MARYLAND PSYCHIATRIC SOCIETY

# MPS NEWS

**Volume 32, Number 6** **Editor: Heidi Bunes** **October 2018**

## In This Issue



Deadline for articles is the 15th of the month preceding publication. Please email heidi@mdpsych.org.

*MPS News* Design & Layout
Meagan Floyd

**The next MPS Council meeting will be held at 8 PM Tuesday, November 13th in the MPS office**

## President's Column

## Autumn is a Second Spring

As we were planning for the coming year, we initially thought the fall would bring something of a lull. But as fall weather slowly makes its approach, we're hitting October already in high gear. There are a number of MPS events coming up and the common theme is the chance for greater engagement.

First, we started the season with the results of our membership survey. This was a great opportunity to hear members' thoughts on the current state of the MPS and where we should be headed. We had a considerably higher response rate this year, with clear signals about the efforts and activities that are most highly valued about the MPS. Thanks to all who participated and congratulations to Drs. Heffner, Holt and Means, who were randomly selected to receive $100 credit toward MPS dues or events for their efforts.

Next, we have a series of events coming up that allow us to further connect with members. On October 9, MPS will hold its first ever "Open House" at the office on St. Paul Street. There will be food and drink and the opportunity to meet with MPS leadership, the lobbyist team and staff, as well as to meet and "network" with colleagues. The event is an excellent reminder that the MPS offices are accessible and a resource for members.

On Saturday morning, October 13th, MPS, in conjunction with the APA and the D.C. and Virginia district branches, will participate in a CME event on Collaborative Care at the APA's new headquarters in Washington, D.C. The entrance fee is $30 and there will be presentations on physician burnout and telemedicine, in addition to the Collaborative Care training program. Breakfast and lunch are provided.

On October 16th, MPS will host a 10th anniversary celebration of the passage of the parity law. A seminar on the scope of the parity law will be part of the evening's events, which are hosted by the MPS Payer Relations Committee.

On November 17th, MPS will hold its annual psychopharmacology update at Sheppard Pratt, which is also a CME event and has historically been a very popular program.

The fall is replete with opportunities for us to connect as members of the MPS. We want your ideas and energy. History has taught us we are most effective as a group, working together on the challenges and changes facing our field. I would ask you all to consider attending MPS events this fall and even consider getting involved in the important work of our various committees. There's plenty to do.

*Patrick T. Triplett, M.D.*

## 2018-2019 MPS Membership Directory

Members should have received their copy of our annual membership directory via USPS. If you have any changes to your listing please complete the update form in the back of the publication and submit it to the MPS office or send an email to mps@mdpsych.org. Don't forget – you can also update your profile online!

# Come Join Us for an OPEN HOUSE

The MPS is not just some abstract organization! Join us for an informal gathering of colleagues to socialize and take a look "behind the curtain" where a lot of the work gets done.

**NEXT Tuesday October 9th**
**5:30–7 PM**

Meet MPS leadership and staff, including the MPS lobbyist team, tour the MPS office, learn interesting MPS history and network with other MPS members.

Drinks and appetizers will be served.

**Register today!**

## Would You Prefer Printed MPS Newsletters?

Members now have the option to receive printed black and white copies of *MPS News* and *The Maryland Psychiatrist* for an additional annual fee of $50. Members will continue to receive emailed copies, which they can use to access the links to online information. Print subscriptions must be paid in advance, renewable annually and non-refundable. Members must notify the MPS promptly of address changes. To order, please send a check and a brief note to: MPS, 1101 St. Paul Street #305 Baltimore, MD 21202. Please email mps@mdpsych.org or call 410-625-0232 with questions.

## 2019 Dues Renewals

Late this month you should receive information by email regarding your 2019 membership dues. Paper invoices will be sent in early October.

As the largest source of income, member dues are critical to MPS viability. If you want to find out "what we've done for you lately," just read the following pages. We can't do this without your support!

## Madness In Maryland: Psychiatry's Contemporary Search for Coherence

On **Wednesday October 3rd,** MedChi will host the Thomas E. Hunt, Jr., M.D. History of Maryland Medicine Lecture, featuring a presentation by. Paul McHugh, M.D. Dr. McHugh will combine contemporary psychiatric theory with the practice of treating mental illness throughout the history of Maryland. His lectures are always fascinating and thought-provoking. **Reception: 6:00 p.m. and lecture 6:30 p.m.** The event will be held in MedChi's Osler Hall, 1211 Cathedral Street, Baltimore, MD 21201. There is ample free and paid parking available in the immediate area. For more details, or to RSVP, please email HERE

## Mental Illness Awareness Week

The first full week of this month, October 7 – 13, 2018, is Mental Illness Awareness Week. Visit the NAMI website and the Mental Health America site for ways you can help improve understanding of mental illness and end stigma. Share awareness information, images and graphics for #MIAW throughout the week. The week includes World Mental Health Day on October 10 and National Depression Screening Day on October 11.

## Refer a Colleague and Support the MFP

The "Refer a Colleague" initiative through Professional Risk Management Services, Inc. (PRMS) has generated another $125 donation to the Maryland Foundation for Psychiatry! For each referral to its medical professional liability insurance program, PRMS donates $25 to the referring physician's district branch or foundation (regardless of whether insurance is purchased or not!). This is an easy way for MPS members to generate extra financial support for public awareness activities in Maryland. To learn more about this program and to refer your colleagues, visit PsychProgram.com/Refer.

## Take Advantage of MPS Member Benefits -Join the MPS Listserv!

MPS members are encouraged to join the listserv to easily share information with colleagues. An email message sent to the listserv goes to all members who have joined. Posts can be questions, information, thought-provoking articles and more. To join the listserv, please go to: http://groups.google.com/group/mpslist. You will have to wait for membership approval and will be notified by email. If you have any trouble, please call the MPS office at 410-625-0232.

# September 11 Council Highlights

Executive Committee Report

Dr. Triplett circulated a detailed report of MPS activities since the June Council meeting. He reported that the Executive Committee meet on June 26 with the Behavioral Health Administration. PDMP Director Kate Jackson gave a presentation about the required PDMP use beginning July 1 and answered questions. The MPS requested another update on the longstanding psychiatric leadership vacancies at BHA. Dr. Whitefield circulated copies of open positions and associated salaries, but BHA/MDH were not able to take advantage of MPS advertising opportunities.

