

MPS NEWS

Volume 36, Number 11

Editor: Heidi Bunes

March 2023

In This Issue

[MPS Election is Underway!](#) p. 2
[COVID-19 PHE Ends May 11](#) p. 2
[2023-24 Volunteer Opportunities](#) p.2
[February 7 Council Highlights](#) p. 3
[MPS Bills of Interest](#) p. 4
[Bed Registry & Referral Regs](#) p. 4
[Proposed Network Adequacy Reg](#) p. 5
[Proposed Crisis System Regs](#) p. 5
[April 20 Annual Dinner Meeting](#) p. 6
[Board of Physicians FY22 Report](#) p. 7
[Im Wins Anti-Stigma Advocacy](#) p. 8
[Medicare Updates](#) p. 9
[APA Resources & Updates](#) p. 10
In Every Issue
[Membership](#) p. 8
[Classifieds](#) p. 11

Deadline for articles is the 15th of the month preceding publication.

Please email heidi@mdpsych.org.

Design & Layout: Meagan Floyd

MPS MEMBER ALERT: Fight to Reform Prior Authorization Your Action Is Needed!

MPS is advocating with MedChi and other healthcare provider organizations for bills that address utilization review and prior authorization, [HB305/SB308](#) – Health Insurance – Utilization Review – Revisions and [SB515/HB785](#): Health Insurance – Step Therapy or Fail-First Protocol – Revisions.

As MedChi CEO Gene Ransom III said in his [February 14 Maryland Matters Op-Ed](#), “Maryland insurance providers are increasingly adopting protocols, such as step therapy and prior authorization, that restrict patient access, create unnecessary hurdles for physicians, and ultimately improve insurers’ bottom lines at the expense of patients. ... These tactics get in the way of physicians being able to prescribe patients the care they need at the moment they need it.”

MPS has worked with APA to create a **NEW alert** (If you completed request that was send on February 10th via the MedChi link please note that this is a new, separate request generated by the MPS/APA) asking all members to reach out to lawmakers in support of the bills. PLEASE [add your message](#) to the 2000 that have already been sent demanding reform. The insurance industry is fighting our bills with a legion of lobbyists, and we need everyone’s help to prevail! Many important meetings and hearings are happening in Annapolis over the coming days and weeks, and we need your support!

DEA Proposes Permanent Telemedicine Rules

On February 24, the federal Drug Enforcement Administration (DEA) [announced](#) proposed permanent rules for prescribing controlled medications via telemedicine beyond May 11, when the public health emergency ends. A [table highlights various scenarios](#) under the proposal.

The proposed rules **do not affect**:

- Telemedicine that does not involve prescribing controlled medications.
- Telemedicine services by a provider who has previously seen the patient in person.
- Telemedicine consultations and prescriptions by a practitioner to whom a patient has been referred, if the referring provider has previously seen the patient in person.

The proposed rules have safeguards for telemedicine by a practitioner who has never evaluated the patient in person; AND prescribes a controlled medication. In that case, until an in-person visit takes place, the rules only allow prescribing a 30-day supply of:

- Schedule III-V non-narcotics; or
- buprenorphine for the treatment of opioid use disorder

Schedule II and/or narcotic drugs cannot be prescribed via telemedicine only after May 11.

For patients who have only been seen during the pandemic via telemedicine, the proposal maintains current telehealth flexibilities for an additional 180 days from the end of the emergency to allow time for scheduling an in-person evaluation. [Click here](#) for more scenarios that explain how the changes may affect physicians and patients.

The text of the proposals appeared in the March 1 [Federal Register](#).

Public comments will be accepted for 30 days, after which DEA will decide on final regulations.

**The MPS Council
will meet by
videoconference on
March 14th at
7:30 PM.
All members welcome!**

REMEMBER TO VOTE!

The 2023 MPS election begins March 1

Electronic ballots are used for voting again this year for all members who have an email address on file.

This is one of the easiest and most vital ways you can participate in the organization. MPS elections are very competitive and every vote counts!!!

Ballots will be emailed March 1 and all votes must be cast or postmarked by 11:45 PM on March 31, 2023.

Look for an email from Maryland Psychiatric Society with "Vote now: Maryland Psychiatric Society - 2023 MPS Election" in the Subject line of the message.

Candidate biographies are included with the online ballot, or can be [viewed here](#).

If you have questions, email Meagan Floyd at mfloyd@mdpsych.org.

Calling All Members! 2023-2024 MPS Opportunities

ALL members are invited to step up with MPS and make a difference in how psychiatry is practiced in Maryland

The annual MPS leadership cycle begins again next month with the installation of Carol Vidal, M.D., M.P.H., Ph.D. as President. The MPS offers multiple ways for members to be involved, including volunteering for [committees](#), joining an email [interest group](#) and other ways that members request.

Engage with us to represent psychiatry. This is your chance to have a say!

Your energy and ideas can help the MPS effectively focus on issues that are important to you! Participation from members is essential to accomplishing our goals. To review the options and sign up, [please click here](#).

Time is Running Out!

Renew Your 2023 Membership THIS MONTH!

If you haven't already, please pay your 2023 dues now. Members who do not pay MPS and APA dues or schedule a payment plan will be dropped as of **March 31**. We want to help members remain in good standing! Please [email](#) Meagan Floyd with questions, or to discuss dues relief options or [payment plans](#).

