

MPS NEWS

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

MPS News Design & Layout
Meagan Floyd

**The MPS Council
will meet by
videoconference on
June 8 at 7:30 PM.
All members welcome!**

President's Column

President's Greeting

Welcome to the new year at MPS. We have had a changing of the guard and we welcome our new Secretary Treasurer Carol Vidal M.D. to the Executive Committee. Jessica Merkel-Keller M.D. is now President Elect. I am excited to continue working with Council Chair Mark Ehrenreich, M.D. on our new Executive Committee. I also want to congratulate all our winners at the annual meeting, in particular Geetha Jayaram, M.D. for the 2021 [Lifetime of Service Award](#) and Anne Hanson, M.D. for the 2021 [Presidential Award of Excellence](#). Details about our [paper of the year](#) and [poster competition](#) winners are on the website.

For those of you who do not know me I trained at Sheppard Pratt during the Jurassic era. I have had a private practice in Towson for the last 30 years. I also worked in Consult Liaison for 25 years with Mark Ehrenreich and Neil Warres, first at Montebello which eventually became Kernan and is now UMROI. I have also been active in the MPS Book Club where we now get together virtually and read for pleasure or interest.

I want to acknowledge the hard work of Mark Ehrenreich, our outgoing MPS President. Mark has done a spectacular job during this difficult pandemic year. We did not get the full benefit of in person activities last year, but Mark continued with his expert leadership. Mark has been a fantastic recruiter of younger members and Early Career Psychiatrists with his connections to residency training. Mark is always willing to go the extra mile and make a phone call or send an email to recruit members. Mark was also successful

in forming a renewed relationship with the Washington Psychiatric Society which was a difficult dance of negotiations. This relationship is essential for our legislative work in Annapolis.

I also want to acknowledge Marsden McGuire who sat on the Executive Committee as immediate past president. Marsden's wisdom is invaluable. His calm comprehensive approach brings diplomacy to every situation. I will sincerely miss his input.

We made social justice, diversity and inclusion a priority last year. MPS asked all committees to reevaluate, look inward and develop actions to end structural racism in our organization. We looked at ways to bring in more diversity to our leaders and membership. This is a long-term project and a priority in the coming year.

At MPS much like the membership we converted to virtual meetings quickly last March. Heidi and Meagan handled all the technical changes and chaos. Early in the pandemic they worked to keep all of us apprised of any changes in the emergency regulations for telehealth and psychiatric care. Heidi and Meagan are the backbone of the organization. Without our excellent staff we could not accomplish most of things we are able to do. I want to extend a thank you to Heidi and Meagan and acknowledge their hard work.

I look forward to a time we can all be together in person. I am honored to serve as President.

Ginger Ashley, M.D.

LAST CALL for 2021-2022 MPS Volunteer Opportunities!

Engage, Network, and Make a Difference in How Psychiatry is Practiced in Maryland

With new leadership in place, MPS President Ginger Ashley, M.D. will appoint committees this month. The MPS offers multiple ways for members to connect with the organization and each other, including volunteering for [committees](#) or joining an email [interest group](#). Your energy and ideas can help the MPS effectively focus on issues that are important to you - this is your chance to help shape it! To review member opportunities and sign up for those of interest, [please click here](#).

Medical Student Mentors Needed

The MPS is looking for members who would like to serve as mentors for our our new medical student members. As a practicing psychiatrist, you will help guide them throughout their medical school journey and help with their growth both personally and professionally. If you feel you would make a good mentor, please email mfloyd@mdpsych.org.

MPS Membership

The following individuals have applied for membership Unless any current members have evidence that an applicant does not meet the criteria for ethical and professional standards, these actions will be approved 14 days after publication.

Medical Students

Abigail Postle

Transfer In

Bishara Bhasi, M.D. RFM from NJ

NAMI Mental Health Programs

[Family-to-Family Mental Health Education Course](#)

Virtual 8-week program begins May 15th | 2-4 PM

[Peer-to-Peer Mental Health Education Course](#)

Virtual 8-week program begins May 16th | noon-2 PM

[Ongoing Online Support Groups](#)

2021 MPS Election Results

President Elect:

Jessica V. Merkel-Keller, M.D.
One-year term

Secretary-Treasurer:

Carolina Vidal, M.D., M.P.H.
One-year term

Councilor:

Tyler C. Hightower, M.D., M.P.H.
Ronald F. Means, M.D.
Rachna S. Raisinghani, M.D.
Michael A. Young, M.D., M.S.
Two-year term

Early Career Psychiatrist Councilor:

Marissa A. Flaherty, M.D.
Two-year term

Resident-Fellow Member Councilor:

Karen Dionesotes, M.D., M.P.H.
One-year term

APA Assembly Representative:

Elias K. Shaya, M.D.
Three-year term

MedChi Delegate:

Enrique I. Oviedo, M.D.
Three-year term

Alternate MedChi Delegate:

Idris Leppla, M.D.
Three-year term

Nominations & Elections Committee:

Susan W. Lehmann, M.D.
Crystal C. Watkins, M.D., Ph.D.
Three-year term

MPS Constitution [changes for Ethics Committee composition](#) were approved by 95% of voters.

Electronic voting continues to facilitate member participation in electing MPS leadership. **190 ballots were cast** this year, up slightly, and participation increased to over 27%.

Virginia L. Ashley, M.D. will serve as 2021-22 MPS President.

Public Health Emergency Extended

On April 15, the Department of Health and Human Services [renewed](#) the COVID-19 Public Health Emergency, extending it for another 90 days from April 21, 2021.

