MARYLAND PSYCHIATRIC SOCIETY

MPS NEWS

Volume 37, Number 1 **Editor: Heidi Bunes** **May 2023**

In This Issue

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

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The MPS Council will meet by videoconference on June 13th at 7:30 PM. All members welcome!

President's Column

Mental Health Beyond the Clinic

I am extremely honored to take the baton as president of MPS this year and very eager to continue working with Drs. Jess Merkel-Keller (Past-President) and Doris Balis (President-Elect) in the executive committee, as well as welcome a second child psychiatrist to the leadership: Dr. Ron Means (Secretary-Treasurer). I also want to thank Dr. Ginger Ashley, whose 4-year term in executive committee has ended, and whose wisdom and experience with MPS and as a psychiatrist in the community have been invaluable.

Today, following the COVID-19 pandemic, mental health seems to be everyone's topic of concern, and mental health stigma is becoming more removed in western culture, especially among younger generations. The media and politicians often talk about the mental health crisis exacerbated by the pandemic and the need to provide care. Yet, we continue to struggle to serve the majority of the people who seek mental health care.

But we should not feel alone. The reality is that mental health does not begin or end in our clinical practice. The World Health Organization recommends using a pyramid framework for mental health access where most of the services are lower-cost and high-frequency services involving self-care and informal community support, with specialized mental health services at the tip of the pyramid, leaving psychiatrists taking care of patients with the most severe presentations. As psychiatrists, we are knowledgeable about the biological, psychological and social factors that influence mental health and we should remember that our work is imbedded in our communities in multiple ways.

The beauty of MPS is obviously its people, but also the work we do as a group and professional organization. MPS beginnings trace back to more than a century ago. Since then, MPS has advocated for the improvement of the services delivered to psychiatric patients and the working experience of all psychiatrists, those in private practice, in academic psychiatry, and in public psychiatry. MPS does this work by coordinating grants, facilitating the exchange of information, connecting professionals with opportunities, and doing advocacy not only for our profession but also for everyone's mental health in ways that may not be always directly related to the clinical setting but impact the mental health of the general population.

Just this past legislative season in Annapolis MPS took a position on dozens of bills that covered topics from firearm access and safety, to cannabis concentration limits, to behavioral interventions in schools, to mental health first aid, Additionally, we focused on bills directly related to care, such as health insurance reviews, scope of practice, telehealth and collaborative care. This is important work reflects the breath of factors impacting mental health and our role beyond our clinics and institutions.

MPS offers many opportunities for involvement through committees and interest groups. A recently formed collaborative care model interest group is a good example of MPS' ability to adapt. The collaborative care model is one of the ways psychiatrists will continue to provide high quality

(continued from p.1)

care in collaboration with other physicians and professionals in a changing environment with increase in demand for services and shortage of well-trained professionals.

This upcoming year, my hope is that MPS will continue with our advocacy in Annapolis with a focus not only for mental health treatment, but also prevention; that we will continue to find creative ways to financially sustain this organization that has thrived through many phases and continues to adapt to very quickly changing environments; and that MPS will remain the hub for our profession, where connections serve the group and the individual in the best possible ways. While these tasks require ongoing work, I am convinced we have the best volunteers and staff to lead us.

Carol Vidal, M.D., Ph.D.

Latest MFP Radio Spot Highlights ERPO

The Maryland Foundation for Psychiatry has a new radio ad reporting that firearm suicides increase the risk of death by ten times and having a gun in the house increases the chance of suicide by over 3 times. The ad explains that people who are concerned about loved ones at risk of hurting themselves or others with a firearm can use Maryland's Extreme Risk Protection Order law to petition a judge to have the gun temporarily removed. This law helps prevent lethal methods for suicide or homicide from being readily available. Use this link to listen to the ad, or browse and play past radio spots on a variety of topics.

MPS Urges Funding for Gun Violence Prevention Research

The MPS, and over 400 national, state, and local medical, public health, and research organizations signed onto a gun violence prevention research funding letter that was sent to both Senate and House offices. The letter stressed support for $35 million for the Centers for Disease Control, $25 million for the National Institute of Health, and $1 million for the National Institute of Justice for firearm morbidity and mortality prevention research as part of FY 2024 appropriations. This research is critical for developing a comprehensive, evidence-based approach to reducing firearm-related violence, including suicides, violent crime, and accidental shootings. The letter is available here.

Free CME May 6 on Antipsychotics

A free, virtual program from 9 AM to 1 PM Saturday May 6 will explore antipsychotics – what's new, use in pediatric patients, and pharmacogenomics. The program is provided by the MDH Office of Pharmacy Services. Click here for more information or to register.

Children's Mental Health Awareness Week

This year's Children's Mental Health Awareness Week is **May 7-13**! The Maryland Children's Mental Matters campaign has a toolkit to support participation. Please click here for fast facts, messaging, social media tools, and other resources.

Newly Elected 2023-2024 MPS Leadership

Congratulations to the members indicated by (*****) who were elected to MPS positions for FY24! They are listed with other voting members of the MPS Council (board of directors). The new terms began after the April 20 MPS annual meeting.

Officers
President: Carol Vidal, M.D., Ph.D.
President-Elect: *Theodora G. Balis, M.D.
Secretary-Treasurer: *Ronald F. Means, M.D.
Council Chair: Jessica V. Merkel-Keller, M.D.

Councilors
Benedicto R. Borja, M.D.
Kim L. Bright, M.D.
*Mary Cutler, M.D.
Catherine L. Harrison-Restelli, M.D.
*Tyler C. Hightower, M.D., M.P.H.
*Traci J. Speed, M.D., Ph.D.
Samuel L. Williams, III, M.D., M.B.A.
*Michael A. Young, M.D., M.S.

Early Career Psychiatrist Councilor
*Jamie D. Spitzer, M.D.

Resident-Fellow Member Councilor
*Hannah Paulding, M.D.

Past Presidents
Virginia L. Ashley, M.D.
Mark J. Ehrenreich, M.D.

APA Assembly Representatives
Annette L. Hanson, M.D.
Elias K. Shaya, M.D.
*Brian Zimnitzky, M.D.

MedChi Delegate
Enrique I. Oviedo, M.D.

