

# MPS NEWS

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Editor: Heidi Bunes

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## In This Issue

<a href="#">Aug. 3 Diversity Happy Hour</a>	p. 2
<a href="#">Parity Implementation</a>	p. 2
<a href="#">Death with Dignity CME</a>	p. 3
<a href="#">Criminal History Checks</a>	p. 4
<a href="#">Maryland Regs Proposed in July</a>	p. 4
<a href="#">Medical Cannabis in Maryland</a>	p. 5
<a href="#">MIA Parity Compliance Survey</a>	p. 5
<a href="#">Medicaid Opioid Prescribing</a>	p. 6
<a href="#">2018 Medicare Fee Schedule</a>	p. 6
<a href="#">Medicare - Small &amp; Rural Practice</a>	p. 7
<a href="#">APA BOT Highlights &amp; Info</a>	p. 8 & 9
<a href="#">Treating Students away at College</a>	p. 10
<a href="#">Guidelines for PANS/PANDAS</a>	p. 11
<b>In Every Issue</b>	
<a href="#">Membership</a>	p. 11
<a href="#">Classifieds</a>	p. 12

Deadline to submit articles to *MPS News* is the 15th of the month preceding publication. Please email [heidi@mdpsych.org](mailto:heidi@mdpsych.org).

*MPS News* Design & Layout  
Meagan Floyd

The next MPS Council meeting will be held at 8 PM Tuesday, September 12th, in the MPS office

## President's Column

### Police State

All members should be aware that a criminal history check is now required for Maryland physician licensing beginning with 2017 renewals (last names M-Z). This entails submitting fingerprints to the Maryland Department of Public Safety and Correctional Services, Criminal Justice Information System (CJIS) at least 6 weeks before renewal. Expect a notice from the Maryland Board of Physicians about this 3-4 months before your renewal date.

If you live or work in Baltimore, I can recommend using Xecutive Security Investigations Group (XSIG), Inc. for your fingerprints. XSIG, Inc. is conveniently located across from Patisserie Poupon in a nondescript storefront on East Baltimore Street. The company provides many services including firearms training, CPR certification and house arrest monitoring as well as fingerprinting for local doctors, lawyers, police officers and other community members. The Cop Shop, selling handguns and EMS uniforms among other merchandise, is located one block to the west.

When I arrived at 9:30 a.m. on a Wednesday, there was plenty of metered street parking available. One doctor was finishing up as I arrived, and another arrived as I was leaving. The owner, Bryan Bogan, took my fingerprints at a long counter in a narrow area between the front office and a back conference room. The conference room featured a large target practice poster on the back wall. The procedure was done electronically, using corn syrup to define the prints for the sensor. It was more expensive (\$65) but less messy than the ink version. The sensor

was temperature-sensitive and Bryan had to redo my prints a few times because my hands were "too hot." While he attempted to get good images, I learned that Bryan is a former U.S. Army sergeant who was stationed in Europe then retired just before the wars in Iraq and Afghanistan. He worked for Verizon and in security positions at night clubs in Baltimore before taking over this company 7 years ago. He told me that he loves running this company, which allows him travel extensively. This year Bryan plans to visit Greece and Spain and would love to buy a house in Cuba.

The whole appointment took about 20 minutes, and I had a lovely pastry and latte across the street afterwards. Not the worst way to comply with a Board requirement.

Xecutive Security Investigations Group, Inc., 821 E. Baltimore Street, Baltimore, MD 21202. Tel. (410) 605-0949, Fax (410) 605-0948, [www.xsigroup.com](http://www.xsigroup.com). Call ahead as hours may vary.

*Jennifer Teitelbaum Palmer, M.D.*

## Special Member Rate for 2017 MPS Directory Ad

MPS members can advertise their practice, change in location, specialty, new book, etc. for a special rate of only \$100 for 1/3 page in the 2017 membership directory. Contact Meagan Floyd at the MPS office 410-625-0232 or [mfloyd@mdpsych.org](mailto:mfloyd@mdpsych.org).

**Order now—the directory goes to print this month!**

## MPS Members Out & About

Bruce Taylor, M.D. had an [opinion piece](#), "Save \$500 billion a Year without Cutting Health Benefits or Services," in the July 9 *Baltimore Sun*. It explains the Smart-Care initiative.

Help us spotlight news of MPS members in the community by sending info to [heidi@mdpsych.org](mailto:heidi@mdpsych.org).

## Become an APA Fellow— It's Easy to Apply!

Are you ready to take the next step in your professional career? Members who pursue Fellow status perceive it as one of the first steps to enhancement of their professional credentials. Members who apply and are approved this year will be invited to participate in the Convocation of Distinguished Fellows during APA's 2018 annual meeting in New York. **The deadline is September 1.** Visit the [APA website](#) for more details and a link to the application.

## FAQ on Parity Implementation

On June 16, 2017, a new FAQ, Part 38, was jointly issued by the federal Departments of Labor, Health and Human Services, and the Treasury regarding the application of the Mental Health Parity and Addiction Equity Act ("MHPAEA"), as amended by the Affordable Care Act and the 21st Century Cures Act. This [new FAQ](#) has two separate requests for comments, which must be received by **September 13**.

First, plans or issuers are required to disclose the criteria for "medical necessity" determinations that apply to MH/SUD benefits to interested participants upon request. In addition, the plan or issuer must make the reason for any denial of reimbursement or payment for MH/SUD Benefits available to participants. [Comments](#) are being solicited on a [draft model disclosure request form](#), which could be, but is not required to be, used to request certain disclosures related to non-quantitative treatment limitations under a plan or insurance policy.

Second, is the question of whether the MHPAEA applies to benefits for treatment of an eating disorder. The MHPAEA prohibits financial requirements or treatment limitations on "mental health benefits" and "substance use disorder benefits" that are more restrictive than the predominant financial requirements and treatment limitations for substantially all medical and surgical benefits. The FAQ clarifies that eating disorders are mental health conditions; therefore, treatment of an eating disorder is a "mental health benefit" within the meaning of that term under the MHPAEA. [Comments](#) are being solicited as to whether any additional clarification is needed regarding how the requirements of MHPAEA apply to treatment for eating disorders.