April 13 Council Highlights

Dr. McGuire began by introducing Dr. Tablang-Jimenez who was recently elected as WPS President-Elect. Dr. Tablang-Jimenez expressed her interest in continued WPS and MPS cooperation and unity in the future.

Support for MPS Strategic Priorities

Ms. Bunes stated that Dr. Tablang-Jimenez's participation in tonight's meeting is an encouraging step toward one of the [MPS priorities](#): engagement with WPS. The engagement activities with new members are proceeding as planned. She reiterated the request for vendor contact information and for members and institutions to use MPS for connecting with psychiatrists via ads, meetings, etc. Greater non-dues income helps hold dues to a minimum.

Executive Committee Report

Dr. Ehrenreich noted the 2021-22 MPS [call for volunteers](#) and said Dr. Ashley has finalized committee chairs for the coming year. He reviewed highlights of the [2020 MPS Annual Report](#) and asked for any revisions. He reported that the MPS [Council-endorsed proposal](#) for Maryland to develop a plan to address the cognitive and behavioral health needs of older adults was included in the state budget. Finally, he announced that Mandar Jadhav, M.D. has been selected for the APA Foundation [Jeanne Spurlock Congressional Fellowship](#).

Executive Director's Report

Ms. Bunes reported on the plan to continue the status quo with MPS billing its dues and APA billing separately. This allows more time to develop the 2022 operating budget, including MPS dues rates, improves accuracy and timeliness, and allows MPS lifer dues to continue, which increases income.

Community Psychiatry and Diversity Coalition Report

Drs. Balis and Hackman presented the coalition's *MPS Endorses Asian American Psychological Association Statement on Atlanta-Area Mass Shooting* for Council consideration. The [statement](#) was drafted mainly by Chad Lennon, M.D. based on information shared by Crystal Han, M.D. It highlights self-care and support for the Asian community, discussing racism with children, calling on government officials for robust, responsive services, and learning about our own and others' biases. Council voted unanimously to approve the statement. [See [page 4](#).]

Secretary-Treasurer's Report

On behalf of Dr. Merkel-Keller, Ms. Bunes presented the first quarter 2021 financial statements, which Council voted to accept. Q120 comparative data is largely unaffected by the pandemic, in contrast to Q121.

- The Statement of Financial Position shows total assets of \$443K, down \$3K vs 2020. Dues receivable are net of a \$5K write off due to drops for non-payment.
- The Statement of Activities vs. Budget shows dues are \$4K less than expected because of the drops. Annual

meeting income is also less, but projections were based on an in person event. Total income is \$13K under budget, but total expenses are \$14K under budget. \$2K of that is a result of WPS sharing the lobbyist cost. The \$8K loss is slightly better than budget.

- The Statement of Activities compared to last year indicates total Income is down \$11K and dues are \$3K less. Total expenses are down \$12K, and the \$8K loss is better by \$1K.
- The Statement of Cash Flows shows a \$18K increase in cash in 2021.

Legislative Committee Report

Dr. Hanson said the session concluded the evening before and reviewed some details on the 2021 Maryland General Assembly, with a full report to follow in the newsletter. The MPS Legislative Committee reviewed 56 of the 2359 bills filed. Of those, the MPS supported 27 and opposed 8. Of the bills we supported, 37% passed. Of those we opposed, 75% failed. The telehealth legislation passed as well as additional clinicians being authorized to sign civil certificates. Although MPS opposed, bills were passed to reduce the age of consent to treatment for mental health care to 12 (but meds are carved out) and to add a requirement for community safety plans for clinics. Involuntary treatment changes were not finalized. Resident-Fellow Member involvement and collaboration with WPS and MPS Executive Committee have all been great this year. [See [pages 6-8](#).]

Membership Committee Report

Dr. Lacap reported the dues payment deadline has passed and 40 members have been dropped for non-payment. 11 members owe both MPS and APA, 12 owe APA only and 17 owe MPS only (including Affiliate Members). These numbers are up from prior years, but similar to the experience in other states. Council voted unanimously to accept these drops.

Nominations and Elections Committee Report

Dr. Hackman presented the results of the 2021 MPS election, which highlight MPS diversity efforts and successes. [See [page 2](#).] MPS Constitution changes for Ethics Committee composition were approved by 95% of voters. Electronic voting continues to facilitate member participation in electing MPS leadership. **190 ballots were cast** this year, up slightly, and participation increased to over 27%. She noted that Dr. Shaya has officially stepped down from the Alternate MedChi Delegate position as he also serves as APA Assembly Representative, which has been a conflict. Council voted unanimously to elect Idris Leppla, M.D. to serve in the Alternate Delegate position. Dr. Ashley will serve as 2021-22 MPS President.

Farewell to Outgoing Council Members

Dr. McGuire thanked the Council members whose terms are ending tonight for their invaluable service: Dr. Spitzer 2 years, Dr. Watkins 4 years, Dr. Addison 5 years and Dr. Palmer 10 years.

MPS Endorses AAPA Statement on Atlanta-Area Mass Shooting

The Maryland Psychiatric Society (MPS) continues to condemn racism in all of its forms (see "[MPS Endorses the Black Psychiatrists of America...](#)"), and now, because of recent events, focuses on acts of oppression and murder of Asian people throughout America's history.