APA Area 3 Trustee
Geetha Jayaram, M.D.

In addition, the following members were elected to a three-year term on the **Nominations and Elections Committee**:

Virginia L. Ashley, M.D.
Ann L. Hackman, M.D.

A total of 166 ballots were cast this year, with a participation rate of 22%.

April 4 Council Highlights

Support for MPS Strategic Priorities

Dr. Merkel-Keller reported actions aimed at MPS strategic priorities since the March Council meeting, including member retention efforts, outreach to non-members, a March 30 ECP virtual event on Finding Supervision, and corporate support for the annual meeting.

Executive Committee Report

Dr. Merkel-Keller said that Dr. Vidal is finalizing committee chairs for the 2023-24 officer year; members are encouraged to volunteer for 2023-2024 opportunities. The MPS Distinguished Fellowship Committee identified 16 members who have been encouraged to apply this year.

Regarding advocacy activities, MPS submitted comments on proposed regulations for crisis services and mobile treatment teams, and also signed on to comments by Fund MD988 Campaign organizations calling for improved funding for the new crisis system being established through the proposed regulations. MPS joined the Legal Action Center in comments on the Maryland Insurance Administration's proposed regulations on network adequacy standards. MPS signed on to a 2023 Gun Violence Prevention Appropriations appeal to Congress. We also met with BHA representatives to discuss proposed regulations for involuntary admission and for crisis services, as well as police enforcement of EPs.

Dr. Merkel-Keller facilitated discussion of the APA Assembly Speaker's requests aimed at improving the relationship between the APA and DBs. She described MPS practices and asked how MPS might make constructive changes. Council agreed that the MPS already has many of the suggestions in place, and that the Assembly timeline does not allow formal Council input on Action Papers to Assembly Reps. A response outlining this feedback will be sent.

Legislative Committee Report

Dr. Hanson shared a summary of the status of MPS priority bills a week ahead of sine die. Of those **passed**, MPS supports two, telehealth and 988 funding, and opposes one, CNS prescribing. After MedChi took no position, MPS, WPS and Maryland Right to Life were almost the sole opposition to giving Certified Nurse Specialists independent prescribing authority. Of the bills that **failed**, MPS supports limiting prior authorization abuses (although new step therapy provisions remain in play), voluntary Do Not Sell registry for guns, AOT programs, and cannabis concentration limits. The failed bills that MPS opposes are physician assisted suicide and the APRN compact. MPS supports some that are **still progressing through the legislature**, including safe gun storage, workforce funding, and psychiatric advance directives, and opposes an incompetence to stand trial bill. The website is updated periodically.

Nominations & Elections Committee Report

Dr. Hackman presented the results of the 2023 MPS election, which highlight continued effort and success with diversity and inclusion. [See page 2.] This is the fourth year of electronic voting for MPS elections, which facilitates member participation in elections and reduces MPS expenses and staff time. While we compare favorably with APA, Council discussed possible reasons for the 50-voter decrease since last year.

Farewell to Outgoing Council Members

Dr. Ashley noted that this is the last Council meeting for Drs. Dionesotes, Flaherty, McGuire, and Raisinghani whose terms end with this meeting. She thanked them for their exemplary service.

Membership Committee Report

In Drs. Lacap and Vidal's absence, Ms. Bunes presented the list of 61 members who still owe MPS and/or APA dues for 2023 and must be dropped. This represents 8% of dues-paying members and over $15K of MPS income. She shared data showing that 22 of them owe only MPS dues (up from 10 last year), of which 16 are RFMs and GM1s whose residency program paid the dues previously and/or who are moving out of state. 31 owe dues to both organizations. Council agreed to reach out once more to the members who said they would pay but still appear on the list. (Members who pay before September can be reinstated without having to complete a full membership application.) A motion to drop these members but reinstate any who pay their dues passed unanimously.

Ms. Bunes requested suggested questions for an exit survey of the members who are dropped. Target messaging based on relevant benefits for individual members would be more effective than sending a list of the benefits available to all.

2022 Maryland Psychiatric Society Annual Report

Financial

After a small gain last year, 2022 ended $13K in the red due to a $26K unrealized loss on reserves. New non-dues income sources from home page ads and package offers improved the revenue picture but the continuing pandemic impacted meetings. Total Assets $441K, Total Liabilities $173K, and Net Assets (equity) $268K. Income ($295K) - Expenses ($307K) = $13K Deficit.

Membership

2022 concluded with 795 members, up 15 (mainly General Members and Fellows). The APA Rule of 95 ended and 53 members were recognized with 30 year Life status. Full dues paying members increased by 23. Reduced Semi-retired and Retired dues levels began, with 1 in 2022.

Vision Mission Values

- The Executive Committee updated its Goals for Addressing Structural Racism and Inclusion
- Data for member demographics was compiled for leadership and member categories.

Scientific Programs and Meetings

- The April annual meeting was virtual due to ongoing COVID concerns. We reviewed the year in Maryland psychiatry, and recognized Paper of the Year, poster competition and Lifetime of Service winners, and other member achievements via an interactive Zoom event.
- CME Programs included:
- Joint meeting with the Southern Psychiatric Association (held in person)
- In person meeting focused on Psychopharmacology (held in person)
- Virtual CME Sequential Intercept Model addressing Disparities Leading to Incarceration
- Committee and Council meetings were held virtually.
- Four virtual meetings for ECP members focused on financial literacy and contract negotiations.

Government Relations and Advocacy

- In 2022, members of the Maryland General Assembly introduced 2,500 bills. The MPS included WPS reps on the Legislative Committee, which was very engaged, reviewing 104 pieces of legislation, including cross-filed bills. The committee actively worked 58 of those bills. Due to the coronavirus, public access was limited, and Advocacy Day was not held. MPS and WPS introduced SB 688 to reform prior authorization and ensure timely access to medications.
- MPS advocated multiple times for retaining the existing involuntary admission criteria.
- Other major advocacy efforts focused on revisions to network adequacy regulations, telehealth regulations, maintenance injectable medications, transfer of Spring Grove Hospital to UMBC, protections for high cost sharing for prescriptions, and gun violence prevention. See details.