## MPS Diversity Committee Happy Hour

Don't miss this free event on **Thursday, August 3** from 6:00-8:00 PM at the MPS office -1101 Saint Paul St. Suite 305, Baltimore, MD 21202. Wine and light refreshments will be served. The event is open to all MPS members, but you must **reserve by August 1!**

Meet our special guests Ranna Parekh, M.D., M.P.H., Director, APA Division of Diversity and Health Equity and Vabren Watts, Ph.D., the deputy director of the division. They will explain the following [APA Diversity Fellowships](#) that are targeted to Resident-Fellow and Early Career members (for more details, please click the link):

**Diversity Leadership Fellowship**, which identifies and motivates psychiatry residents who – through the experiential and training opportunities of the program – will become well-equipped leaders in psychiatry by providing culturally sensitive mental health services to diverse and underserved populations. It is designed to develop leadership to improve the quality of mental health care for the following (not limited to) minority groups at risk and underrepresented in psychiatry: American Indians/Native Alaskans, Asian Americans/ Native Hawaiians/Native Pacific Islanders, Blacks/African Americans, Hispanics/Latinos, and the LGBTQ community.

**Jeanne Spurlock Congressional Fellowship**, which provides an opportunity for a psychiatry resident or early career psychiatrist with significant interest in child and/or minority mental health advocacy to work in a congressional office. The recipient will serve a 10-month fellowship in Washington, D.C., during which he/she will be introduced to the structure and development of federal and congressional health policy focused on mental health issues affecting minorities and underserved populations, including children.

**SAMHSA Minority Fellowship**, which enhances the knowledge and capabilities of racial and ethnic minority psychiatry residents to teach, administer, conduct services research and provide culturally competent, evidence-based mental health services to minority and/or underserved populations

**SAMHSA Substance Abuse Minority Fellowship**, which enhances the knowledge and capabilities of racial and ethnic minority psychiatry residents to teach, administer, conduct services, research and provide culturally competent, evidence-based mental health and substance abuse services to minority and/or underserved populations.

We will also discuss other upcoming committee initiatives.

[RSVP HERE.](#)

# Death With Dignity: Examining Both Sides Of The Physician Assisted Suicide Debate

*Jointly Provided by the Maryland Psychiatric Society and MedChi, The Maryland State Medical Society*

**Saturday September 16, 2017  
9:30 am-1:15pm**

## Agenda

9:30AM-10:00  
Registration & Continental Breakfast

10:00  
Welcome/Introductions

10:05-10:50  
Mr. Whitaker

10:50-11:35  
Dr. Donovan

11:35-11:45  
Break

11:45-12:30  
Panel Discussion  
Drs. Hanson, Komrad, Morrison,  
Riley, Donovan, Levin, Mr. Whitaker

12:30-1:15  
Question/Answer/Discussion

**Background:** The topic of physician assisted suicide (PAS) is being debated throughout the country. Six states have established physician-assisted suicide via legislation, while 44 states consider PAS illegal. In 2017, legislation was filed (for the third year) in the Maryland General Assembly that would allow doctors to legally prescribe a lethal dose of medicine at the request of a patient who has been deemed mentally competent and who has received a terminal diagnosis. These bills — [HB 370](#) and [SB 354](#) — were both ultimately withdrawn from consideration. However, legislation will be filed again during the 2018 Maryland General Assembly.

### Participants:

- **Kevin Donovan, M.D.** is the Director of the Center for Clinical Bioethics.
- **Annette Hanson M.D.** is a clinical assistant professor of psychiatry at the University of Maryland with a dual appointment at the Johns Hopkins Medical Institute.
- **Mark Komrad M.D.** is the Ethicist-in-Residence for the Sheppard Pratt Health Systems, where he chaired the Ethics Committee for over 20 years.
- **Michael L. Levin, M.D.**, specializes in internal medicine, infectious disease and HIV/AIDS.
- **Elizabeth Morrison, M.D., DLFAPA** has been in private practice in Chevy Chase, MD for 31 years.
- **Anthony Riley, M.D.** has been Medical Director of Gilchrist Hospice Care since its inception in 1994 and also serves as Medical Director for Gilchrist Greater Living.

- **Robert Roca, M.D. MPH MBA** (Moderator) has been Vice President and Chief Medical Officer of the Sheppard Pratt Health System since 2000.
- **Matt Whitaker** is a former clinician with extensive experience in health policy and advocacy. He most recently served as Compassion & Choices.

**\$60 for MPS/MedChi Members and \$85 for Non-members**

If making your reservations after September 1st please call 410.625.0232 for availability.

**Fees are non-refundable.**

**Please send check or money order to:**

The Maryland Psychiatric Society  
1101 Saint Paul Street, Suite 305, Baltimore, MD 21202

**[For more details or to REGISTER & PAY ONLINE!](#)**

*Please indicate if you require special accommodations.*

## Maryland News

### Criminal History Record Check Needed for License Renewal

As reported in earlier issues, the Maryland General Assembly passed legislation in the 2015 session – [SB 449 \(CH 34\)](#) – that requires applicants and licensees of the State Board of Physicians (MBP) to submit to criminal history records checks (CHRCs) as a condition for licensure, and creates new grounds for disciplinary action if a licensee fails to submit to a required CHRC. **CHRCs are now required for all reinstatements, renewal, and initial license applications for ALL licensees. Please begin the process early to meet this new requirement for September medical license renewals.**

Private commercial fingerprinting services are authorized by [COMAR Regulation 12.15.05](#). To view a list of authorized services with their location and phone number, [click here](#). Some of these have "preregistration" which can significantly reduce wait time by filling out the Criminal Background Application form and paying the required fees in advance. There is also the option to request the Criminal Background Application from the [Department of Public Safety and Correctional Services](#). [See [page 1](#) for Dr. Palmer's description of her experience with fingerprinting.]

Members who have changed their last names, please note that the name on the CHRC must match the name on the medical license. MBP has received CHRCs that cannot be matched with licensees, and has learned later that it was due to a name change.

Please do not contact the MBP to verify receipt or submit receipts. The MBP receives electronic CHRC notifications within 72 hours. To check the status of a current background history request, please contact the Criminal Justice Information System Call Center at 410-764-4501 or 1-888-795-0011, Monday-Friday 8:00 AM - 5:00 PM.

### Mandatory Maryland PDMP Registration

The July 1 deadline for those with CDS licenses to register with PDMP has come and gone. The majority of CDS licensees complied with this Maryland law. If you did not register, MedChi recommends that you abstain from writing opioid prescriptions until you resolve the issue. Writing a prescription without registering with the PDMP may result in a complaint against your license. Reach out to us if you or a colleague needs help.

