

American Psychiatric Association

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March 13, 2015

The Honorable Mary Pilcher-Cook
Chairman, Kansas Senate Committee on Public Health and Welfare
Kansas State Capitol Room: 441-E
300 SW 10th St.
Topeka, Kansas 66612

Dear Chairman Pilcher-Cook and Members of the Committee,

I am writing to you on behalf of the American Psychiatric Association (APA), the national medical specialty association representing over 36,000 psychiatric physicians as well as their patients and families, to express serious concern with S.B 254, legislation that proposes to strike the Diagnostic and Statistical Manual for Mental Disorders (DSM) as the accepted basis for behavioral health diagnosis by clinicians in Kansas – leaving these conditions undefined and subject to seemingly any interpretation.

The DSM is the consensus publication used by clinicians and researchers to diagnose and classify mental disorders in the United States. DSM contains descriptions, symptoms, and other criteria for each mental disorder, providing a common language for clinicians to communicate about their patients. **It is critically important for individuals in Kansas and individuals across the US that a common language in mental health diagnoses be embraced.** For example, evidence-based and consistent diagnostic criteria facilitate important research in Kansas and across the country that will improve treatment and prevention efforts for individuals suffering from mental illness and substance use disorders. Only by having consistent and reliable diagnoses can researchers determine the risk factors and causes for specific disorders, and determine their incidence and prevalence rates. **S.B. 254 would seriously undermine these efforts.**

The use of standard diagnostic criteria is also essential for determining such routine issues as eligibility for educational and health benefits for children with Autism Spectrum Disorder, as well as for assessing the need for educational accommodations for children with Attention Deficit Hyperactivity Disorder and Learning Disabilities. Many States like Kansas require that all mental health clinicians be trained in the current DSM version for board certification and licensure. The need for standardized diagnostic criteria for mental disorders has been recognized in a large body of state and federal legislation, as well as by the Veteran's Administration and Department of Defense Health Systems. The current version of DSM has been the only diagnostic system to meet such standards since 1952.

The DSM5 development process was unprecedented in its breadth of transparency and inclusiveness. APA recruited more than 160 of the top researchers and clinicians from around the world to be members of our DSM-5 Task Force, Work Groups, and Study Groups. These included experts in neuroscience, biology, genetics, statistics, epidemiology, social and behavioral sciences, nosology, and public health. These members encompassed several medical



and mental health disciplines including psychiatry, psychology, pediatrics, nursing, and social work. Over the span of 10 years, thousands of experts from around the world participated in establishing DSM's research base. These activities were jointly supported by the National Institutes of Health (NIMH), the World Health Organization (WHO), and the American Psychiatric Institute for Research and Education (APIRE). **This rigor and process is why, upon DSM-5 publication, National Institute of Mental Health Director Tom Insel, M.D., stated that "patients, families, and insurers can be confident that effective treatments are available and that the DSM is the key resource for delivering the best available care".**

Furthermore, DSM uses both the 9th and the 10th Edition of the International Classification of Diseases (ICD-9-CM and ICD-10-CM) statistical codes approved by the Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) as well as the National Center for Health Statistics (NCHS) in the Centers for Disease Control and Prevention (CDC). These two agencies publish an on-line official version of names and statistical code numbers for use in submitting insurance claims and vital statistics (causes of death, etc.) for all diseases and disorders across the full range of medical and behavioral health. **However, the ICD codes contain no diagnostic criteria or associated clinical information that can aid clinicians in arriving at the appropriate diagnosis.** Whenever there are code numbers that change for mental disorders, APA publishes these code changes online and may update "hard copy" books with these codes when they are reprinted. **An updated edition of the DSM-5 (e.g. 5.1) will only be issued for changes in diagnostic criteria and clinical guidance when there is a substantial body of research supporting such changes that is reviewed by an expert multidisciplinary committee. No such revision is currently under development.**

To reiterate, S.B. 254 is severely flawed legislation that undermines consensus standards in diagnosing mental illness and substance use disorders to the detriment of Kansans and national mental health research activities. It does not suggest an alternative because there is no evidence-based, science-driven, and clinically appropriate alternative to the DSM. S.B. 254 would invite the introduction of either idiosyncratic standards or no scientifically based standards of diagnostic practice for Kansas. This would remove the common diagnostic language necessary for collaborative and multidisciplinary treatment across mental health specialists.

If you have any questions on this important matter, please contact Janice Brannon, APA's Deputy Director for State Affairs, at jbrannon@psych.org or 703-907-7800. We are very happy to serve as a resource to you on this and to collaborate on ways to improve care for individuals with mental illness and substance use disorders.

Sincerely,

A handwritten signature in black ink that reads "Saul Levin, M.D., M.P.A." The signature is fluid and cursive, with the last name "Levin" being the most prominent part.

Saul Levin, M.D., M.P.A.
CEO and Medical Director