Outreach and Member Engagement

Publications: The annual MPS Membership Directory was mailed to all members. Monthly *MPS News* and two issues of *The Maryland Psychiatrist* were emailed and posted online.

Listserv: Popular way for members to quickly ask each other questions, share resources and ideas.

Website: With a login, members can update their profiles, pay dues, and view the online member directory. Also, an opt-in *Find a Psychiatrist* tool, practice resources, and advocacy information.

Social Media Accounts: Facebook, Instagram, Twitter, and LinkedIn.

Interest Groups: 10 email groups facilitate member connections around sub-specialty areas. The Collaborative Care Model Interest group launched in 2022.

Telephone referral service was impacted by reduced office hours due to COVID.

OCR to End PHE Flexibilities for Telehealth and Business Associates

The Office of Civil Rights (OCR) announced that its Enforcement Discretion under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act during the public health emergency (PHE) expires on May 11. OCR will provide a 90-day transition period for clinicians to come into compliance. See details about what will change as of **May 11**:

Enforcement Discretion for Telehealth Remote Communications During the COVID–19 Nationwide Public Health Emergency [This includes some vendors that represent that they provide HIPAA-compliant video communication products]

Enforcement Discretion Under HIPAA To Allow Uses and Disclosures of Protected Health Information by Business Associates for Public Health and Health Oversight Activities in Response to COVID-19

OCR will not impose penalties on covered clinicians for noncompliance during the 90-day transition period, which will end at 11:59 p.m. on August 9, 2023.

May 11 End of PHE

With the end of the COVID-19 public health emergency (PHE) approaching on May 11, CMS posted this information:

- CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency fact sheet
- CMS Emergencies webpage

Many telehealth flexibilities will continue at least through December 31, 2024, such as:

- People with Medicare can access telehealth services in any geographic area in the U.S., vs. only in rural areas. [Psychiatrists can only bill for services delivered via HIPAA-compliant technology (see above) in states where they are licensed.]
- 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.

Coverage under Medicaid, CHIP and private insurance may vary—see page ___ for newly enacted Maryland provisions.

Some telehealth flexibilities will remain permanently, some will phase out, and some, such as prescribing controlled substances, are uncertain. Psychiatrists need to assess their telepsychiatry practices in terms of prescribing medications, licensing, HIPAA-compliant modalities for telepsychiatry, and coverage and reimbursement. See more from APA and FAQs.

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.

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MPS Legislative Wrap-Up

The 445th Session of the Maryland General Assembly (MGA) concluded April 10th, capping the historic first Session of a new term with a newly elected legislature, Governor, Attorney General, Comptroller and Treasurer. The MGA introduced 2,275 bills and 8 Joint Resolutions. Mental health was an explicit concern of leadership and the MPS Legislative Committee (with WPS representation) was very engaged once again. We reviewed 92 pieces of legislation, including cross-filed bills, and actively worked 70 of them. Except for our prior authorization legislation, this wrap-up highlights only the bills that passed.

Prior Authorization: Senate Bill 308/House Bill 305, sponsored by Senator Kathy Klausmeier and Delegate Ken Kerr looked to lessen the burden on both patients and providers by bringing much-needed reform to prior authorization as it pertains to prescription medications and appeals. It sought to reduce the volume of medications subject to prior authorization via various restrictions. Regarding appeals, it sought to reduce delays and required that the physician making the denial is experienced in the diagnosis and treatment under review and required insurance companies to use criteria based on accepted standards of care. Finally, the bill would have required carriers to reach out to the treating provider prior to issuing a denial. The bill also looked for improvements through two studies: feasibility of implementing a "gold card" standard, and how to improve uniformity across electronic prior authorization systems. The bill received immense pushback from insurance carriers. Despite numerous stakeholder meetings, it was shelved with a promise from the chairs of the Senate Finance and House Health and Government Operations committees to study the issue in the interim.

Step Therapy [Please see article on page 9.]

CNS Prescribing: Senate Bill 213/House Bill 278 defines "clinical nurse specialist" as an individual who is (1) licensed by the 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:
(1) provide direct care to patients with complex needs;
(2) act as a consultant to another health 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. After an unsuccessful attempt at passing this bill last year, the sponsors, Senator Arthur Ellis and Delegate Bonnie Cullison, and the proponents prevailed this session. It takes effect on October 1, 2023.

Telehealth: Sponsored freshman Senator Dawn Gile, Senate Bill 534 extends, through June 30, 2025, provisions that (1) "telehealth" includes an audio-only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care service and (2) a carrier (and Medicaid) must continue to reimburse for a health care service appropriately provided through telehealth on the same basis and at the same rate as if the service were delivered in person. MHCC must study and make recommendations regarding delivery of health care services through telehealth, as specified (including whether reimbursement for mental health and substance use disorder services is adequate), and report to the General Assembly by December 1, 2024.

Behavioral Health Workforce: Senate Bill 283/House Bill 418, sponsored by Senator Malcolm Augustine and Delegate Heather Bagnall, establishes the Behavioral Health Workforce Investment Fund to reimburse costs associated with educating, training, certifying, recruiting, placing, and retaining behavioral health professionals and paraprofessionals. The Maryland Health Care Commission (MHCC), in coordination with the Behavioral Health Administration (BHA), the Maryland Higher Education Commission, and others, must conduct a comprehensive behavioral health workforce needs assessment. MHCC must then recommend an initial allocation to the fund and identify which programs the allocation will support. MHCC must submit the assessment to the MGA by October 15, 2024.

Regarding the Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals, House Bill 615, sponsored by Delegate Marlon Amprey, extends the reporting and termination dates for the work group by one year. The workgroup must report its findings and recommendations by July 1, 2024. The workgroup terminates on June 30, 2025.

Funding the 9-8-8 Trust Fund: Senate Bill 3/House Bill 271 requires the Governor to include $12 million for the 9-8-8 Trust Fund in the annual budget for fiscal 2025. Under state legislation from last session and the federal National Suicide Hotline Designation Act of 2020, the MDH designated 9-8-8 as the State's behavioral health crisis hotline. In addition, the MGA established the 9-8-8 Trust Fund to reimburse costs associated with 9-8-8 and implementing a statewide initiative for behavioral health crisis response services. The Governor included $5.5 million for the fund in the budget for FY24.