From [July 10 MedChi News](#)

### Maryland Regulatory Changes Proposed in July

#### [COMAR 10.09.80 – Community-based SUD Services](#)

This proposal would add references to COMAR 10.63 from the Behavioral Health Administration (BHA) that outlines requirements for Behavioral Health Providers. These references will require Medicaid providers to comply with BHA regulations. The comment period ends **August 7**.

#### [COMAR 10.09.49 – Telehealth Services](#)

This proposal clarifies and updates based on administrative simplifications and clarifications. Additionally, it expands permitted distant site providers to increase access to substance use disorder services via telehealth. The comment period ends **August 7**.

#### [COMAR 31.10.44 - Network Adequacy](#)

These are proposed new regulations implementing [House Bill 1318 / Senate Bill 929](#) from the 2016 legislative session. They would apply to health insurance carriers that use provider panels, requiring them to file an annual access plan that documents how they meet various network sufficiency standards, including distance, appointment wait times, and provider-to-enrollee ratios. The proposed standards specify different distance maximums based on specialty and urban (10 miles) vs suburban (25 miles) vs rural area (60 miles). (Numbers in parentheses are for psychiatry). Urgent appointment wait time for psychiatry is proposed as 72 hours and non-urgent as 30 calendar days. Provider-to-enrollee ratio is proposed as 1:2,000 for mental health and SUD care. The comment period ends **August 21**.

### MIA Order Regarding Evergreen Health

On July 27, MIA [announced](#) that Maryland Insurance Commissioner Al Redmer, Jr. issued an Administrative Order prohibiting Evergreen Health from making any disbursement or transfer of assets without his prior approval. Evergreen Health is also prohibited from selling or renewing any insurance policies. These actions are in response to Evergreen's financial position and after private investors informed MIA that they were terminating their acquisition of Evergreen Health on July 24. This Administrative Order is a preliminary step to an anticipated receivership. Evergreen currently provides health insurance to approximately 25,000 Maryland residents. According to [The Daily Record](#), this leaves two insurers on the Maryland Health Exchange.



## Maryland News

### Medical Cannabis in Maryland

After years of legislative and legal disputes, medical cannabis will be available in Maryland by the end of 2017. The Maryland Cannabis Commission has given final approval to at least one grower, and numerous dispensaries are working their way through the system. Products should be available by the end of the year.

Are you considering becoming a cannabis recommender? Are your patients asking you questions about medical cannabis? MedChi is collecting resources, and we are developing a task force to help with issues related to medical cannabis. Please let us know if you are interested in serving on the task force.

If your patients are asking questions, please remember that, under Maryland law, only practitioners certified by the Maryland Medical Cannabis Commission can write certifications for medical cannabis to patients with a qualifying medical condition. Qualifying medical conditions include cachexia, anorexia, wasting syndrome, severe pain, severe nausea, seizures, severe or persistent muscle spasms, glaucoma, post-traumatic stress disorder, and chronic pain.

Maryland law requires the following for issuing a written certification for medical cannabis:

- A "bona fide physician-patient relationship" with the patient;
- The patient's condition must be severe;
- Other medical treatments must have proven ineffective for the patient's condition; and
- The physician must have a reasonable expectation that the patient's symptoms can be relieved by the use of medical cannabis.

Do you want to learn more? Next month, MedChi is hosting a continuing education event, "[Medical Cannabis in Maryland - A Comprehensive Look.](#)" Registration is \$25 for MedChi members (\$150 for non-members). The event will feature an exhibit hall of growers and dispensaries, and our CME program will focus on legal, clinical, and practical aspects of medical cannabis for Maryland providers. To register online, visit [this link](#). You can also register via email [cjohannesen@medchi.org](mailto:cjohannesen@medchi.org) or by phone at 800-492.1056 x3308.

From [July 24 MedChi News](#)

Review the [2011 Maryland Psychiatric Society / Maryland Society of Addiction Medicine Position Paper on "Medical" Marijuana](#) for considerations regarding medical cannabis.

### Stakeholder Input for MIA Parity Survey

The Maryland Insurance Administration will hold an [August 21 stakeholder meeting](#) to gather feedback on questions to be included in a third round of market conduct surveys to determine carrier compliance with the federal Mental Health Parity and Addiction Equity Act (MHPAEA). The meeting will focus on areas of concern for privately insured consumers accessing covered mental health and substance use disorder services. The MPS will work with the APA and other Maryland advocates to develop suggestions for specific survey questions, documents and data that should be collected from insurance carriers for review, and tools that may be implemented to facilitate a MHPAEA review beyond initial form and policy evaluation. Members who wish to participate should email Executive Director [Heidi Bunes](#).

The August 21 meeting will run from 1 to 3 PM in Room 027 of the CCBC Catonsville Mathematics and Science Hall, 800 South Rolling Road, Baltimore, MD 21228. Interested parties are invited to attend the public meeting and to submit written comments in advance. Please RSVP and direct all questions or written comments by email to [dar-cim.smith@maryland.gov](mailto:dar-cim.smith@maryland.gov) or by mail addressed to the Maryland Insurance Administration, 200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202, ATTN: Darci Smith, Special Assistant - MHPAEA, Compliance and Enforcement. All comments must be received by **5pm on August 16**.

### Summary of Insurance Laws Enacted in 2017

On July 6, the Maryland Insurance Administration issued a [summary of 2017 insurance legislation](#) signed by Governor Larry Hogan. This document includes the bill number, chapter, title and a summary, along with the effective date. To obtain a copy of the complete law passed by the General Assembly, access the Maryland General Assembly [website](#) or contact the Department of Legislative Services at (410) 946-5400. For more information about the MIA summary, contact Catherine Grason at 410-468-2201 or [catherine.grason@maryland.gov](mailto:catherine.grason@maryland.gov).

### AAM Files Suit Against Drug Price Gouging Law

On July 6, the Association for Accessible Medicines (AAM), which represents manufacturers of generic and biosimilar medicines, filed a [lawsuit](#) against Maryland Attorney General Brian Frosh and MDH Secretary Dennis Schrader requesting that the Federal district court in Maryland enjoin them from enforcing HB 631. Scheduled to take effect on October 1, the law is intended to reduce drug costs, as described in the [May issue](#). For more details, see this [Baltimore Sun article](#).