Dr. Triplett also reported on the July 12 dinner meeting with Washington Psychiatric Society and Suburban Maryland Psychiatric Society leadership, which was amicable and respectful. This was a welcome change following the rift that occurred last year. The SMPS has new leadership (Cynthia Turner-Graham, M.D., President) and we hope to restart the relationship. Both organizations agreed to send information on Affiliate Membership in the other group to its members as well as collaborate on a future CME program.

Secretary-Treasurer's Report

Dr. Ehrenreich presented the June 30 second quarter financial statements, which Council voted to accept.

- The Balance Sheet Comparison has total assets of $377K, up $25K from $351K this time last year.
- The Profit & Loss Budget vs Actual indicates membership dues are $7K less than budget because of the large write-off from dues drops. Meeting income of $19K was budgeted at $24K; however, the spring symposium was scaled back so there is less registration income than expected, plus very little expense. The actual $8K loss is $10K less than the $18K budgeted.
- Compared to last year at this time, total income of $155K is $10K higher. While dues are down $7K, advertising is up $9K and meetings are also $9K more. Salaries are down $16K due to the staff restructuring, but lobbyist fees are up $7K and meeting expenses are up $9K. The $8K loss is $17K less than last year's $25K loss to date.
- The Statement of Cash Flows shows a $34K net increase in cash since the beginning of January, after investing $2K in a laptop.

Executive Director's Report

Ms. Bunes reported there were no unexpected conflicts disclosed by Council or committee chairs. The MPS received a $2830.18 APA expedited grant, which will fund fall luncheons at both training programs and an ECP after work social event. The MPS will use APA Centralized Billing for 2019 dues except for lifers and affiliates (MPS will bill those member types). This year 15% of dues will not be deductible due to lobbying expense exclusion, up from 10% last year. D&O liability and other insurance coverages will be renewed as of October 1.

She distributed copies of the 2018-19 MPS membership directory, which fell short of the advertising goal, but still more than covered its cost. She circulated highlights of the 2018 MPS member survey results and said that MPS is also looking at subsets of the responses. For example, ECP members would also appreciate online voting, but rank MOC workshops higher than the general membership. About a third of ECP respondents are considering alternative certification. They are also requesting more networking events and a more user-friendly website.

Distinguished Fellowship Committee Report

Dr. Ehrenreich reported that six nominees were submitted to the APA this year, up from two last year. He requested suggestions for 2019 nominees for when the committee meets in the spring.

Early Career Psychiatrist Committee Report

On behalf of Dr. Merkel-Keller, Dr. Triplett reported on the successful July 27 ECP-only Orioles event. APA Area 3 provided $1500 to subsidize this activity, which we hope to hold again in the future.

Editorial Advisory Board Report

Dr. Hershfield reported that the Summer issue of *The Maryland Psychiatrist* was sent. Since we do not know how many members read it, he recommends printed copies to boost readership. Ms. Bunes noted that MPS is looking for an intern to help select an email marketing provider, which would give data on opens, etc. Given budget concerns, Council agreed that printing the publication is not a current option.

Legislative Committee Report

Dr. Hanson reported that two possible issues have already surfaced related to the 2019 legislative session. The first relates to ECT, particularly for children, which scientologists sent recently to Maryland lawmakers. The MPS responded to a Delegate with factual information following an inquiry. We will also be alert to a Department of Public Safety proposal to allow Clinical Review Panel decisions to transfer to the jail system.

Membership Committee Report

Dr. Gordon-Achebe was unable to attend; however, Ms. Bunes reviewed two updated membership graphs. The first shows steadily declining total members, which stood at 696 on June 30. The second shows members broken down into full dues-paying (declining) and life status, reduced dues-paying (increasing). These pictures illustrate the need for the MPS to try new initiatives that focus on attracting new, younger members. Council discussed various options, which will continue to be a focus over the year.

*Continued on next page*

*Council continued*

Payer Relations Committee Report
Dr. Krajewski described the committee's plans for the October 16 event to mark the 10th anniversary of the federal parity law, which will also be a seminar to assist members in achieving the full benefit of its requirements. He reported on a recent meeting with Dr. Ciaverelli, CareFirst Medical Director, who stated that they plan to integrate mental health and substance use disorder treatment coverage decisions with general medical.

Program and CME Committee Report
Dr. Addison reported on the Psychopharmacology Symposium planned for November 17 at the Sheppard Pratt Conference Center. He said there will be a Collaborative Care CME on October 13 at the APA office in DC. For the spring, the committee is considering PDMP and suicide as topics, with the film "The Ripple Effect" for the latter.

Council adjourned at 9:15 PM for Executive Session.

## Call for P&T Nominations

Maryland Department of Health is accepting applications for physicians to serve on the Maryland Medicaid Pharmacy and Therapeutics (P&T) Committee beginning May 2019. The P&T Committee has twelve members: five physicians currently practicing, licensed and residing in Maryland (one must be a psychiatrist), five pharmacists (one having expertise with mental health drugs), and two consumer representatives. Members serve a three-year term. P&T meets twice a year in May and November and considers PDL changes and decides which drugs require prior authorization under the Medicaid program. Applicants must formally apply through the Office of Appointments and Executive Nominations application link at http://forms.dhmh.maryland.gov **no later than October 26.**

## Risk Management Advice

For guidance from the American Professional Agency, Inc., which is endorsed by the APA, please click the links below:

Responding to Board of Medicine Complaints
Treating Youth at Risk for School Violence

## MPS Members Out & About

**Steve Crawford, M.D.**, Co-Director of The Center for Eating Disorders at Sheppard Pratt, was a guest on WJLA-TV Good Morning Washington discussing suicide risk in eating disorders.

Help us spotlight news of MPS members in the community by sending info to mps@mdpsych.org.

# Maryland News

## OCSA Announces CME Requirement

The Maryland Office of Controlled Substances Administration (OCSA) announced that **effective October 1**, new and renewal applicants for controlled dangerous substances (CDS) registration must attest to having completed 2 hours of CME related to prescribing controlled substances. Regulations are not final as of this issue, but apparently the intent of this legislative mandate is to ensure that providers aren't operating with little to no education on CDS.

Until official regs are in place, we have been told that registrants do not have to submit "proof" of their CME credits. On the application form, there will be a box with a yes or no section to attest to whether the 2 hour education on CDS was completed. There is no time frame, so the education could have been any time. If the applicant clicks "no," the system will simply not let the application move forward.

The MPS has also been informed that once applicants verify that the 2 hour education requirement has been met, they will not need to resubmit that information or take an additional 2 hour course. In other words, this is a one-time requirement. Periodic audits will be performed to ensure that the requirement is met. Please call 410-764-2890 with any questions.

