

MPS NEWS

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In This Issue

MPS Lifetime of Service Award	p. 2
Paper of the Year Winners	p. 2
Poster Competition Winners	p.2
April 20 Annual Dinner Meeting	p. 3
March 14 Council Highlights	P. 4
PHE End to Bring Changes	p. 5
New DEA Training Requirement	p. 5
Legislative Session Update	P. 6
Interstate Telehealth Study	p. 7
Bed Registry & Referral Required	p. 7
Advocacy on Network Adequacy	p. 8
APA BOT & Other Updates	p. 11-12
Medicare Updates	p. 13
In Every Issue	
Membership	p. 10
Classifieds	p. 14

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

Please email heidi@mdpsych.org.

Design & Layout: Meagan Floyd

The MPS Council will meet by videoconference on April 4th at 7:30 PM. All members welcome!

President's Column

With Appreciation

Dear Colleagues,

It has been such a pleasure to serve as the 2022-2023 MPS President. Our dynamic membership of committed psychiatrists drives the work of the committee chairs, Council, and Executive Committee. A warm thank you to the committee chairs for grassroots leadership and for helping to connect members through a disjointed time as the world finds a new normal post pandemic. Our relationships and connecting is what matters. A heartfelt thank you to Council, in your generosity of time and working to guide our organization. The many new and returning faces not only give our organization longevity but preserve our sense of history.

A sincere thank you to my colleagues on the Executive Committee, Dr. Ginger Ashley, Dr. Carol Vidal, and Dr. Doris Balis, for sharing their collective wisdom, expert navigation, and moral courage. With this combination of talent, the MPS had another successful year, as we continue to navigate providing resources to patients during a deepening mental health crisis, breaking down barriers to access, and safeguarding the quality of mental health. Dr. Ashley- your exuberance, thoughtfulness, and practicality will be greatly missed. Dr. Ronald Means- we are excited to welcome you, and are thrilled that you are sharing your talent and time with us.

A vast and encompassing thank you to Heidi Bunes, Executive Director, and

Meagan Floyd, Associate Director, who in so many ways are the soul of the MPS. We have an outstanding leadership team, and engaged membership.

Thank you to all, Jessica

Jessica V. Merkel-Keller, M.D.

Calling All Members!

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 on April 20 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](#).

MPS Annual Meeting
April 20, 2023
[Click here for more information](#)

Congratulations to MPS Paper of the Year Winners!

The MPS Academic Psychiatry Committee "[best paper](#)" [award](#) recognizes outstanding manuscripts authored by young psychiatrists that are published or in press in the immediately preceding year. The selection subcommittee reviewed several submissions of excellent papers. Congratulations to this year's winners who will receive cash prizes funded by the Maryland Foundation for Psychiatry and be recognized at the [April 20 annual meeting](#):

Medical Student Member (MSM)

Isabelle Pan, MS (JH)

[Long gun suicides in the state of Maryland following the firearm safety act of 2013](#) in *Suicide and Life-Threatening Behavior*, February 2023.

Resident-Fellow Member (RFM)

Elizabeth Steuber (JH)

[Psychiatric Presentations and Medication Use in Older Adults With Intellectual and Developmental Disabilities](#) in *Journal of Clinical Psychiatry* November/December 2022

Early Career Psychiatrist (ECP)

Elizabeth Wise, M.D. (JH)

[Psychiatric Presentations and Medication Use in Older Adults With Intellectual and Developmental Disabilities](#) in *American Journal of Geriatric Psychiatry* January 2022

*Traci Speed M.D. & Matthew Peters, M.D.
Academic Psychiatry Committee Co-Chairs*

MPS Advocacy on New Crisis Services

In response to regulations proposed in the February 24 *Maryland Register* under the new chapter, COMAR 10.09.16 Behavioral Health Crisis Services, and new proposed amendments and additions to COMAR 10.63.01, COMAR 10.63.02, and COMAR 10.63.03 under Subtitle 63 Community-Based Behavioral Health Programs and Services, the MPS sent detailed [comments](#) supporting the addition of crisis services to the continuum of care available in our state and the funding that is essential to their success. The comments addressed emergency petitions, location, services for children and adolescents, and other items.

In addition, the MPS signed on to [comments](#) submitted by Fund MD988 Campaign, which call for higher rates to cover the cost of care, as well as additional funding to compensate for fluctuations in demand. They also advise that prior authorization should be prohibited for Mobile Crisis Teams.

CONGRATULATIONS



MPS Council voted to award

Steven R. Daviss, M.D. 2023 MPS Lifetime of Service Award

Please join us at our Annual Meeting on April 20th to honor Dr. Daviss for this achievement.

See [page 3](#) for more information.

MPS Poster Competition Winners

This year the MPS Academic Psychiatry Committee's poster competition for Resident-Fellow Members had several outstanding entries, which will be on display at the [April 20 annual meeting](#). The committee used a scoring system to identify the top three posters. The following three winners will receive cash prizes funded by the Maryland Foundation for Psychiatry and will be honored at the [event](#).

