

MPS NEWS

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Deadline for articles is the 15th of the month preceding publication. Please email heidi@mdpsych.org.
MPS News Design & Layout
Jora Hritz

President's Column

A Maryland Web of Connections

We have had a busy legislative session so far, with 63 reviewed bills, 23 supported, 10 supported with amendments, and 10 opposed. MPS and WPS split the vote on the [MAiD bill](#), a difficult piece of legislation, given its many layers. Other bills have ranged from public health interventions to prevent overdose and infectious disease to bills on student access to telehealth, and even taxing digital social media companies to fund youth mental health services. Priorities for MPS are the [involuntary admission procedures and AOT bill](#), the [prior authorization bill](#), and the [mental health and addiction parity compliance reporting improvement act](#), all of which we discussed with legislators on Advocacy Day in Annapolis.

Many of the people representing us in the state legislature are also our neighbors and they take time to discuss how to write bills so they make sense for our patients and profession. Two of my favorite moments of Advocacy Day were meeting Delegate Cathi Forbes, a true listener and very supportive of all mental health bills. At one point in our meeting, Delegate Forbes recalled a conversation with "a constituent" and as she was telling the story, we all realized that constituent was Dr. Michael Young, our legislative committee co-chair, who happened to be in the room. Another great encounter was with Montgomery County Delegate Anne Keyser who is also a professor at the University of Maryland and teaches a course on Women in Leadership. She showed us how to lead by example as the conscientious delegate, effective teacher, and excellent communicator she is.

One of the bills that has caught the attention of child psychiatrists is a proposal to open a new inpatient unit for juveniles. A hot topic in local news is how to approach juvenile infractions, with extremes ranging from a *laissez faire* approach to a more punitive one, which has led Senator Carter to propose this center. As a lawyer, she sees youth who may not be involved in severe crimes, but whose behaviors are leading to negative consequences. While they do not meet criteria for a mental health diagnosis, or for admission to a mental health facility, interventions that are rehabilitative or therapeutic are key at this time of rapid development. These adolescents often travel from the school to the emergency room, and back to school and the larger community without the comprehensive services that would help them. Our team met with Dr. Carter, who [authored the bill](#) and was very open to feedback.

Senator Carter is Jill Carter, the daughter of Walter P Carter. Walter Carter was from North Carolina and came to study at Howard University, becoming active during the civil rights movement in Baltimore. He organized Freedom Rides to Maryland establishments and coordinated Civil Rights Marches in and from our state. Several local Baltimore buildings were named in his honor, including the Walter P Carter Center (WPCC). Located downtown, this mental health hospital was founded in 1976 and closed in 2010. Senator Carter mentioned it during our meeting and memories quickly started to flood. For some time, I thought my first two rotations during residency were intended to remind me that I did not know everything there was to know about psychiatry despite having completed a residency in Spain

Continued on next page

The MPS Council will meet by videoconference on March 12 at 7:30 PM. All members welcome!

before moving to the U.S. Honestly, after a month at the psychiatric emergency services and a couple of weeks at the WPCC, I realized that *Baltimore Psychiatry* was an entirely different sub-specialty within Psychiatry.

During the last months before the closure of the WPCC, we were understaffed as personnel were being transferred to other state hospitals. As hard as it was to adjust to the American health system and a state hospital, the idiosyncrasies of a new city that seemed to love my bike's parts (that disappeared every 2 days), and other personal adjustments, I remember that time as exciting. I learned about the power of a good co-resident through Dr. Noah Linden, and from attendings like Drs. Ann Hackman and Meredith Johnston who ran their teams with the same integrity and care for their patients as always, even in those last difficult months, and who showed me (among many other very important things) that no matter how sick a patient looks and how little resources you are given, a soda can do wonders in getting the patient decently dressed for a clinical interview. I learned about malingering, aggression in the workplace, and the essentials of note writing in a system worried about malpractice suits. But most important, I learned how much social circumstances could affect people's lives and psychiatric presentations. It is hard in a way to look back and see that many of the social issues are still very present, but comforting to see progress and representatives willing to continue to fix the system, and who welcome our input.

Speaking about change and social issues, in this newsletter a new "[Climate Corner](#)" on climate change and mental health starts as the initiative of Dr. Elizabeth Ryznar, a psychiatrist who specializes in consultation-liaison, now at Sheppard Pratt. Thank you for getting MPS involved in good deeds, Dr. Ryznar!

