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President's Message

Hossam Mahmoud, MD MPH



Dear Fellow Members,

I am honored and humbled by the trust and support that fellow members have placed in my ability to serve IPS as President. Serving

as President-Elect over the past year, I had the privilege of collaborating closely with our Council members and to learn from their collective experience. I would like to express my gratitude and appreciation for these Council members who have served IPS and our members with such dedication and hard work. I want to particularly acknowledge the inspiring leadership of our immediate past president, Dr Joshua Nathan, who set such a high bar, and from whom I have learned so much.

I would like to share with our members some of my priorities for the coming year. Recognizing that IPS is a member-focused organization, I would like to focus our efforts over this year on member outreach and member engagement.

The importance of member engagement cannot be overstated. Not only is it an approach to learn about our members' priorities and serve their needs. It also encourages active participation, builds a sense of community and support, promotes member well-being, improves retention rates, and in return strengthens IPS.

As Editor of IPS newsletter, Mind Matters, I have strongly believed that it is essential to keep members informed on the strategies, challenges and achievements of our Society. Over the next year, Mind Matters will continue to communicate legislative updates and perspectives, and updates on healthcare-related topics in Illinois and beyond. In addition, IPS will continue to expand our e-communications, to ensure that time-sensitive updates are disseminated to members and that action items are addressed in a timely manner.

In the past few years, IPS has leveraged technology, including video and tele-conferencing to make meetings more accessible without the need to travel. As we remove the cost and time associated with having to travel to attend meetings, I am hopeful that more members will be able to participate in meetings, activities and committees. I particularly encourage our members-in-training, early career psychiatrists and members residing outside the Chicagoland area to become more active with IPS. IPS has several committees, including the private practice, telepsychiatry, recruitment and retention, and addiction psychiatry committees, among others. Those interested in mental health advocacy work can join the Governmental Affairs Committee or participate in the IPS annual Advocacy Day in Springfield. I also encourage members to attend one of several IPS social events, including our Annual Meeting, Baseball Game

(continued on page 2)

For more information, visit the IPS website: illinois.psychiatry.org

Be sure to check out the new Career Center.

President's Message

(continued from cover)

and other events that will be announced throughout the year. Please, do not hesitate to reach out to IPS, if you have any questions or wish to be more involved.

Finally, I would like to express my appreciation for the responsibility that I was entrusted with, and I will spare no effort to work with my

fellow Council members on advancing psychiatry and mental health in Illinois.

Sincerely,

Hossam Mahmoud, MD MPH

IPS President ■

IPS at the 2019 APA Annual Meeting

By Hossam Mahmoud, MD MPH

The 2019 APA Annual Meeting was held from May 18 to 22, in San Francisco, California.

IPS had a visible presence and actively participated in the events and program of this Annual Meeting, which celebrated the 175th anniversary of APA. These included professional activities and social events organized by IPS and APA:

IPS Social Event: IPS hosted a get together at the View Lounge in the Marriott Marquis, where many IPS members, friends and APA staff gathered for an enjoyable evening, where we saw old friends and colleagues and met new ones.

President's Reception: The Reception was held at the Marriott Marquis, for new Distinguished Fellows and their guests, as well as other guests of the APA President. Many IPS members attended this event, which included dinner, drinks, dessert and several hours of dancing.

Distinguished Fellow Convocation: The 2019 Convocation of Distinguished Fellows saw several IPS members recognized for their contribution to the field of psychiatry and honored as distinguished fellows. In addition to family members and friends, our Executive Director, Ms Meryl Sosa, and several IPS Council members were present to show their support. IPS congratulates our members who were honored and publicly acknowledged:

- Martins Adeoye, MD
- Mehmet Dokucu, MD, PhD
- Andrew Lancia, MD
- Hossam Mahmoud, MD MPH
- Aidaspahic Mihajlovic MD, MS
- Jeffrey Roth, MD
- Kari Wolf, MD

IPS Presentation: IPS had a session, as part of the Annual Meeting program, titled "Creating Impact at the District Branch Level: Lessons Learned from Illinois." The session was promoted by APA in communications to other district branches. The session focused on the Interplay between district branch advocacy, membership engagement and physician well-being, and it included three presentations:

- Approaches to Enhancing Member Engagement at the District Branch Level by Hossam Mahmoud, MD MPH.
- Shaping Legislative Frameworks at the State Level by Meryl Sosa, JD
- District Branch Role in Promoting Physician Well-being by Joshua Nathan, MD