## Maryland News

### Baltimore City Focus Group on Immigrant Professionals

The Mayor's Office of Immigrant and Multicultural Affairs (MIMA) and the University of Maryland, Baltimore County (UMBC) are working on a project about Baltimore's policies for immigrants. They are recruiting immigrant professionals who have lived or worked in Baltimore City since 2013 or earlier to participate in a focus group. The group will discuss the advantages and challenges for immigrant professionals in Baltimore City and how the local government has intervened in those factors. The focus group will happen on Wednesday, **August 9**, 6:00–7:30 PM in the Canton branch of the Enoch Pratt Library. Each participant will receive a compensation of \$40. If you would like to participate, please email Dr. Felipe Filomeno at [filomeno@umbc.edu](mailto:filomeno@umbc.edu) or call 410-300-7034.

From *July 24 MedChi News*

### July 1 Name Change to Maryland Department of Health

As noted in the June issue, DHMH [officially](#) changed its name to the Maryland Department of Health (MDH) on July 1, dropping "and Mental Hygiene" in an update that reflects the holistic nature of the health services that it oversees, including behavioral health. MDH has four major divisions – Public Health Services, Behavioral Health, Developmental Disabilities, and Health Care Financing (the Medicaid program). In addition, the department has 20 boards that license and regulate health care professionals; and various commissions that issue grants, and research and make recommendations on issues that affect Maryland's health care delivery system. A staff of more than 6,500 and a budget of more than \$12 billion provide needed services to Maryland communities.

### Medicaid News on Opioid Prescribing

Effective July 1, Maryland Medicaid established new [opioid prescribing policies](#) for Medicaid fee-for-service and all eight managed care organizations. The prescribing policies are consistent with CDC recommendations; however, they do require prior authorization when prescribing long-acting opioids, fentanyl products, methadone for pain and any opioid prescription that results in a patient exceeding 90 morphine milliequivalents per day. More prior authorization information is available [here](#).

### Suicide Risk Assessments

A March 28 Scientific American article, "Suicide Risk Assessment Doesn't Work," prompted a response in April from Donna Vanderpool of PRMS. She pointed out that the title of the article is misleading because it actually examines suicide prediction using risk scales, not suicide risk assessment. Responses to a set of standard questions are useful only as part of the overall assessment. She agrees that "It is impossible to predict a suicide, and prediction is not expected. ... What is expected, as with any clinical situation, is that the clinician communicate with the patient to collect information, and then based on that information and the clinician's professional judgment, develop and implement a reasonable treatment plan." [Click here](#) to read her entire LinkedIn post.

## Medicare News

### Proposed 2018 Medicare Physician Fee Schedule

Highlights of the CMS [regulation](#) on the 2018 Physician Fee Schedule include a proposal that would increase payments to psychiatrists for common mental health outpatient services by over \$1 million in allowed charges for 2018, the proposed adoption of CPT codes and RUC recommendations for collaborative care services, and other provisions, according to a [July 19 Psychiatric News Update](#). Provisions also include adding CPT codes 90839 and 90840 (Psychotherapy for Crisis) to the list of telehealth services. CMS states that the proposal is one of several Medicare payment rules for CY 2018 that reflect a broader strategy to relieve regulatory burdens for providers; support the patient-doctor relationship in healthcare; and promote transparency, flexibility, and innovation in the delivery of care. [Click here](#) for more information. Comments on the proposal are due **September 11**.

### Novitas Revises LCD for Psychiatric Codes

On July 13, Novitas revised its Local Coverage Determination for [Psychiatric Codes](#) to clarify Documentation Requirement #4 regarding diagnoses for CPT codes 90791 and 90792. Item 4 now states, "The medical records must indicate the diagnosis, including psychological and/or medical conditions, as well as any psychosocial and environmental stressors." Please click the link and scroll down for complete information.

## Medicare News

### Exemption from Reporting through Special Status

CMS has posted new information online that indicates whether clinicians have "special status." These clinicians are considered exempt from MIPS so they do not need to report data in 2017 to the Medicare Quality Payment Program in order to avoid a financial penalty in 2019.

To determine if a clinician has special status under the Quality Payment Program, CMS analyzes Medicare Part B claims data. A series of calculations are run to determine if special rules under the Quality Payment Program will affect the number of total measures, activities or entire categories that an individual clinician or group must report. These circumstances are applicable for clinicians in: Health Professional Shortage Area (HPSA), Rural, Non-patient facing, Hospital Based, and Small Practices.

For more information, please visit the [Quality Payment Program website](#) and scroll down.

### Attention Clinicians Working in Small Practices or Rural, or Underserved Areas

CMS launched a [new section](#) of the Medicare Quality Payment Program (QPP) dedicated to clinicians working in small or rural practices as well as those treating patients in underserved areas. This page is a single point of reference for the QPP, especially, for those participating under the Merit-based Incentive Payment System (MIPS) track. Quickly locate contact information for organizations that assist practices through the Small, Underserved, and Rural Support initiative using an interactive map. Review the flexibilities to help reduce the participation and reporting burden on small practices for 2017. More features and information will be added, so submit your feedback to CMS.

### Open Payments Posts 2016 Data

Applicable manufacturers and Group Purchasing Organizations collectively reported \$8.18 billion in payments and ownership and investment interests to physicians and teaching hospitals in 2016. This amount is comprised of 11.96 million total records attributable to 630,824 physicians and 1,146 teaching hospitals. On June 30, CMS published the 2016 Open Payments data, along with newly submitted and updated payment records for 2013, 2014, and 2015 on the [Open Payments Data](#) website. CMS also incorporated new features and enhancements to the Open Payments [Search Tool](#).

### CMS Proposed Rules for 2018 Medicare Quality Payment

As noted in the July issue, CMS recently issued the [proposed rule](#) for the second year of Medicare's quality payment program. The rule contains proposed policies for the 2018 reporting year of the merit-based incentive payment system (MIPS) and "advanced" alternative payment models (APMs). The APA has advocated to relieve smaller practices from many of those requirements. Some successes that are included in this proposed rule include:

- The low-volume threshold will increase in 2018 to \$90,000 in annual billings OR 200 Medicare Part B patients per year (from the current \$30,000 or 100 patients). More psychiatrists would be exempt from MIPS reporting requirements and penalties.
- Practices of up to 10 eligible clinicians could begin joining together in virtual groups for 2018 MIPS reporting, regardless of location or specialty. Thus, psychiatrists could join virtual groups with other specialties, and small multi-specialty practices could be in virtual groups.
- CMS would add bonus points for small practices that submit data on at least one MIPS performance category and for clinicians that care for complex patients.