Nominations for MPS Lifetime of Service Award

At the March Council meeting, nominees will be considered for the annual Lifetime of Service Award to be given at the April 20, 2023 MPS annual meeting. Council welcomes suggestions from member for this recognition. The award is given annually to a senior MPS member who has shown a consistent, career-long pattern of unwavering dedication, commitment, and leadership to the organization. Other qualities to be considered include significant contributions to the mental health of our community through clinical work, teaching, administration, or research. Nominees must have life membership status. View past recipients [here](#). Nominations should be submitted no later than **March 10**. Names and any supporting reasons you wish to include can be submitted by email to heidi@mdpsych.org.

Changes Coming with End of PHE

The Covid-19 Public Health Emergency (PHE) will end on May 11, 2023. This transition will bring changes to the delivery of psychiatric care in many situations. Psychiatrists must assess how their practice may be affected and how to prepare. Some notable changes include the requirement under the Ryan Haight Act for an in-person visit to prescribe controlled substances [see [page 1](#)], and the requirement for a prescriber to have a Drug Enforcement Administration license in any state in which they prescribe controlled substances. In addition, HIPAA-compliant messaging software must be used for telehealth, which does not include Skype or FaceTime.

The APA is partnering with MPS and other district branches to share information with members. Please see:

- APA FAQ "[What Happens when the Public Health Emergency Ends? Telepsychiatry & Hybrid Practice Post-PHE](#)"
- *Psych News* article "[Biden Announces End of COVID Public Health Emergency in May](#)"
- APA Telepsychiatry Blog [post](#)

This session the Maryland legislature is working to establish telehealth policies for our state. The bills under consideration include [SB534](#). MPS will inform members of the provisions once they are enacted.

As many as 80,000 Maryland residents may no longer qualify for Medicaid coverage after the federal government reinstates a pre-COVID requirement for states to verify the eligibility of recipients. [MDH urges](#) Medicaid enrollees to update their contact information before the redetermination period.

Please contact Brooke Trainum at btrainum@psych.org with any questions.

February 7th Council Highlights

Consent Agenda

The November 8, 2022 Council minutes were unanimously approved, and the Distinguished Fellowship Committee Report of approved nominees, the Program & CME Committee Report on November and December MPS CME programs, and the Executive Director's report were noted.

Support for MPS Strategic Priorities

Dr. Flaherty reported on recent virtual events aimed at engaging and building community among Early Career Psychiatrist (ECP) members. On November 17, Stephen Kaufman, J.D. gave an excellent presentation on physician employment contracts. A virtual event on December 8 featured a two ECP members sharing information about contract negotiations from the physician perspective. Another event on finding supervision and support for difficult cases is being planned.

Dr. Merkel-Keller noted several other actions aimed at MPS [strategic priorities](#) since the November Council meeting, including CMEs, targeted outreach to ECPs and RFMs, and vendor notices. She reported that a [Collaborative Care Model Interest Group](#) has been established with a dedicated listserv and virtual monthly meetings moderated by Steve Daviss, M.D.

Executive Committee Report

Dr. Balis reported that the Executive Committee (EC) met with the investment advisors to review the MPS Emergency and Investment reserves. In response to the advisors' suggestion to invest more in equities to boost returns, the EC agreed to recommend raising the MPS Investment Policy's upper limit for that category from 40% to 50%, which is in line with a conservative approach since the separate emergency fund is entirely cash and equivalents. In addition, the EC recommended revisions to part of the text. Following discussion, Council voted unanimously to implement the policy changes.

Dr. Merkel-Keller reported that the MPS Legislative Committee session kickoff meeting included Washington Psychiatric Society reps. She noted that Stephanie Knight, M.D. has been officially named the Psychiatry Representative from Maryland to the Novitas JL Medicare Contractor Advisory Committee. The MPS will continue its appointees to the MPPAC officers and board.

In response to the November Council discussion, Dr. Merkel-Keller said the EC has [streamlined](#) data used to benchmark member demographics to assess how MPS continues addressing structural racism and inclusion, with the remaining to follow in a second phase. Staff added APA data to fill some of the gaps where members did not supply it. US Census definitions for race are used for comparison purposes. She shared the resulting data on MPS members' racial, ethnic and gender characteristics. This is an approximation since

data is missing for 13% of the membership, and the MPS database does not accommodate both race and ethnicity, which may create inaccuracies. Breakdowns are provided for MPS leadership roles and committee participation, but broader engagement measures are not included. Statewide census data is listed in the spreadsheet, but licensed psychiatrist data is not yet available. Notably, data by member type shows Distinguished Fellows are disproportionately male and Caucasian, while Resident-Fellow Members have higher representation of females.

Legislative Committee Report

Dr. Hanson gave an overview of the session so far, noting that after a slow start we saw 300 new bills drop overnight. MPS is supporting several, including funding 988, community behavioral health clinics, education regarding psychiatric advance directives, collaborative care funding under Medicaid, safe storage of guns, etc. (See the [website](#) for highlights.) The MPS supports prior authorization limits again, this time in collaboration with MedChi and about 40 other provider organizations. MPS opposes the proposal to give Certified Nurse Specialists prescribing authority, but MedChi is taking a neutral position. In addition, statewide Assisted Outpatient Treatment is proposed as well as physician assisted suicide. Dr. Young emphasized that there is a major focus in this year's legislature on access to behavioral health care and we need to remain focused on quality of care as well.