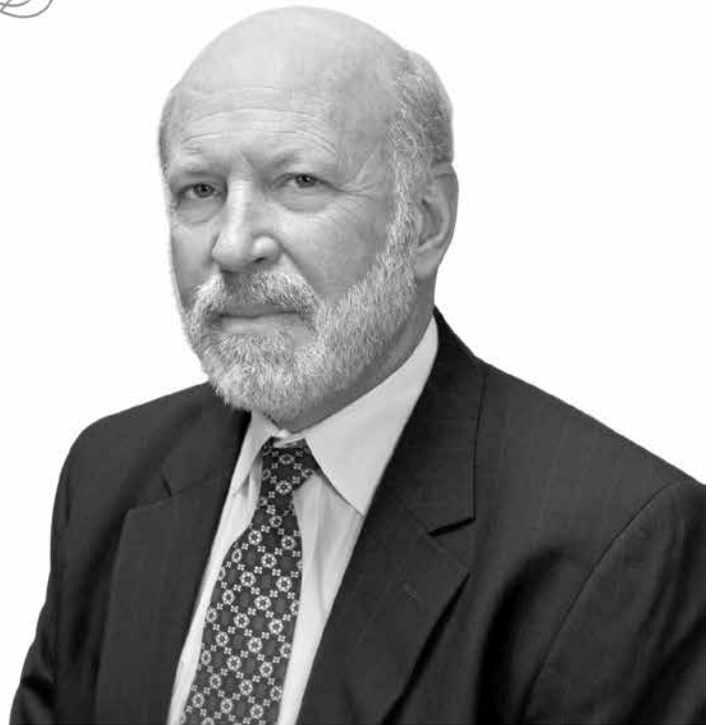
If you are planning to attend the 2020 APA Annual Meeting in Philadelphia, please consider joining IPS activities and presentations. Members interested in submitting to present at the next Annual Meeting can also reach out regarding topics of interest, and IPS can help connect them to other members with shared interests. Please, contact Meryl Sosa: msosa@ilpsych.org. ■

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Reflections on IPS Advocacy Day

By Ishaq Lachin, MD

This past April 30th, I, along with many of my colleagues, had the opportunity to go to Springfield for the annual IPS Advocacy Day. This year, we decided to focus on two bills, one improving the collaborative care model between mental health providers and primary care, and another focused on simplifying and standardizing the prior authorization process. From the moment we hopped on the bus for the trip, it was a whirlwind of activity. We were advised by Dr. Daniel Yohanna and others on how we should structure our interactions with our legislators: 1) keep our discussions clear and concise, 2) focus on the benefits of passing these bills, 3) know where the bills were currently in the process, and 4) offer our time afterwards for follow up discussions.

After our arrival, we walked past the inspiring statue of Abraham Lincoln and made our way into the capitol building where we were greeted by throngs of people, all of whom were also looking to lobby for their own legislative goals. From those wishing for greater park investment to those seeking more funds for schools, we were met with young and old, experienced and novice, and they were



From left: Kristopher Poliakiwski, MD; Arden Barnett, MD; Senator Scott Bennett; Jennifer Laprise, MD

willing to discuss their causes with anyone who would listen. We then split into different groups to find our own individual legislators, and we learned that they were taking part in an active session. To get a better view, we went up into the gallery, and I was able to spot my state senator, Ram Villivalam. Seeking an opportunity to meet him, we waited outside of the chamber doors along with a crowd of others all hoping to get a chance to meet with him. When he came out of the session, I made my way over and waited for a group of realtors who had traveled to Springfield to share their concerns about recent efforts to regulate rent



A group of members who attended Advocacy in front of the Capitol Building in Springfield

prices. When our turn came, we spoke with him for a few minutes about the bills we were hoping to pass, keeping the discussion detailed but brief, and it turned out that he had actually helped bring the pieces of legislation to the floor. He was an enthusiastic supporter of both measures. He was engaging, interested, and despite the large crowd surrounding him, gave us his undivided attention.