However, there are some changes proposed by the APA that were not included, such as CMS would continue to require reporting six quality measures, rather than reducing this to three. APA also unsuccessfully requested greater flexibility in defining Advanced APMs, and more options for psychiatrists to participate in Advanced APMs and earn a bonus. However, the CMS Innovation Center is convening a stakeholder meeting in September to encourage the development of APMs for behavioral health.

The APA will submit detailed comments with input from APA components and members by **August 21**, in advance of the CMS Innovation Center stakeholder meeting in September. APA will advocate for the development of APMs for behavioral health at this meeting. Please see the link above for more information or to submit comments.

### Novitas Webinar - Part B Psychiatric Services

A Part B Psychiatric Services webinar will be held on **August 3** from 2 to 3 PM. This course will enhance Part B knowledge of coverage and documentation requirements for the psychiatric diagnostic evaluation, psychological and neuropsychological testing, and psychotherapy services. [Click here](#) for details or to register.

## APA News & Information

### Update on Federal Health Reform Legislation

Senate Republicans voted July 25 to initiate debate on a bill to repeal major provisions of the Affordable Care Act. Various proposals were considered, including a so-called 'skinny package' that would primarily eliminate penalties related to the individual and employer mandates and provide tax cuts to device manufacturers and the health insurance industry. The AMA [cautioned](#) that would lead to adverse selection, which would increase premiums and destabilize the individual market. The plan was rejected in a July 28 vote.

Both the APA and the AMA have been actively engaged as the Senate considers ACA-related legislation. The APA has [expressed](#) steadfast opposition to any legislation that would leave our patients worse off, opposing any effort to repeal the ACA's Medicaid expansion, premium and cost-sharing subsidies, and other coverage and consumer protections. APA supports a bipartisan and transparent process to develop consensus on improvements to current law that would close gaps in coverage. Similarly, the AMA believes that any reform proposal should not cause individuals currently covered to become uninsured, should stabilize and strengthen the individual insurance market, ensure that low/moderate income patients can secure affordable and meaningful coverage, and provide adequate funding for safety net programs like Medicaid. To learn more, visit the [Patients before Politics](#) site.

Maryland Senators Ben Cardin and Chris Van Hollen have consistently voted in accord with the APA and AMA positions. They deserve thanks for their efforts to retain the gains in health coverage that resulted from the ACA. To express your interest in the health legislation and appreciation for their work, please click the links above or visit the [APA Engage website](#) or the [AMA Action Center](#).

### APA Annual Meeting Attendees

REMINDER: Members who attended the annual meeting have until August 24 to obtain their CME certificates. Please click here: <https://www.psychiatry.org/psychiatrists/meetings/annual-meeting/certificate-of-attendance-and-evaluation>.

### APA Accepting Submissions for 2018 Annual Meeting

The 2018 APA annual meeting will be held May 5-9 in New York City. The theme is "Building Wellbeing Through Innovation." The meeting site is now accepting new submissions of workshops, symposia, courses and posters. The deadline is Thursday, **September 7**. [Learn more and submit](#).

### July APA Board of Trustees Meeting Highlights

These are unofficial, pending approval by the Board. President Anita Everett was a very effective Chair of this meeting.

#### Mental Health Parity Enforcement

The APA continues parity compliance and enforcement efforts, specifically regarding health plan network adequacy and provider reimbursement. Examples are educating APA affiliates about Medicaid parity compliance requirements, conducting secret shopper studies with 16 expected to be done by the end of the summer, working on parity guidance and requirements in the *21st Century Cures Act*, and partnering with DBs and insurance commissioners (in states that received CMS funds) on parity compliance.

#### APA Opioid Initiatives

The APA remains a primary organization within the SAMHSA-funded Providers Clinical System Support – Medication Assisted Treatment program. This program focuses on training and supporting clinicians in the provision of medication assisted treatment.

#### Approval of the Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder

In January 2018, *The American Psychiatric Association Practice Guideline for the Pharmacological Treatment of Patients With Alcohol Use Disorder* will be available as a book available for purchase on [www.appi.org](http://www.appi.org), as an executive summary in the January issue of *American Journal of Psychiatry*, and freely available in full-text online via Psychiatry Online (with downloadable PDF) and from a link on APA's website.

#### APA Annual Meeting

The APA annual meeting was held May 20 through May 24 in San Diego, CA and featured more than 450 scientific sessions and over 1000 posters.

#### DSM Steering Committee

Proposals for DSM-5 revisions can be submitted on the new DSM-5 web portal (available at <http://www.dsm5.org/>). Potential changes will be presented for public comment, APA Assembly input and Board of Trustees approval, prior to being implemented in the on-line version of DSM-5.

#### APA's New Headquarters

Plans to move the APA headquarters from Arlington, VA to Southwest DC are on schedule for late December 2017.

#### APA Membership

APA membership increased by 1.7%, from 36,490 in 2015 to 37,106 in 2016. There has been a 9.6% increase (3,238 new members) in total membership from 2013 to 2016. Every segment of membership has increased, including those members in the minority and underrepresented groups.

Roger Peele, M.D., Area 3 Trustee



## APA News & Information

### APA Assembly Profile of Courage Award for Ethical Behavior

The [Assembly Profile of Courage Award](#) recognizes an APA member who has, at risk to her/his professional and personal status, taken an ethical stand against intimidating pressure for the good of patient care and in keeping with [APA Principles of Ethics](#). Nominees must be an APA member in good standing who has performed a deed—on behalf of a patient, patient group, patient care, or APA ethical principle—involving personal risk to reputation, finances, and/or safety. The actions are worthy of members' consideration and recognition and serve as an example of commendable ethical behavior worthy of emulation. The deadline for nominations is **September 1**. Please send a letter of recommendation or questions to Jessica Hopey [jhopey@psych.org](mailto:jhopey@psych.org) or 703-907-8525.

### Free Members Course of the Month

Try the APA's **free** online CME. Each month, members have access to an on-demand course on a popular topic. Less than 30 minutes in length, this course can help you brush up on a trending topic over lunch. The August [course of the month](#) is "Common Addiction Emergencies" with John S. Rozel, M.D., M.S.L., Western Psychiatric Institute and Clinic of University of Pittsburgh Medical Center. The course will be available for a fee after the month expires.