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

Nominations for MPS Lifetime of Service Award

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

Final 2024 MPS Dues Alert! Members who have not yet paid 2024 dues are at risk of being dropped from both MPS and APA!

MPS dues invoices were sent most recently on February 29 via USPS and are emailed each week. To pay your MPS dues:

- **NEW THIS YEAR! Pay via Zelle: 410-625-0232** This helps reduce credit card processing costs.
- Send your check to the **NEW!** MPS office (1211 Cathedral Street, Baltimore, MD 21201), which reduces our credit card processing costs.
- You can also pay dues via credit or debit card or PayPal at www.mdpsych.org (Select "Contact" and scroll to the "Pay Now" button). [Payment plans](#) are available!

Please email mps@mdpsych.org with questions or call/text the office at 410.625.0232. Thank you for your continued support of the Maryland Psychiatric Society!

Refer a Colleague and Support the MFP

The Professional Risk Management Services, Inc. (PRMS) "[Refer a Colleague](#)" program resulted in a recent \$110 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 help boost financial support for research, education, and public awareness activities in Maryland.

REMEMBER TO VOTE!

The 2024 MPS election begins March 1

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

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

Ballots will be emailed March 1 and all votes must be cast or postmarked by 11:45 PM on March 31, 2024.

Look for an email from Maryland Psychiatric Society with "Vote now: 2024 MPS Election" in the Subject line of the message.

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

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

February Council Highlights

Support for MPS Strategic Priorities

Dr. Vidal reported recent efforts aimed at MPS [strategic priorities](#), including hosting the annual RFM Trivia Night, soliciting support for the 2024 MPS Annual Dinner, organizing a joint CME activity for April and increasing MPS reserves.

Executive Committee (EC) Report

Dr. Vidal noted that planning for 2024-25 committee chair appointments is underway. The Early Career Psychiatrist group will create an account on WhatsApp to help engage younger members. The EC met with the Behavioral Health Administration on January 17th to discuss inpatient bed registration, proposed regulations on Involuntary Admission, and Optum updates. EC collaborated with the Baltimore City Behavioral Health Collaborative, Central Maryland Crisis Systems at their recent meeting, and appointed member to the newly created MPS Subspecialties Committee. EC also identified members to review and comment on the [draft APA Practice Guideline for the Prevention and Treatment of Delirium](#). [See more on [page 5](#)] A successful MPS Advocacy Day was held February 9th in Annapolis with over 20 members attending and close to 30 meetings with House and Senate legislators throughout the day. She reported that the MPS database update and server migration continues with estimated completion in mid-February.

Dr. Vidal next presented the [updated position statements on Behavioral Health Integration](#) and [Cannabis Use and Cannabis Use Disorder](#) to Council for approval. The EC requested assistance from members with expertise in these areas to review the existing statements and provide recommendations. Both review committees suggested changes to bring the positions up to date, and better align them with the [MPS vision and mission statement](#). A motion to approve the updated statements was unanimously approved.

Secretary-Treasurer's Report

Dr. Means presented recommendations of the MPS Financial Task Force (FTF), which was established to develop a proposal for \$36,000 surplus funds from the sale of the MPS office condo. The FTF met three times to discuss options and agreed to focus spending on supporting early career psychiatrist members and initiatives to help advance the MPS role as the voice of psychiatry in the state. The FTF felt strongly that that use of these funds should have a lasting impact and decided on the following recommendations:

- **In Person, Networking Events**
\$10,000 – one \$2500 event per year
- **ECP Organized Psychiatry Fellowship/Award**
\$20,000 – one \$5000 fellowship per year
- **Staff Development**
\$2000 (*For 2024, with staff training added to the operating budget starting in 2025*)
- **Resident Fellow Lunches**
\$4000 – \$1000 per year

The recommendations result in spending \$10,500 in 2024 and \$8500 in 2025, 2026 and 2027, which will be kept in short term investments (e.g. CD) to earn interest until needed. A motion to approve the FTF recommendations was unanimously approved by Council.

Executive Director's Report

Ms. Floyd reported that approximately 40 residents and fellows attended RFM Trivia Night on February 6th at Home Slyce in Mt. Vernon. 2024 MPS dues invoices were first billed in October. Invoices and payment plans options are being sent more frequently as the drop deadline is March 31st. Zelle is now being accepted, which is a cost-saving way for members to pay. Staff have been working to identify member publications and accomplishments for recognition in *MPS News* and social media. A joint [April 4 CME on college mental health](#) will be offered free to MRCCAP and MPS members. Planning for the [April 18 MPS Annual Meeting](#) is underway and the staff transition is moving forward as planned.