New Business

Dr. Ashley asked Dr. Means to share the concern he raised regarding police refusing to execute emergency petitions to get a sense of how widespread this problem may be. He said the issue seems more common in Baltimore City, more common among kids than adults, and that police seem to defer more to crisis services. Council members related their experiences, which did not confirm it as a common problem among this limited group. Given the importance of the police role, however, other sources could be consulted. Council voted unanimously for a motion to include a question on the annual member survey in May and to raise the question with BHA at the meeting next month.

Member Spotlight Opportunity

Have you recently worked on an exciting research project? Reached a milestone in your career and want to share it with other MPS members? Have some good advice for younger psychiatrists who are just starting their careers? Submit a short article and photo through this [Google Form](#) to showcase your experiences with the MPS community.

Maryland News

Bills of Interest to MPS Members

Support:

HB 307: Firearm Safety – Storage Requirements and Youth Suicide Prevention (Jaelynn’s Law) – Altering a provision relating to the storage of firearms and ammunition in a location that can be accessed by an unsupervised child; prohibiting storage of firearms and ammunition in a manner that allows access by a person who is prohibited from possessing a firearm; repealing a certain provision relating to negligence; and requiring the Deputy Secretary for Public Health Services to develop a youth suicide prevention and firearm safe storage guide, with recommendations from a stakeholder committee.

SB618/HB953: Public Health – Overdose and Infectious Disease Prevention Services Program: Authorizing a community-based organization, with the approval of the Maryland Department of Health, to establish an Overdose and Infectious Disease Prevention Services Program to provide a location for the consumption of preobtained drugs, provide sterile needles, administer first aid, and other services; authorizing a Program to bill the insurance carrier of an individual who uses the services; authorizing no more than 6 programs, preferably two in urban, two in rural, and two in suburban areas; etc.

Oppose:

SB845/HB933: End-of-Life Option Act (The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act): Authorizing an individual to request aid in dying by making certain requests; establishing requirements and prohibitions governing aid in dying, including requirements related to requests for aid in dying, consulting physicians, mental health assessments, the disposal of drugs prescribed for aid in dying, health care facility policies, and the effect of aid in dying on insurance policies; authorizing a pharmacist to dispense medication for aid in dying only to certain individuals under certain circumstances; etc.

HB1070: Courts – Expert Witnesses – Licensed Certified Social Workers-Clinical: Altering a provision of law authorizing a licensed psychologist to testify as an expert witness on certain issues in a court or administrative hearing to also include a certified social worker-clinical licensed under the “Maryland Social Workers Practice Act” and qualified as an expert witness.

HB1198: Drug and Alcohol Treatment Programs – Discharge of Patients and Referral Services – Standards: Requiring the Maryland Department of Health to establish by regulation standards relating to the discharge of patients from drug and alcohol treatment programs and certain referral services offered to patients by certain drug and alcohol treatment programs.

[See more information about 2023 bills here.](#)

Maryland Senate Announces Support for Behavioral Health Package

A bipartisan group of Maryland senators came together in late February to announce their support for a package of behavioral health bills that includes several Maryland Behavioral Health Coalition priorities, including two bills from the Coalition’s Crisis Prevention Platform! Senators voiced support for legislation to expand access to the Collaborative Care Model ([SB 101](#)), expand Maryland’s network of Certified Community Behavioral Health Clinics ([SB 362](#)), restore High Fidelity Wraparound Services for children and youth with high intensity behavioral health needs ([SB 255](#)), fully re-source 988 ([SB 3](#)), create a value-based purchasing pilot ([SB 581](#)), and extend certain time-limited telehealth flexibilities ([SB 534](#)). You can read more about the announcement in [this article from Maryland Matters](#) or you can [watch the full press conference here](#).

Maryland Bed Registry and Referral System

[Emergency Regulations](#) were announced by the Maryland Department of Health in the February 24 *Maryland Register*. They establish requirements for use of and daily reporting to the Maryland Mental Health and Substance Use Disorder Bed Registry and Referral System.

- The regs require facilities, defined as hospital, freestanding medical facility, or provider designated by the Department, to refer individuals who require additional inpatient, outpatient, or community-based behavioral health care for [care coordination](#) within 48 hours of their arrival at the facility. The referral to care coordination centers requires patient information, including, but not limited to, diagnosis and level of care recommendations.
- Facilities must report no less than three times per day during specified time intervals their current bed availability and census information, and any additional information requested by the Department, to populate the inpatient psychiatric bed board.
- The regs also specify fines, penalties, and actions for violations.

Emergency status effective January 27 through July 26, 2023.

Medicaid Community-Based SUD Services

In the February 24 *Maryland Register*, the Department of Health proposes updating the Community-Based Substance Use Disorder (SUD) Services reimbursement rate for FY23 retroactively, and adding a Medicaid peer recovery support benefit. [Please see this link for details](#). Comments will be accepted through **March 27**.

Maryland News

Proposed Updates to Network Adequacy Requirements

The Maryland Insurance Administration (MIA) published [proposed regulations](#) in the February 24 *Maryland Register* to amend the requirements for health insurer-reported data that will improve MIA's ability to evaluate network sufficiency. It also incorporates new standards to enhance measurement of the sufficiency of behavioral health care networks, including:

- Specifics related to travel distance and new provider types for psychiatric subspecialties are included.
- Detailed categories added for appointment wait times.
- A new section for Telehealth reporting and how those visits factor into distance standards and wait times.
- Replacing the carrier waiver request with additional requirements that would result if a carrier's panel does not meet all of the standards.
- Expanding the annual executive summary requirements to include specified behavioral health information for wait times.