### Nominations Invited for APA Presidential Appointments

APA President-elect Altha Stewart, M.D., invites APA voting members to indicate their interest in serving on APA components. Members who are willing to share their expertise and make a significant time commitment to serve APA, the field of psychiatry, and patients are asked to submit their names or nominate a colleague. Dr. Stewart seeks APA members who represent the varied demographics of APA's member and patient populations. Please send the name of the component(s) along with a one-page description of the nominee's background, experience, and qualifications to [appointments@psych.org](mailto:appointments@psych.org).

### Interested in Running for APA Office?

Nominations are now open for APA's 2018 national election for the offices of president-elect, treasurer, trustee-at-large, early career psychiatrist, and resident-fellow member trustee. The deadline is October 1. [Click here](#) for more information.

### Video Explains PsychPRO

Curious about PsychPRO, the new mental health registry from APA? [Click here to watch a short video](#) that explains how PsychPRO can help you treat patients and meet your certification requirements. PsychPRO is open to individual psychiatrists as well as large group practices and hospitals.

### Members In The News

*Psychiatric News*, APA's print and electronic news service, has launched a new feature that reports on members' promotions, honors, and other achievements. Members are invited to send their announcements to Executive Editor [Cathy Brown](#). To read about members, [click here](#).

### APA Data Security: Browser Upgrade May be Required

As of July 20<sup>th</sup>, all psychiatry.org users will be required to use an up-to-date internet browser. This is part of APA efforts to secure its data and members' personal and payment information. Using an outdated browser increases security risks and can compromise any information sent or received on the computer, like financial or personal information. Take action to reduce risk and continue enjoying your member benefits in a secure manner. To determine what browser you are using, or to safely link to the right download to update your browser, go to [psychiatry.org/BrowserHelp](http://psychiatry.org/BrowserHelp).

The following browsers will be required:

- Google Chrome 38 or higher
- Internet Explorer 11 or higher
- Mozilla Firefox 27 or higher
- Desktop Safari v.7 and higher
- Microsoft Edge: All versions

### Share Your Opinion on MH Apps

The APA has updated its App Evaluation Model. The model, which is used to evaluate mobile mental health apps, now includes an app evaluation form. It can be accessed on the sidebar of APA's Mental Health Apps page. [Read more and access the form.](#)

## Treating Students Away at College: Could You? Should You?

From [PRMS LinkedIn post August 22, 2014](#)

Summer is rapidly coming to an end and many of you have patients who will be heading off to college for the first time. What should you do about the patient who is leaving the area and asks that you continue treating her while she is away at school? On the one hand, it may seem like a very logical thing to do. You know this patient and she trusts you. You have been making excellent progress since you began treating her so why would you want to end the treatment relationship now? Because 1) it may not be legal to continue to treat, and 2) it may not really be in your patient's best interest.

Begin by talking to your patient (and if appropriate, your patient's family) about her needs and expectations for ongoing care. Will the patient be just a short distance away and able to come back for regular appointments or will she be in another state and unable to be seen in your office except during school holidays? Are you doing medication management only or are you also providing therapy to the patient? If the latter, how does the patient perceive this will be conducted?

### Licensure and Other Legal Issues

If your patient is going to attend school in another state, you will need to consider the issue of licensure. Remember, treatment is deemed to occur where the patient is physically located at the time of treatment. Once you have a clear idea of how you intend to manage your patient remotely, contact the licensing board in the state where your patient will be attending school and ask about the need for additional licensure. Each state varies a bit on this issue so whether you are required to have a local license may depend on expected frequency and the nature of your contact with the patient. Be as precise about your intended treatment as you can so that the individual you communicate with at the licensing board has a clear understanding of what you are planning to do. It's preferable that you communicate via email so that there is a written record of your conversation. If this isn't possible, and you are told that your proposed treatment is permissible without an additional license, make a note of the person with whom you spoke, the date, the time, and content of the conversation in case it's needed. Consider also contacting your own state board to verify you are not violating any of its rules.

In addition to ensuring that you are appropriately licensed, you will need to make certain that you are complying with the relevant laws and regulations of each state. There may be specific requirements related to remote treatment such as the need for an in-person exam before prescribing, type of equipment used, necessary additional documentation,

etc. Before undertaking remote treatment, familiarize yourself with each state's requirements and determine whether you will be able to meet them.

### Standard of Care

Assuming that licensure is not an issue – either because your patient is in-state or an additional license is not required, consider whether you will be able to meet the standard of care remotely. The standard of care for treating a patient at a distance is exactly the same as it would be if you were seeing the patient in your office. Depending upon your mode of communication, there are lost abilities that must be considered. For example, if you are communicating via telephone, you lose the abilities of sight and smell. Video-conferencing to some extent restores your ability to see the patient but you may miss things such as the development of a tremor or weight-loss. In all remote treatment, you will likely lose your "sixth sense" – the ability you've developed using all your senses to just know something is wrong when you see a patient.

There are also practical issues to consider. For example, how would you assist the patient in a crisis? Do you know what emergency services are available at your patient's location and how to contact them? What would you do if your patient had a reaction to a medication you prescribed? Would time differences make it difficult to communicate on a regular basis? Will your patient be able to find a private location to have a meaningful exchange?

College is an exciting time but it can also be stressful. Being away from home for the first time along with the stresses of trying to fit in socially and the pressure to succeed academically can trigger new mental health issues and intensify existing ones. Depending upon the nature of your patient's illness and her level of stability, you may determine that what is truly in her best interest is to be connected to a local psychiatrist who can more immediately respond to her needs.

PRMS, Manager of The Psychiatrists' Program  
[PsychProgram.com](http://PsychProgram.com)

For other useful perspectives on the decision to continue treating patients who relocate for college, click [here](#), and click [here](#) for risks.

## Comprehensive Guidelines for Treating PANS/PANDAS

An expert panel of clinicians and researchers has published comprehensive guidelines for treatment of Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS) and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infection (PANDAS).

PANS/PANDAS is characterized by an unusually abrupt onset of obsessive-compulsive disorder (OCD) symptoms and/or severe eating restrictions in children, along with secondary behavioral, cognitive, and/or neurological symptoms. This syndrome is believed to result from a range of triggers, though studies have shown that autoimmune problems and/or neuroinflammation drive the illness in most cases.

Accordingly, the treatment guidelines, published in the *Journal of Child and Adolescent Psychopharmacology*, are divided into three clinical focus areas:

1. [Psychiatric and behavioral interventions](#) to address obsessive-compulsive symptoms, eating restrictions, anxiety, irritability, and more.
2. [Immunomodulatory therapies](#) that target the neuroinflammation and post-infectious autoimmunity commonly seen in PANS/PANDAS.
3. [Treatment and prevention](#) of the streptococcal and other infections that underlie these neuropsychiatric conditions.