Over the past year, the Coronavirus has caused the people of our nation to isolate ourselves physically and look at our own and our nation's biases towards people of color as we struggle to recognize how Americans have negatively treated people of color. Unfortunately, this negative treatment was not only directed at Black, Brown and Latinx people, but also towards Asian people. Negative treatment towards Asian people has existed since the great migration of Asian people during the Gold Rush and through the lynchings of Chinese residents in Los Angeles, California in 1871, the Chinese Exclusion Act of 1882, and the incarceration of Japanese Americans during WWII. This negative treatment has only been exacerbated by the xenophobia of politicians using inappropriate terms regarding COVID-19 including the "China virus" and "Kung Flu" which has led to the assault and murder of Asian people. As psychiatrists, we once again recognize the subsequent toll that these acts can play on the mental health of individuals of these communities including depression, anxiety, and PTSD. We are deeply saddened by the victims of the violence such as Vilma Kari of New York City and Xiao Zhan Xie of San Francisco. We also mourn the loss of the numerous victims of the violence such as Vicha Ratanapakdee of San Francisco and the nine people of Atlanta.

In an effort to continue our action plan against racism and xenophobia, we look to the [Asian American Psychological Association \(AAPA\) statement on the Atlanta-Area Mass Shooting](#), dated March 18, 2021. We side with the statement of AAPA as a form of solidarity to those Asian people who have been oppressed and now, to a deadly level. The MPS, as leaders of our state in mental health, must continue to work diligently towards prevention and protection against social causes of mental health disorders towards people of color. Therefore, we highlight the following endeavors from the statement:

- Allow our Asian and Asian American members, students, and professionals to make themselves a priority and create space for self-care and that of our Asian community.
- Reach out to Asian and Asian American people within our network to allow space for sharing, venting, grieving, fear, and any other emotions that might arise.
- Engage in discussions with the children in our lives about racism.
- Call on elected officials at all levels of government to provide robust and responsive crisis intervention services, which include culturally appropriate and language support for mental health, legal, employment, and im-

migration services.

- Examine the numerous resources to learn about our own bias and how we can help dismantle those along with the biases of others.

Along with AAPA, "we affirm our commitment to seek justice without perpetrating anti-Blackness and over-policing to restore a sense of safety. We are in this together, and every voice and contribution adds to our strength as a united nation and as mental health professionals dedicated to the care and safety of all."

Approved unanimously by MPS Council on April 13, 2021

New ABMS Draft Standards for Board Continuing Certification

On April 20, the American Board of Medical Specialties (ABMS) released **new draft Standards for Board Continuing Certification**, which will shape the maintenance of certification (MOC) programs for all ABMS boards, including the American Board of Psychiatry and Neurology, for years to come. **Members are urged to review the draft and submit comments directly to ABMS.** The APA encourages members to also submit any comments about the draft standards to APA at MOCfeedback@psych.org.

Review the [draft standards](#).

[Submit comments](#) to ABMS by July 8.

MPS Members Out & About

On April 10, **Paul Nestadt, M.D.** was interviewed by Michel Martin of [NPR](#) about his research that shows an increase in suicide rates among African Americans during the pandemic. He was also quoted in an April 15 article, [U.S. Suicides Declined Over All in 2020 but May Have Risen Among People of Color](#) in the *New York Times*.

Mandar Jadhav, M.D. has been selected for the APA Foundation [Jeanne Spurlock Congressional Fellowship](#) for the upcoming academic year.

Misty Borst, M.D. created the dance film [DISSONANCE](#), a powerful, moving work that honors the commitment of those working to save us during the pandemic. Filmed in Maryland, it includes interviews with health care workers and dancers from the Full Circle Dance Company. It premiered on April 24.

2020 Maryland Psychiatric Society Annual Report

Financial

2020 ended slightly in the red after the pandemic eliminated in-person events and advertising income declined. Total Assets \$429K, Total Liabilities \$150K, and Net Assets (equity) \$279K. This is similar to 2019, aside from the \$3K loss = total income (\$305K) - expenses (\$308K).

Membership

2020 concluded with 740 members, up 12 for the year mainly due to more Resident-Fellow Members. There was a concerning loss of 8 early career members. A new [ECP resource page](#) on the website launched in November. The MPS continues to add to its lifer member rolls. Recruitment activity: two postcards mailed early in the year and outreach via a survey in the fall.

Scientific Programs and Meetings

- The second annual Trivia Night for Residents and Fellows was another great success.
- The spring annual meeting became a virtual event in October due to COVID-19. We reviewed the year in Maryland psychiatry, and recognized Paper of the Year, poster competition and Lifetime of Service winners, and other member achievements via Zoom.
- Two successful virtual CME meetings were held: a documentary film event on the impact of gun violence on communities and a multi-day, joint meeting with the Southern Psychiatric Association.
- Career & Practice Night evolved into a digital exchange among members, employers and vendors.
- [Committee](#) and Council meetings were held via Zoom during the pandemic.

Government Relations

- Over 2800 bills were introduced, of which MPS reviewed close to 100 (about 3%). The MPS supported 19 bills, opposed 12, offered amendments on 7, and followed 11 others. MPS provided oral testimony on 3 bills: two scope of practice bills and the physician assisted suicide bill. Due to the coronavirus, Maryland's 188 lawmakers passed about 500 bills in a matter of days and adjourned nearly three weeks early.
- On Advocacy Day, members discussed MPS legislative priorities with General Assembly leaders.
- [MPS Endorses BPA and AAMC Statements; Condemns Racism, Violence and Police Brutality](#)
- Appealed to state and federal officials on a range of issues, e.g., UTP form, network adequacy, telehealth, congregate settings, BH funding, etc. for a total of [16 advocacy initiatives](#) in 2020.
- MPS and WPS executed an MOU for joint representation of psychiatry in the Maryland legislature.