Legislative Committee (LAC) Report

Drs. Hanson and Young reported that to date over 2500 bills have been introduced in the General Assembly (over 700 within the last week). The LAC continues to meet weekly to review and vote on bills of interest. A LAC representative also attends weekly MedChi legislative meetings. Dr. Hanson reminded Council that they can follow MPS priority bills on the [MPS website](#), which is updated every Thursday. LAC members and the MPS lobbyist met with MDH Secretary *Herrera Scott* to discuss [SB453/HB576](#), Emergency Evaluation and Involuntary Admission Procedures and Assisted Outpatient Treatment Programs. Several amendments were proposed, and the meeting was very productive. Dr. Young noted that after robust conversation spanning two meetings, the LAC ultimately voted to oppose [SB443/HB403](#) End-of-Life Option Act. Washington Psychiatric Society (WPS) voted to drop this bill, so the MPS and WPS followed the memorandum of understanding (MOU) provisions and the joint lobbyist stepped back from working on the bill. The MPS submitted its own written testimony, and three MPS members testified in person in Annapolis.

APA Assembly Representatives' Report

Dr. Hanson reported that she and Drs. Shaya and Zimnitzky will attend the APA Area 3 Council virtually on February 25th. She presented an Action Paper entitled, "[Advocating for the Prevention of Mass Shootings](#)," authored by members of the Area 1 Council. MPS Council reviewed and discussed the paper and voted unanimously to endorse it.

Membership Committee Report

Ms. Floyd presented the Membership Committee report in Dr. Dionesotes's absence. Council reviewed the preliminary dues drop list and were encouraged to contact their colleagues and ask them to pay the outstanding dues. Members who have not paid both

Continued on next page

February Council Highlights (*Cont.*)

MPS and APA dues or enrolled in a payment plan will be dropped from membership on March 31st. Drop letters will be sent on March 1st, and invoices will continue to be emailed weekly. Additional outreach by the committee and MPS leadership will aim to reduce the lost dues income.

Nominations and Elections Committee Report

Dr. Hackman reported that an upcoming move out of state means Dr. Dionesotes is longer be eligible to run for the Alternate MedChi Delegate position in the 2024 MPS election. She asked Council to recommend candidates, who must also belong to MedChi. Dr. Young volunteered to run for the position and Council voted unanimously to approve his nomination.

New Business

Drs. Balis and Hackman presented a proposed Ikwunga Wonodi Social Justice and Health Equity in Psychiatry Award recommended by the Community Psychiatry and Diversity Coalition (CPD) in honor of former MPS member Ikwunga Wonodi, M.D. Dr. Wonodi had an admirable, extensive career in psychiatry that led to his promotion to Professor at University of Maryland and many awards. His clinical expertise spanned the areas of first episode psychosis, schizophrenia related disorders, motor disorders, antipsychotic-induced side effects, clozapine treatment and long-acting injectable medications. Much of his work centered around advocating for underrepresented individuals who are historically overlooked in psychiatry. The award would honor a Resident-Fellow Member or Early Career Psychiatrist, preferably from a diverse background, who has demonstrated distinction in advocating for human rights and equity in psychiatric care for people with severe mental illness from historically marginalized and underserved communities through teaching, research, clinical work, and/or public health advocacy. The award would be presented at the MPS annual meeting and could include collaboration with Sheppard Pratt and the Maryland Psychiatric Research Center where Dr. Wonodi worked. Council requested information about how to fund the award in perpetuity and raised concern about inclusivity for nominees. CDP will revisit the proposal and report back to EC and Council.

Dr. Hershfield presented a proposal for 1-2 in-person CME meetings per year with a live, living room session including a notable member from the psychiatric community who would answer attendee questions. The event would also have a social and networking component. The MPS CME chairs support the concept but the 2024 budget only covers virtual meetings. Dr. Means noted that the newly approved FTF recommendations have funding for one social event per year so the MPS can pursue this idea.