Treatment Plans for Individuals in Facilities and Residence Grievance System: Senator Malcolm Augustine and Delegate Lorig Charkoudian introduced Senate Bill 8/House Bill 121 to codify existing regulatory requirements:

- A treatment plan must include a long-range discharge goal and the probable length of stay before the patient may be eligible for a less restrictive setting; and

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- Staff who provide treatment must reassess the treatment plan for progress and any need for adjustments at least (1) once every 15 days during the first two months and (2) once every 60 days for the remainder of the stay.

A facility must ask a patient on admission whether family or other individuals can be informed of and participate in the patient's plan of treatment. If consent is given, at least every seven days afterward, the facility must reconfirm consent and give an opportunity to consent to additional individuals. If a patient agrees to have others participate, the facility must provide a schedule of treatment team meetings and establish a process for participation. A patient can withdraw consent to have others participate at any time either orally or in writing. A treating provider may withhold information from an authorized individual if, in their clinical judgment, the consent was coerced, or it is in the best clinical interest of the patient, or the patient requests that specific information be withheld.

The bill also establishes a process for requesting that a facility review and reassess the treatment plan if it is not meeting patient needs. Upon receipt, staff must review and reassess the plan, communicate the results, including how all issues raised in the request were considered, and include the request for the review and reassessment and the outcome, including the explanation, in the patient's medical record. If a State facility does not change a plan of treatment following such a request, it must provide referral information for the Resident Grievance System, which may (1) request a reconsideration and (2) appeal the reconsideration by filing a request with Maryland Department of Health's (MDH) Healthcare System's Chief Medical Officer. Finally, if a State facility is unable to address the needs of a patient, it must arrange for the patient to receive treatment from another facility and ensure that treatment is coordinated. By January 1 of each year beginning in 2024, MDH must report on the Resident Grievance System and the grievances related to State facilities during the preceding fiscal year.

Mental Health Advance Directives: Senate Bill 154 requires MDH to implement a public awareness campaign to encourage use of mental health advance directives in the State. The BHA and the MHCC must jointly study how first responders and behavioral health crisis providers can access the advance directives database when responding to a behavioral health crisis. Senator Pam Beidle was the sponsor of this legislation that becomes law on July 1, 2023.

Certified Community Behavioral Health Clinics: Certified Community Behavioral Health Clinics (CCBHCs), certified by the federal government to provide mental health and substance abuse services, serve as a model for delivering high-quality, accessible, and cost-effective behavioral health care designed to address different communities' unique needs. Senate Bill 362 requires the MDH to apply for federal planning, development, and implementation grant funds related to CCBHCs and inclusion in the state CCBHC demonstration program.

Commission on Behavioral Health Care Treatment and Access: Senate Bill 582/House Bill 1148 establishes a Commission on Behavioral Health Care Treatment and Access to make recommendations on appropriate, accessible, and comprehensive behavioral health services available on demand to individuals in the State across the behavioral health continuum. Among other duties, it must identify needs and gaps in services across the continuum and report to the Governor and General Assembly by January 1, 2024.

Value-Based Purchasing Pilot Program: Senate Bill 581 establishes a three-year Behavioral Health Care Coordination Value-Based Purchasing Pilot Program, administered by the MDH, to implement an intensive care coordination model using value-based purchasing in the specialty behavioral health system. Effective date October 2023.

Firearm Storage Requirements & Youth Suicide Prevention (Jaelynn's Law): Senate Bill 858/House Bill 307, sponsored by Senator Smith and Delegate Bartlett initially sought to expand endangerment provisions by establishing that a person may not recklessly (1) leave or store a loaded firearm where an unsupervised minor or a person prohibited from possessing a firearm either has access or (2) has ready access to the firearm and ammunition for the firearm. A minor could have still accessed a firearm for self-defense or the defense of others against a trespasser. In addition, a minor could have possessed a firearm if the minor had a certificate of firearm and hunter safety or permission from the minor's parent or guardian. A violator would have been guilty of a misdemeanor punishable by imprisonment for up to five years and/or a $5,000 maximum fine.

The MGA amended the above out of the bill and instead expanded the prohibition on access to a firearm by an unsupervised child younger than 16 in the above scenarios. These changes to the deadly weapon provisions become **effective July 1, 2023**.

In addition to the criminal law changes above, the bill mandates the Deputy Secretary for Public Health Services establish a stakeholder advisory committee to make recommendations regarding a youth suicide prevention and firearm safe storage guide. On or before December 31, 2024, the Deputy Secretary must develop a guide that (1) provides a description of the firearm and ammunition requirements for safely storing firearms under State law; (2) identifies the risks associated with unsafe firearm storage for minors, including suicide, death, or serious bodily injury from accidental discharge, and shooting incidents involving minors; and (3) incorporates best practices for firearm and ammunition safe storage.

Tommy Tompsett , J.D., Harris Jones Malone

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Additional Bills that Passed in 2023

Collaborative Care Model: Senate Bill 101/House Bill 48 requires Medicaid reimbursement for behavioral health services delivered in primary care settings through the Collaborative Care Model (CoCM). The CoCM is a patient centered, evidence-based approach for integrating physical and behavioral health care services in the primary care setting. It includes care coordination and management, regular and proactive outcome monitoring and treatment using the standardized and validated clinical rating scale, and regular, systematic behavioral health caseload review and consultation for patients. A 2018 pilot program proved to be very effective, and passage of this legislation will expand access to the collaborative care model for all Medicaid recipients.

Maryland Higher Education Commission - Access to Mental Health Advisory Committee Senate Bill 263/House Bill 573 establishes an Access to Mental Health Advisory Committee within Maryland's Higher Education Commission to study access to mental health services on higher education campuses and make recommendations by December 1, 2023.

Hospital Credentialing – Reappointment Process for Physician Staff Senate Bill 258/House Bill 633 removed an outdated statutory requirement for hospitals to re-credential physicians every 2 years based on a recent move to accredit hospitals every 3 years. Passage of this legislation means that re-credentialing can occur every 3 years, consistent with the interval for hospital accreditation, saving physicians and hospitals significant administrative time.