## CRISP Automates User Verifications

Every 90 days, CRISP requires the verification of each user within its system to ensure the security of highly sensitive patient information. CRISP requires each organization's point of contact (POC) to review all its listed users to determine whether they should maintain access to CRISP applications. If a user is no longer affiliated with the organization or has moved to a role that no longer requires access, CRISP must be notified to revoke their access. This applies to organizations that have multiple employees and have a designated POC. **It does not apply to solo practitioners who do not delegate PDMP checks and do not have a POC.**

**Effective Monday October 1, CRISP moved to an automated processing system. Any user who is not verified within the preceding 90-days will be automatically deactivated. This process will run nightly**. Simply log on to the POC Audit Tool using your POC audit tool link to review each user's *Last Verified* date/time and *Status*.

If a user is revoked for non-verification, they can regain access by contacting CRISP at support@crisphealth.org or calling 1.877.952.7477 to complete the manual POC verification process, at which time they will be issued an email to verify employment.

## Don't Miss the Free 10th Anniversary of the Parity Law Celebration and Seminar October 16, 7 - 9 PM

The landmark 2008 Mental Health Parity and Addiction Equity Act reaches a major milestone in October. During the decade since the passage of this federal non-discrimination law, we also witnessed the enactment of the Affordable Care Act, which expanded but also complicated parity enforcement. **A recent poll of Maryland providers showed that there is still a need for education about what the law requires.**

The MPS Payer Relations Committee will host a gathering on October 16 so members can get the facts in person, ask questions and even get help with current treatment coverage issues. Henry Harbin, M.D. will be the featured speaker with Steve Daviss, M.D. as discussant. This event will be held at the MPS office in Baltimore. The evening is planned as follows:

| | |
|---|---|
| 7 – 7:30 PM | Reception – cheers to those who worked for passage and enforcement! Enjoy wine and cheese and network with colleagues. |
| 7:30 – 8 PM | Presentation explaining parity, which generally prevents health plans and health insurance issuers that provide mental health or substance use disorder benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits. The focus will be on how to identify common violations, with examples. |
| 8 – 8:15 PM | Dessert |
| 8:15 – 9 PM | Responses to questions submitted in advance, open Q&A session and assistance with specific cases |

Attendees will leave armed with take-aways that can help address parity violations they may see in their practices.

**Click here** for more information and to register (**free of charge; members only)**. The materials will also be posted on the MPS website following the event.


## Preliminary Maryland Medicaid Parity Analysis

Late in August, the Maryland Department of Health (MDH) posted its **preliminary** report to CMS regarding Maryland Medicaid's compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Parity Act). The Parity Act requires parity in the treatment limitations and financial requirements for mental health and substance use disorder (MH/SUD) benefits, as compared to medical/surgical (M/S) benefits.

A final report is expected in October following a stakeholder meeting to discuss Data Collection Requirements as a likely Parity Act violation. Also, MDH is completing its analysis of Medical Necessity, Prior Authorization, Concurrent Review, Retrospective Review, Outlier Management, Medical Appropriateness and Practice Guidelines/Selection Criteria.

Of concern, MDH asserts that "**the setting of provider rates falls outside the scope**" of the Parity Act (at p. 10). The MPS intends to take a role in the October 4 stakeholder meeting, citing the example of a nonquantitative treatment limitation in the final Medicaid parity rules, "Standards for provider admission to participate in a network, *including reimbursement rates.*"

In addition, MDH is conducting a cost-driven, rate-setting study to set community provider rates, as required by the HOPE Act.

## Follow the Parity at 10 Campaign

Visit the new Parityat10.org site to follow the progress of Parity at 10, a three-year campaign that will establish effective models for robust enforcement of the Parity Act in 10 states and disseminate those models across the country. The MPS is a member of the Maryland Parity at 10 Coalition.

The goal of the campaign is to ensure that insurance carriers and State Medicaid programs offer full substance use and mental health benefits that comply with the 2008 Mental Health Parity and Addiction Equity Act. We are working to replace the complaint-driven enforcement model that requires consumers to fight for the evidence-based health care they need and are entitled to receive. The campaign is being spearheaded by five of the nation's leading advocacy organizations, the Legal Action Center, Center on Addiction, Partnership for Drug-Free Kids, Public Health Management Corporation and The Kennedy Forum.

The campaign is also looking for stories about individuals' experiences with insurance barriers. This story-banking effort will support advocacy for better coverage and improved access to mental health and substance use treatment. The website also has a useful resource bank that can be filtered for Maryland-specific or provider-specific information.

# Commemorating the 10th Year of the Parity Act

President George W. Bush signed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) into law on October 3, 2008 - ten years ago this month! Final implementing regulations went into full effect starting January 1, 2015 for all plans covered by MHPAEA. As enacted, MHPAEA did not require plans to include mental health and/or substance use disorder (MH/SUD) benefits; however, the ACA expanded MHPAEA's protections. As a result, qualified health plans (individual and small group health plans in and outside the health insurance exchanges) and benefits offered to the Medicaid expansion population must include MH/SUD benefits and, thereby, they must comply with the parity law. Short-term health plans do not have to comply with MHPAEA. [Note: The APA and other advocates are suing to invalidate a Trump Administration rule that extends the duration of short-term plans to 364 days from three months, which would undermine MHPAEA.]

**Parity as a concept is very simple:** insurance coverage for mental health and substance use disorder care should be no more restrictive than insurance coverage for any other medical condition. However, the Federal Parity Law is very complex, and implementation of the law can be challenging. For this reason, the MPS participates in the Maryland Parity at 10 Coalition, which seeks to ensure that insurance carriers and state Medicaid programs comply with the law so that consumers can access the evidence-based health care they need and are entitled by law to receive.

Insurers have come into compliance with some of the more straightforward components of the law, such as establishing copays and visit limits for mental health and addiction care that are no more restrictive than they are for other medical care. However, **insurers are likely not complying** with some of the more complicated components of the law.

Many of the trouble spots relate to **how insurers design and apply their managed care practices**, such as prior authorization requirements, step therapy, and requirements for providers to join an insurer's network. Often, insurers design and apply these managed care techniques in ways that are **more restrictive for mental health and substance use disorder treatment** than for other medical treatment, which violates the Federal Parity Law.