Clinical evidence suggests that depression, anxiety, OCD, and other behavioral symptoms of PANS/PANDAS respond to the same medications used to treat these disorders in the general population. However, some reports also suggest that PANS/PANDAS patients may be more sensitive to adverse effects of psychotropic medications such as agitation or dystonia, the authors noted in the [psychiatric guidelines \(part I\)](#).

Therefore, clinicians are advised to initiate with dosages no more than one-quarter the normal amount and slowly titer upwards. Benzodiazepines are also considered first-line treatments for PANS/PANDAS as anxiety, agitation, aggression, and insomnia are common symptoms, but clinicians and parents should be aware of the risk of disinhibition following benzodiazepine treatment in pediatric patients.

From [July 24 Psychiatric News Alert](#)

### Membership

*Transfer into Maryland*

Brian Hendrickson, M.D.  
James B. Potash, M.D., M.P.H.

## **Chief Psychiatrist Opportunity**– Near Washington D.C. and Baltimore!

**Staff Positions available – full-time and part-time**

**(Five minutes away from Columbia, a highly regarded community with the top school district in the state and region!)**

**We have excellent leadership positions currently available in Baltimore and Hagerstown, Maryland. Discover the unique advantages of a career in correctional mental health with MHM Services, a leader in this progressive field. Our advantages include:**

- **Manageable workloads**
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- **Collaborative treatment teams with highly qualified clinicians**
- **Highly competitive salaries!**

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- \*Health, Life & Disability Insurance \*28 Paid Days Off Per Year**
- \*401(k) With Employer Match \*CME Reimbursement & 3 Additional Paid Days Off**
- \*Paid Malpractice Insurance \*Dental & Vision Insurance Options**
- \*Flexible Spending Accounts for Health & Dependent Care**

**Contact:**

**Jane Dierberger 844-477-6420 [jane@mhmcareers.com](mailto:jane@mhmcareers.com)**

**EOE**

**CLASSIFIEDS****EMPLOYMENT OPPORTUNITIES**

**PRACTICE OPPORTUNITY**—Established, busy Multi-disciplinary outpatient practice in White Marsh is seeking an Adult Psychiatrist to work independently providing psychiatric evaluations and medication management for adult patients. This position is for a limited partner (not employee) with possible profit sharing. Medical/dental benefits are available. Collegial environment and pleasant staff — assistance with credentialing. Full-time and part-time hours are available. Come join our team. We look forward to speaking with you and ask that you send your resume and cover letter to [dianne@whitemarshpsych.com](mailto:dianne@whitemarshpsych.com) and/or call George Strutt, PhD, President at 410-931-9280.

**PSYCHIATRIST**---Outpatient Psychiatry Services at MedStar Franklin Square Medical Center is looking for an adult psychiatrist to work 24-36 hours per week. Evaluations are scheduled for 75 minutes, with 25 minutes for med checks. We offer flexible hours, CME reimbursement 7 weeks paid time off, 403 B match, medical benefits and paid malpractice ins. Please email CV to [stephen.pasko@medstar.net](mailto:stephen.pasko@medstar.net) or call 443-777-7925 for details.

**PSYCHIATRIST** - full or half time, independent contractor position with well-established & growing multidisciplinary practice. Spectrum Behavioral Health is an Annapolis area private practice with three desirable locations, congenial colleagues and comprehensive administrative support. For more information about SBH, visit our website: [www.spectrum-behavioral.com](http://www.spectrum-behavioral.com). To discuss this opportunity, please call Barbara Usher, Operations Administrator, at 410-757-2077 x7121 or email [barbara.usher@spectrum-behavioral.com](mailto:barbara.usher@spectrum-behavioral.com).

Gladstone Psychiatry and Wellness of Baltimore is expanding with new offices in White Marsh and Annapolis, MD. Practice psychiatry like it should be: an hour or longer for initial intakes, and thirty minutes or longer for follow-up visits. Gladstone offers a warm collegial environment, generous benefits, and a holistic approach. Generous compensation is based on ethical medicine, not numbers. Your administrative load is lighter because a nurse case-manager handles pre-authorizations, and staff manage billing. Gladstone accepts BC/BS, Aetna and Cigna only. A limited number of full and part-time opportunities (including independent contractor) are available. For more, contact [staff.director@gladstonepsych.com](mailto:staff.director@gladstonepsych.com) or call Anthony Massey, M.D. at 443-708-5856

Psych Associates of Maryland, LLC seeks Adult and Child and/or Adult psychiatrist to join its thriving practice in Towson. NEVER SPEAK TO INSURANCE COMPANY FOR PREAUTHS! Very flexible scheduling. Unlimited vacation time. Partnership available. Email [Drmalik.baltimore@gmail.com](mailto:Drmalik.baltimore@gmail.com) or call 410-823-6408 x13. Visit our website at [www.pamllc.us](http://www.pamllc.us)

The Johns Hopkins University Counseling Center is seeking a part-time psychiatrist for up to 20-25 hours per week (more hours during the semesters and less during the summer). Our Consulting Psychiatrists provide psychiatric services to students including: evaluations, medication monitoring, and consultation with clinic staff. To apply, send a letter of interest with resume to Matthew Torres, PhD (Counseling Center Executive Director) via email ([mtorres5@jhu.edu](mailto:mtorres5@jhu.edu)) or fax (410-516-4286). Alternatively, contact Dr. Torres via email or phone (410-516-8278) for more information.

**CHILD PSYCHIATRIST**—The Outpatient Psychiatry Clinic at MedStar Franklin Square Medical Center seeks a 10 hour per week child psychiatrist to work in our School Based Mental Health Program. We allow 75 minutes for evaluations and 25 minutes for medication management. We offer very flexible hours, CME reimbursement, 6 weeks paid time off, 403B match, and fully paid malpractice insurance. Please send CV to [stephen.pasko@medstar.net](mailto:stephen.pasko@medstar.net) or call 443-777-7925 for details.

**AVAILABLE OFFICE SPACE**

Station North District of Baltimore City: Fully furnished sublet suite available full-time, suitable for mental health professionals. The 1,125-sq. ft.-suite comprises of a security window and door boarding the waiting area, three offices, a receptionist area, kitchenette and fourth open room that can be used as a medical records area, breakroom or additional office. If interested, call Donna at 443-226-8281.