First Place: Barry Bryant, M.D. (JH)

[A better win-loss record does not prevent adverse brain health and neuropsychiatric outcomes in professional boxers and MMA fighters](#)

Finalist: Stephanie Kulaga, M.D. (UM/SP)

[Metabolic and Hormonal Correlates of Childhood Abuse in Women With and Without Schizophrenia](#)

Finalist: Zofia Kozak, M.D. (JH)

[Harm reduction behaviors are associated with carrying naloxone among patients on methadone treatment](#)

*Traci Speed M.D. & Matthew Peters, M.D.
Academic Psychiatry Committee Co-Chairs*

Refer a Colleague and Support the MFP

The Professional Risk Management Services, Inc. (PRMS) "[Refer a Colleague](#)" program resulted in a recent \$250 donation to the Maryland Foundation for Psychiatry! For each referral to its medical professional liability insurance program, PRMS donates to the referring physician's district branch or foundation (regardless of whether insurance is purchased). This is an easy way to boost financial support for research, education and public awareness activities in Maryland.

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 Street #102 Baltimore, MD 21202

Discounted valet parking available

Join us to welcome **Carol Vidal, M.D., Ph.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—**Steven Daviss, M.D.**
- 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.

March 14th Council Highlights

Consent Agenda

The February 7, 2023 Council minutes were unanimously approved. There was a question related to the decrease in the assessed value of the MPS office; Ms. Bunes will check with the condo association.

Support for MPS Strategic Priorities

Dr. Merkel-Keller noted actions aimed at MPS [strategic priorities](#) since the February Council meeting, including new member engagement email, opening a CD account, and resolving a conflict with WPS about the joint position on a physician assisted suicide bill. Working through the process outlined in the MOU, both groups ultimately opposed the bill as written.

Executive Committee Report

Dr. Merkel-Keller announced that Drs. Clio Franklin and Rachel LeMafant have both been honored with APA Area 3 RFM Recognition Awards. A call for volunteers for [2023-2024 opportunities](#) was sent by email and the March newsletter. Following up on the Council vote in April 2022, the MPS worked with MDDCSAM and MPHA to submit a [letter of information](#) to the Maryland Senate Finance Committee on public health harms related to legalization of adult use cannabis and the need to guard against industry influence.

Secretary-Treasurer's Report

Dr. Balis reported on the 2022 annual financial statements reviewed by Norman Feldman, CPA. The Statement of Financial Position shows Total Assets \$441K, Total Liabilities \$173K, and Net Assets \$268K. Compared to 2021, Total Revenue is up \$4K to \$295K, despite a large unrealized loss on investments. Dues, advertising, and meetings are the largest categories of income at 72%, 23% and 8% respectively. Total expenses are up \$19K to \$307K, mainly from increases in salaries, professional fees, meetings, and travel. The change in net assets is a \$12,637 loss, down by \$15K from 2021. Operations during 2022 resulted in a \$6K increase in cash. Compared to budget, income is \$34K under, but expenses are \$40K under, so the deficit is \$6K better than budget.

The COVID impact continued in 2022, and the stock market decline and higher interest rates affected reserves. MPS added new non-dues income from home page ads and package offers, which combined with more dues to improve the revenue picture.

Dr. Balis also reviewed the 2022 Form 990, which was distributed well in advance for Council review. The 990 includes amounts from the financial statements as well as governance questions, policies, leadership, lobbying expenses, a description of program and services, and other information. Form 990-T shows that even though there is a loss for the year, MPS must pay federal income tax based on advertising income, which is considered unrelated to its tax exempt pur-

pose. Following a motion to file Form 990 without any changes, Council voted unanimously in favor.

Legislative Committee Report

Dr. Hanson said almost 3000 bills have been filed to date, and the committee decided to support 39 and oppose 10. The preauthorization bill backed by MedChi and 40 other physician groups is unlikely to pass due to insurance industry opposition and the fiscal note. Part of it may be carved out and the topic will be referred for interim study. MPS will continue working on it again next year. MPS is supporting several others, including funding 988, community behavioral health clinics, education regarding psychiatric advance directives, collaborative care funding, and safe storage of guns. (See the [website](#) for highlights.) MPS opposes the proposal to give Certified Nurse Specialists prescribing authority, and the physician assisted suicide bill.

Dr. Young noted there is broad support this year for several of the behavioral health bills. Advocacy Day on February 9 was a success with several members meeting with legislators to discuss priorities with prepared talking points.

Membership Committee Report

Dr. Lacap presented the committee's recommendation to waive 50% of a member's dues based on financial hardship. Council voted unanimously to grant the dues relief.

Dr. Lacap presented a list of 130 members who still owe MPS and/or APA dues for 2023. This represents \$33K of MPS income and the payment deadline is the end of the month. She asked Council to reach out to these members to retain them and report back the responses they receive. A concern was raised that some of the RFMs are now in fellowships that do not cover the cost of dues the way that residency programs do. Given their reduced income, it would be best if programs can also pay for fellows.

Prior Authorization Toll Exceeds Benefits

According to an [AMA survey](#), more than four in five physicians (86%) reported that prior authorization requirements led to higher overall utilization of health care resources, resulting in unnecessary waste rather than cost-savings. More specifically, about two-thirds of physicians reported resources were diverted to ineffective initial treatments (64%) or additional office visits (62%) due to prior authorization policies, while almost half of physicians (46%) reported prior authorization policies led to urgent or emergency care for patients. Last month's [press release](#) has more details.

Changes Coming With End of PHE

The Covid-19 Public Health Emergency (PHE) will end on May 11, 2023, which 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. Notable changes include the requirement under the Ryan Haight Act for an in-person visit to prescribe controlled substances 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](#)
- APA [timeline](#) of when and how telehealth policies enacted during the COVID-19 pandemic will unwind.