Health Insurance Carriers – Requirements for Internal Grievance Process Senate Bill 724**,** requested by the Maryland Insurance Administration, alters how a health insurance carrier must inform an individual of the carrier's adverse decision for nonemergency cases. Under the bill, a carrier must inform either orally by telephone (as under current law) or – with the recipient's consent – by text, facsimile, electronic mail, online portal, or other expedited means. A written follow-up must still be sent within five days.

MHAMD 2023 Session Summary and Final Bill List

Over the course of 90 days, MHAMD and their coalition partners called for action in the face of increasing demand for mental health and substance use care and a persistent behavioral health workforce shortage. All major initiatives prioritized this year succeeded, with significant victories across a range of important areas. For more information please visit the MHAMD policy pages.

MedChi Legislative Wrap-Up

MedChi was in full swing this legislative session, working to protect patients and physicians, while also promoting increased access to health care. MedChi reports that Maryland's budget includes funding to pay physicians a higher rate for Medicaid evaluation and management (E&M) codes than Medicare E&M codes—a win for Maryland patients and physicians alike. MedChi is also excited to announce that the budget includes additional funding for the MedChi museum, which will continue to educate the public about Maryland and MedChi's role in the advancement of medicine.

In yet another win, MedChi was successful in its campaign urging legislators to pass much needed the step therapy reform, and patients will soon be able to bypass certain treatments and move on to more effective ones without delay. [See next page] Maryland's legislators also heard the need for prior authorization reform and have committed to working in the interim on a solution that will streamline treatment for all Maryland patients.

The bills MedChi defeated deserve celebration too. MedChi fought back on scope of practice bills that would have put patient safety at risk by allowing certain professionals to perform medical functions beyond their training and expertise. MedChi also successfully opposed measures that would have unnecessarily weakened Maryland tort system.

For more details, please see the Final Report.

Coordinated Community Supports Funding Opportunity

The Maryland Consortium on Coordinated Community Supports is a new, **24-member** entity responsible for developing a statewide framework to expand access to comprehensive behavioral health services for Maryland students. The Consortium was created by the General Assembly as part of the Blueprint for Maryland's Future. Its first RFP aims to have new/expanded programming in place during 2023-2024 school year. Under the RFP, Spokes/service providers will be eligible for direct grant funding from the CHRC to deliver behavioral health and related services to students and families. Grant funding will be available for all three tiers of the Multi-Tiered System of Supports (MTSS): Tier 1 (universal), Tier 2 (brief/small group), and Tier 3 (individual).

The Consortium website has information about the proposed Hub and Spoke model, and about potential spoke/service provider grants, potential hub capacity building grants, and the role of schools and school districts.

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April 30th MedChi HOD Highlights

The spring MedChi House of Delegates (HOD) meeting opened with a presentation from Dr. Laura Scott Herrera, Maryland Secretary of Health, who described initiatives, including consolidating COVID data and launching a new COVID website, advocating for continued audio-only appointments for another two years, and moving toward outcomes-based care.

Dr. Rahul Gupta, Director of National Drug Control policy presented an update on the Opioid Crisis, noting that a person dies every 5 minutes in the U.S. related to opioids, and that overdoses have surpassed 100,000 per year, with over 70% related to fentanyl. The cost of the opioid crisis is about $1.5 trillion per year. He said the government is working on developing a new addiction treatment infrastructure, similar to how it responded to the HIV/AIDS crisis. Harm reduction as a treatment approach is now included government policy. Dr. Gupta reported that the government would like to increase access to methadone, buprenorphine, and naloxone, and would like to eliminate disparities between punishments for possession of powder cocaine and crack cocaine. He noted the recent elimination of the X-waiver, allowing all physicians and other providers to prescribe buprenorphine. There is a criminal justice reform effort to allow people in carceral setting to have Medicaid reinstated 90 days prior to release.

Dr. James York delivered the MedChi President's Report. He discussed goals and accomplishments including maintaining Medicaid E&M payments above Medicare reimbursement rates, defeating a bill that would have repealed caps for malpractice lawsuits related to non-economic damages, and continuing to work on Prior Authorization issues. Future initiatives include expanding the number of Community Behavioral Health Clinics, continuing to advocate for access to telehealth, and forming a Child Behavioral Health Task Force.

Two resolutions were discussed at this meeting. The first, Resolution 1-23: Mandatory Naloxone Training at Medical Schools in Maryland, was approved. The second, Resolution 2-23: Unmatched United States Allopathic and Osteopathic Medical Schools, addresses how to allow medical school graduates who did not match in a residency program to enter the work force, in light of the health provider shortages. Several names were proposed for people in this category, including Residency-Eligible Physician. This resolution was referred the MedChi Board for further discussion before referral to the AMA for further study.

The MedChi Operations report can be found here.
The MedChi President's report can be found here.
The MedChi Reports and Resolutions can be found here.
The MedChi Council on Legislation Report is here.

Enrique Oviedo, M.D., MedChi Delegate

Step Therapy Legislation Enacted

Senate Bill 515/House Bill 785, introduced by Senator Clarence Lam and Delegate Steve Johnson, revamps Maryland's statute on health insurers' step therapy and fail-first protocols. **The bill takes effect January 1, 2024 and applies to all policies issued or renewed on or after that date**.

The bill requires insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers), including those that provide prescription drug coverage through a pharmacy benefits manager (PBM), to establish an exception to "a step therapy or fail-first protocol" that is clear, 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 or documentation:
(1) the step therapy drug is contraindicated or will likely cause an adverse reaction;
(2) the step therapy drug is expected to be ineffective based on the patient's known clinical characteristics and the known characteristics of the drug regimen;
(3) the patient is stable on a medication 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 in the same pharmacologic class or using the same mechanism of action as the step therapy drug and it was discontinued due to lack of efficacy, diminished effect, or an adverse event.

An insured or enrollee may appeal the denial of a "step therapy exception request."

Included is part of MPS/WPS's prior authorization reform bill, which states 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 drug are (1) prescribed at the same time as part of the treatment plan and (2) made by the same manufacturer. This prohibition does not apply if the prescription drug is an opioid that is not an opioid partial agonist.