Outreach and Member Engagement

- [Publications](#): The annual MPS Membership Directory was

mailed to all members. Monthly [MPS News](#) and two issues of [The Maryland Psychiatrist](#) were emailed and posted online.

- [Listserv](#): Popular way for members to quickly ask each other questions, share resources and ideas.
- [Website](#): With a login, members can update their profiles, pay dues, register for events, and view the online membership directory. Also online are an opt-in [Find a Psychiatrist](#) tool, a rich collection of practice resources, news, and advocacy information.
- [Social Media Accounts](#): [Facebook](#), [Instagram](#), [Twitter](#), and [LinkedIn](#).
- [Interest Groups](#): [10 email groups](#) facilitate member connections around sub-specialty areas.
- [Telephone referral service](#) was less active due to reduced office hours because of COVID.
- New [monthly post](#) of members accepting new patients on the [website](#)
- New [Curbside Conversations](#) connects members around specific practice-related topics.

Information Blocking and Private Practice

The Information Blocking provisions of the 21st Century Cures Act are not expected to impact small psychiatric practices that maintain patient records exclusively in paper format. The guidance provided by the New York State Psychiatric Association is also helpful here in Maryland as similar requirement for patients to receive copies of their records on request has already been in place. [Click here](#) for their short explanation of private practice considerations regarding the new rules that began April 5.

New Buprenorphine Practice Guidelines

To expand evidenced-based treatment to more Americans with opioid use disorder, HHS released new buprenorphine practice guidelines that remove special training requirements that have been a barrier to care. Signed by HHS Secretary Xavier Becerra, [Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder](#) exempt eligible physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists and certified nurse midwives from federal certification requirements for treating **up to 30 patients** with buprenorphine. The guidance is **effective April 28**. [Click here](#) for the full SAMHSA press release.

Maryland News

2021 Legislative Wrap Up

The 441st Legislative Session of the Maryland General Assembly adjourned on April 12, marking the end of one of the most unusual sessions in Maryland history. In deference to the ongoing COVID-19 pandemic, the General Assembly implemented strict protections, including virtual hearings and voting sessions, masks and plexiglass barriers on the House and Senate Floors, and limited access to state buildings and legislators by lobbyists, advocates, and other members of the public.

Despite the physical and procedural changes, the 2021 session was jam-packed as members of the Maryland General Assembly introduced 2,344 bills, excluding local bond initiatives and 13 Joint Resolutions. The Joint Legislative Committee (JLC) of the Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) was equally as active, reviewing over 90 bills and submitting testimony on 57 of those bills. Following are highlights of some of the bills that the JLC weighed in on this session and their outcome.

2-1-1- Mental Health Services Phone Call: [Senate Bill 719/House Bill 812](#) requires the Maryland Department of Health (MDH) to make recommendations to 2-1-1 Maryland about establishing an opt-in mental health services phone call program that (1) requires a call center to make periodic calls to persons who have opted into the program and (2) attempts to connect persons with a mental health provider upon request. The Governor may include an appropriation to MDH in the annual budget bill to carry out the bill's provisions. MDH must include this activity in its annual report to the Governor and the General Assembly. Senator Craig Zucker and Delegate Bonnie Cullison (both D – Montgomery County) championed the legislation. The bill, which the Governor has already signed, **takes effect July 1, 2021.**

Suicide Fatality Review Committee: [Senate Bill 168/House Bill 209: Suicide Fatality Review Committee](#) would have established the Maryland Suicide Fatality Review Committee (State team) to identify and address factors contributing to suicide deaths and facilitate changes in the State system to prevent suicide deaths. This bill died in committee. The State team would have been required to include specified members who meet at least quarterly to review suicide deaths and:

- make determinations regarding (1) issues related to individuals at risk for suicide, specifically trends, risk factors, current best practices in suicide prevention, lapses in systemic responses, and barriers to safety and well-being, and (2) strategies for the prevention of suicide deaths;
- report at least annually to the Governor and the General Assembly;
- undertake annual specified statistical studies; and
- disseminate findings and recommendations based on the studies conducted to policymakers, health care providers, health care facilities, and the public.

Senator Adelaide Eckardt (R - Caroline, Dorchester, Talbot, & Wicomico) and Delegate Lisa Belcastro (D – Baltimore County)

will likely introduce this legislation again next session.

Workgroup on Underrepresented Mental Health Professionals: Newly appointed Delegate, Marlon Amprey (D – Baltimore City), introduced [House Bill 915](#) to establish the Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals. The University System of Maryland and the Maryland Department of Health would have been jointly required to staff the Workgroup to identify and study the shortage of behavioral health professionals who are Black, Latino, Asian American Pacific Islander, or otherwise underrepresented. The Workgroup would then assess and make recommendations on incentives, or other methods to increase the number of (1) specified or underrepresented students who study at an institution of higher education in the State to be behavioral health professionals and (2) specified or underrepresented behavioral health professionals who provide behavioral health services in the State, especially in underserved communities. The bill passed the House but failed to move after its Senate hearing. This bill will more than likely be reintroduced next session.