For the rest of the day, I learned the importance of the office staff and how they can serve as a valuable liaison between constituents and their representatives. Though we weren't able to meet many legislators directly, we were able to share details about our bills with their advisors, along with our contact information. While the capitol building can seem like a maze, it was amazing to see just



From left: Peter Chien, MD; Rekha Kasi, MD; Steven Weinstein, MD; Representative Sara Feigenholtz; Shastri Swaminathan, MD; Meryl Sosa, JD; Joshua Nathan, MD; Hossam Mahmoud, MD



From left: Peter Chien, MD; Steven Weinstein, MD; Representative Fred Crepsio; Joshua Nathan, MD; Hossam Mahmoud, MD

how quickly words spread from office to office as we eventually made our way to the state representatives' side of the building. As the day came to a close, we regrouped with our colleagues and went off to dinner together to share

stories, discuss issues facing our field and how we can continue to play a role in tackling them. Several lawmakers joined us at dinner, giving us another opportunity to converse and share our gratitude for their help, before we made our way back to Chicago.

A month after Advocacy Day, I unexpectedly ran into my state senator, Ram Villivalam, at a charity dinner for the Assyrian Aid Society. He not only recognized me, but also remembered the specific pieces of legislation that IPS supported. We talked about how great it was that they had passed and what the next steps would be. I was amazed that despite only speaking for a few minutes, he remembered so clearly the details of our previous discussion. This experience showed me that our efforts in Springfield were worthwhile and inspired me to not only attend next year's Advocacy Day, but to stay involved with advocacy work through IPS in any way I can. ■



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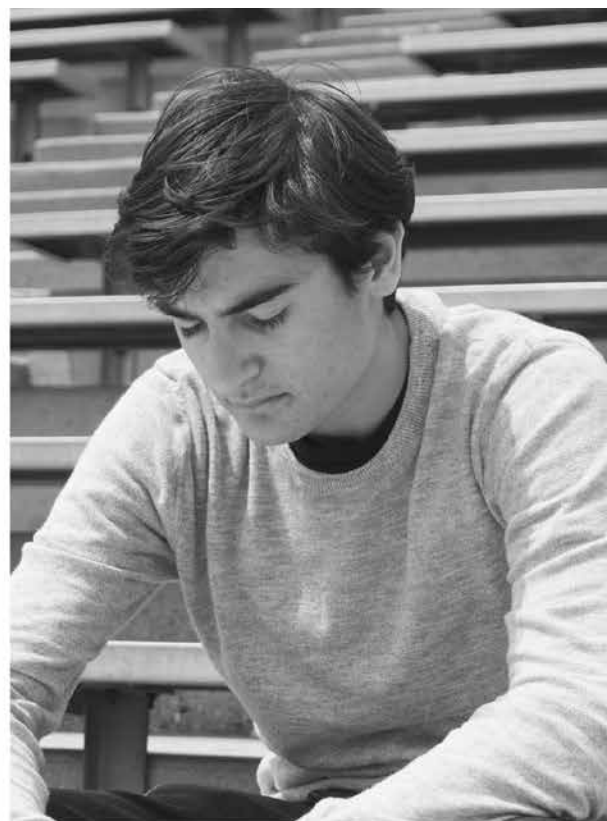
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IDPH Announces Rules for Alzheimer's Disease and Related Dementias Services Code

By Sandra Swantek, MD

Illinois is currently home to approximately 230,000 persons living with dementia. By 2025, that number will approach 260,000 persons living in community assisted living or long-term care settings. The Alzheimer's Association estimates that the nation will spend 290 billion dollars in 2019 on health care, long term care and hospice for persons with dementia.

The increasing numbers of persons with cognitive impairment has resulted in a growing number of facilities and services claiming to deliver "specialized care" for this vulnerable population. The lack of a consistent definition for the term specialized care has resulted in variation from setting to setting, confusion for consumers and false claims of specialized care where none exists.

The 2016 Illinois General Assembly determined that oversight of services for persons with dementia was in the best interest of persons with dementia, their families and friends struggling to find appropriate services and care. The Alzheimer's Disease and Related Dementias Services Act (410 ILCS 406/) codified oversight of services provided by health care facilities licensed or certified by the Assisted Living and Shared Housing Act; the Nursing Home Care Act; the Home Health, Home Services, and Home Nursing Agency Licensing Act; and the Hospice

Program Licensing Act. The Act does not apply to psychiatrists or other physicians unless they own or manage facilities or services for older adults with dementia.

The Alzheimer's Disease and Related Dementias Services Act directed the Illinois Department of Public Health (IDPH) to propose rules that would satisfy the General Assembly's intent. IDPH released these rules in June 2019. Under the new rules, Illinois facilities and services for persons with Alzheimer's Disease and Related Dementias will be held accountable to nationally-recognized standards of care, as defined by the Alzheimer's Association or the National Institutes of Health.