**States have primary enforcement authority** over insurers that sell health insurance policies in their states. The Maryland Insurance Administration (MIA). which has jurisdiction over parity compliance, has performed three market conduct studies regarding MHPAEA. The first two surveys examined carriers' internal processes and policies for MHPAEA compliance and how the processes and policies are developed. The third survey was intended to evaluate whether carriers apply those processes and policies consistently and uniformly to both mental health and substance use disorder benefits and medical/surgical benefits. The report on that survey has not yet been issued. In addition, MIA is examining the adequacy of insurance plans' provider networks. Insurance company reports on waiting time and travel distance for appointments are posted here under "Annual Filing." The MPS and other advocates will follow up on these reports.

Come to the Parity Celebration and Seminar on October 16 to learn more!

## Maryland Psychiatric Society Psychopharmacology Symposium

**Saturday November 17, 2018**

The Conference Center at Sheppard Pratt

*Hypnotics*
David Neubauer, M.D.

*Medical Cannabis and Cannabis Use Disorders*
George Kolodner, M.D. & Sunil Khushalani, M.D.

*Optimizing Safe and Evidence-based Medication Treatment of Children & Adolescents*
Gloria Reeves, M.D.

*Update on the Psychopharmacology of Opioid Use Disorders*
George Kolodner, M.D. & Sunil Khushalani, M.D.

*Pharmacogenomic Testing for Psychiatrists: An Introduction*
Francis Mondimore, M.D.

*Update on the Psychopharmacology of Alcohol Use Disorders*
George Kolodner, M.D. & Sunil Khushalani, M.D.

More information **available here**.

**BUY MEMBER TICKETS EARLY BY CLICKING HERE!**

# Maryland News

## Psychologist Prescribing Petition Hits Maryland

A petition is making its way around Maryland asking residents to endorse a movement entitled, "Better Psychology with Medication Management." The organization behind the initiative is Maryland Academy of Medical Psychologists. They are "comprised of psychologists who are dedicated to improving the mental health care available to the people of Maryland." They aim to reach this goal through "patient education, professional education, and supporting initiatives to expand the scope of psychological practice for appropriately trained psychologists." One of their main arguments for psychologist prescribing is "there are not enough prescribing mental health specialists in Maryland." They argue that "this shortage creates very real costs for patients, their families, and their communities." The organization also claims that "inadequate access can mean that patients who suffer from serious mental illness end up bouncing in and out of jail, emergency rooms, or inpatient treatment facilities."

The Maryland Psychological Association (MPA) is exploring the possibility of psychologist prescribing. Their website notes that along with several other states, Maryland is considering licensing certain psychologists with the appropriate extra training to prescribed psychiatric medications. Their organization has formed a study group to advise the MPA on the formation of position statements and suggested guidelines for allowing prescription privileges.

While it is unclear at this time if legislation will be introduced during the 2019 session to give psychologists prescribing rights the MPS remains to committed to preserving quality care for patients and setting appropriate limits for scope of practice. Member support is critical in addressing this development. If you haven't contributed to the MPPAC lately please consider doing so. A scope of practice fight of this magnitude will be costly.

## Carve-out of Lucemyra™

Maryland Medicaid Pharmacy Program Advisory #188 announced that **effective October 1**, Lucemyra™ (lofexidine) will be carved-out from the HealthChoice Managed Care Benefit and covered by Maryland Medicaid Fee-For Service (FFS) (BIN: 610084, PCN: DRMDPROD and Group ID: MDMEDICAID). Claims for Lucemyra™ must be submitted to FFS, just as claims for other carved-out mental health, substance use disorder and antiretroviral medications.

## Maryland Primary Care Program Update

Howard Haft, M.D., MMM, FACPE, Executive Director of the Program Management Office (PMO), noted in the September 10 *MedChi News* that as of the August 31 deadline, nearly 600 practice sites, representing over 2,200 clinicians, had submitted applications to participate in the Maryland Primary Care Program (MDPCP) for 2019. MDPCP provides funding and support for delivering advanced primary care as part of the state's overall health care transformation process known as the Total Cost of Care All-Payer Model. The Maryland Model is designed to coordinate care for patients across both hospital and non-hospital settings, with primary care providers (including co-located Psychiatry) playing an increased role in prevention, management of chronic disease, and preventing unnecessary hospital utilization. The program summary includes more details.

The Center for Medicare and Medicaid Innovation (CMMI) is reviewing the applications; practices should receive CMMI's decision in October. As the fall goes on, participants will complete their agreements and documentation to start the program in January. In the meantime, the PMO will host a series of webinars to help participants prepare for the January launch of the MDPCP, in addition to publishing additional information as it becomes available. Click here for more from Dr. Haft.

## New HSCRC Executive Director

The Health Services Cost Review Commission (HSCRC) announced the appointment of Katie Wunderlich as the executive director of the HSCRC, an independent state agency that oversees Maryland's unique all-payer hospital rate setting system. Ms. Wunderlich previously served as the deputy director of Alignment and Engagement with the HSCRC and was instrumental in negotiations with the CMS for the Maryland Total Cost of Care Model (Maryland Model). Ms. Wunderlich led legislative efforts, promoted alignment across the health care system, and developed policy to help advance Maryland's health care transformation. [See related article above.] Ms. Wunderlich assumed her new role on September 5th.

# Maryland News

## Maryland to Receive $66 Million to Fight Opioids

Maryland's Opioid Operational Command Center and the Maryland Department of Health announce more than $66 million in funding from SAMHSA to support efforts to fight the heroin and opioid epidemic. Fund will support the following:

- Expansion of statewide 24/7 crisis treatment services
- Naloxone distribution to local jurisdictions
- Local outreach and support
- Public awareness campaigns
- Expansion of student assistance program
- Adolescent education and treatment support services
- Expansion of Screening, Brief-Intervention, and Referral to Treatment (SBIRT) to local emergency departments, obstetrics/gynecology practices, and school- and university/college-based health centers
- Medication assisted treatment (MAT) expansion and support
- Recovery support services, such as housing for young adults, homeless, and veterans

Before It's Too Late is the state's effort to bring awareness to this epidemic—and to mobilize resources for effective prevention, treatment, and recovery. Marylanders grappling with a substance use disorder can find help at BeforeItsTooLateMD.org or by calling 211 and pressing 1. Additional support is available through MDCrisisConnect.org, which has information on both text and chat features.