Enrollment Required for Medicaid Prescription Claims

All prescribing behavioral health practitioners are alerted to an upcoming July 1 requirement that all Medicaid pharmacy claims must be from a prescriber who is actively enrolled with Maryland Medicaid. Medicaid claims that do not include the National Provider Identifier (NPI) of an enrolled prescribing practitioner will be rejected at the pharmacy subsequent to [Section 6401 of the Affordable Care Act and Code of Federal Regulations section 42 CFR § 455.410\(b\)](#), which requires all Ordering, Referring, and Prescribing (ORP) practitioners to be enrolled.

Maryland Medicaid has undertaken extensive outreach over several years to ensure practitioners are aware of the enrollment requirement. Starting July 1, pharmacy denials will occur at the point-of-sale and may result in patients' inability to receive their prescription drugs. **Failure to enroll in the Medicaid Program while rendering care to Medicaid participants (*may include self-pay*) harms patients who cannot access the medications and services they need.** Therefore, Medicaid requests that all practices and prescribing practitioners treating Medicaid patients enroll with Maryland Medicaid as soon as possible.

Actions required:

- Verify current enrollment status using the [Provider Verification System](#). Reenrollment is every 5 years.
- All unenrolled prescribing practitioners treating Medicaid participants must enroll with Medicaid **as soon as possible, and no later than April 15.**
 - Licensed practitioners may enroll either as a fully participating provider, or as an Ordering, Referring and Prescribing (ORP)-only Provider. **An ORP-only provider does not bill Medicaid for services or sign a full Medicaid Provider Agreement.** Unlicensed medical trainees must enroll as ORP only providers.
 - Prescribers must enroll via the [ePREP Portal](#).

NOTE: This requirement does not change billing for rendered services. Outpatient Mental Health Clinics (OMHCs) should continue to submit Medicaid claims with the OMHC organizational NPI in the rendering provider field. However, any providers who are prescribing to Medicaid participants must enroll to ensure their patients can access medications after July 1st.

Resources:

- For assistance with ePREP application, please call the ePREP hotline at 1-844-463-7768.
- [ePREP Enrollment guidance and training](#)
- [ORP Providers and Prescribing Practitioners information](#)
- Email mdh.rxenroll@maryland.gov with questions related to ORP enrollment policy.

Calling All Members! 2024-2025 MPS Opportunities

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

The annual MPS leadership cycle begins again next month with the installation of Theodora G. Balis, M.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](#).

Updated MPS Positions & Statements

MPS positions and statements are reviewed on a 5-year cycle to ensure they remain timely and accurate; updates are made as deemed necessary. Over the last two months groups of MPS members worked to review and update two MPS statements:

[Cannabis Use and Cannabis Use Disorder](#)
[Behavioral Health Integration](#)

In 2011 the MPS Council first approved a position paper on "medical" marijuana. During the recent review process the title of the statement was changed to "Cannabis Use and Cannabis Use Disorder", newly released research was quoted and cited, cannabis use disorder was noted as a treatable condition and the revised statement urged readers being negatively impacted by cannabis to speak to their primary care provider or seek mental health treatment.

The MPS Statement on Behavioral Health Integration was originally developed in 2012 and was reaffirmed by Council in 2019. Modifications included streamlining the original document to make it more concise and emphasizing that a model that is most likely to adopt a culture of integration is also one that will most likely reduce these avoidable costs and improve the health care of this population.

Council reviewed the proposed changes to both statements and approved them unanimously during their February 2024 meeting.

MPS Endorses Action Paper

During their February meeting the MPS Council voted unanimously to endorse an APA Assembly Action Paper, "[Advocating for the Prevention of Mass Shootings](#)", submitted for consideration by the Area 1 Council. The paper concludes that given the devastating loss of life and mental health consequences from mass shootings, APA should make every effort to support a ban on AR15-style rifles at the local and federal level. Also, APA will make a new statement supporting a federal ban on AR15-style rifles given that access to such weapons is a leading factor in mass shootings, and APA will revise its 2023 Position Statement revision to include a ban on civilian use of AK15-style rifles with features that increase their rapid and extended killing capacity. APA [Area 3](#) also voted to endorse it. If the Action Paper is approved in the May Assembly meeting, it will be referred to the Joint Reference Committee, which may refer it to the Board of Trustees for consideration, or to the appropriate component for additional information and work, or for implementation.