The Act requires that health care facilities offering specialized dementia care and treatment to publicly disclose the factors that distinguish the facility as suitable for persons with dementia such as: pre-admission, admission and discharge procedures; minimum and maximum staffing ratios; activities available to clients; assessment, care planning and treatment guidelines and costs of care.

Rules requiring consistency in standards and definitions of care are good news for patients and families struggling to compare facilities or services which currently vary in standards and definitions of care. ■

DHS Guidance on the Administration of Emergency Forced Medication

By Hossam Mahmoud, MD MPH

In January 2019, the Illinois Department of Human Services (DHS) released guidance on the ordering and administration of emergency forced medication (EFM), to ensure adherence to the State's Mental Health Developmental Disabilities Code. The guidance covers the requirements for medical evaluation and reevaluation for necessity of EFM, as follows:

- EFM must not be prescribed on an as needed, or PRN, basis. DHS provides examples for physician orders:
 - Example of a correct order: "EFM Haloperidol 10 mg IM every 8 hours x 24 hours for extreme agitation/aggression.
 - Example of an incorrect order: "EFM Haloperidol 10 mg IM every 8 hours if needed for extreme agitation/aggression."
- EFM can only be prescribed for a period of 24 hours.
 - Every time the EFM is administered after the initial dose, the nurse is required to redetermine the continuing need for the medication. This redetermination must be documented clearly and thoroughly in the EFM progress note.
 - Beyond the 24-hour period, the patient must be reassessed and medically evaluated for ongoing need for that medication.
 - If at any time during the 24-hour period the patient no longer meets criteria requiring the administration of subsequent doses of EFM, the medication must not be administered, and the physician must be notified. ■

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Beyond Residency Event: How Residents Can Achieve Their Personal and Professional Goals

By Greer Park, DO

Through the day-to-day of residency training, planning for the future tends to take a back seat. While we learn about diagnoses, medications, and therapies, there is less time spent discussing how we can set ourselves up for financial success, pursue our advocacy ambitions, and reach underserved populations in unique ways. The IPS Beyond Residency provided valuable insight from practicing psychiatrists and other experts in their respective fields as to how residents may be forward thinking in regards to their career. From each of the speakers, I gathered four major takeaways on the importance of creating time now to plan for our future.

Utilize the APA as a multifaceted resource

Jon Fanning, Chief of Strategy and Membership for the APA, addressed the numerous resources available through the APA to assist residents in forming successful careers. Success to each of us looks different, but likely has a balance of personal and monetary goals. Weighing heavily on a resident's mind when discussing future planning is our financial situation. While passion for our patients and medicine drive us into this career, we enter the profession knowing we will be faced with significant debt. Mr. Fanning addressed contract negotiations including benefits, salary, and loan consolidation as potential strategies for alleviating our debt burden. The APA has partnered with Credible, a resource that residents may use for consolidating loans and eliminating student loan stress. The next topic addressed was how to build our resumes in order to attain the dream job. The APA provides multiple opportunities to enhance our knowledge bases and bolster resumes through



Jon Fanning from APA speaking to the group about personal finances for physicians.



Dr. Hossam Mahmoud speaking to the group about Telepsychiatry.

fellowships, conferences, and access to the Resident's Journal, where residents can publish their own work. As Mr. Fanning noted, the competition does not stop at residency. Making ourselves marketable through various experiences can enhance our chances of attaining future educational and employment goals.

Rely on our fellow physicians for their experience and advice

While the road ahead may seem daunting, it is comforting to know that all of our supervisors and colleagues have successfully navigated it before us. Even the task of starting your own practice - overwhelming as it may seem - can be tackled with the help of a trusted mentor. Dr. Shoaib Memon, Clinical Associate at the University of Chicago, encouraged residents to speak with other psychiatrists who have started their own practice and to find out how these entrepreneurs have overcome challenges. He recounted his own journey of tailoring his practice to primarily psychotherapy, and still being able to thrive financially without prescribing medications. He also addressed psychiatrists who desire to work with specific populations. For instance, physicians who are passionate about working with low-income patients are often concerned about receiving sufficient reimbursement,

and consequently, about the inability to maintain their practice. One solution could be working in multiple settings such as hospitals or larger health organizations in order to balance personal fulfillment and financial viability. Overall, Dr. Memon's advice was to confidently pursue our career aspirations, whatever they may be. He concluded by generously offering his expertise to residents interested in taking the path to private practice.