Comments will be accepted through March 27. Please share a copy if you submit comments, and email heidi@mdpsych.org if you have concerns about the proposed regulations that the MPS could consider addressing.

Proposed Regulations for Behavioral Health Crisis Services

In the February 24 *Maryland Register*, the Department of Health published its proposal to implement Medicaid coverage of behavioral health crisis services and establish behavioral health crisis stabilization services and mobile crisis team services. Please see [this link](#) for details and assumptions. MDH anticipates 45 mobile crisis teams to be operating next year and 13 crisis centers, and outlines requirements for provider participation and covered services, among other topics. **Comments will be accepted through March 27.**

In the same issue of the *Maryland Register*, the Department outlined proposed requirements for [Community-Based Behavioral Health Programs and Services](#) to establish the behavioral health crisis stabilization center and mobile crisis team services and implement coverage of crisis services. **Comments will be accepted through March 27.**

This is the culmination of efforts by the Maryland Crisis System Workgroup during recent years. Please share a copy if you submit comments, and email heidi@mdpsych.org if you have concerns about the proposed regulations that the MPS could consider addressing.

Medicaid Board Eligibility Policy

A [February 22 Optum Maryland alert](#) clarifies the requirements for physicians to have a specialty added to their Medicaid enrollment. Providers select their specialty on their application in ePrep; those who are board certified must upload their board certification. Providers who are board eligible do not need documentation, but must be within the [ABMS board eligible period](#). Upon receipt of their board certification, providers should submit a supplemental application in ePrep. Providers who do not become board certified by the end of the eligibility period will have the specialization removed from their file. Please contact mdh.bhenrollment@maryland.gov with any questions.

BHIPP Resilience Break

Wednesday **March 8** from 12:30 to 1:30 PM will be the next Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP) Resilience Break. **Shauna Reinblatt, M.D.** is one of the featured speakers on Prescribing Atypical Antipsychotics in Pediatric Primary Care. BHIPP Resilience Breaks are interactive, web-based learning sessions for pediatric primary care and behavioral health providers to connect, learn and share strategies, best practices, and resources that promote mental health and resilience among children and families. Free CME credit is available for participation. To register, click [here](#).

Youth Risk Behavior Survey

The Maryland Department of Health [released](#) the results of the 2021-2022 Maryland [Youth Risk Behavior Survey and Youth Tobacco Survey](#). For the first time, the survey addressed mental health status, COVID-19, screen time, disability, and information on adverse childhood experiences. Findings show that the COVID-19 pandemic greatly affected the mental health of Maryland youth. The survey also finds a reduction in the use of tobacco products, alcohol, and marijuana for high school students. However, there was an increase in alcohol initiation and prescription drug misuse at the middle school level.

Youth Town Halls on Suicide Prevention

Join Student Representative Henry Meiser and other members of the Governor's Commission on Suicide Prevention for regional town halls around Maryland this month. Meiser will lead collaborative discussions to prompt feedback from the community. Dates are listed [here](#). Please click here to [register](#).

The next meeting of the Governor's Commission on Suicide Prevention is **March 15** from 1 to 3 PM. The livestream can be viewed on the commission's [Facebook page](#).

WE ARE BACK IN-PERSON!

Maryland Psychiatric Society 2023 Annual Dinner

*See You
There!*

Thursday, April 20th

6:00 PM ~ 9:00 PM

Fogo de Chão Brazilian Steakhouse

600 E Pratt St #102 Baltimore, MD 21202

Discounted valet parking available

Join us as we welcome **Carol Vidal, M.D.** as 2023-2024 MPS President
Theodora Balis, M.D. will become MPS President-Elect
Ronald Means, M.D. will become Secretary-Treasurer

- Best Paper Contest and Resident/Fellow Poster Competition Awards
 - 2023 MPS Lifetime of Service Award
- 2022 Maryland Foundation for Psychiatry Anti-Stigma Advocacy Prize
- Recognition of new Life Members, Fellows, Distinguished Fellows and more

*Fresh seasonal salads, exotic vegetables, imported cheeses, smoked salmon, cured meats, seasonal soup,
continuous tableside service of signature cuts of fire-roasted meats, 2 bar beverages per guest
Brazilian side dishes and more!*

2023 Annual Dinner Registration

*RSVP by April 15th. Please make check payable to MPS,
1101 Saint Paul Street, Suite 305, Baltimore, Maryland 21202-6407.*

Cost: \$80.00 per person for members & guests

\$35.00 per person for residents & guests

Name _____ Guest _____

Phone _____ Email _____

Enclosed is my payment of \$ _____ for _____ ticket(s) for MPS' Annual Dinner

I would like to donate _____ (number) of free Resident tickets at \$50 each.

Reservations are non-refundable.

Maryland News

FY22 MBP Annual Report

The Maryland Board of Physicians (MBP) Fiscal Year 2022 [Annual report](#) lists the three most common allegations for complaints as **unprofessional conduct** in the practice of medicine (345), failure to meet the **standard of care** (240), and failure to keep adequate **medical records** (55). Almost 60% of the complaints filed came from patients or their families.

Twenty-seven cases were referred to peer review. A total of 39 physicians lost their licenses, including 8 that were surrendered, and 54 had their licenses restricted. There were 61 non-prejudicial actions against physicians and 11 other prejudicial actions, of which 7 were reprimands. Physician fines through disciplinary actions totaled \$184,000 and their administrative (CME) fines totaled \$4,625.