Are there problems you think the APA should address? With a little effort, you can put your idea before the APA Assembly for consideration and possibly point the APA in that direction. An Action Paper is the product of an idea about how the APA can work on behalf of its members. To review the complete details on the APA website, please click [HERE](#). You need your member login to access the information. **If you want to suggest an idea for APA action, please contact one or all of the MPS Assembly Representatives, [Anne Hanson, M.D.](#), [Elias Shaya, M.D.](#) and [Brian Zimnitzky, M.D.](#)**

MPS Signs on to Waiver Application

Last month the MPS joined other behavioral health organizations in a letter supporting the Maryland Department of Health's (MDH) 1115 Waiver Application for Medicaid Reentry. The letter applauded the MDH for working to expand access to a targeted set of Medicaid services to certain eligible people who will soon be released from state prison or jail. By improving access to Medicaid coverage and health care services as people prepare to return to the community, this demonstration would strengthen reentry outcomes, improve individual and public health, and promote greater racial justice and equity. Providing Medicaid coverage just prior to release would also reduce the use and cost of emergency department care, hospitalizations, and other medical expenses connected to health care needs upon reentry. The letter recommended MDH consider expanding the initial demonstration to help improve community transitions and health outcomes for all Maryland individuals who are being released from carceral settings. [Click here to read the letter](#) in its entirety.

Supporting our Students: Navigating Mental Health Care Services on Today's College Campuses

A Joint MPS and MRCCAP Program
Presentation by Sean Heffernan, M.D.

Thursday April 4
7:00PM
A Virtual CME Activity

Agenda
7:00-8:30 Sean Heffernan, M.D.
8:30-9:00 Q&A Session

Free for MPS and MRCCAP Members
\$25 for Non-Members

For more information and registration

CLICK HERE

Thank you to our sponsors *The Maryland Foundation for Psychiatry, Inc.*
and *The Maryland Regional Council of Child and Adolescent Psychiatry*



MARYLAND PSYCHIATRIC SOCIETY ANNUAL DINNER


Join us as we celebrate our MPS achievements made this past year!

FOGO DE CHÃO BALTIMORE

APRIL 18, 2024

Help us turn over the gavel to Theodora Balis, M.D., incoming MPS President and welcome Ronald Means, M.D. as the MPS President-Elect and Tyler C. Hightower, M.D. as treasurer.

[CLICK HERE](#) for more information and to purchase tickets



Maryland News

Legislative Committee Update

The 2024 General Assembly has reached the halfway point. With over 2700 bills submitted to date, members of the MPS Legislative Committee (LAC) have spent countless hours reviewing legislation, writing testimony, participating in weekly meetings, traveling to Annapolis and more. The MPS would like to thank the LAC for their efforts and continued diligence during this unusually busy session.

The MPS LAC, comprised of members from diverse geographic, practice, and ethnic backgrounds, votes on bills of interest during their weekly meeting, where MPS Executive Committee members are present during both the discussion and vote. The LAC carefully reviews the specific language of proposed legislation to determine how it may impact the practice of psychiatry in Maryland, focusing on the details of the bill as written rather than overarching ideas. We welcome consideration of all sides of the serious issues we are debating.

The MPS recognizes that members will not always agree with MPS' official positions on bills. We encourage members to contact their elected officials to share their thoughts about any bill. Members should refrain from speaking on behalf of the MPS when expressing their own opinion or clarify that their opinions are their own and do not reflect those of the organization.

[Click here](#) to view a complete listing of bills the MPS is following this year. Please click on the links to view exactly how the law would change if enacted. Please contact MPS Executive Director [Meagan Floyd](#) with questions regarding MPS positions.

Support:

[SB732: Department of Juvenile Services and Maryland Department of Health – Inpatient Program for Children](#): Requiring the Department of Juvenile Services and the Maryland Department of Health to establish an inpatient program for children who have been adjudicated delinquent to provide rehabilitation, comprehensive care, and holistic therapies that address health, mental health, and substance use issues.

[HB1346: Competency Evaluations and Commitment Orders – Modification](#): Altering the procedures related to competency evaluations, including by requiring the Maryland Department of Health, rather than the court, to determine the basis on which a defendant will be examined; altering the definition of "designated health care facility" for commitment of defendants who are found to be incompetent to stand trial; and extending the time for the Department to admit defendants who are found incompetent to stand trial from 10 to 30 business days.

[HB1372: Health and Taxation – Digital Social Media Services and the Mental Health Care Fund for Children and Youth](#): Establishing the Mental Health Care Fund for Children and Youth to improve access to mental health care services to children and youth in the State; imposing a tax on annual revenues derived from digital social media services in the State; requiring the Comptroller to distribute revenue from the tax in a certain manner; etc.