Engage patients in new ways and assuage the shortage of mental health coverage

Dr. Hossam Mahmoud, Medical Director of ReGroup Telehealth and President-Elect for IPS, discussed the advantages of telepsychiatry in its ability to reach patients who may otherwise be without care. Patients in underserved rural and urban areas suffer from lack of psychiatric resources, and even more broadly mental health practitioners in all capacities. Through telepsychiatry, patients can connect with psychiatrists remotely from their local health centers, providing them with reliable, continuous follow ups to address their mental health needs. During our discussion, a concern was raised that we may not be able to connect with patients through the medium of technology as well as we do in person. However, as technology evolves, so does our relationship with it. It is possible younger generations of patients may prefer communicating with their psychiatrist through technology – evidenced by our society's daily use of social media platforms. ReGroup psychiatrists also have access to EMR at the patients' health centers. EMRs allow for more holistic care of patients as they are able to observe notes from their primary care physicians and their full medical history. Telepsychiatry offers a compelling solution to the shortage of mental health providers in areas of increasing need.



Dr. Shoaib Memom speaking to the group about the basics of starting a private practice.

Stand up for our patients and ourselves

Advocacy is something that can be easily overlooked with the stress of entering residency or beginning a new job. However, government policies often dictate how we are able to treat our patients. Meryl Sosa, Executive Director of IPS, discussed the current bills and laws of which psychiatrists should be aware, and perhaps concerned. Psychologist prescribing is one such topic of concern. Prior amendments to the bill (originally enacted to ensure patient safety) are currently undergoing scrutiny by the psychologists who oppose them and are attempting to reduce restrictions on licensing requirements. We must protect our patient's safety and well-being, as well as provide reasonable alternatives to the mental health shortage. The collaborative care model (SB 2085) would be one such solution to providing psychiatric care to a greater number of patients, with the alliance between psychiatrist and primary care physician. This would allow only providers with proper medical training to prescribe medications, and in turn, ensure patients can be holistically evaluated for medical comorbidities and medication interactions before receiving psychotropics. In order to make this change a reality, advocating at our state capital and on a federal level should be a duty for all psychiatrists to make a positive impact in our patients' lives and consequently our own.

By the end of the event, various topics had been discussed to address, reassure, and clarify the complex journey that lies beyond residency. ■

Legislative Update

By Betsy D. Mitchell, IPS Legislative Consultant

Although some voiced concern over the slow start to this legislative session, in the end legislators came together to pass several bills ranging from a statewide construction plan for infrastructure and new buildings to a constitutional amendment asking Illinois citizens to change the taxing structure, several increased revenue sources, reproductive health protections, expanded gambling, and the legalization of recreational marijuana. Compared to previous sessions, this session passed bills which implement more changes than witnessed in many decades, if ever and further, much of this action was taken in final hours of session.

During the last two days of session, the House and Senate unveiled their capital construction plan. It was split into several different bills that include two revenue proposals, a bond authorization bill, and a project appropriation bill. The two key bills are the revenue bills. SB 1939 contains increases in the motor fuel tax, increases in vehicle registration and license fees, and changes in the way sales taxes on motor fuel are directed. SB 690 is the second revenue bill that contains several new or increased taxes to provide funding for non-road construction (i.e. mental health, school improvements, state building repairs, higher education construction, etc.).

For substantive mental health issues, it was a very good year. In general, mental health issues are finally being addressed in Springfield as witnessed by this extremely busy legislative year for IPS. More than 150 bills were reviewed by IPS earlier this year. In addition, IPS and ISMS (with much technical assistance from APA) were a part of numerous negotiating sessions. In the end, IPS is pleased with the results of this session, and much of it is due to the strong commitment and tenacity of IPS members to work in the public policy-making arena. Thank you to everyone who participated and who continue to take the time to be involved directly with these issues.

Out of the more than 150 bills IPS followed this session, the bills highlighted below are major bills that IPS focused on this session.

SB 2085 — COLLABORATIVE CARE (Senator Fine, D/Glenview and Rep. Conroy, D/Villa Park)

Introduced at the suggestion of IPS to allow a psychiatric collaborative care model (CoCM) to be implemented in Illinois. This bill requires that collaborative care codes be covered by both commercial insurance and Medicaid managed care organizations. CoCM uses a team approach consisting of a primary care provider, a care manager (nurse, clinical social worker, psychologist, behavioral health coaches or behavioral health providers), and a psychiatric consultant. The team cares for a defined group of patients and closely tracks each patient's progress using validated clinical rating scales (e.g., PHQ-9 for depression). Patients who don't respond to treatment are referred to more intensive mental health specialty care including seeing the psychiatrist. Instead of psychiatrists seeing all patients one-on-one, the psychiatrists provide caseload consultation to a population of patients to the primary care practice, providing proactive, effective care. This approach improves access, health outcomes, and reduces provider burnout.