Actively licensed physicians in Maryland totaled 33,089, up from 31,605. There were 15,600 allied health practitioners actively licensed by MBP, up from 14,739. Total licenses issued via the [Interstate Medical Licensure Compact](#) were 472, up from 253. MBP processed 1,722 physician assistant delegation agreements. While there were 72 positive criminal history records checks for physicians, none of them were denied licensure or renewal.

March is Problem Gambling Awareness Month

National Gambling Disorder Screening Day, part of Problem Gambling Awareness Month, is Tuesday, **March 14**. The Day is created to support providers in identifying gambling disorders. Maryland research studies suggest a high 17% prevalence of co-occurring disorders (e.g., alcohol use disorder, anxiety, depression) among those who are at risk or meet criteria for gambling disorder. Studies show untreated gambling disorder can lead to financial, emotional, social, occupational, physical harms, and may be a relapse risk factor. Behavioral health providers are encouraged to participate in Gambling Disorder Screening Day by using the [Brief Biosocial Gambling Screening](#) tool, consisting of three questions that help identify potential gambling-related problems. [Click here](#) for more information and resources related to problem gambling.

The Maryland Center of Excellence on Problem Gambling helpline, 1-800-GAMBLER, is open 24/7. It is free and provides confidential services to anyone who may be struggling due to problems associated with gambling. Visit their website at helpmygamblingproblem.org.

SLRP and MLARP Applications Open

The Maryland Department of Health administers the State Loan Repayment Program (SLRP) and the Maryland Loan Repayment Assistance Program (MLARP). The SLRP provides educational loan repayment funds to physicians who serve a 2 year obligation in a health professional shortage area (HPSA) or medically underserved area (MUA), either in primary care or mental health. The MLARP provides educational loan repayment funds to physicians and medical residents who serve a 2 year obligation in a HPSA or MUA or state designed health professional shortage area. Eligible physicians and PGY4 residents can apply beginning March 1. **The deadline is April 15.** [Click here](#) for more information and requirements.

BHA-MedChi Webinars

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

March 9: [Managing Grief and Loss Through Narrative](#)
Alex Chan, Ph.D.

Maryland Health Connection Easy Enrollment

During this tax season, filers can [check a box](#) on the state tax return to share information with Maryland Health Connection (MHC), learn about options, and get covered. Under the Easy Enrollment Program, MHC uses return information to check whether filers may be eligible for free or low-cost health coverage. Within a week, filers who check the box should expect a letter in the mail that unlocks a 35-day enrollment window, starting from the date on the letter. File taxes before April 18, 2023 to open the enrollment window.

MHCC Health Equity Symposium

The Maryland Health Care Commission (MHCC), the Health Services Cost Review Commission, and MedChi invite MPS members to attend a free virtual Health Equity Symposium on **March 10th from noon to 1:30 PM**. Presentations from clinicians will address the real-life impact of adverse social determinants of health on patients and how they identified relatable strategies that empower patients and families. Click [here](#) to register and contact anene.onyeabo@maryland.gov with questions.

Carolyn Im to Receive MFP Anti-Stigma Advocacy Award

The 2023 Maryland Foundation for Psychiatry (MFP) Anti-Stigma Advocacy Prize will be awarded to Carolyn Im for her A Piece of My Mind in JAMA, "[Major Developments During Medical School](#)" published October 25, 2022.

She very effectively articulates some of the adjustments medical students with recurrent depression might have to make. She encourages students to seek psychiatric help when needed and points out that dealing with mental health issues can foster personal growth and make us better physicians.

The Anti-Stigma Advocacy Award carries a \$500 prize and will be formally presented at the [Maryland Psychiatric Society annual meeting on April 20](#).

The Foundation established this annual prize for a worthy media piece, preferably local or regional, that accomplishes one or more of the following:

- Shares with the public their experience with mental illness in themselves, a family member, or simply in the community.
- Helps others to overcome their inability to talk about mental illness or their own mental illness.
- Imparts particularly insightful observations on the general subject of mental illness.

[Click here](#) for information about past winners.

MPS Membership

The following individuals have applied for membership with the MPS. 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.

Mary O. Cumming, M.D.
Fahad A. Mukhtar, M.D., MPH

Reinstatement of Membership
Dhruthi Kalangi, D.O.

National Drug and Alcohol Facts Week

The National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism are gearing up for [National Drug and Alcohol Facts Week](#) to be held **March 20-26**. This annual, week-long [health observance](#) inspires dialogue about the science of drug use and addiction among youth. [Learn more and register](#).

MPS Members Out & About

Drs. **Richard Silver** and **Sarah Edwards** were quoted in a February 23 *Baltimore Banner* article, "[People with ADHD can't get their meds. The shortage is worsening.](#)"

An On Your Mind | Advice column, "[3 skills from psychotherapy that can change your brain](#)," by **Christopher W. T. Miller, M.D.** ran in the February 23 *Washington Post*.

2022 Survey on LGBTQ Youth Mental Health

The Trevor Project, a leading suicide prevention organization for LGBTQ young people, produced the 2022 National Survey on LGBTQ Youth Mental Health, which amplifies the experiences of diverse LGBTQ young people and brings new knowledge and clinical implications to the suicide prevention field. In our state last year, 43% seriously considered suicide and well over half reported symptoms of both anxiety and depression. [Review the results for Maryland](#).