## Ten Day Limit on Jail Transfers Begins

The new jail transfer law takes effect this month. This compromise legislation requires incompetent criminal defendants held in the state's jail system to be admitted within ten days, but otherwise gives little leeway or discretion for clinical judgement about hospital admissions. An admission cannot be declined, even if the hospital has inadequate security to manage the patient's dangerousness. While the compromise bill did not automatically make failure to comply with the order an issue of contempt of court, the committing judge could still consider it. The Department of Health may also be required to reimburse the jail for the daily cost of care for every day that the detainee is held beyond the court-mandated deadline. An article by Anne Hanson, M.D. on page 4 of the Summer 2018 *Maryland Psychiatrist* discusses in detail MPS action on the legislation, the role of the judiciary in this problem and possible alternatives.

## Overdose Fatality Review Team Report

The recently released Maryland overdose fatality review team report offered several recommendations to help combat this growing epidemic. The report noted that 40% of decedents had co-existing mental health conditions and 18% had previous suicide attempts. Recommendations include:

- Mandatory training of providers (enacted last year re: opioids, but watch for additions/expansion re: naloxone training for doctors)
- Peers counselors embedded in EDs (watch for privacy/HIPAA violations not binding on "peers")
- Mandatory reporting/information sharing between agencies (problematic if psychiatry involved)

The MPS expects to see legislation related to this during the 2019 session, some of which will relate to psychiatry and patient privacy. There could also bills introduced to mandate mental health assessments in the emergency department for anyone presenting with an opioid use disorder.

## Guidance for Opioid Prescribing

The Maryland State Board of Physicians has adopted guidance for Maryland physicians and physician assistants to consider when determining whether and how to prescribe opioids.

The CDC has a mobile app that helps prescribers apply the CDC guidelines for opioids.

SAMHSA also has a mobile app to assist with treatment for opioid use disorder.

## Patient Care for Pregnant Mothers with OUD

SAMHSA released four new fact sheets, Healthy Pregnancy, Healthy Baby: Opioids in Pregnancy, that emphasize the importance of continuing a mother's treatment throughout her pregnancy:

- OUD and pregnancy
- OUD treatment
- Neonatal abstinence syndrome
- Personal considerations to address before hospital discharge

# Maryland News

## New Maryland Laws of Interest Took Effect October 1

**House Bill 1302**

**Public Safety Extreme Risk Protective Orders**

House Bill 1302 establishes procedures by which specified health professionals, a law enforcement officer, or any other interested person may petition the court to obtain an "extreme risk prevention order," as defined therein for a respondent who poses an immediate and present danger of causing personal injury to themselves, the petitioner, or another by possessing a firearm and that the extreme risk prevention order is necessary to prevent personal injury to the respondent, the petitioner, or another. A petition may be filed with district court, circuit court, or, when neither court is open for business, a law enforcement agency for presentation to a circuit or district court duty judge.

A petitioner who, in good faith, files a petition for an extreme risk prevention order is not civilly or criminally liable for filing the petition. Similar to the protective order process, the court may issue temporary or final extreme risk prevention orders. A person who fails to comply with the provisions of a temporary or a final extreme risk prevention order is guilty of a misdemeanor and subject to maximum penalties of a $1,000 fine and/or 90 days imprisonment for a first offense. For a second or subsequent offense, the court may impose a $2,500 fine and/or one year imprisonment. Finally, a law enforcement officer must arrest with or without a warrant and take into custody a person who the officer has probable cause to believe is in violation of a temporary or a final extreme risk prevention order in effect at the time of the violation.

**Senate Bill 576 / House Bill 736**

**Pharmacy Benefits Managers – Pharmacies and Pharmacists – Information On and Sales of Prescription Drugs**

Known as the "Gag Rule Prohibition", SB 576/HB 736 bars a pharmacy benefits manager (PBM) from: (1) prohibiting a pharmacist from providing a beneficiary with information regarding the retail price for a prescription drug; or (2) the amount of the cost share for which the beneficiary is responsible for a prescription drug; or (3) from discussing with a beneficiary information regarding the retail price for a prescription drug. The bill also keeps a PBM from prohibiting a pharmacist from selling a more affordable drug available on the purchaser's formulary, if the requirements for a therapeutic interchange are met.

**Senate Bill 1063/House Bill 1035**

**Natalie M. LaPrade Medical Cannabis Commission - Certifying Providers - Referrals**

SB 1063/HB 1035 bill prohibits the referral of a qualified patient to a certifying provider from being made by any person or entity who is employed by or has a specified compensation interest in facilitating a person to become a patient. The General Assembly passed the bill in an attempt to curtail signage along roadsides advertising how Marylanders can easily obtain a medical cannabis card.

**Senate Bill 233 / House Bill 111**

**Maryland Department of Health - Defendants Found Incompetent to Stand Trial or Not Criminally Responsible - Commitment**

SB 233/HB 111 requires a court upon a finding that a defendant is incompetent to stand trial and is a danger to themselves or others, or upon a verdict that a defendant is not criminally responsible, to enter an order of commitment that requires the Maryland Department of Health (MDH) to commit the defendant to a either a State facility; a State forensic residential center; or a hospital or private residential facility under contract with MDH. MDH must place defendants, as soon as possible, but no later than 10 business days after it receives the court order. If MDH fails to timely place the defendant in a facility, the court may impose any sanction reasonably designed to compel compliance, including requiring MDH to reimburse a detention facility for costs incurred as a result of delayed placement. [See more on page 8.]

**Senate Bill 1028**

**Health Occupations - Conversion Therapy for Minors - Prohibition (Youth Mental Health Protection Act)**

SB 1028 bans the controversial practice of "conversion therapy" for minors. Under SB 1028, entitled the Youth Mental Health Protection Act, "conversion therapy" occurs when a licensed mental health or child care practitioner provides services that seeks to change an individual's sexual orientation or gender identity, and includes any effort to change the behavioral expression of an individual's sexual orientation; change gender expression; or eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender.

## Vote in 2018 Election!

Results of the June Primary Election are available on the Maryland State Board of Elections website. In the November 6 General Election, voters will decide Maryland's next Governor, Lt. Governor, Attorney General and all 188 members of the General Assembly.

- To vote in the November General Election, submit your voter registration application by **October 16**. Use the Online Voter Registration System to register.
- To find out whether you are already registered to vote, click here.
- Early voting is available from Thursday, **October 23** to Thursday, **October 30** from 10 AM to 8 PM. Click here for more info, including locations.
- Any registered voter may vote by absentee ballot. For details, click here. The deadline for absentee ballot requests to arrive at the Board of Elections is **October 30**.

Please go to the Maryland State Board of Elections website for more information.

# Maryland News

## September 22 MedChi Meeting Highlights

MedChi's House of Delegates set an aggressive agenda of legislative, regulatory, and operational priorities for the organization. The meeting included two special presentations: physician compensation and the opioid crisis.