Pharmacists Administering Maintenance Injectables: Senator Ronald Young (D – Frederick County) and Delegate Karen Lewis Young (D – Frederick County) presented for a second time and passed [Senate Bill 84/House Bill 135](#) to allow licensed pharmacists to administer a maintenance injectable medication that is not a biological product and: (1) was prescribed by an authorized prescriber, and the prescriber had not ordered the initial dose be administered by a prescriber; (2) administered in accordance with a standing order issued by an authorized public health official; or (3) administered in accordance with a drug therapy management protocol. The bill defines "maintenance injectable medication" as a medication that is administered by injection other than intravenously and treats a chronic need, condition, or disorder, which includes medication for treatment of a psychiatric or substance use disorder, contraception, and vitamins. The bill is an **emergency bill** and will become law immediately upon approval of the Governor.

Behavioral Health Programs: Safety and Community Relations Plans: Senator Cory McCray (D – Baltimore City) reintroduced and this time passed [Senate Bill 96: Behavioral Health Programs: Safety and Community Plans](#). Community perception of and concerns over neighborhood methadone programs were the main catalyst of this bill. **Effective October 1, 2021**, the bill mandates the Behavioral Health Administration (BHA) to develop regulations related to licensure that require a behavioral health program to establish and implement a safety plan for the individuals it serves. In addition, if a behavioral health program is required to adopt a community relations plan as part of its accreditation, the program must submit the plan to BHA. Before approving a facility or granting a license, the Maryland Department of Health (MDH), must require a facility to establish and implement a safety plan and, if required by the facility's accreditation organization, a community relations plan.

(Continued)

Maryland News

(Continued) BHA and MDH may authorize a program or facility to satisfy the safety plan requirement by implementing a safety plan established for another purpose, including an emergency plan. MDH may authorize a facility to satisfy the community relations plan requirement by implementing a plan required by an accreditation organization.

Mental and Emotional Disorders – Consent: [Senate Bill 41/ House Bill 132](#), reintroduced by Senator Malcolm Augustine (D – Prince George’s County) and Delegate Heather Bagnall (D – Anne Arundel County), establishes that a minor who is at least age 12 and is determined by a health care provider to be mature and capable of giving informed consent, has the same capacity as an adult to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by the health care provider or a clinic. A minor younger than age 16, however, may not consent to the use of prescription medications to treat a mental or emotional disorder. Supporters of the bill argued that this policy allows young people to seek help from trained professionals before they reach a point of crisis. Opponents to the legislation pointed out that almost every effective strategy at treating younger children with mental illness benefits from the involvement of the parent or guardian. Parent or guardian involvement undisputedly increases the effectiveness of most therapies and some interventions require such participation to even occur. After an emotional and extended floor debate, the bill eventually passed. The capacity imparted under the bill becomes **effective October 1, 2021** should the Governor not veto the bill.

Involuntary Admissions/Emergency Evaluation – Substance Use Disorders: [House Bill 29: Involuntary Admissions/ Emergency Evaluation – Substance Use Disorders](#) would have allowed individuals with a substance use disorder to receive a certificate for involuntary admission to a facility or Veterans’ Administration hospital. The sponsor, Delegate Julian Ivey (D – Prince George’s County), was seeking to provide greater access to treatment for those with a substance use disorder diagnosis. The bill failed to advance, however, when many groups who advocate on behalf of these same individuals the bill seeks to help highlighted the unintended consequences of this legislation and differences in treatment modalities for SUD versus mental health disorders.

Preserve Telehealth Access Act of 2021: Senator Melony Griffith (D – Prince George’s County) and Delegate Joseline Pena-Melnyk (D - Arundel & Prince George’s Counties) sponsored [Senate Bill 3/House Bill 123](#) to expand the definitions of “telehealth” as well as the coverage and reimbursement requirements for health care services provided through telehealth for both Medicaid and private insurance. Telehealth includes (1) synchronous and asynchronous interactions; (2) an audio-only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care service and that occurs between July 1, 2021, and June 30, 2023; and (3) remote patient monitoring services. Additionally, the bill clarifies that Medicaid’s telehealth coverage must include counseling and treatment for substance use disorders and mental health conditions. With the exception of

the temporary provision for audio-only discussed above, “telehealth” does not include the provision of health care services solely through an audio-only telephone conversation, an email message, or a facsimile transmission. Carriers must reimburse for a covered service appropriately provided through telehealth. The bill **takes effect July 1, 2021**; the bill’s insurance provisions apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after that date.

Involuntary Admission Application – LCSWs: [Senate Bill 466/House Bill 689: Certificates for Involuntary Admission – Licensed Certified Social Worker](#) - Clinical, sponsored by Senator Chris West (R – Baltimore County) and Delegate McComas (R – Harford County), authorizes a licensed certified social worker-clinical (LCSW-C) or a licensed clinical professional counselor (LCPC), in conjunction with a physician, to (1) certify an individual for involuntary admission to a facility or a Veterans’ Administration (VA) hospital and (2) assent to the voluntary admission of a minor to the child or adolescent unit of a State facility. Currently, psychologists and psychiatric nurse practitioners can sign such certificates so long as they are joined by a licensed physician. This bill would add the highest level of professional social workers to the list of people authorized to join with doctors in signing such a certificate. The bill becomes **effective on October 1, 2021**.