NAMI Virtual Spring Courses

[NAMI Peer-to-Peer](#) is a free, 8-session, virtual education program for adults looking to understand their mental health condition and journey toward recovery. Classes start **Monday March 6 from 7 – 9 PM**.

[NAMI Family-to-Family](#) is a free, 8-session, virtual educational program for family, significant others and friends of people living with mental illness. Classes start **Wednesday March 1 from 7 – 9 PM**.

Climate Change Perceptions Survey

Thanks to those who have completed the Maryland Psychiatric Society/Society of Prevention Research survey! Members still have time to participate in the Climate Change Perceptions Survey. Now that the busy holiday season is over, we hope to hear everyone's voice on this important topic.

The survey will help us learn about the views of psychiatrists in Maryland about climate change, what they would like to know about climate change for their work, and how MPS can support these efforts. The survey takes 10 minutes to complete, and results will be shared in a future newsletter.

Link to survey: https://jh.qualtrics.com/jfe/form/SV_dhTEKAuYJeAj6ZM

Medicare Updates

CMS PHE Fact Sheet

CMS published a [Fact Sheet](#) to explain what will change after the Public Health Emergency is officially over. It covers COVID-19 vaccines, testing, and treatments; Telehealth services; Continuing flexibilities; and Inpatient Hospital Care at Home.

Many Medicare telehealth flexibilities have been extended through December 31, 2024:

- People with Medicare can access telehealth services in any geographic area in the United States, rather than only those in rural areas.
- People with Medicare can stay in their homes for telehealth visits that Medicare pays for rather than traveling to a health care facility.
- Certain telehealth visits can be delivered audio-only (such as a telephone) if someone is unable to use both audio and video, such as a smartphone or computer.

Medicare Advantage plans may offer additional telehealth benefits and some Accountable Care Organizations (ACOs) may offer telehealth services after 2024.

Proposed Rule for Healthcare Attachments and Signatures

The CMS National Standards Group (NSG) released a [proposed rule](#) that would adopt standards for "health care attachments," which would support health care claims and prior authorizations, and a standard for electronic signatures to be used in conjunction with health care attachments. Nearly every health plan has requirements for providers to sometimes submit additional information beyond that contained in a HIPAA transaction. This proposed rule would create standards for electronic exchange of clinical and administrative data to support prior authorizations and claims adjudication. Often the additional information that health plans require for approvals cannot adequately be conveyed in the specified fields. This proposed rule should decrease time and resource-consuming manual processes, such as mail or fax, often used to transmit the information, which should reduce the burden on providers, and result in more timely care for patients. Complete details are at [this link](#). Public comments are being accepted until **5 PM March 21** via [this link](#) (use the green "Submit a formal comment" button).

Submit 2022 MIPS Data by March 31

Reminder: MIPS eligible clinicians can submit their 2022 data through 8 PM on March 31 by going to <https://qpp.cms.gov/login>. For more information, please see the [QPP Resource Library](#).

Medicare Prescription Drug Inflation Rebates

CMS [released initial guidance](#) detailing the requirements and procedures for the new Medicare Prescription Drug Inflation Rebate Program. Drug companies will have to pay for increasing prescription drug prices faster than the rate of inflation. In addition, people with Medicare may pay a lower coinsurance for certain Medicare Part B drugs. Key implementation dates are:

- October 1, 2022: Began the first 12-month period for which drug companies will be required to pay rebates to Medicare for raising prices that outpace inflation on certain Part D drugs.
- January 1, 2023: Began the first quarterly period for which drug companies will be required to pay rebates for raising prices that outpace inflation on certain Part B drugs.
- April 1, 2023: People with Traditional Medicare and Medicare Advantage may pay a lower coinsurance for certain Part B drugs with price increases higher than inflation.
- 2025: CMS to send the first invoices to drug companies for the rebates to the Medicare Trust Fund.

CMS seeks comment from the public on these topics:

- the process to determine the number of drug units for rebatable drugs;
- reduction of rebate amounts for certain Part B and Part D rebatable drugs in shortage and in cases of severe supply chain disruptions;
- the process to impose civil monetary penalties on manufacturers of Part D rebatable drugs that fail to pay rebates;
- assuring accuracy of the inflation rebate payments; and other areas.

The deadline for comments is March 11. CMS anticipates issuing revised guidance for the Medicare Prescription Drug Inflation Rebate Program later in 2023.

- [View](#) a fact sheet on the Medicare Prescription Drug Inflation Rebate Program guidance.
- [Read](#) the Medicare Part D Prescription Drug Inflation Rebate guidance.

DID YOU KNOW?

Position openings and office space available are also posted on the MPS website! Listings from each newsletter issue are displayed online for the month of the publication. If you can't find your newsletter in your email inbox, visit the [Classifieds page](#) to view employment and office space ads.

APA News & Information

APA Revamps Eating Disorder Guideline

The APA [announced](#) an updated [practice guideline for treatment of patients with eating disorders](#), which is the first full update since 2006. The guideline has 16 clinical recommendations related to anorexia nervosa, bulimia nervosa, and binge-eating disorder, including:

- Screening for the presence of an eating disorder as part of an initial psychiatric evaluation.
- Conducting comprehensive patient evaluations, including laboratory tests such as electrocardiograms.
- Formulating patient-centered and culturally sensitive treatment plans.
- Setting individualized weight goals for patients with anorexia.
- Treating patients with anorexia, bulimia, or binge-eating disorders with eating disorder-focused psychotherapy.
- Including family-based therapy as part of a treatment plan for adolescents with anorexia or bulimia.