**MedChi's 2018 Physician Compensation Survey**
Jeremy Robinson of Merritt Hawkins presented an analysis and led a discussion of the results of MedChi's salary survey, which showed unfavorable discrepancies Maryland physicians' salaries compared to physicians in others states. Maryland pays much lower than the rest of the country. Further, there is a startling gender pay gap for doctors in Maryland. Women make substantially less than men, by up to 50%, even when controlling for hours worked.

**Opioid Crisis**
A keynote address from Clay Stamp featured an update on Maryland fatality trends and the activities of Maryland's Opioid Operational Command Center. Grants totaling $66 million in federal funding to the state will focus on adolescents. The House of Delegates considered several resolutions aimed at key public health concerns relating to the ongoing opioid crisis. Outgoing MedChi President Gary Pushkin, M.D. was recognized for establishing and leading MedChi's Opioid Task Force.

Extraordinary attendance by a large group of medical students inspired MedChi's physician members. Their engagement through excellent amendments to resolutions reflected superb awareness and attention to challenges and stigma associated with mental illness, gun violence, and addiction. Their passion and activism on behalf of patients and the public health of Maryland was moving.

MedChi also welcomed Terri Hill, M.D. and Clarence Lam, M.D., two esteemed members of the Maryland General Assembly. Another highlight was the inauguration of MedChi's 171st President, Benjamin Z. Stallings II, M.D. A record-setting $35K of Maryland Medical Political Action Committee donations was received from dedicated MedChi members and leaders.

Recent big wins for MedChi were noted: defeat of SB 30 regarding professional witnesses; Bell & Bon Secours vs Chance decided in favor of Bon Secours and a psychiatrist, approval of Maryland's Section 1332 waiver, etc. Membership accounts for only 20% of total MedChi revenue, with the balance from businesses affiliated with MedChi and other non-dues areas.

Details about individual resolutions will be posted on the MedChi website.

*Elias K. Shaya, M.D.*
*MedChi Delegate*

## *Prepare for Maryland All Payer 2.0*

## Collaborative Care: Improving Access to Mental Health Care Services

## 8 AM - 2 PM Saturday, October 13

APA Office Building
800 Maine Ave, SW, Suite 900
Washington, DC 20024

The Collaborative Care Model (CoCM) integrates effective psychiatric care into primary care practices. It is the only integrated care model with a clear evidence base and has been tested in more than 80 randomized trials. Collaborative Care uses a team-based approach to address care for the 'whole person." The care team consists of a care manager, psychiatric consultant, and a primary care provider (PCP).

This training, led by **John Kern, MD** and **Anna Ratzliff, MD, PhD** from the University of Washington's AIMS Center, will provide participants with the practical skills to work in collaborative care. The course describes the delivery of mental health care in primary care settings with a focus on the evidence-base, guiding principles, and an introduction to implementation strategies.

In addition to the training, you will also hear from SAMHSA's CMO and APA Past President, **Anita Everett, MD** on how Collaborative Care can be used to reduce physician burnout, as well as a from **Steven Chan, MD, MBA**, Physician, Palo Alto VA Health & Stanford University, Psychiatry, Addiction Treatment Service, on the current landscape and future of telepsychiatry and telemedicine best practices.

**The Registration fee for the conference is $30**, covering the cost of attendees' continental breakfast and lunch provided during the event. The Collaborative Care training is provided as a result of APA's participation in the Transforming Clinical Practice Initiative (TCPi) supported by CMS, and participation is open to Psychiatrists, Primary Care Physicians, Residents and Medical Students, and Behavioral Health Care Managers.

**REGISTER HERE**

The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide CME for physicians. **The APA designates this live activity for a maximum of 6 AMA PRA Category 1 Credits™.** Physicians should only claim credit commensurate with the extent of their participation in the activity.

## National Business Coalition Highlights Disparities

A report by the non-profit National Alliance of Healthcare Purchaser Coalitions released in August indicates that clear disparities exist for access to behavioral health when compared to the attention physical health services and support have received. The report, *Achieving Value in Mental Health Support: A Deep Dive Powered by eValue8*, and the accompanying *Mental Health Action Brief* shine a light on the gaps in mental health care.

The independent, comprehensive assessment offers employers specific steps to ensure that health plans, benefits administrators and providers improve access to and delivery of quality behavioral health support. This report builds on two landmark 2017 studies conducted by Milliman and RTI International which found dramatically lower payments to behavioral health providers and extremely high out-of-network use for patients with mental health and substance use disorders.

Identified employer concerns include: (1) lack of consistent and timely access to clinicians and medications for employees in their network; (2) inconsistent use of measurement-based care among primary care physicians or specialists; (3) continued stigma and silence around behavioral health conditions in the workplace; and (4) escalating suicide- and opiate-related death rates. Employers are liable for parity compliance, and with increased federal attention to these insurance violations, the stakes are high for employers to act.

Purchaser recommendations include:

- **Improve access** by ensuring affordable access to quality networks; promoting and reimbursing for collaborative care in primary care settings; offering alternative delivery models such as telehealth; integrating employee assistance plans into a broader employer total health strategy; and ensuring access to medications through benefit design.
- **Advance quality and performance** by implementing early identification and intervention; measuring behavioral health performance including accountability metrics; and integrating mental health within total health and wellbeing strategies.
- **Change the environment** by stressing the impact of mental health on broader functioning, workplace performance and physical health costs; implementing strategies to break the silence and mitigate stigma; and developing a culture of wellbeing and performance to mitigate chronic stress.

## Federal Opioid Legislation

APA continues to engage lawmakers on Capitol Hill to shape legislation to further address the opioid epidemic. On June 22, the U.S. House of Representatives overwhelmingly passed an opioid package, H.R. 6, the "SUPPORT for Patients and Communities Act," which expands coverage and access to treatment for substance use disorders (SUDs). APA voiced support for several policy provisions included in H.R. 6 in a letter to House leadership. (Read the full letter here.)

With help from the Congressional Advocacy Network and coalition partners, APA also took a significant leadership role in securing passage of H.R. 6082, the "Overdose Prevention and Patient Safety Act." This bipartisan bill would align a patient's substance use record (42 CFR Part 2) with his or her medical record under the Health Insurance Portability and Accountability Act (HIPPA).

APA is continuing to engage key Senators as they work to finalize the chamber's opioid package. The House and Senate are expected to reconcile differences between these two proposals this fall. See article below and read more about the APA's efforts on their Opioid page.