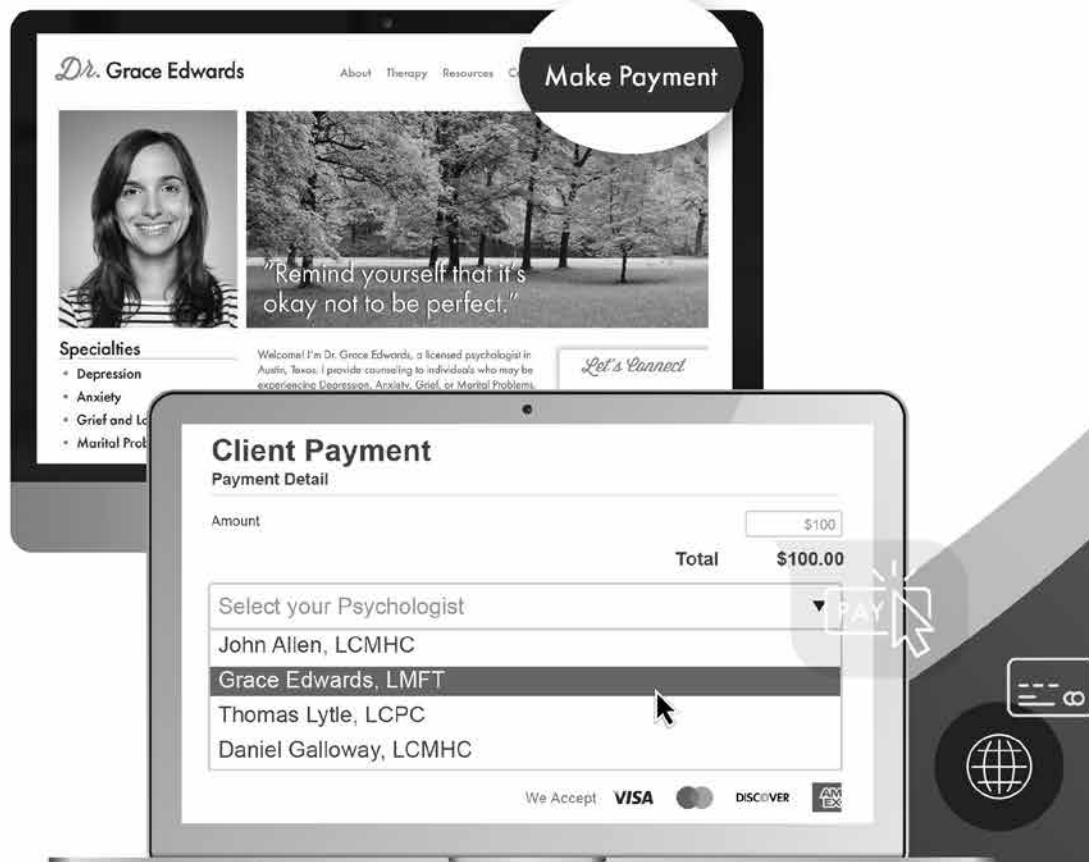
Following lengthy legislative debates, meetings with BCBS, and some minor changes, the bill passed the Senate and House. It has been sent to the Governor. Watch for news of the Governor's action soon. If signed into law, the bill will be the first to be enacted statewide in the nation. The passage of this bill represents strong IPS and APA membership and staff involvement and dedication as well as effective legislation leadership from the bill's sponsors.

HB 2160 — PRIOR AUTHORIZATION FORM (Rep. Conroy, D/Villa Park and Senator Morrison, D/Northbrook)

Introduced at the suggestion of IPS, the bill creates two committees. One committee will create a uniform electronic prior authorization form for MCOs and one committee will create a uniform electronic prior authorization form for commercial insurers. In addition, the bill provides that the

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IPS Legislative Update

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development of the uniform electronic prior authorization form shall include input from specified interested parties and that the Department of Insurance shall take into consideration certain existing prior authorization forms and national standards pertaining to electronic authorization. Includes procedures for when a completed and accurate uniform electronic prior authorization form is not accepted by the insurer. The bill passed last year but was vetoed during Governor Rauner's final hours as Governor. This year the bill sailed through both the House and Senate with no opposition. The bill has been sent to the Governor where he has 60 days to make a decision. IPS is working with the Governor's office to encourage Governor Pritzker to sign this bill into law.