It also includes information on how to evaluate patients for avoidant/restrictive food intake disorder.

Free APA CME on New Eating Disorder Guideline

A new, free, 2-hour [CME on Eating Disorders](#) is now available via APA. Clinical vignettes illustrate the new guideline statements covering screening, psychological, physical, and laboratory assessments, and the psychotherapy and pharmacology treatments available. Interactive cases walk users through the guideline statements and the practical steps that can be incorporated into everyday practice. [Click here](#) for more information or to access the course.

New APA Telepsychiatry Resources

Mental health technology and policy is changing rapidly, so APA developed new resources with up-to-date information to inform members' telepsychiatry practice:

- Resource document: [Best Practices in Synchronous Videoconferencing-Based Telemental Health](#).
- Comparison Chart: [Comparison of Telehealth Provisions During & After the Public Health Emergency](#).
- Free CME Webinar: [Telepsychiatry and Hybrid Practice Post-PHE](#).

Read more on the [telepsychiatry blog](#).

Volunteer Opportunity

The APA Foundation awarded \$20,000 to Languages of Care, which has been providing translated mental health resources to refugees and mental health professionals in Ukraine since the start of the war with Russia. They have now expanded to providing similar services to those impacted by the earthquake in Turkey and Syria.

If you are a Russian, Arabic, or Turkish speaking psychiatrist or know a mental health professional who is, please reach out to Dr Sander Koyfman, a psychiatrist who specializes in Disaster Psychiatry: sander.koyfman@gmail.com

FREE APA Course of the Month

Women's Mental Health Care in 2022: Practice Tips and Resources for Advancing Quality and Reducing Risk: The care of women in life stages related to childbirth (pregnancy, postpartum, lactation) poses unique challenges and risks for psychiatrists. Obtaining timely, relevant, and evidence-based information in a rapid and easily understandable format is critical for both psychiatrists and patients, as well as developing strategies for ensuring safe and quality care and mitigating any practice risks. This course will review cases, debate best practices, and review risk management strategies.

[Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

O'Leary Award for Innovation in Psychiatry

The APA Foundation is accepting nominations for the [O'Leary Award for Innovation in Psychiatry](#). Drawing on Dr. O'Leary's values, this award will provide seed money to launch ideas for improving access and efficiency of healthcare teams, addressing crisis de-escalation & stabilization, and leveraging economies of scale. The first Paul O'Leary Innovation in Psychiatry Award will be presented at the [2023 APA Annual Meeting](#). Nominate a colleague or apply yourself by **March 31!**

STAY CONNECTED!

Join the MPS Listserv

Join the online MPS community to quickly and easily share information with other MPS psychiatrists who participate. To join, click [here](#). You will need to wait for membership approval and will be notified by email. If you have any problems, please email mps@mdpsych.org.

Engage with Digital Options

To stay informed, visit the [MPS website](#) regularly and follow us on [Facebook](#), [Instagram](#), [Twitter](#), and [LinkedIn](#).

CLASSIFIEDS

OFFICE SPACE AVAILABLE

Mt Washington: Furnished office in a suite of mental health professionals is available for rent by the day. \$60/day. Contact DinahMiller@yahoo.com

Ellicott City/Waverly Woods/Columbia: near Rt. 70, Rt. 32 and Rt. 29. Office and Group Room are in a beautiful suite ready for immediate occupancy. Daily and hourly rentals are available. Includes large fully furnished office with 2 windows, large beautifully decorated waiting room, receptionist/file room, 2 bathrooms, Kitchen and a warm community of other therapists who cross-refer. WiFi and fax available. Free ample parking. Contact Jenniferplasnig@gmail.com or 410-203-2411.

Ellicott City: Daily/Part-time/Full-time: Following CDC guidelines, Telehealth and in person. Includes Wi-Fi, copier, fax, staff kitchen, handicapped access. Convenient to route #'s: 40, 29, 32, 70 & 695. Contact Dr. Mike Boyle 410-206-6070 or 410-465-2500.



2023 MPS Dues Notices

If you haven't already, please pay your 2023 dues:

- Mail your check made payable to "MPS" to 1101 St Paul Street, Ste 305, Baltimore, MD 21202 - **OR-**
- Pay online using a debit or credit card or Paypal account at [this link](#) or via your MPS [member account](#).
- Payment plan options are available at [this link](#).

If you have questions or concerns please email mps@mdpsych.org. Thanks for your continued support of the Maryland Psychiatric Society!

Have You Published Lately?

The MPS would like to highlight recent journal articles published by its members. If you have published within the past year, please email the title, publication, date and preferably a link to mps@mdpsych.org. Please also include a photo and a sentence or two summary, if possible.



Community Mental Health

Two of our long-standing Medical Directors have announced plans to retire. This is a highly sought after position for both sustainability and life-style. I am looking for a **Medical Director** and/ or **Staff Psychiatrist** for the Catonsville and Dundalk OMHCs, 20+ hours each. This could be combined full-time position. Child experience preferred but not required. Key Point Health Services is a leading nonprofit serving people with mental illness since 1982. The clinics are supported by a strong Rehabilitation program both residential, day and outreach.