## 2017 National Survey on Drug Use and Health

Data are available on the SAMHSA website from this survey, including illicit drug use, tobacco use, substance use disorder and mental health. Findings are also separated for adults and youth.

## Senate Passes Opioids Package

Several outlets reported on the Senate's passage of legislation to address the opioid epidemic. The Washington Post noted that the Senate "overwhelmingly" passed a package of bills aimed at the nation's opioid epidemic Monday by a 99 to 1 vote. The package includes 70 bills covering $8.4 billion in funding for programs across multiple agencies.

The Wall Street Journal reported that Sen. Mike Lee (R-UT) was the only senator to vote against the legislation. The package provides funding to the National Institutes of Health to research a nonaddictive painkiller. Another provision clarifies that the FDA has the authority to require prescriptions for opioids to be packaged in set amounts, such as three or seven days.

The AP noted the package creates "new federal grants for treatment centers, training emergency workers and research on prevention methods." The House passed its own package earlier this summer.

From *APA News* September 18, 2018

# APA News & Information

## APA to Develop Quality Measures

The APA announced it has been awarded funding to develop mental health and substance use quality measures as part of the CMS Quality Payment Program (QPP) established under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). This important initiative enables psychiatrists and other behavioral health providers to be actively involved in developing quality measures that are relevant to them and their patients. The APA is also working with experienced measurement developer NCQA. The three-year funding was awarded by CMS to a total of seven organizations.

MACRA authorized CMS incentives that encourage physicians to focus on quality, value of care and patient health. This grant will help develop and improve quality measures for mental health and substance use disorders, including patient-reported outcomes, patient experience, care coordination and measures of appropriate use of services. The APA proposed quality measures that focus on measurement-based care; suicide risk and assessment and safety planning, first episode psychosis, opioid misuse, and patient experience.

The grant also aims to minimize the burden of measurement by eliminating redundancies and low-value quality measures from the QPP. APA will use PsychPRO registry, a CMS Qualified Clinical Data Registry, to test these quality measures as part of the grant. The APA will be reaching out to solicit members who want to participate in the testing of these measures.

Since 2015, APA has helped members navigate MACRA and the associated QPP through: Payment Reform Toolkit; Payment Reform Webinar Series, member communications, like Psych News; presentations at professional meetings, and the member-Practice Management Helpline and QPP@psychiatry.org email inbox. In addition, PsychPRO enables members and others with quality improvement and measurement initiatives, such as yearly CMS QPP reporting requirements.

*Saul Levin, MD, MPA, FRCP-E*
*APA CEO and Medical Director*

## APA to Honor Psychiatrists who Served in Vietnam

The APA will conduct a Wreath Laying Ceremony on November 1 at 1 PM at the Vietnam Wall Memorial in Washington. This tribute is in response to an Assembly Action Paper calling on the APA to recognize and honor the estimated 200 military psychiatrists who served during the Vietnam War and to commemorate the 50th Anniversary of the Tet Offensive. A reception will follow at the APA headquarters, please RSVP to veterans@psych.org if you would like to attend.

## APA Joins Suit Over STLDI Rule

On September 14, the APA joined the Association for Community Affiliated Plans, National Alliance on Mental Illness, Mental Health America, AIDS United, National Partnership for Women & Families, and Little Lobbyists in filing a lawsuit in the U.S. District Court for the District of Columbia to invalidate the short-term, limited-duration insurance (STLDI) plan rule issued by the Departments of Health and Human Services and Labor and the Internal Revenue Service. This rule will harm psychiatrists, patients and their families by undermining access to quality, affordable health care coverage and roll back the progress we have made in enforcing the Mental Health Parity and Addiction Equity Act. The rule permits these plans to operate without providing essential health benefits (including mental health and substance use disorders) and permits discrimination based on preexisting conditions, significantly disrupting insurance markets in states across the country. APA believes these issues are so important that it decided to be a named Plaintiff in the suit, which seeks to enjoin the rule's implementation.

The groups argue in their complaint that the final rule violates the plain-English meaning of "short-term" by defining it as 364 days instead of three months, as currently allowed, and "limited duration" as up to 36 instead of 12 months. The plaintiffs also argue that the rule arbitrarily reverses previous limits on these plans to create an "alternative" to ACA-compliant plans that Congress did not authorize and that violates the ACA by effectively undercutting ACA plans and making them increasingly unaffordable for consumers who have nowhere else to turn.

*Saul Levin, MD, MPA, FRCP-E*
*APA CEO and Medical Director*

[Drs. Harry Brandt and George Kolodner stepped up to assist the APA with this suit by filing affidavits requested by APA General Counsel Colleen Coyle. Please see the press release for more details.]

## Free Members' Course of the Month Major Depression in Children

Research suggests that the Child Behavior Checklist (CBCL) Anxiety/Depression scale can help identify children at risk for pediatric major depression (MDD) and could cost-effectively identify those most in need of early intervention. This course gives an overview of MDD in children and the use of the CBCL. Presented by Kenny Lin, M.D. of Massachusetts General Hospital. Click here to access the course and sign up for updates about this free member benefit.

# APA News & Information

## Mental Health Needs of Blacks

APA President Altha Stewart, M.D. is calling for improved cultural competency training for all psychiatrists to address the mental health crisis in the black community, as well as more openness among blacks to talk about these issues. Cultural competency training is aimed at helping health care providers understand patients' values, beliefs, and behaviors so they can customize treatment to meet patients' social, cultural, and linguistic needs. For black Americans, this can mean becoming more aware of the impact of community stressors and how these factors are contributing to their mental health problems. Among the factors are violence and trauma, racism, implicit bias, poverty, and limited access to educational, recreational, and employment opportunities.

Stewart points out that there are only about 2,000 black psychiatrists nationwide, which is not enough to serve all the black people who need mental health care. She urged psychiatrists to become more culturally competent, and for all to encourage young blacks with an interest in STEM (Science, Technology, Engineering, and Mathematics) to enter the mental health field.

From September 17 *APA News*

## APA Cultural Competency Curriculum

You can earn AMA PRA Category 1 Credit™ while learning to best practices to serve diverse patient populations through the online cultural competency resources in APA's Learning Center. The Cultural Competency Curriculum is designed to help psychiatrists provide care that matches their patient's cultural needs, an essential component of effective and responsive health care delivery. You can view the full slate of online cultural competency courses here.