SB 1135 — PRESCRIBING PSYCHOLOGIST (Senator Harmon, D/Oak Park and Rep. Sara Feigenholtz)

Five years ago, psychologists asked the legislature for license law changes to allow for full prescriptive authority. After much negotiating, a separate prescribing psychologist license was created requiring the completion of a physician assistant's education and training requirements.

In January 2019, the prescribing psychologists returned to the Illinois legislature. Initially they asked for 18 changes to the prescribing psychologist license law although currently there are no licensed prescribing psychologists in Illinois and only six pending applications (according to IDFPR). The bill included changes to the education and training requirements, reimbursement requirements, asking to do telepsychiatry, and to allow out-of-state reciprocity.

Following several days of negotiations between IPS, ISMS, and the prescribing psychologists, the final agreement allowed for only four of the 18 requested changes. Both IPS and ISMS were pleased with the results of the negotiations. The bill which passed both houses has been sent to the Governor for his consideration. The bill will allow four minor changes:

1) Prescribing psychologists may participate in telepsychiatry

- 2) Prescribing psychologists may include their name on the medications they prescribe
- 3) The requirement for 36 credit hours was eliminated from their clinical rotation requirement, but they still must complete 14 months of full-time clinical rotation. This falls in line with IDFPR rule changes made a few years ago.
- 4) Also, they added a requirement that the clinical rotations must meet the requirements of either the physician, APN or PA clinical rotations.

IPS will follow the rulemaking process for this bill to ensure proper application.

HB 907 — IDPH-MENTAL HEALTH RESOURCES (Rep. Connor, D/Crest Hill and Senator Murphy, D/Des Plaines)

Initially, IPS opposed this legislation until it was amended in the House to our satisfaction. The amended bill requires the Department of Human Services to create and maintain an online database and resource page on its website. The website is to contain mental health resources specifically geared toward school counselors, parents, social workers, school support personnel and teachers with the goal of connecting those people with mental health resources related to bullying and school shootings and encouraging information sharing among educational administrators, school security personnel, and school resource officers. The bill passed both chambers and has been sent to the Governor for his consideration.

HB 2438 — Maternal Mental Health (Rep. Flowers, D/Chicago and Senator Collins, D/Chicago)

This bill amends the Illinois Insurance Code. In provisions concerning mental and emotional disorders, provides that "mental, emotional, nervous, or substance use disorder or condition" includes any mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression. IPS supported this bill that was passed by both houses and sent to the Governor.

HB 2766 — Suicide - First Responders (Rep. Hurley, D/Chicago and Senator Link, D/Gurnee)

HB 2766 creates the First Responders Suicide Prevention Act and was supported by IPS. The bill provides that an emergency services provider, law enforcement agency,

union, or other entity providing counseling support, referrals, information, or other social services to public safety personnel or emergency services personnel that creates an employee assistance program is subject to the Act. The bill also requires employment of at least one mental health specialist for every 1,000 persons employed for sheriff offices, police departments, and firefighter stations. The bill has been sent to the Governor for his consideration.

SB 1702 — Advanced Practice Psychiatric Nurses (Senator Morrison, D/Northbrook and Rep. Gabel, D/Evanston)

This bill amends the Mental Health and Developmental Disabilities code by including advanced practice psychiatric nurses to the definitions and provisions for caring for psychiatric patients. It allows them to order restraints or seclusion for a recipient of treatment. Provides that an advanced practice psychiatric nurse may examine a respondent and execute a certificate which states that the respondent is subject to involuntary admission on an inpatient basis and requires immediate hospitalization. Defines "advanced practice psychiatric nurse" as a nurse who is licensed to practice as an advanced practice registered nurse under the Nurse Practice Act and has been certified by the American Nurses Credentialing Center as a psychiatric mental health clinical nurse specialist or a psychiatric mental health nurse practitioner.

The key portion of this bill for IPS was actually the inclusion of former SB 25 which permits involuntary commitment and involuntary treatment petitions to be done through telepsychiatry: "For the purpose of this Section, a personal examination includes an examination performed in real time (synchronous examination) via an Interactive Telecommunication System as defined in 89 Ill. Adm. Code 140.403(a)(5). An examination via an Interactive Telecommunication System may only be used for certification under this Section when a psychiatrist is not on-site within the time period set forth in this Section. If the examination is performed via an Interactive Communication System, that fact shall be noted on the certificate."