Oppose:

[SB1085/HB1144: Corrections – Segregated Housing – Limitations](#): Altering a reporting requirement for correctional units relating to restrictive housing; requiring hearing officers and personnel involved with the supervision and care of individuals placed in restrictive housing to undergo training; and establishing guidelines and procedures for the placement of incarcerated individuals in certain types of segregated housing.

[HB1396: Drug and Alcohol Treatment Programs – Discharge of Patients and Referral Services – Standards](#): Requiring the Maryland Department of Health to establish by regulation standards relating to the discharge of patients from drug and alcohol treatment programs and certain referral services offered to patients by certain drug and alcohol treatment programs.

CPD's Pakistani American Presenter

The MPS Community Psychiatry & Diversity Coalition (CPD) connects with other organizations focused on diversity. On February 15th child and adolescent psychiatrist Muhammad Zeshan, M.D. presented about his involvement with the work of the [Pakistani American Psychiatric Association of North America](#) and the [Association of Physicians of Pakistani Descent of North America](#) in supporting marginalized communities and mental health awareness. He also shared his initiative to support the transgender community in Pakistan and presented his research on infant behaviors to help educate Pakistani parents and encourage positive child/parent relationships. He offers resources and information via his social media platforms—find him on [Facebook](#), [YouTube](#), [LinkedIn](#), his [Blog](#), and his [Podcast](#).

Youth Mental Health Short Film

[Youth Voices Short Film: Experiences with Mental Health Care in Maryland](#), produced by Mental Health Association of Maryland, features Maryland youth and treatment providers sharing their experiences with the state behavioral health system and their hopes for the future. [View it here](#).

Maryland News

Maryland to Replace Optum ASO

Maryland has selected Elevance Health's Carelon to administer mental health and substance use disorder services in its public behavioral health system, which is currently administered by UnitedHealth's Optum. In January MDH posted an RFP seeking renewal options for an Administrative Services Organization (ASO) on eMaryland Marketplace Advantage and sent it to managed care organizations doing business in the state. There were four responses to the RFP; two were disqualified for not meeting minimum requirements.

Optum did not submit a bid to be considered for the new contract. There have been many ongoing issues for providers with its claims processing system. In a 2022 audit, the state found it had overpaid behavioral health providers by more than \$223 million and underpaid others. The audit also found Optum subcontractors were not vetted properly, and the claims system was not tested before launching with providers.

The Evaluation Committee reviewed technical proposals from Carelon and Magellan. The Committee unanimously recommended awarding the contract to Carelon, the highest ranked both technically and financially. Carelon has performed functions similar to those in the RFP both in Maryland in the past and currently for other states under contracts of equal size and breadth. Magellan's protest of the contract award to Carelon was denied.

Beginning in 2025, Carelon Behavioral Health will be responsible for processing claims and paying behavioral health providers for more than 1.7 million Maryland Medicaid enrollees and uninsured individuals. The new contract with Carelon is for an initial \$233 million over five years, with one two-year renewal option for \$99.8 million. [Click here](#) for more information.

SIM Facilitator Training Opportunity

The Centers of Excellence within the Governor's Office of Crime Prevention and Policy will host a [Sequential Intercept Model](#) (SIM) facilitator training workshop May 7-8th. The training prepares state and local subject matter experts within criminal justice and behavioral health systems to apply the SIM for cross-system planning through SIM mapping workshops. These workshops bring together representatives from different agencies and systems to identify strategies to divert people with mental and substance use disorders within the justice system into treatment services. Objectives include identifying local resources and gaps in services, establishing priorities for change, and strategic planning to address these priorities. People who are interested in participating in the training should email centers.ofexcellence@gmail.com by **March 8** including a name, title, and any relevant expertise.

Governor's Firearm Violence Survey

The Governor's Office of Crime Prevention and Policy has developed a survey to gather input from Marylanders on firearm violence reduction at the intersection of behavioral health and domestic violence. The survey will help identify unmet system needs and inform funding strategies for the federal [Byrne State Crisis Intervention Program](#) funding. The response deadline is Friday, **March 8th by 5 PM**. Survey link: <https://www.surveymonkey.com/r/MDByrneSCIP>

FY23 MBP Annual Report

The Maryland Board of Physicians (MBP) [Fiscal Year 2023 Annual report](#) notes that of 827 physician complaints filed, the three most common allegations were: unprofessional conduct (248 complaints), failure to meet the standard of care (247 complaints) and failure to keep adequate medical records (46 complaints). Approximately 58% of the complaints filed came from patients or their families.