This session the Maryland legislature is working to establish telehealth policies for our state. The bills under consideration include [SB534](#), which keep in place many of the temporary changes to telehealth services covered under state commercial plans and Medicaid. The MPS also strongly supports the inclusion of reimbursement for audio-only services. After an amendment requiring the Maryland Health Care Commission to do a study of telehealth (including reimbursement parity) for mental health care and to report back to the legislature, this bill looks as though it will be sent to the Governor's desk for a signature. MPS will inform members of the provisions once they are enacted.

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

Remember that many policies affecting telepsychiatry practice are based on state actions. Most state licensure flexibilities have already ended, so you need to be licensed or registered in any state where you're delivering care. Commercial and Medicaid coverage of telehealth services vary. Contact Brooke Trainum at btrainum@psych.org with questions.

**FREE course that counts toward the
DEA registration renewal training requirement**
[Rethinking the Role of Family in Addiction Care](#)
April 4 at noon – 1 CME credit

Training Required for DEA Registration Renewal

The Drug Enforcement Administration (DEA) [notified](#) registrants last month about the details of a new one-time, **eight-hour training requirement** for all DEA-registered practitioners (except veterinarians) on the treatment and management of patients with opioid or other substance use disorders. [SAMHSA issued guidance](#) for the required training.

Based on the fine print, many members do not need to do anything else to satisfy this requirement. (For example, starting in 2018 [OCSA required 2 hours](#) for CDS renewals, which would be 2 hours that probably also fulfill part of the new DEA requirement.) Other members need to complete training, but depending on renewal timing it could occur over a year or more. Anyone who does not have 8 hours already should check their DEA expiration date and make a plan.

Beginning June 27, 2023, practitioners must check a box on their online DEA registration form—both initial application and renewals—affirming that they have completed the new one-time training requirement. It will not apply to future renewals.

Two groups of psychiatrists are deemed to have already met the requirement:

- Those who are **board certified in addiction medicine or addiction psychiatry** by the American Board of Medical Specialties, the American Board of Addiction Medicine, or the American Osteopathic Association.
- Those who **graduated from a medical (allopathic or osteopathic) school within five years of June 27, 2023**, and completed a curriculum that included at least eight hours of training on treating and managing patients with opioid or other substance use disorders, including the appropriate clinical use of all drugs approved by the FDA for the treatment of a substance use disorder.

Other psychiatrists can satisfy the requirement with eight hours of training on treatment and management of patients with opioid or other substance use disorders from specified accredited groups, including ASAM, AAAP, AMA, AOA, APA, MPS and [others](#). **Key points:**

- The training can be cumulative across multiple sessions that total eight hours.
- A relevant training from one of the specified groups completed prior to December 29, 2022 counts towards the eight-hour requirement. [[See the list of MPS CMEs that count for DEA training.](#)]
- Past DATA-Waiver training to prescribe buprenorphine counts.
- Trainings can occur in various formats, including classrooms, seminars at professional society meetings, or virtual offerings.

Please contact the Diversion Control Division Policy Section at (571) 362-3260 with any questions.

Maryland News

The Good, The Bad, & The Ugly of the Legislative Session

The 445th session of the Maryland General Assembly is heading to the finish line at midnight on April 10th. With the end in sight, here is an update a few priority bills.

Senate Bill 515/House Bill 785: Health Insurance – Step Therapy or Fail-First Protocol – Revisions

The bill will take effect January 1, 2024. Under the bill, carriers, including those that provide prescription drug coverage through a pharmacy benefits manager (PBM), must have a process for requesting an exception to “a step therapy or fail-first protocol” that is clear, easily accessible, and posted on the carrier’s or PBM’s website. A “step therapy exception request” must be granted if, based on the professional judgment of the prescriber and any required information and documentation:

- (1) the step therapy drug is contraindicated or will likely cause an adverse reaction to the patient;
- (2) the step therapy drug is expected to be ineffective based on known clinical characteristics of the patient and known characteristics of the prescription drug regimen;
- (3) the patient is stable on a medication for the condition under consideration under the current or a previous source of coverage; or
- (4) the patient, while covered by a current or previous source of coverage, has tried a drug that is in the same pharmacologic class or uses the same mechanism of action as the step therapy drug and was discontinued by the prescriber due to lack of efficacy, diminished effect, or an adverse event.

MPS and WPS were able to get an amendment to the bill that was originally in prior authorization legislation that we presented this session and last. The amendment specifies that a carrier or PBM may not require more than one prior authorization if two or more tablets of different dosage strengths of the same prescription drug are (1) prescribed at the same time as part of an insured’s treatment plan and (2) manufactured by the same manufacturer. This prohibition does not apply if the drug is an opioid that is not an opioid partial agonist.

Senate Bill 480/House Bill 823: Mental Health Law Assisted Outpatient Treatment Programs

This bill would have authorized a county to establish an Assisted Outpatient Treatment (AOT) Program. “AOT” means a specific regimen of outpatient treatment for a mental health disorder to which a court orders an individual to adhere. A petition for AOT must be in writing, signed by the petitioner, and state (1) the petitioner’s name, address, and relationship to the respondent; (2) the name and any known address of the respondent; (3) that the petitioner has reason to believe the respondent meets the criteria for AOT; and (4) the specific factual allegations for each criterion supporting the petitioner’s belief. The AOT petition must be accompanied by a

psychiatrist’s affidavit stating that the psychiatrist is willing to testify at the hearing and either (1) has examined the respondent within 10 days prior to the petition being filed and concluded the respondent meets specified criteria or (2) was not able to persuade the respondent to submit to an examination, despite reasonable efforts, within 10 days prior to the petition, and has reason to believe that the respondent meets the specified criteria.