New MDH COVID-19 Website

Maryland Department of Health (MDH) announced changes to how it provides COVID-19 information as the PHE ends. MDH has new COVID-19 webpages where information on vaccines, testing, treatment, data and other resources can be found long-term. Information provided via covidLINK.maryland.gov and coronavirus.maryland.gov, which are no longer accessible, was migrated to the new site.

Maryland News

Implicit Bias Training Required for 2023 License Renewals

All physicians applying for license renewal in 2023 (licensees whose last name begins with M-Z and expires 9/30/2023) must complete an implicit bias training program course. This is a one-time requirement. The training program must be accredited by ACCME and does not have to be specific to a profession – the Board of Physicians will accept any course that meets the implicit bias training criteria. Click here for a list of approved implicit bias training resources provided by the Maryland Office of Minority Health and Health Disparities. Note: Licensees are not required to submit proof of course completion upon renewal. However, it is recommended that licensees keep the certificate of completion if the course will be used to fulfill the CME credits required for renewal. For courses that do not provide a certificate of completion, the Board suggests that licensees keep proof of registration or a screenshot of the completion page. Click here for more information.

MIA Help on Health Claim Denials

When insurance coverage for medically necessary care or emergency services is denied, contact the Maryland Insurance Administration (MIA) 24/7, 365 days a year for immediate help with physical as well as mental health and substance use disorder care. Dial 1-800-492-6116. For more information, visit the MIA website.

The MIA's second podcast, Medical Necessity and Emergency Appeals, features host Joe Sviatko, Communications Director, and Louis Butler, Director of Appeals & Grievance Unit.

Advanced Health Care Directives

The Maryland Health Care Commission (MHCC) offers a new Advance Directives Communications Toolkit featuring the Advance Directive Information Sheet developed by MHCC in collaboration with the Maryland Department of Health and the Maryland Attorney General. The information sheet highlights the importance of advance care planning and options for consumers to document their medical preferences and health care agent information. More information about getting started with an advance directive, including sample forms, is available on the Maryland Attorney General's website.

Adverse Childhood Experiences Survey

The Maryland Behavioral Health Administration (BHA) is conducting a survey regarding childhood maltreatment and Adverse Childhood Experiences (ACEs) within the Maryland Public Behavioral Health System. The survey includes a variety of topics, such as screening, assessment, prevalence, and associated provider training and support needs when working with individuals with a history of childhood maltreatment or ACEs. The results will be used to understand the impact of childhood trauma and ACEs on associated health and behavioral health outcomes, and findings will be used to develop strategies aimed at supporting and state organizations and behavioral health service providers in integrating trauma informed approaches into their organizations and service delivery processes.

Please note:

- The survey will take only 15 minutes to complete
- Your responses are anonymous and confidential
- The survey is voluntary
- The information will not be used to negatively evaluate service providers or other system stakeholders

Survey Link: https://redcap.link/BHBHS_Provider_Survey

If you have any questions, please contact Karen McNamara, PhD at kmcnamar@som.umaryland.edu.

May 6th is Adverse Childhood Experiences Awareness Day in Maryland

BHA Alert on Xylazine

Xylazine "tranq" is being mixed with street drugs, and it has increasingly been detected in overdose deaths in Maryland. Some people use it unintentionally because they don't know it's in the drug supply. Naloxone will not reverse a xylazine overdose. Behavioral health providers can find more information about xylazine for medical professionals or learn more at beforeitstoolate.maryland.gov/xylazine.

Updated PMHS Rates

The updated payment rates for services provided in the Maryland Public Mental Health System are available here. Medicaid rates in Maryland are now higher than Medicare. Please see the Optum Maryland alert for more information.

Maryland News

ATTN New Buprenorphine Prescribers

On January 12, the DEA announced that the DATA 2000 Waiver (X-Waiver) requirement had been eliminated. All physicians (PT 20) with a DEA registration that includes Schedule III authority can now prescribe buprenorphine for opioid use disorder, as permitted by applicable state law.

The Maryland Department of Health outlined a provider enrollment process to add buprenorphine services to provider records. Those already enrolled with Maryland Medicaid to prescribe buprenorphine do not need to take any action.

Providers who did not previously have an X-Waiver and are now eligible to prescribe buprenorphine must submit a supplemental application in ePREP and upload these documents to update their provider records and provide that service:

- A copy of the DEA letter announcing the termination of the X-Waiver
- A DEA certificate that includes Schedule III authority

Please see the transmittal for billing and other details.

Prescription Drug Affordability Update

Maryland's Prescription Drug Affordability Board (PDAB) was established to address prohibitive costs and predatory pricing practices. The Maryland legislature enacted PDAB power to set upper payment limits on what insurers in the state will pay for a specific drug of concern. The PDAB shared *draft* proposed regulations covering general provisions, the Prescription Drug Affordability Fund, and the Cost Review Process. It is accepting comments from the public. A presentation on the regulations given at the April PDAB meeting reviews how drugs eligible for cost review are identified and selected, and specifies factors to be considered in cost reviews of drug pricing.

Once this initial stage is complete, plans are to begin activities this fall. During a review the PDAB will look at factors like available discounts, alternatives to the drug and the cost to health plans. Stakeholders, including manufacturers, carriers, PBMs, and distributors will have input regarding the challenges they face.

Medicaid Eligibility Redeterminations and State Only Funding

During the COVID-19 public health emergency (PHE), Marylanders who were enrolled in Medicaid (also called Medical Assistance) continued to be covered, even if they were no longer eligible. The Maryland Medical Assistance Program has now resumed Medicaid eligibility reviews of nearly 1.8 million enrollees to be accomplished over a 12-month period; not everyone will renew at the same time. Medicaid participants must make sure their contact information is up to date so they can be contacted when it is their time to renew.

The Maryland Department of Health launched a statewide communications campaign to alert participants to the changes and created a provider page for partnering in the effort to ensure participants know how to renew their coverage and are aware of other affordable health coverage options.

Providers have multiple ways to access redetermination dates so they can communicate how important it is for participants to complete and submit their redetermination packages.