Specialty Mental Health Services Claims: [Senate Bill 638/ House Bill 919](#) passed as an **emergency bill** that will become law as soon as the Governor signs it. By way of background, in January 2020, the Maryland Department of Health transitioned administrative management of the public behavioral health system to a new vendor – Optum Maryland. Optum’s IT system failed immediately, and the vendor never truly rebounded as basic claims still go unprocessed. The bill requires the Maryland Insurance Commissioner to enforce a provision that governs clean claims to the specialty mental health services delivery system for Medicaid managed care organization (MCO) enrollees that is administered by the administrative services organization (ASO), currently Optum. The bill also specifically subjects an ASO to (1) pay interest on unpaid clean claims; (2) fines and penalties for certain violations of clean claims requirements; and (3) the Insurance Commissioner’s enforcement authority in connection with any investigation of potential violations. The bill specifies certain actions the Insurance Commissioner must take related to complaints and imposition of interest and penalties relating to an ASO. The ASO may not use State funds or pass on to the State any expenses related to the Insurance Commissioner’s examination. The bill has a sunset provision that terminates it two years from the date of enactment.

Mental Health Law - Reform & Delivery of Service [Senate Bill 928/House Bill 1344](#), a byproduct of the Commission to Study Mental and Behavioral Health in Maryland chaired by Lieutenant Governor Boyd Rutherford, sought to “develop a clear and unambiguous standard for determining when individuals in crisis pose a danger to themselves and others.” The bill’s sponsors, Senator Justin

(Continued)

Maryland News

(Continued) Ready (R – Carroll County) and Delegate Nic Kipke (R – Anne Arundel County), noted that Maryland is only one of only five states whose civil commitment law offers no guidance as to what “danger to self or others” truly means. The sponsors contended that police, emergency responders, clinicians, and administrative law judges interpret the phrase differently and ultimately too narrowly. The bill, therefore, would have modified the standard for involuntary admission to require that an individual is reasonably expected, if not hospitalized, to present a danger to the life or safety of the individual or of others rather than that the individual presents a danger to the life or safety of the individual or of others. After considerable pushback, the House sponsor ultimately withdrew the bill in deference to the Behavioral Health Administration (BHA), which convened an Involuntary Commitment Stakeholders Workgroup (Workgroup) to review and revise the definition of “danger to self and others.” The Workgroup is comprised of representatives from the Commission to Study Mental and Behavioral Health’s Youth and Family subcommittee, the Maryland Department of Disabilities, BHA, individuals with lived experiences, family, advocacy organizations, hospitals, courts, forensic psychiatrists, and behavioral health provider organizations. **Erik Roskes, M.D.** represents the MPS. The Workgroup is examining involuntary commitment statutes from other states, reviewing recommendations from advocacy organizations, and considering the potential disparate impact of any changes. The BHA anticipates that this work will conclude prior to the next legislative session.

Trauma-Informed Care and Adverse Childhood Experiences: In the wake of similar legislation passing in Baltimore City, the MGA proposed several bills to establish programs to address the impact of trauma and adverse childhood experiences (ACEs) on individuals in the State. Senator Jill Carter (D – Baltimore City) and Delegate Robbyn Lewis (D – Baltimore City) sponsored and passed [Senate Bill 299/House Bill 548](#) to establish the Commission on Trauma-Informed Care as an independent commission in the Department of Human Services (DHS) to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that affect children, youth, families, and older adults. The Governor’s Office of Crime Prevention, Youth, and Victim Services must provide staff. The Commission, in consultation with specified entities, must also study and implement an ACEs Awareness program. The bill **takes effect July 1, 2021**. With similar intent but a different approach that was ultimately unsuccessful, Senator Malcolm Augustine (D – Prince George’s County) and Delegate Pam Queen (D – Montgomery County) sponsored [Senate Bill 425/House Bill 783](#) to establish a commission on ACEs specifically and [House Bill 774](#), which would have established a screening and training program for ACEs. These bills failed to progress and died on Sine Die.

Further information, including the MPS positions on bills, [please click here](#). We welcome input from members on legislation. The MPS Legislative Committee is always looking for more members—please [email us](#) if you’re interested!

Thomas R. Tompsett, Jr., Harris Jones & Malone, LLC

General Assembly Addresses Minority Health and Health Disparities

[Senate Bill 5](#) requires all licensed and certified health care professionals to complete an implicit bias training course approved by the Cultural and Linguistic Health Care Professional Competency Program, in conjunction with the OMHHD, that is recognized by a health occupations board or accredited by the Accreditation Council for Continuing Medical Education. A health care provider must attest to the completion of an implicit bias training course on the provider’s first application for licensure renewal after April 1, 2022.

In addition, [House Bill 309](#) calls for the “Health Care Disparities Policy Report Card” to include the racial and ethnic compositions of individuals who are licensed or certified by the health occupations boards, and for the boards to encourage licensees to provide race and ethnicity information on their applications.

MedChi End of Session Report

Despite the pandemic, the number of bills introduced was higher than in previous sessions. Even with the changes to process and the challenges these posed, MedChi achieved very good results. [Click here](#) for a complete report.

BHA-MedChi Webinars

The Behavioral Health Administration and MedChi webinar series, *Helping the Helpers and Those They Serve*, is for Maryland behavioral health and medical health care providers of all disciplines in both community and hospital settings. They enhance health care worker self-care as well as the care they provide by addressing the COVID-19 pandemic, social justice issues, and other stressors. CME credits are free. Webinar recordings and slides are archived on the [BHA/MedChi webinar page](#). April programs run **5 to 6 PM**:

May 13: [Strategies to Improve Sleep](#)

Emerson Wickwire, PhD and Danielle Glick, MD. Moderator: TBD

May 27: [Spirituality and Self-Care for Health Care Workers](#)

Shinelle Oglesby, MS, LCPC. Moderator: TBD.

