team in the medical department of Pfizer Pharmaceuticals Group in the Great Lakes region. Dr. Lazarus was formerly vice-president and corporate medical director of behavioral health for Humana Inc.

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