Sixteen cases were referred to peer review. A total of 45 physicians lost their licenses, including 9 that were surrendered, and 39 had their licenses restricted. There were 42 non-prejudicial actions against physicians and 10 other prejudicial actions, of which 7 were reprimands. Physician fines through disciplinary actions totaled \$158,000 and their administrative (CME) fines totaled \$22,100.

Actively licensed physicians in Maryland totaled 36,390, up from 33,089. There were 15,277 allied health practitioners actively licensed by MBP, down from 15,600. Total licenses issued via the [Interstate Medical Licensure Compact](#) were 672, up from 472. MBP processed 1,797 physician assistant delegation agreements. While there were 44 positive criminal history records checks for physicians, none of them were denied licensure or renewal.

Maryland Distributes \$111 Million in Grants

Approximately \$111 million will be disbursed this year to provide a variety of behavioral health care services for families and their children as part of the Blueprint for Maryland's Future education reform plan. Distribution is based on 129 grants submitted to the Maryland Community Health Resources Commission made from recommendations by the Consortium on Coordinated Community Supports. The consortium was established by the General Assembly in 2021 as part of the Blueprint plan. It is responsible for developing a statewide framework to expand access for behavioral health services for Maryland students. [Please click here](#) for more information on recipients.

Advancements in Overdose Prevention

HHS marked two years of its [Overdose Prevention Strategy](#) by announcing new actions to combat overdoses. These include finalizing [a rule](#) that will dramatically expand access to life-saving medications for opioid use disorder (OUD), announcing that certain grant funds may now be used to purchase xylazine test strips, and releasing SAMHSA's updated [Overdose Prevention and Response Toolkit](#). The [final rule](#) allows buprenorphine to be prescribed to patients with OUD based on telehealth visits on a permanent basis. It will continue increased access to methadone treatment for patients with OUD who are starting or continuing methadone in an Opioid Treatment Program. These actions build on the [National Drug Control Strategy](#) and call-to-action to address the overdose epidemic and save lives.

AMA Calls for Flexibility on Buprenorphine

The worsening opioid-overdose epidemic has prompted the AMA to call for eliminating dose-limit barriers to ensure adequate buprenorphine treatment for patients with opioid use disorder (OUD). Buprenorphine reduces the risk of fatal overdose, eases opioid withdrawal symptoms and cravings, and helps sustain recovery for patients with an opioid-use disorder. The AMA believes that science, evidence, and compassion must continue to guide patient care and policy change. [Click here](#) to read more. At the recent AMA Interim Meeting, the House of Delegates adopted policy to:

- Support patients' ability to receive buprenorphine doses that exceed dosage limits listed in FDA-approved labeling when recommended by their prescriber for OUD treatment.
- Urge interested parties, including federal agencies, manufacturers, medical organizations, and health plans to review the buprenorphine dosing evidence and revise labels and policies accordingly, considering increasing mortality related to high-potency synthetic opioids.

Medicaid Coverage for SUD Medication

Last month SAMHSA released a new report entitled [Medicaid Coverage of Medications to Reverse Opioid Overdose and Treat Alcohol and Opioid Use Disorders](#) to improve understanding of behavioral health care financing to identify opportunities and challenges to service delivery and access to care. The report discusses the availability of, and access to, medications for treating ongoing alcohol use disorder (AUD) and opioid use disorder (OUD) and reversing an opioid overdose within state Medicaid plans. It provides state-by-state coverage and availability of these treatments and links to more details. Several Maryland programs are included and compared directly with other state benefits. It also has examples of innovative efforts to increase access.

HHS Finalizes New SUD Provisions

Last month the HHS finalized modifications to the Confidentiality of Substance Use Disorder (SUD) Patient Records regulations to protect the privacy of patients' SUD treatment records. The final rule increases coordination among providers treating patients for SUDs, strengthens confidentiality protections through civil enforcement, and enhances integration of behavioral health information with other medical records to improve patient health outcomes. [Click here](#) for more information on the 42 CFR Part 2 Final Rule.

National Drug and Alcohol Facts Week

The National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) will hold **National Drug and Alcohol Facts Week**[®] ([NDAFW](#)), **March 18–24, 2024**. NDAFW is a national [health observance](#) inspiring dialogue about the science of drug use and addiction among youth. [Click here](#) to register an event.