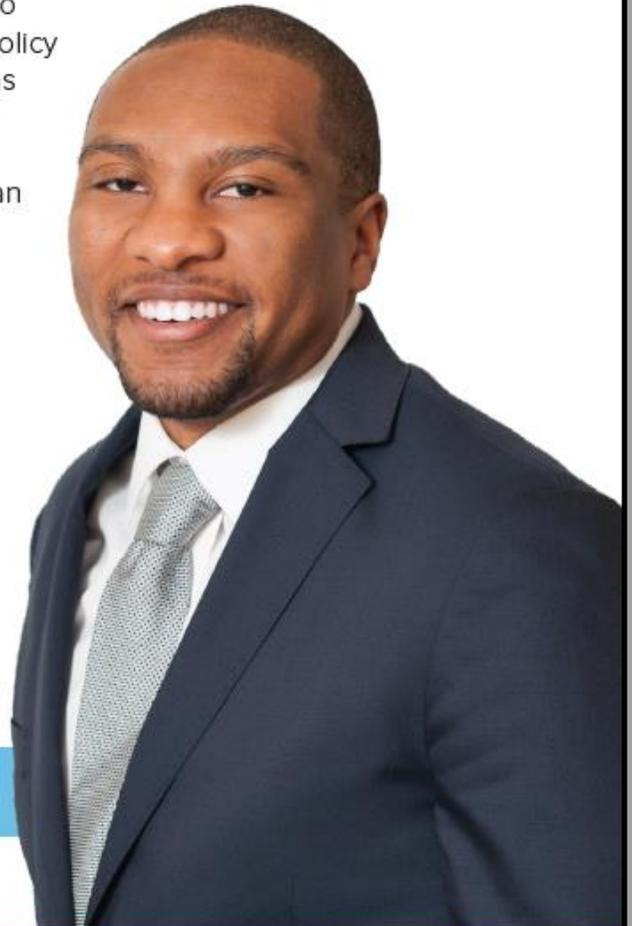
- ✦ In-person and Telehealth, Flexible WFH hybrid schedule
- ✦ Competitive base salary, Generous PTO and extra Personal Health Days
- ✦ CME time off and pro-rated license reimbursement
- ✦ Well established EMR and e-prescribing;
- ✦ Multidisciplinary team management, with Psychotherapist and Medical Assistant support
- ✦ Regular Team meetings and Medical Staff meetings
- ✦ 30-minute follow-ups, 90-minute diagnostics, and time to finish notes during hours, No call

Please visit www.keypoint.org for details, or call Shawn Cassady, M.D., Chief Medical Officer at 410-937-7041

PRACTICING TELEPSYCHIATRY?

As the practice of psychiatry intersects more with technology through the use of telemedicine, you can count on PRMS® to protect your practice. Our psychiatric professional liability policy includes coverage for telepsychiatry at no additional cost, as well as many other preeminent program benefits including:

- A national program with comprehensive coverage that can cover patients treated anywhere in the U.S.
- A nationwide defense network comprised of attorneys experienced in psychiatric litigation throughout the country
- A Risk Management Consultation Service helpline which allows you to speak directly with our knowledgeable team about all of your telepsychiatry-related questions (and all other topics)
- Access to hundreds of risk management resources from our in-house team of experts



JUSTIN POPE, JD
RISK MANAGER

When selecting a partner to protect you and your practice, consider the program that puts psychiatrists first. Contact us today.

More than an insurance policy

(800) 245-3333 | [PRMS.com/Telepsychiatry](https://www.prms.com/Telepsychiatry) | TheProgram@prms.com



Insurance coverage provided by Fair American Insurance and Reinsurance Company (FAIRCO), New York, NY (NAIC 35157). FAIRCO is an authorized carrier in California, ID number 3715-7. www.fairco.com. PRMS, The Psychiatrists' Program and the PRMS Owl are registered Trademarks of Transatlantic Holdings, Inc., a parent company of FAIRCO.

Rewarding Opportunities for Psychiatrists Across Maryland

SHEPPARD PRATT IS SEEKING PSYCHIATRISTS TO WORK ACROSS MARYLAND IN A VARIETY OF TREATMENT SETTINGS, INCLUDING OUR NEW STATE-OF-THE-ART BALTIMORE/WASHINGTON CAMPUS.

CURRENT OPENINGS INCLUDE:

Emergency & Crisis Services Medical Director
Medical Director, GBMC Emergency Psychiatry Services Addictions
Medical Director
Residential Psychiatrists
Inpatient Unit Chief: Adolescent Neuropsychiatric, Trauma Disorders
Inpatient & Day Hospital Staff Psychiatrists: General Adult, Child & Adolescent, Geriatrics, Eating Disorders
Outpatient Psychiatrists

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 must participate in a call schedule

WHY SHEPPARD PRATT?

- Physician-led organization
- Generous compensation package with comprehensive benefits, including medical, dental, vision, and life insurance; an extensive wellness program; and ample leave
- A network of the brightest minds in psychiatry
- Grand rounds, free CME opportunities
- State-of-the-art research and technology
- Cross-discipline collaboration

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

About Sheppard Pratt

Consistently ranked as one of the top ten psychiatric hospitals by *U.S. News & World Report*, Sheppard Pratt is the nation's largest private, nonprofit provider of mental health, substance use, special education, developmental disability, and social services. We employ more than 95 doctors who all share a passion for providing the best care to those we serve. Visit sheppardpratt.org to learn more about our services. EOE.



Sheppard Pratt



sheppardpratt.org