## Reminder: Revised ICD-10-CM Codes

Revised ICD-10-CM codes for 2019, released by the National Center for Health Statistics, take **effect on October 1, 2018**. A handful of these changes pertain to mental disorders, and thus affect the coding of DSM-5 disorders. Please see *Psych News* for details. A crosswalk between the new ICD codes and *DSM-5* codes is posted on the APA website in a printable format that can be used for easy reference.

## Immigration Update

Over the last several months, APA repeatedly urged the administration to cease enforcement of policies that resulted in the separation of families at the United States border. In a series of letters, APA articulated that any forced separation is highly stressful for children and can cause lifelong trauma, as well as an increased risk of other mental illnesses, such as depression, anxiety, and post-traumatic stress disorder (PTSD). APA was among the first organizations to denounce this practice and led a coalition letter that 18 organizations from the healthcare community signed. Individual APA members also supported this effort by sending over 300 letters denouncing the administration's immigration policy through APA's online advocacy tool. Learn how you can help immigrant families here.

## IPF 2019 Reporting Year Requirements

APA recently submitted comments to the Centers for Medicare and Medicaid Services (CMS) FY 2019 Inpatient Psychiatric Facilities (IPF) proposed rule. Among APA's recommendations were changes to the way CMS accounts for social risk factors, the addition and deletion of quality measures according to their usefulness to the quality reporting program, and to the agency's proposed increases in the payment rates to IPFs. APA also responded to the federal Request for Information on promoting interoperability. Read the full comments here.

# CLASSIFIEDS

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Psychiatrist – Full or part-time psychiatrist wanted for a well-established, reputable, growing private practice in Anne Arundel County, MD. Position includes premium office space, attractive compensation, comprehensive administrative support, professional freedom, and collegial interaction with a multi-disciplinary staff in a desirable location. Opportunity to become involved in the TMS program (Transcranial Magnetic Stimulation) if desired. For more information please visit www.spectrum-behavioral.com or call Scott E. Smith, Ph.D. at 410-757-2077 X 7102 or email to director@spectrum-behavioral.com.

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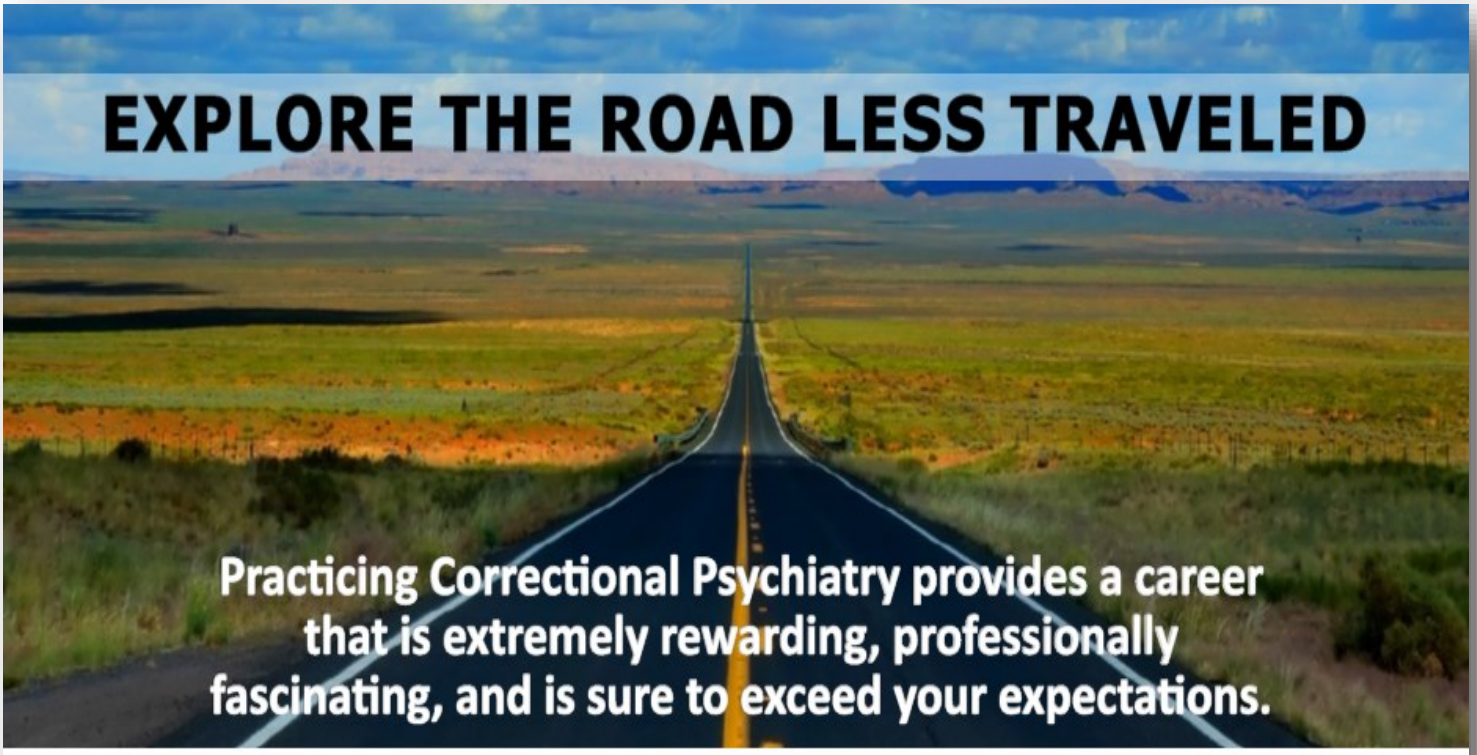


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# Rewarding Opportunities for Psychiatrists Across Maryland

Sheppard Pratt
HEALTH SYSTEM

## Sheppard Pratt Health System is seeking psychiatrists to work in multiple Sheppard Pratt programs across Maryland.

**Opportunities Include:**

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Inpatient and outpatient
Multiple locations

**Adult psychiatrist**
The Retreat at Sheppard Pratt
Baltimore County

**Crisis services psychiatrist**
Sheppard Pratt-Towson Campus
Baltimore County

**Trauma psychiatrist**
Sheppard Pratt-Towson Campus
Baltimore County

**Adult psychiatrist**
Sheppard Pratt-Ellicott City Campus
Howard County

**School psychiatrist - autism focus**
Position serves multiple locations

**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
- A network of the brightest minds in psychiatry
- 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*, Sheppard Pratt 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. EOE.

For more information, please contact Kathleen Hilzendeger, Director of Professional Services, at **410.938.3460** or **khilzendeger@sheppardpratt.org**.

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