To deliver a presentation, serve as moderator, or suggest self-care topics/presenters, email [Steve Whitefield, M.D.](#)

Maryland News

MIA Hearing on Parity Compliance Reporting Regulations

[Legislation](#) enacted during the 2020 Maryland General Assembly requires insurers and other entities that offer health benefit plans to submit reports to the Maryland Insurance Administration (MIA) to demonstrate compliance with the federal Mental Health Parity and Addiction Equity Act (MHPAEA). The legislation, codified at Md. Code Ann. Section 15-144, sets forth the content of the reports, which are due in March 2022 and March 2024.

On April 26, the MIA held a hearing on including reimbursement rates as an additional nonquantitative treatment limitations (NQTL) subject to reporting. Based on comments during its November 23, 2020 hearing, the MIA decided to add rates to the National Association of Insurance Commissioners' (NAIC) Data Collection Tool for Mental Health Parity Analysis. On April 23, the [MPS submitted comments](#) in favor of adding reimbursement rates as an NQTL. Advocates from Mental Health Association of Maryland, Legal Action Center and Community Behavioral Health spoke in favor at the hearing. Henry Harbin, M.D. and Beth Ann Middlebrook suggested that MIA specify a rate analysis template, which they presented. Representatives of the insurance industry argued against including rates on the grounds that they are confidential and would create inconsistency with the national requirements.

MIA will adopt regulations implementing §15-144 by the end of 2021. Comments and materials are being accepted through May 10 via email to MHPAEA.mia@maryland.gov.

OOCC 2020 Annual Report

The Maryland Opioid Operational Command Center's (OOCC) [2020 report](#) features overdose-related morbidity and mortality data, programmatic updates, There were 2,499 reported opioid-related deaths in Maryland last year, the largest annual total on record. This is 393 more deaths than in 2019, a 19% increase. While COVID-19 complicated the response to the overdose crisis, Maryland will double-down on efforts to reverse 2020's increase in fatalities. The OOCC's 2021 [Inter-Agency Opioid Coordination Plan](#) includes programs and initiatives to address the opioid epidemic, substance use disorder treatment, and recovery as well as goals and strategies for implementation.

PRMS Fact vs. Fiction Resource

All psychiatrists are covered entities under HIPAA, so all psychiatrists are subject to government enforcement for violations of HIPAA's Privacy and Security Rules.

What do you think - fact or fiction?

ANSWER: Fiction!

Not all psychiatrists are covered entities under HIPAA. Covered entities are only those healthcare providers who do specific transactions electronically with health plans. The most frequent electronic transaction done with health plans is the electronic transmissions of claims forms for payment, whether by the psychiatrist or by a billing service on behalf of the psychiatrist. There are several other transactions, such as checking on referrals, pre-authorizations, etc., that if done electronically with a health plan, make a provider covered under HIPAA, meaning HIPAA must be complied with. The government has a [decision tool](#) available here to help you determine if you are a covered entity. But keep in mind that there are additional confidentiality laws, such as state confidentiality law, that must be complied with even if you are not a covered entity under HIPAA.

10th Anniversary of National Prevention Week

[National Prevention Week](#) is an annual health observance dedicated to increasing public awareness of, and action around, mental health and/or substance use disorders. The 2021 daily themes are:

- Monday, May 10: Preventing Prescription Drug and Opioid Misuse
- Tuesday, May 11: Preventing Underage Drinking and Alcohol Misuse
- Wednesday, May 12: Preventing Illicit Drug Use and Youth Marijuana Use
- Thursday, May 13: Preventing Youth Tobacco Use (E-Cigarettes and Vaping)
- Friday, May 14: Preventing Suicide



APA News & Information

2021 APA Virtual Federal Advocacy Conference

All APA members are invited to attend the APA Advocacy Conference on Saturday, June 5th from noon to 5:30 PM and the Virtual Meetings with Lawmakers on Thursday, June 10th from 9:00 AM to 5:00 PM. Attendees will spend Saturday, June 5th learning everything they need to know to advocate for psychiatry before holding virtual meetings with federal legislators and staff. The experience will include insights from APA's advocacy leaders and staff on the inner workings of Congress and the legislative process as well as a hands-on advocacy training on the issues APA members will discuss with their congressional offices. Then on June 10th, attendees will put their training to use in virtual meetings with their congressional offices and promote APA's legislative agenda.

There is a \$50 registration fee (\$25 for Resident or Fellow members) and participants will be expected to attend the entire advocacy conference. (The MPS will reimburse its members for the APA registration fee. Please email your receipt to heidi@mdpsych.org.) Many factors may impact meeting availability for congressional offices and meeting times may change at the last moment. Missed meetings reflect poorly on APA, so attendees will be expected to dedicate the full day to legislative meetings on June 10th. **Registration closes on May 28th**. To learn more or register, [click here](#).

Congratulations!