On receipt of a complete petition for AOT, the court must schedule a hearing within three business days. An adjournment must only be granted for good cause shown in consideration of the need to provide AOT expeditiously. A respondent is entitled to be represented by counsel at all stages of the proceedings.

Despite a lot of work from all the stakeholders to make this a more workable bill, it has not been amended by either the Senate Finance Committee or the House Health and Government Operations Committee. As such, the bills stayed in their committee of jurisdiction without an up or down vote.

Senate Bill 213/House Bill 278: Health Occupations Clinical Nurse Specialists Prescribing

The bill defines “clinical nurse specialist” as an individual who is (1) licensed by Maryland Board of Nursing (MBON) to practice registered nursing or has a multistate licensure privilege to practice registered nursing under the Nurse Licensure Compact and (2) certified by MBON to practice as a CNS. Once licensed and certified an individual may “practice as a clinical nurse specialist” to

- (1) provide direct care to patients with complex needs;
- (2) act as a consultant to another health care provider as needed;
- (3) conduct health-related research; and
- (4) provide education and guidance for staff nurses.

Practice as a CNS includes (1) ordering, performing, and interpreting laboratory tests; (2) ordering diagnostic tests and using the findings or results in the care of patients; (3) **prescribing drugs** and durable medical equipment; (4) ordering home health and hospice care; and (5) initiating, monitoring, and altering appropriate therapies or treatments. A licensed physician may personally prepare and dispense a prescription written by an advanced practice registered nurse (APRN) working with the physician in the same office setting.

Unfortunately, this year, MedChi was neutral on the legislation. MPS, WPS, and Maryland Right to Life were the only opposition to the bill. Both chambers passed the bill and it will head to the Governor for his signature.

Thomas Tompsett, Esq., Harris Jones & Malone

Maryland News

Interstate Telehealth Study Update

As noted in the January issue, the Maryland Health Care Commission (MHCC) is conducting an interstate telehealth study, and selected Westat to conduct research and participate in an MHCC [stakeholder workgroup](#). A final report with findings, recommendations, and rationale is due to the Health Government Operations Committee by December 1, 2023.

A kickoff meeting in January focused on the scope of the study, with discussion of barriers to interstate telehealth as it relates to health insurance, medical liability, compacts, and licensure and impact on providers and consumers. [Click here](#) to view the presentation.

In March, the Interstate Telehealth Workgroup discussed [barriers](#) to expanding interstate telehealth, focusing on:

- Health insurance coverage and medical liability issues associated with using out-of-state practitioners through telehealth
- Sufficiency of interstate health compacts for expanding the use of interstate telehealth
- Whether Maryland should alter practitioner licensure requirements to expand availability of telehealth services while continuing to protect patients
- Impact of promoting out-of-state telehealth on Maryland practitioners

The next meeting will be **April 3 from 1 to 3 PM**. To register, [click here](#).

Please [click here](#) for more information.

MIA Orders CareFirst Fines

The Maryland Insurance Administration (MIA) issued a [con-sent order](#) on March 15 for case number MIA-2023-03-021 imposing a \$30,000 administrative penalty on CareFirst for violations of Maryland Network Adequacy regulations in COMAR 31.10.44. CareFirst did not comply with required travel distance standards.

A March 13 MIA Order for case number MIA-2023-03-020 instructed CareFirst to pay an administrative penalty of \$250,000 for failing to meet parity compliance reporting requirements for commercial health insurers. The CareFirst Non-Quantitative Treatment Limitation Analysis Reports for 57 plans did not provide the necessary information, even after receiving specific MIA guidance. CareFirst's responses were insufficient, non-responsive, or missing essential information. Therefore, the MIA could not determine if CareFirst was in compliance with the Parity Act for any of the NQTLs that were audited.

Licensure by Reciprocity for VA and DC Licensees

The Maryland Board of Physicians (MBP) offers [two expedited license pathways](#), including licensure by reciprocity for Virginia and District of Columbia licensees ONLY. Under this process, MBP can accept a physician's current license in VA or DC as sufficient evidence that the applicant has met some or all of the licensure requirements. A physician reciprocity application does not undergo a lengthy credentialing process except to fulfill Maryland-specific requirements. [Please note that foreign medical graduates licensed in Virginia are [ineligible](#) for reciprocity in Maryland due to different licensure requirements for training.] "Reciprocity" requires additional minimum qualifications, such as no disciplinary actions and good moral character, etc. These requirements are assessed through an Eligibility Screening and through responses to the "Character and Fitness" section of the application. Expedited licensure is restricted to physician applicants who have never been issued a Maryland medical license. All applicants must first complete a criminal history records check. For more info, visit the [MBP website](#).

MH and SUD Bed Registry and Referral System

As noted in the [March issue](#), emergency [regulations](#) are now in effect to implement the Maryland Mental Health (MH) and Substance Use Disorder (SUD) Registry and Referral System to better serve patients, improve health outcomes, and reduce emergency department boarding.

Hospitals must refer behavioral health patients who may require additional care coordination for inpatient, outpatient, or community based behavioral health services, after undergoing an initial psychiatric evaluation, no later than **48 hours** after arrival in the emergency department. One way hospitals can meet this requirement is by referring these patients to the [211 Behavioral Health Care Coordination Program](#), which supports hospital discharge planners in locating behavioral health services.

Inpatient psychiatric facilities must also report data on bed availability three times per day. This data is available on the [Behavioral Health Hospital Coordination Dashboard](#) to help discharge planners and providers easily locate available beds. The dashboard also includes crisis beds, short-term community-based stabilization services, and locations of behavioral health urgent care resources that offer walk-in and same-day appointments.