**The MPS is planning some excellent CME activities for this fall so be sure to save the date!**

**Death With Dignity:****Examining The Physician Assisted Suicide Issue**

MedChi's Osler Hall

**Saturday September 16, 2017***MedChi is a joint provider for this activity.*

Featuring Presentations &amp; Participation by:

Kevin Donovan M.D., Matthew Whitaker, Annette Hanson, M.D., Mark Komrad, M.D., Elizabeth Morrison, M.D., Robert Roca, M.D. and more.

**Psychopharmacology Update****Saturday, November 11, 2017**

The Conference Center at Sheppard Pratt, Towson

Featuring Presentations by:

Scott Aaronson, M.D., Robert Post, M.D., Lauren Osborne, M.D. &amp; David Pickar, M.D.





## TWO OPENINGS FOR ADULT & CHILD PSYCHIATRISTS

Family Services, Inc. has two immediate openings for a part time contract Psychiatrists working 20 hours per week. We are seeking both an adult psychiatrist and a child/adolescent psychiatrist. We are a well-established Outpatient Mental Health Center serving a highly diverse client population including children, adults and families from a client centered, trauma informed and recovery oriented model of care. Psychiatrist will be responsible for direct psychiatric care including evaluations and medication management.

Our Outpatient Mental Health Center (OMHC) offers mental health services to 1,200 clients annually and has offers opportunities to work in a wide spectrum of community psychiatry settings.

The OMHC is co-located with a Federally Qualified Health Center (FQHC), Community Clinic Inc. which creates opportunities for integration of behavioral health and primary care.

The OMHC has also developed a partnership with Neighborhood Opportunity Network to provide a social service component which offers social services located in the shared space.

This position also includes opportunity to work with an Early Intervention Program Coordinated Specialty Care team for adolescents and young adults following an initial episode of psychosis. Training and support from University of Maryland researchers is available for all team members.

Family Service Inc. operates a psychiatric rehabilitation program, Montgomery Station, which provides housing, outreach and day program for seriously mentally ill adults and adolescents with a focus on recovery. Experience with this population and interest in working alongside Montgomery Station staff is highly desired.

Candidates must be board certified or board eligible in psychiatry. Position is offered as a part-time contracted position and contract physician must have independent malpractice insurance. If you are interested in being considered for this opportunity or would like more information, please send your resume to [jen.carberry@fsi-inc.org](mailto:jen.carberry@fsi-inc.org). Visit [www.fs-inc.org](http://www.fs-inc.org) for more information about Family Services.

## BC/BE Psychiatrist - THRIVE Center in Columbia, MD

The position involves medication management services for two specialty programs:

1) ADHD/ Executive Function Disorder; & 2) Intensive treatment of failure to launch young adults.

The successful candidate will be committed to building a long-term relationship with our center; and will possess the ability to work closely in a tightly coordinated treatment team. Candidates with expertise in some or all of the following clinical areas preferred:

- Attention Deficit/ Hyperactivity Disorder
- Child and Adolescent Psychiatry
- The struggling to launch young adult population
- Specialization in or experience with substance and process addictions patients
- Experience with psychotherapy in addition to medication management
- Experience with intensive, wrap around outpatient programs

If the applicant is a more experienced clinician, opportunity exists for possibility of medical director responsibilities in addition to the medication management duties. Compensation is negotiable and competitive. Contact Rick Silver, M.D. at [Opportunities@myTHRIVE.net](mailto:Opportunities@myTHRIVE.net)





## Sheppard Pratt HEALTH SYSTEM

### Rewarding Opportunities for Child & Adolescent and Adult Psychiatrists Across Maryland

Sheppard Pratt Health System (SPHS) is seeking child & adolescent (C&A) and adult psychiatrists to work in multiple SPHS programs across Maryland.

#### Child & Adolescent Opportunities Include:

**Medical director for Child & Adolescent Service Line**  
Sheppard Pratt-Towson Campus  
Baltimore County

**Inpatient, PHP, outpatient, telepsychiatry and crisis services psychiatrists**  
Sheppard Pratt-Towson Campus  
Baltimore County

**Inpatient and PHP psychiatrists**  
Sheppard Pratt-Ellicott City Campus  
Howard County

**Outpatient psychiatrists**  
Behavioral Health Partners of Frederick  
Frederick County

**Part-time school psychiatrist**  
The Jefferson School & RTC  
Frederick County

#### Requirements:

- Must be board-certified or board-eligible
- Must have a current license to practice in Maryland at the time of hire
- Individuals hired for inpatient, PHP, and residential school services participate in a call schedule

#### Why Sheppard Pratt Health System?

- Physician-led organization
- Generous compensation package with comprehensive benefits, including medical, dental, vision, and life insurance, an extensive wellness program, and ample leave
- Relocation assistance
- Sign-on bonus
- Opportunities for student loan forgiveness
- Grand rounds, CME opportunities, on-site lectures
- State-of-the-art research and technology
- Cross-discipline collaboration

#### About Sheppard Pratt Health System

Consistently ranked as one of the top ten psychiatric hospitals by *U.S. News & World Report*, SPHS is the nation's largest private, non-profit provider of mental health, substance use, special education, and social services. We employ more than 95 doctors who all share a passion for providing the best care to those we serve. To learn more about our services, visit [sheppardpratt.org](http://sheppardpratt.org). *EOE and smoke-free campus.*

For more information, please contact Kathleen Hilzendeger,  
Director of Professional Services, at **410.938.3460** or  
**[khilzendeger@sheppardpratt.org](mailto:khilzendeger@sheppardpratt.org)**.



**REMY PALMER**  
SENIOR ACCOUNT MANAGER

# EMERGING RISKS REQUIRE ENHANCED COVERAGE

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## **MEDICAL LICENSE PROCEEDINGS**

Psychiatrists are more likely to face an administrative action than a lawsuit.

**Separate limits up to \$150,000**



## **HIPAA VIOLATIONS**

HIPAA enforcement continues to increase at the federal and state levels.

**Separate limits up to \$50,000**



## **DATA BREACH**

The use of electronic media in psychiatric practice has increased.

**Separate limits up to \$30,000**



## **ASSAULT BY A PATIENT**

Violence by patients against psychiatrists is more common than against other physicians.

**Separate limits up to \$30,000**

**These are just a few of our enhanced coverages included at no additional cost.  
Visit us online or call to learn more and receive a free personalized quote.**

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