The APA and APA Foundation (APAF) support approximately 100 resident/trainees yearly through eight [fellowship programs](#). These fellows are among the next generation of innovative leaders at both the state and national levels. Congrats to the following MPS Resident-Fellow Members who were awarded fellowships for FY22:

Karen Dionesotes, M.D., M.P.H.	Leadership Awardee
Melissa Lavoie, M.D.	Public Psychiatry Awardee
Amit Suneja, M.D., M.P.H.	Public Psychiatry Awardee

FREE May APA Course of the Month

"Doctor, Are You Sure I Am Bipolar?" Challenges in the Differential Diagnosis of Bipolar Disorder

Critical aspects of the clinical history and mental status exam will be discussed, with a particular emphasis on atypical presentations of BD and their differential diagnosis with other conditions, such as major depressive disorder, borderline personality disorder, disorder ADHD, and substance-induced mood disorder. [Click here to access the Course of the Month.](#)

Apps and Mental Health

The APA, in cooperation with the College of Health Information Management Executives (CHIME), is presenting "Apps and Mental Health: Policy, Privacy, and Practical Considerations," which will focus on what the solo or small group provider should know when using apps with patients, including future regulatory requirements, privacy/HIPAA issues, and more. The webinar will be live streamed on **May 5 at noon**. It will also be posted later to the APA website. [Click here](#) to learn more or to register. For more information, email Nathan Tatro, Deputy Director of Digital Health, at ntatro@psych.org.

APA Quality Measures to Advance Measurement-Based Care

APA is developing a suite of measures aimed at promoting and advancing measurement-based care (MBC). The set includes a measure assessing adherence to MBC processes, outcome measures based on patient-reported assessments of function and recovery, and measures assessing suicide safety planning processes and outcomes. The measures were posted for public comment, and comments were reviewed by the project's Technical Expert Panel and Consumer & Family Panel. More information can be found [here](#).

Frontline Physicians Recommend Priorities for the Biden Administration

APA and five other frontline physician associations joined to welcome the new Biden Administration and recommend improvements to the health care system. The organizations, which represent over 590,000 physicians, encouraged the Administration to:

- Implement a science-based and public health approach to end the pandemic
- Expand and protect access to care by building upon the Affordable Care Act
- Strengthen Medicaid by removing barriers to care
- Improve health care for women and ending interference in the patient-physician relationship
- Address physician workforce issues
- Reduce administrative burdens in health care

APA Annual Meeting

The APA's online 2021 annual meeting will be held Saturday to Monday, May 1 to 3. Participants can earn up to 13.5 CME credits through live sessions. [Learn more.](#)

Medicare Updates

2% Medicare Payment Adjustment Delayed

Congress has postponed addressing Medicare payments again by postponing the planned reduction in rates to the end of 2021. The CARES Act suspended the 2% sequestration payment adjustment applied to all Medicare Fee-for-Service claims through the end of 2020. The Consolidated Appropriations Act, 2021, extended the suspension to March 31, 2021. An Act to Prevent Across-the-Board Direct Spending Cuts, and for Other Purposes, signed into law on April 14, 2021, extends the suspension to December 31, 2021. Medicare Administrative Contractors will release any previously held claims with dates of service on or after April 1 and reprocess any claims paid with the reduction applied. No action by physicians is needed.

Medicare SBIRT Services

CMS has a new [publication](#) that outlines covered Screening, Brief Intervention, & Referral to Treatment (SBIRT) services, eligible providers, billing for dual eligible and more.

Reminder to Review Open Payments Data

The [Open Payments Program](#) review, dispute and correction processes for physicians and hospitals ends **May 15**. Reporting entities have submitted data to the Open Payments system on payments or transfers of value made to physicians and teaching hospitals during 2020. CMS will publish the 2020 data and updates to previous program years in June 2021. For questions, email openpayments@cms.hhs.gov or call 1-855-326-8366 M-F 8:30 AM. to 7:30 PM.

CLASSIFIEDS

POSITIONS AVAILABLE

The Johns Hopkins University Counseling Center is seeking 1-2 part-time psychiatrists for a total of 25-30 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 CC clinicians. To apply, send a letter of interest with resume to Matthew Torres, PhD (Counseling Center Executive Director) via email (mtorres5@jhu.edu) or fax (410-516-4286). Alternatively, contact Dr. Torres via email for more information.

CLASSIFIEDS

POSITIONS AVAILABLE (cont.)

Spectrum Behavioral Health in Annapolis, Arnold and Crofton MD is seeking a psychiatrist for its growing private practice. Position includes attractive compensation, collegial multi-disciplinary staff, full administrative support, professional autonomy and premium windowed office space! This exciting opportunity offers a great income, stimulating teamwork, desirable location, and meaningful community impact. If interested please visit www.spectrum-behavioral.com or email Scott E. Smith, Ph.D. at sbhgmt18@gmail.com.

PSYCHIATRY POSITIONS: MedStar Health is seeking psychiatrists to work in the Baltimore area in a variety of settings. Our hospitals provide inpatient, outpatient, intensive outpatient, partial hospitalization and consult liaison services. We offer flexible hours with competitive comp plans and benefits including CME reimbursement, 7 weeks paid time off, holidays and personal leave, 403 B match, medical benefits and paid malpractice ins. and much more! Please email CV to stephen.pasko@medstar.net

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Beautiful, spacious office for rent in townhouse office complex in North Bethesda. 6209 Executive Blvd. Great location with lots of free parking near Pike and Rose. Two story townhouse suite, with a collegial atmosphere, recently renovated with new carpeting and paint. Two clinicians share the upstairs waiting room near the available office. Contact Molly Hauck mollyphauck@gmail.com or (301) 881-4884

PIKESVILLE Available 9/1/21 Windowed office in psychiatric private practice. Ample free parking, and convenient location accessible to 695 and public transportation. Includes utilities, wifi, common waiting room, break room, in-suite restroom, high-speed internet, alarm system. Contact Surya Korn at 410-602-1440 surya@pharmasiteresearch.com

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