[Please click here for FAQs.](#)

[Please click here for the Provider Alert.](#)

Maryland News

CRISP to Expand Medicaid Redetermination Notifications

[CRISP](#) announced plans to expand its Medicaid Redetermination Notification project to all interested providers and Managed Care Organizations. Nearly 1.6 million Medicaid members across Maryland face redetermination and possible loss of coverage in what will be the single largest health coverage transition since the Affordable Care Act. The project provides healthcare delivery organizations with a secure report of all their patients who will face redetermination in the next 90 days so care teams can reach out and help patients navigate the process.

Congress required continuous enrollment under Medicaid until the end of the Public Health Emergency (PHE). Beginning April 1, states have 12 months to redetermine enrollee eligibility. Maryland Medicaid will conduct redetermination of members in stages. Given the length of the PHE, there is concern about the impact of redeterminations. [Click here to read more.](#)

Education Loan Repayment Program Expands

To improve recruitment and retention of the healthcare workforce, especially in areas experiencing critical health professional shortages, MDH [announced](#) the largest ever expansion of the Maryland Loan Repayment Program (MLRP) for the 2023 application cycle. Broadened authority and greater resources allow applications from an expanded pool of healthcare professionals, including **full and part-time physicians**. In exchange for a 2-year service obligation in shortage areas, physicians can earn higher education loan repayment assistance **up to \$100,000**.

MDH will accept applications for the 2023 MLRP application cycle **through April 15**. More information about the program, including eligibility criteria and application requirements, is available on the [MLRP webpage](#).

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**:

April 13: [Meditations for Easing the Mind and Giving It Happiness and Kindness](#)

Advocacy on Network Adequacy Regulations

Continuing its longstanding advocacy in this area, the MPS joined the Legal Action Center and fifteen other organizations in [comments](#) on the Maryland Insurance Administration's (MIA) proposed regulations on network adequacy standards. The [proposed regulations](#) focus on requiring carrier reporting of:

- substance use disorder (SUD) and mental health (MH) practitioners and facilities and services with greater granularity in the travel distance and appointment wait time metrics;
- coverage and availability of **in-person** SUD and MH services to ensure that Marylanders have a choice to see a practitioner in-person, via telehealth or a combination of both;
- carrier contracting efforts when network metrics have not been satisfied; and
- all metrics through standardized definitions, methodologies, and templates.

While the MIA's proposals largely address these issues, the MPS and other groups request revisions to clarify the carrier's obligation to submit waiver information if it fails to meet metrics based on provider availability of in-person services, without consideration of the proposed telehealth credit. We also continue to oppose adoption of a telehealth credit pending additional data gathering and analysis, which is consistent with the anticipated two-year extension and study of audio-only telehealth and payment parity requirements (see [SB 534](#)) and with HHS recommendations on telehealth for qualified health plans.

MPS also supports the proposal to require carriers to submit detailed data on network coverage of SUD and MH providers who deliver in-person services, out-of-network provider utilization, requests for and use of single-case agreements, and inclusion of practitioners who meet the health needs of Marylanders across racial, ethnic, gender, sexual orientation, gender identity and disability. We urge the MIA to make this information available to the General Assembly via aggregate data reports and briefings to inform policy development and ensure transparency for the public.

Please [click here](#) for detailed comments.

Professional Career and Wellness

Join the Maryland Physician Health Program for their first in a series of lectures for 2023. Christina Feather, M.D., will present [How the Evolution of our Professional Career and Wellness Collide: Understanding the Changing Needs of Providers](#), on **April 13 at 6 PM** via Zoom.

Maryland News

Medicaid E&M Rates Now Exceed Medicare

MDH [announced](#) that it will maintain the Medicaid reimbursement rates for evaluation and management (E&M) services. As a result, since Medicare cut its payments this year, for the first time Medicaid rates paid to physicians are more than Medicare for E&M visits. The pandemic saw significant growth in Medicaid enrollment, which underscores the need for higher provider participation to ensure equitable health care access for Medicaid recipients.

E&M services include routine medical exams, counseling, hospital visits, and cognitive impairment assessments, among others. The decision may encourage practitioners to see more Medicaid recipients. Medicaid is the largest healthcare program in the United States, with more than 1.7 million Marylanders currently enrolled.

2023 Moore-Miller Transition Report

Governor Moore and Lt. Governor Miller released a comprehensive [report](#) of principles that will guide their administration. The recommendations and action items were the result of a collaborative public engagement effort by a diverse Transition Team. [The Health Care section begins on page 67 and Mental Health and Substance Use is addressed beginning on page 74.]

Resources for Veterans

Part of Maryland's plan to end suicide in service members, veterans, and their families is the [Trained Military Assistance Provider Program](#). This curriculum is free for Maryland-based nurses, doctors and all primary care staff interested in learning more about military culture, crisis response planning and suicide prevention strategies, and lethal means safety protocols.

Military Veterans and/or Veterans' family members residing in Maryland can sign up for the free [Operation Roll Call](#) program for a once a week or bi-weekly call with a Regional Resource Coordinator, or call the hotline 24/7: 1-877-770-4801.

[Serving Together](#) offers service members, Veterans and their families access to a continuum of services, including mental health, housing, and emergency service providers as well as employment, financial, education, volunteering, and more.

[The Conduit](#) provides vetted resources to the Black + Other Veterans of Color community to enhance self-leadership and resiliency-building skills.