SB 1715 — PHARMACY PRACTICE-INJECTIONS (Senator Hastings, D/Frankfort and Rep. Feigenholtz, D/Chicago)

After robust discussions and agreed changes to the bill,

IPS became neutral with Senate Amendment 1 which requires the initial administration of long-acting or extended-release opioid antagonists by a physician and thereafter may be administered by a pharmacist pursuant to several requirements. Some of these requirements include: a valid prescription from a physician, to be used for the treatment of substance use disorder, notification to the patient's physician, and appropriate records retention and other requirements that will be set forth by rule. The bill also provides that training by a physician licensed to practice medicine in all its branches must be conducted by an Accreditation Council of Pharmaceutical Education accredited provider. IPS will follow the implementation of this change.

HB 1438 — CANNABIS LEGALIZATION AND TAX ACT (Sen. Steans, D/Chicago and Rep. Cassidy, D/Chicago)

On January 21, 2020, Illinois will become the 11th state to allow residents to use cannabis with or without a medical marijuana card. HB 1438 will allow all Illinois adults aged 21 and older to possess up to 30 grams of marijuana. Those using marijuana for medical purposes will be allowed to grow marijuana at home but recreational users will still be banned from growing.

The bill also includes expungement provisions for those arrested for marijuana possession prior to decriminalization. People convicted for possession of under 30 grams of marijuana prior to legalization – as long as those convictions were not associated with a violent crime – will have their records referred to the state's Prisoner Review Board and then to Gov. J.B. Pritzker for a pardon. Local state's attorneys may also pursue expungement for those convictions on a case by case basis.

Since July 2016, Illinois law has allowed Illinoisans to possess small amounts of marijuana without criminal penalty, when Gov. Bruce Rauner signed into law Illinois' decriminalization bill. This bill automatically expunged civil citation records of anyone charged with possessing 10 or fewer grams of marijuana before that law.

Statewide hearings were held on this bill. Some IPS members provided input into the dangers of marijuana

(continued on back cover)

Carl Bell, MD, renowned South Side psychiatrist and lifelong Black mental health advocate, dies.

We are saddened by the recent loss of our member Dr. Carl Bell, who was a giant in community and correctional psychiatry. He passed away on August 2, 2019, at age 71.

Dr. Bell was a prolific writer and researcher. He was also a fearless educator and advocate. He was known for his work on Black mental health and preventing and mitigating the effects of childhood trauma related to violence. In 1988, he was featured in People magazine as a “gang member turned psychiatrist.” He was the former president/CEO of the Community Mental Health Council and the former director of the UIC Institute for Juvenile Research. He was a founding member of the National Commission on Correctional Health Care (NCCHC). Months before his death, he was announced to be the recipient of the 2018 Bernard P. Harrison Award of Merit, presented by the NCCHC to an individual that has demonstrated excellence



and service that has advanced the correctional health care field.

In March 2019, I had the pleasure of speaking with Dr. Bell for an interview for Mind Matters. He shared that his most significant achievement was his research on the prevalence of fetal alcohol syndrome (FAS). He argued that the prevalence of neurodevelopmental disorders

associated with FAS is underestimated in low income communities such as South Side Chicago, where many patients with FAS are misdiagnosed as having schizophrenia, bipolar disorder, or depression. He advocated for preventing FAS by adding choline to prenatal vitamins. Dr. Bell told Mind Matters that he wanted to encourage young psychiatrists to familiarize themselves with standards and guidelines of NCCHC and to find ways to integrate research into clinical care as well as advocacy. He will remain an inspirational and influential figure to many. ■



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- 4 Qualified patients are scheduled for a six-week TMS treatment option.
- 5 Patient is returned to the care of their referring doctor



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IPS Legislative Update

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usage especially for adolescents. Clearly much concern among many IPS members remain. Some of this input

was included. For example, safety for children's exposure, dose levels in candies, safe packaging and education about marijuana to parents were added to the final bill. It is quite likely that this Act will be amended in future legislation sessions where IPS can have greater impact. ■

SAVE THE DATES!

ICAAP RECEPTION AT THE AACAP MEETING

October 17

IPS ANNUAL MEETING SPRING 2020

More Information Coming Soon!