- They can find out when a participant is due for redetermination as they check the Eligibility Verification System (EVS) – please call 1-866-710-1447 or visit www.emdhealthchoice.org.
- While EVS is updated in real time and is most accurate, Optum Maryland is also delivering a weekly Participant Eligibility Report to providers via the Incedo Provider Portal that details participants' eligibility for Medicaid, Uninsured, Medicaid Waivers, and any secondary insurances, such as Medicare and/or commercial plans. See the Optum Alert for complete details.
- By the end of June 2023, CRISP Health Information Exchange will offer a secure report of providers' participants who face redetermination within the next 90 days.

As the Medicaid program updates participant eligibility (redetermination), providers are reminded that participants who are outside of Medicaid coverage may be eligible to receive State-only funding covering certain services in the Public Behavioral Health System (PBHS). The eligibility criteria and process are detailed in this Optum alert.

MDH plans to partner with CMS using its SNAP enrollee data, which is an indicator that someone should not be disenrolled from Medicaid. More details about changes to Medicaid renewals (re-determinations) can be found in this transmittal.

Autism Acceptance Month

On April 25, Governor Moore proclaimed April as Autism Acceptance Month in Maryland. The proclamation recognizes people who are living with autism and those who advocate on their behalf, and honors the contributions of the autism community. On June 6th the MPS & Maryland Council of Child and Adolescent Psychiatry will host a virtual CME meeting entitled "**Clinical Updates on Working with Autistic Populations**". See page 3 for details.

MPS Member Publications

George Kolodner, M.D. published a paper, "Tobacco and Nicotine Addiction: A Treatment Opportunity for Psychiatrists," in the Spring issue of Capital Psychiatry (p.18). Psychiatrists are uniquely positioned to address nicotine and tobacco addiction, which disproportionately affects people with behavioral health disorders. He outlines 5 interventions that psychiatrists can use with their patients.

Allen Tien, M.D. has published articles over the past year:

- Differentiating Between Youth with a History of Suicidal Thoughts, Plans, and Attempts
- Validation of the Behavioral Health Screen-Depression With Adolescents in Residential Care
- Identifying Youth at Risk for Suicidal Thoughts and Behaviors Using the "p" factor in Primary Care: An Exploratory Study
- Acceptability and Usability of a Reward-Based Mobile App for Opioid Treatment Settings: Mixed Methods Pilot Study

May is Mental Health Month

Several easy ways for people to participate in Mental Health Awareness Month in May are now available. The 988 Lifeline Team has uploaded many new shareables to the 988 Partner Toolkit. The social media shareables focus on youth and adult suicide warning signs, how to be a lifeline, self-care practices, and the reasons and ways to reach out for help. Two new posters and a yard sign are available for free download in the SAMHSA store.

National Prevention Week will be observed May 7-13 this year. This national public education platform showcases the work of communities and organizations across the country dedicated to raising awareness about the importance of substance misuse prevention and positive mental health.

Climate Change Adaptation Toolbox

The impacts of climate change on our physical world and national infrastructure have become obvious. What is more hidden is the psychological impact of climate change, with younger members of society experiencing this burden at higher rates. SAMHSA resources provide research on the relationship between climate change and mental health as well as actionable information.

PRMS Hoot, What, Where

A new quarterly newsletter, "Hoot What Where," is available from PRMS. From risk management and claims advice to risk alerts, PRMS news, and events, the newsletter shares useful tips, and important updates to help keep members, their patients, and their practices safe. Click here for the spring edition.

MPS Members Out & About

Dinah Miller, M.D. wrote a commentary published April 6 in *Medscape*, Prior Authorization: Time to Rebel?

Cynthia Lewis, M.D. wrote a commentary published April 7 in *Maryland Matters*, Doctor: Maryland needs assisted outpatient treatment so I can save my patients.

MPS Member Spotlights

MPS member **Laura Eskander, M.D.** has been recognized with the 2023 Edelstein Award. Each year, the Michael Edelstein, M.D. Physician Humanitarian Award is presented on Doctors' Day to a Sheppard Pratt physician who, like Dr. Edelstein, provides quality, compassionate care and demonstrates an unwavering commitment to those we serve. Dr. Eskander serves as service chief for the Psychiatric Urgent Care clinics at both Sheppard Pratt campuses as well as the service chief for the Young Adult Unit at the Baltimore/ Washington Campus. Congratulations!

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.

Thank You!

The following members paid additional MPS dues for 2023 even though they qualify for reduced dues because of their Rule of 95 life status. **We appreciate your support of the Maryland Psychiatric Society!**

Virginia L. Ashley, M.D.
Harry Brandt, M.D.
Joanna D. Brandt, M.D.
Lawrence P. Costello, M.D.
Mark Ehrenreich, M.D.
David Gonzalez-Cawley, M.D.
David Goodman, M.D.
Jesse M. Hellman, M.D.
Lisa S. Hovermale, M.D.
Jemima Kankam , M.D.
Mercedes Rizo, M.D.
Elias K. Shaya, M.D.
Daniel D. Storch, M.D.
Robin Weiss, M.D.

APA News & Information

Accessing Important APA Documents

Use the APA Policy Finder to search for all APA Position Statements. It is available for anyone in the public to peruse. It does not require logging on to the APA website.

The Action Item Tracking System (AITS) is where to look for all Action Items initiated or under consideration by the Assembly, the Board of Trustees and the Joint Reference Committee. To access the AITS, users must first log in to the APA website.

APA Advocacy Updates

APA and AACAP Request Action from DEA About Shortages of Prescribed Stimulant Medications: APA joined the American Academy of Child and Adolescent Psychiatry in a letter to the Drug Enforcement Agency (DEA) highlighting the crisis of the widespread shortage of prescribed stimulants. Click here to read more.

APA Urges CMS To Maintain Access to Telemental Health in the 2024 Medicare Physician Fee Schedule: APA sent a letter to the Centers for Medicare & Medicaid Services (CMS) urging action to maintain critical access to mental health care through telehealth as the COVID-19 public health emergency (PHE) comes to an end. Click here to read more.

APA Responds to Rule Modifying Regulations Governing Various Medicare Plans: APA commented on a proposed rule to modify regulations governing several Medicare plans, supporting many of the proposals, including when and how Medicare Advantage plans develop and use coverage criteria and utilization management policies to ensure that MA enrollees get access to the medically necessary care they would receive in traditional Medicare. Click here to read more.