Resources for Rural Mental Health

[UMD Extension Farm Stress Management](#) offers six free therapy sessions for farm families either in person or via teletherapy. They help set up an appointment, connect with the provider and access the session.

[Evidence-Based Toolkits for Rural Community Health](#) include step-by-step guides, resources and examples drawn from evidence-based and promising programs to build effective community health programs.

Linkages to Care for People at Risk of Overdose

Enhancing linkages to comprehensive care is a step to reducing overdose deaths and improving quality of life for Marylanders. Establishing non-coercive linkages to care require providers and community members to focus on building relationships and earning trust with people who use drugs and across the care continuum. The [Improving Linkages to Comprehensive Care for People at Risk of Overdose Toolkit](#), developed by the Maryland Department of Health and the Association of State and Territorial Health Officials, describes foundational principles grounded in harm reduction that are applicable to care linkages. Providers and community members can use the principles in their efforts. Each of the five appendices have examples of how to apply the guiding principles in specific settings.

Comprehensive New Opioid Study

In March, RAND published a 600 page study, [America's Opioid Ecosystem](#). Depending on the drugs involved, there can be myriad physical and mental health consequences. In addition to the people using drugs, substance use and related behaviors can significantly affect individuals' families, friends, employers, and wider communities. The study found:

- U.S. issues surrounding opioids are most appropriately viewed in the context of an ecosystem
- Current responses to U.S. opioid problems are insufficient—innovation is needed
- It is not always clear who is responsible for coordinating among ecosystem components or managing the transition from one to another
- The United States is often flying blind, making it difficult to evaluate existing interventions, develop new ones, or improve understanding of ecosystem interactions

[Click here](#) for recommendations and fourteen comprehensive chapters examining the facets of opioid use disorder.

MPS Member Publication

Brian Lee, M.D., Ph.D. is first author on a paper, "[The Protective Effect of Clozapine on Suicide: A Population Mortality Study of Statewide Autopsy Records in Maryland](#)," published March 15 in *Journal of Clinical Psychiatry* with senior author **Paul Nestadt, M.D.** The paper used state autopsy records to examine the differential association of the usual antipsychotics as compared to the special antipsychotic, clozapine, on suicide. Although previous studies suggested unique, anti-suicidal properties of clozapine, an autopsy study provides definitive evidence, such as whether patients were taking the medication, and impact on death by suicide as opposed to thoughts about it and/or attempts. The team examined death by unnatural causes and compared the numbers of those that were suicides vs. accidents. They found the odds of death by suicide in those with clozapine in their system were *less than half* the odds for those with other antipsychotics detected. Congrats also to another MPS member co-author **Russell Margolis, M.D.** on this impressive research that further validates the special value of clozapine. [Thanks to 3/17/23 Cheers from the Chair email.]

MPS Members Out & About

Enrique Oviedo, M.D. had an opinion piece, [How to improve Maryland's response to the opioid crisis? Reward quality of care over quantity of services](#), published March 16 in Maryland Matters.

Drs. **David Goodman** and **Richard Silver** were quoted in a March 8 Baltimore Banner article, [Drug makers and regulators deflect blame in ADHD medication shortage](#).

MPS Member Spotlights

Akira Sawa, M.D. is a co-investigator on an NIH-funded study of ultra-treatment resistant people with schizophrenia for whom auditory hallucinations are severe and unrelenting. An experimental treatment implants two electrodes into an area deep in the brain called the substantia nigra, pars reticulata. In three patients so far, when the electrodes are turned on the auditory hallucinations largely stopped. This project will include six new patients to seek further evidence of effectiveness and mechanism, and clarify how the treatment works.

A new American Academy of Sleep Medicine grant has been awarded for a project focused on using implementation science to examine the feasibility and efficacy of launching Brief Behavioral Therapy for Insomnia in substance use disorder recovery programs. Congratulations to the MPS members involved, principal investigator **Traci Speed, M.D., Ph.D.** and co-investigator **Denis Antoine, M.D.**

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.

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.

Santosh Ghimire, M.D.
Mitra Keshtkarjahromi, M.D.
Samantha A. Miller, M.D.
Jeanne C. Serafin, M.D.

New Medical Student Members

Manouchehr Amanat
Aaron Esagoff
Samuel Kirsch
Elif Kolanci
Gabrielle Milner
Christin Park
Rachel Steger
Erin Wang
Grant Wen

OTC Narcan

The FDA [announced](#) approval of the first over-the-counter (OTC) naloxone nasal spray, Narcan. Making this product available without a prescription allows it to be sold directly to consumers in places like convenience stores, grocery stores and gas stations, as well as online. The hope is this will prevent overdoses and save lives. HHS will work with stakeholders to implement the Narcan switch from prescription to nonprescription status, facilitate availability of naloxone nasal spray during the transition, and help ensure coverage and continued access to all forms of naloxone.

APA News & Information

March BOT Meeting Highlights

Every APA Board of Trustees (BOT) meeting starts with a territorial acknowledgement, review of our Mission and the requirement for treating each other with courtesy and respect as well as empathy. Following is a summary of the March 11 meeting.

Reports of the President and CEO:

- The leadership engaged and updated lawmakers and Congress about mental health, particularly depression. National advocacy with the AMA continued to include tech companies, and payers.
- Webinar, FAQs, blogs are on the APA site for all to review.
- Prescription of controlled substances will not happen without an in person visit in the future.
- The APA and AMA argued against the ninth circuit court determination that Insurers can create their own standards of care in making level of care determinations, and that the generally accepted standards issued by the APA and AMA should be followed.
- MPS member **Vedrana Hodzic, M.D.** is the new APA Foundation Director of Fellowships, Mentorships and Medical Education. She was associate training director at the University of Maryland/Sheppard Pratt residency program.
- Legislation supporting the Collaborative Care model has been introduced in 8 states, and passed in Montana and Wyoming.
- Membership increased by 2.8%.
- DSM 6 strategic committee and DSM5 TR maintenance committee plan ongoing.
- Extensive training on DEI was done for the staff and was very uplifting for the staff.
- Taking DEI into account, President Elect Petros Levounis appointed 91 council and committee members.

Treasurer's report:

As of the end of 2022, total revenue is \$48.2 million, mostly driven by DSM sales. Net income \$3.9 m; 11.9 % decrease in net investment income, but outperformed industry standards.

Assembly report:

Among action papers addressed was one proposing that the APA not hold business meetings in states that do not allow reproductive care and do not provide reproductive services. An Assembly workgroup was to compile meaningful data that analyses information to inform policy and our membership. Exploring ways to engage DB membership, measuring work products against efforts made, and strengthening the relationship with members and the Assembly. DEI is being addressed in an ongoing manner. Council members from DBs will be invited to be present.

Elections Committee report:

Chair Josepha Cheong reviewed the pilot of new election procedures, including no campaigning allowed. Reviewed all reports of potential or alleged violations. New Guidelines are to level the playing field. Very low election participation at 13%.

MUR Workgroup chaired by Maria Oquendo is developing a report on DEI and how we change the designation of the Minority and Underrepresented (MUR) caucuses.

The interesting report on the **Future of Psychiatry** [see below] has 6 sections: Future of DMS and Psychiatric Diagnosis; Clinical Practice Guidelines; Psych Pro: Registry; Development of Quality Measures and Standards of Care; Education and Policy Development and Advocacy: finance/reimbursement, equity and access, public health, primary prevention, and social determinants of mental health. The strategic aim is to establish and maintain the APA as the thought, evidence-based knowledge, and practice leader in quality mental health diagnosis, treatment and recovery. Another is APA's policy development and advocacy agenda to position the APA as the leading voice in advocating for quality patient care.

Please [email me](#) with any questions or concerns.

Area 3 Trustee Geetha Jayaram, M.D.

Work Group on Future of Psychiatry

[Recommendations](#) of the APA Presidential Work Group on the Future of Psychiatry were presented at the March Board of Trustees meeting. In view of the APA's vision of a society that has available, accessible, quality psychiatric diagnosis and treatment, what do we want the practice of psychiatry to look like in the future? What do we want the APA to do to support that future? The Workgroup included strategic aims to establish and maintain the APA as the thought, evidence-based knowledge, and practice leader in quality mental health diagnosis, treatment and recovery. An additional strategic aim is APA's policy development and advocacy agenda for finance/reimbursement, equity and access, public health, primary prevention, and social determinants of mental health to position the APA as the leading voice in advocating for quality patient care. [Click Here](#) to access the final report of the Future of Psychiatry Workgroup. [Note that access requires a member login. This report is confidential and should not be shared outside of APA.]

APA News & Information

Telehealth and CDS Prescribing

The Ryan Haight Act rule that restricts telehealth prescribing of controlled substances has been released. In addition, the DEA proposed rules for treating patients with Opioid Use Disorder (OUD). Both rules address CDS prescribing.

- Schedules iii-v non-narcotic controlled substances, and buprenorphine for treatment of OUD, would be eligible for a short-term (30-day) supply in advance of an in-person visit.
- Scheduled ii-v substances, and buprenorphine for treatment of OUD, would be eligible for a telemedicine prescription *if* a referral is provided to the prescribing practitioner from another DEA-registered practitioner that has seen the patient in person.
- There would be a six-month "off-ramp" or grace period for patients that established care via telemedicine during the public health emergency. If the prescription was issued based on a telemedicine visit between March 16, 2020, and May 11, 2023, and the patient hasn't been seen in person by that prescriber, the in-person requirement wouldn't start until November 7, 2023.
- Practitioners would be required to have a DEA license in the state they are in at the time of the telemedicine visit, not just the state the patient is in.
- There are significant proposed documentation and administrative requirements that go beyond the current requirements for a referral or prescription.

Questions remain, including how this proposed rule would affect multistate practices and requirements for a physical location in any state in which the practitioner is prescribing. APA will respond to the proposed rule.

How Will the End of PHE Impact You?

When the PHE ends next month, how might your practice be affected? The APA Practice Management Helpline wants to hear from members about what the requirement to have an in-person visit with a patient to prescribe controlled substances, the requirement to have a DEA license in any state in which you are prescribing controlled substances, and/or controlled substances shortages might mean for you and your patients. [Click here](#) to email a response.

Telepsychiatry and the End of the PHE Live Webinar

Two weeks before the end of the COVID-19 public health emergency (PHE) on Wednesday, April 26 at noon, join APA staff virtually to discuss the changes that will happen on May 12th and the practice policies that will be extended. Staff can help answer questions and share resources that are available to members. [Reserve a Seat](#)

Congratulations Area 3 RFM Merit Awardees!

Following nomination by the MPS, APA Area 3 Council recognized the following Resident-Fellow Members (RFM) with 2023 Merit Awards:

- **Clio Franklin, M.D. (JHH)**
- **Rachel LeMalefant, M.D. (UM/SP)**

These members are being honored for outstanding leadership, service, and contributions to psychiatry. Well deserved!