APA Supports the Veterans Health Administration Supporting Expanding Eligibility for Crisis Care to Veterans: APA commented on the interim final rule to expand Veterans access to emergent suicide care. The APA supports removing unnecessary barriers to care, while encouraging the VA to provide clarifications and education. Click here for more.

APA Supports Mental Health Services for Students Act: APA joined a letter of support for the Mental Health Services for Students Act, which would provide on-site school and community-based mental health services to public school students, to help schools and families identify students who need mental health services and connect them with treatment. Click here to read more.

APA Comments on Telehealth and Buprenorphine

The APA filed letters with the DEA responding to two proposals that would affect how health professionals implement telehealth services and prescribe certain controlled medications. The proposed rules would extend some of the flexibilities in these areas after the COVID-19 public health emergency expires on May 11.

The first proposed rule would prohibit health professionals from prescribing Schedule II controlled substances and Schedule III-V narcotics (other than buprenorphine) via telehealth without examining patients in person first. However, prescribing a 30-day supply for buprenorphine and non-narcotic Schedule III-V drugs without an in-person visit would be allowed if the telemedicine appointment is for a legitimate medical purpose. More than a 30-day supply would require an in-person visit.

The APA recommended that the DEA balance safeguards for DEA enforcement without decreasing access to lifesaving treatment, due to the risk of three harms:

- Penalizing patients who face barriers to accessing care.
- Incentivizing non-specialist practitioners to treat complex conditions on their own.
- Creating additional, unnecessary costs to the patient and the health care system by generating duplicative care.

The second proposed rule would expand when physicians may prescribe controlled substances via the internet for legitimate medical conditions even without an in-person evaluation, as long as they are approved for treatment of opioid use disorder (OUD) and the physician is able to conduct a patient evaluation. To date, buprenorphine is the only Schedule III-V medication approved by the FDA for this purpose. Nonetheless, the proposal would also restrict such prescribing to when patients have either been examined in person by the physician within 30 days, have a referral from another practitioner, or been examined via telehealth while the patient is in the physical presence of another DEA-registered health professional.

The APA recommended that the DEA remove the in-person requirements for prescribing buprenorphine for OUD treatment via telemedicine when clinically indicated. Alternatively, the APA strongly encouraged the DEA to continue the waiver of the in-person requirement for the duration of the opioid public health emergency.

In both letters, the APA also recommended:

- Allow referring practitioners to not be registered with the DEA.
- Reduce administrative requirements for referring and prescribing practitioners.
- Reduce additional state-based registration requirements.
- Remove clinical decision-making from regulation in these proposed rules.
- Clarify key inconsistencies.

The comment period has closed. MPS will inform members of the DEA's final decisions.

APA News & Information

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

Telepsychiatry Reimbursement Webinar

On **May 10 at noon** learn more about how APA participates in developing coding structures and reimbursement rates for telepsychiatry. APA staff can also help you feel more confident in what is required for coverage and payment of telepsychiatry codes. Reserve a free spot.

FREE APA Course of the Month

Each month, APA members have free access to an on-demand CME course on a popular topic. **May Course of the Month:** *Assessment and Management of Memory Complaints in Older Adults* discusses the assessment of memory complaints in older adults, reviews the office work-up of cognitive complaints, discusses the differential diagnosis of memory complaints, reviews best practices for pharmacologic treatment of cognitive impairment in dementia, and more.

Find the Latest *Psych News* Stories

Go to the Newswire section of the website, where new articles are published each week.

Medicare Updates

Check CMS Open Payments Data

Pre-publication review and dispute of 2022 data for the Open Payments program is available through **Monday, May 15**. You are encouraged to review data that may have been reported about you and dispute any errors before CMS opens the database to the public on **June 30.** Click here to get started. A video tutorial for registration is available.

Medicare Coverage and Eligibility for BHI

Medicare covers two types of Behavioral health integration (BHI) services:

Psychiatric Collaborative Care Model (CoCM) approach: Use CPT codes 99492–99494 and HCPCS code G2214 to bill

General BHI services using models of care other than CoCM: Use CPT code 99484 and HCPCS code G0323 to bill

Medicare makes separate payment to physicians and non-physician practitioners for their services over a calendar month service period. Eligibility is based on the clinical judgment of the billing practitioner. Eligible conditions include mental health, behavioral health, including substance use disorder, and psychiatric.

Read Behavioral Health Integration Services to learn more, including service components, requirements for an initiating visit, supervision, and advance consent. For more Information, visit the Addressing & Improving Behavioral Health webpage and the Care Management webpage.

Coalition Supports Inflation Updates to Medicare Payments

National physician specialty societies (including APA) and state medical associations (including MedChi) sent a letter supporting H.R. 2474, the Strengthening Medicare for Patients and Providers Act. This bipartisan legislation advances financial stability of physician practices to preserve access to care for Medicare beneficiaries. It provides an annual inflation update equal to the Medicare Economic Index for Medicare physician payments, which is a long-term payment reform solution.

State Attorneys General Brief in *Wit*

In response to the unfavorable 9th Circuit Court of Appeals decision in *Wit v. United Behavioral Healthcare*, which permits insurance companies to apply medical necessity criteria that limit access to intermediate levels of care for mental health and substance use disorders, many groups seek a review by the full court of appeals. The Maryland Attorney General joined a group of state Attorneys General in an *amicus* brief that will be a good foundation for seeking further support and action on Parity Act enforcement.

LAST CALL for Volunteers!

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

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. MPS President Carol Vidal, M.D., M.P.H, Ph.D. will appoint FY24 committees this month so please sign up NOW!

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**.

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.

Engage with Digital Options
To stay informed, visit the MPS website regularly and follow us on Facebook, Instagram, Twitter, and LinkedIn.

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/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 Jenniferplassnig@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.

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.

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:

Medical Director, GBMC Emergency Psychiatry Services

Medical Director, Inpatient, Day Hospital, Consults in Southern, Maryland

Medical Director, Addictions

Residential Psychiatrists on The Retreat

Inpatient Unit Chief: Adolescent Neuropsychiatric, Trauma Disorders

Inpatient Psychiatrists: Psychotic Disorders, Geriatrics

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.*

BEST HOSPITALS U.S.News PSYCHIATRY 2022-23

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