APA Awards Deadline June 1

APA awards recognize psychiatrists and other mental health advocates for their contributions to APA and the field of psychiatry for career recognition, lifetime service, outstanding research, and other categories that improve the lives of people with mental illness. The nomination deadline is **Thursday, June 1 for:**

- [Administrative Psychiatry Award](#)
- [Adolf Meyer Award for Lifetime Achievement in Psychiatric Research](#)
- [Bruno Lima Award for Excellence in Disaster Psychiatry](#)
- [Carol Davis Ethics Award](#)
- [Irma Bland Award for Excellence in Teaching Residents](#)
- [Isaac Ray Award in Forensic Psychiatry](#)
- [Manfred S. Guttmacher Award in Forensic Psychiatry Research](#)
- [Patient Advocacy Award](#)
- [Psychiatric Services Achievement Awards](#)
- [Roeske Teaching Award](#)
- [Vestermark Psychiatry Educator Award](#)

FREE APA Course of the Month

Each month, APA members have free access to an on-demand CME course on a popular topic. [Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)



Medicare Updates

New Performance Information on Care Compare

CMS has added new 2021 performance information for doctors, clinicians, groups, virtual groups, and Accountable Care Organizations to the Doctors and Clinicians section of [Medicare Care Compare](#) and in the [Provider Data Catalog](#). CMS is required to report MIPS eligible clinicians' final scores, MIPS eligible clinicians' performances under each MIPS performance category, names of eligible clinicians in Advanced APMs and, to the extent feasible, the names and performance of such Advanced APMs. Performance information for doctors and clinicians is displayed using measure-level star ratings, percent performance scores, and checkmarks.

Medicare patients and caregivers can use the Care Compare website to search for and compare doctors, clinicians, and groups who are enrolled in Medicare. Publicly reporting performance information helps empower patients to select and access care from providers. Please see the [Care Compare Initiative page](#) for more details.

Medicare Drug Rebate Program

Lower Part B coinsurance is in effect [per the](#) Inflation Reduction Act aimed at drug price increases above inflation. CMS announced [27 prescription drugs](#) for which Part B beneficiary coinsurances may be lower from April 1 – June 30, 2023. [The Part B drugs impacted by this coinsurance adjustment may change quarterly.](#) A fact sheet is available [here](#). See the initial guidance detailing the requirements and procedures for the Medicare Prescription Drug Inflation Rebate Program [here](#). For more information, please review the [press release](#) and the [Medicare Part B Drug Average Sales Price](#) webpage.

2023 MIPS Resources

- Visit the [2023 Explore Measures & Activities](#) webpage to review the ones available in traditional MIPS for 2023. You can access measure and activity descriptions and measure specifications.
- A Small Practice Action Planning Tool helps plan for participation in MIPS for 2023. View a [video](#) for an introduction on the tool.
- At this point, MIPS Value Pathways available for 2023 do not apply for psychiatry.

Proposed Rule for Healthcare Attachments and Signatures

The comment deadline for the CMS National Standards Group (NSG) [proposed rule](#) has been extended to 5 PM on **April 21**. The rule sets standards for "health care attachments," which would support health care claims and prior authorizations, and for electronic signatures to be used in conjunction with health care attachments. The proposal should decrease time and resource-consuming manual processes, such as mail or fax, which should reduce the burden on providers. Complete details are at [this link](#). Public comments are being accepted [via this link](#) (use the green "Submit a formal comment" button).

Enhance Your Membership!

Are you looking to get more from your membership in the Maryland Psychiatric Society? Check out these offerings and start expanding your involvement!

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.

Curbside Conversations Resource

Over 20 topic areas are available! [Curbside Conversations](#) facilitates member connections related to specific practice areas. Members with in-depth knowledge chat informally with other members seeking information. The discussions are not formal consultations, but rather a collegial resource offered voluntarily to others in the MPS community.

Engage with Digital Options

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

MPS Interest Groups: [Interest Groups](#) are a way to connect with other psychiatrists around areas of mutual interest. Most communication occurs over email, but other options are possible. MPS members can opt in indefinitely to receive information and the opportunity to share news, ideas and concerns with participating members. Be sure to check out our new Collaborative Care Model interest group!

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.

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

NIMH Physician (Clinical) Title 38 - GS 15 - Consultation-Liaison Psychiatrist—The Office of the Clinical Director at the National Institute of Mental Health is seeking an adult Psychiatrist to join our Psychiatry Consultation-Liaison Service (PCLS). Our Staff Clinicians serve research patients at the Clinical Center (CC) at the main NIH campus in Bethesda, MD. At the CC, our providers work side by side with talented clinical providers across NIH institutes as part of the NIH clinical team. There are vast opportunities for personal and professional growth including mentoring the Medstar Georgetown Psychiatry C-L Fellowship Program fellows. The position entails regular work hours, Monday through Friday, minimal call schedule, and a competitive benefits package. Please contact Dr. Haniya Raza for more information (haniya.raza@nih.gov). Note that this is a preliminary feeder announcement, and the position will be posted on June 26, 2023 - July 5, 2023 on usajobs.gov.

OFFICE SPACE AVAILABLE

Ellicott City: First-floor office, furnished, windowed space with an individualized security system. Wi-Fi, Share suite with other psychiatrists. Convenient to routes 29,70, 100, and 40. Call 410-922-0272.

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: 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](mailto:Dr.Mike.Boyle) 410-206-6070 or 410-465-2500.

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About Sheppard Pratt

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