Behavioral Health Information Technology

SAMHSA and the Office of the National Coordinator for Health Information Technology will work together over the next three years in an [initiative to advance health information technology](#) in behavioral health care and practice settings. The project supports the [HHS Roadmap for Behavioral Health Integration](#) and is consistent with the [President's call to action](#) to prevent, treat, and provide long-term recovery supports for mental illness and substance use disorders.

New Resource for HIPAA Security Rule

The HHS [Office for Civil Rights](#) and the [National Institute of Standards and Technology](#) published a [resource](#) for physicians to help [bridge Health Insurance Portability and Accountability Act \(HIPAA\) security requirements and good cybersecurity practices](#). The publication provides an overview of the HIPAA Security Rule, strategies for assessing and managing risks to electronic protected health information (ePHI), suggestions for cybersecurity measures and solutions to consider as part of an information security program, and resources for implementing and complying with regulations. Specific topic areas include:

- Explanations of the HIPAA Security Rule's Risk Analysis and Risk Management requirements
- Key activities to consider during implementation
- Steps for implementing security measures
- Sample questions to determine adequacy of cybersecurity measures to protect ePHI

Please [click here](#) for AMA Physician Cybersecurity info.

MPS Membership

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

Elaine Meyers, M.D.
Aditya Kumar Singh Pawar, M.D.

Transfers into Maryland

Nina Burruss, M.D.
Ahmed Fayed, M.D.
Anna Kostrzewsky, M.D.
Kevin Moore, D.O.

Reinstatement

Weronika Micula-Gondek, M.D.
Anne Ruble, M.D., M.P.H.

New 30-Year and 50-Year Members

Congratulations to the following members who reach 30 and 50 years of MPS/APA membership in 2024!

NEW 30-YEAR MEMBERS

Susan Boyd, M.D.
Devang Gandhi, M.D.
Mark Komrad, M.D.
Vikram Shah, M.D., M.B.A,
Richard Silver, M.D.
Julia Ritter-Welzant, M.D.

NEW 50-YEAR MEMEBRS

Mahmood Jahromi, M.D.
Alan Jonas, M.D.
Silverine Samaranyake, M.D.
Stuart Silver, M.D.
Douglas Woodruff, M.D.

Member Shoutout

Congratulations to **Michael Bray M.D.**, on being chosen as one of this year’s American Association for Geriatric Psychiatry (AAGP) Scholars. Their [annual meeting](#) will be held in March with a theme of “Reimagining Geriatric Mental Health: Innovations to promote the well-being of caregivers and patients.”

Stephen A. Goldman, M.D. recently published his new book [One More War to Fight: Union Veterans' Battle for Equality through Reconstruction, Jim Crow, and the Lost Cause](#). *One More War to Fight* portrays the powerful warrior identity that motivates veterans in civilian life just as in uniform, and how the gift of survival has enabled their great societal contributions throughout our history. For more information, [visit his website](#).

[Healthcare for the Homeless](#) published an article featuring **Meredith Johnston, M.D.** titled “[Earning back trust in psychiatric care](#).” She discusses the importance of mental health access and how past negative experiences with mental health care can deter people from seeking help.

Member Publications

In February, **Akira Sawa, M.D.** co-authored a paper titled [“Inflammation-related pathology in the olfactory epithelium: its impact on the olfactory system in psychotic disorders”](#) published in *Molecular Psychiatry*. It focuses on the relationship between the olfactory system and psychiatric disorders.

Members Out & About

- A [study](#) led by **Scott Aaronson, M.D.** received continued attention in a January 16 [Healio article](#) that quoted him.
- The study found synthetic psilocybin coupled with psychotherapy was effective and safe for 15 patients with treatment-resistant bipolar depression.

Congrats Area 3 RFM Merit Awardees!

Following nomination by the MPS, APA Area 3 Council recognized the following Resident-Fellow Members (RFM) with 2024 Merit Awards:

Brian Jinho Lee, M.D., Ph.D. (JHH)
Andrew Van Der Vaart, M.D., Ph.D. (UM/SP)

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

Dr. Vidal Op-Ed

On February 23rd MPS President Carol Vidal, M.D., Ph.D. published an OpEd in the *Baltimore Sun*. Dr. Vidal addressed MPS’ position on the [End-of-Life Option Act: Senate Bill 443/House Bill 403](#). She highlighted findings of a 2020 MPS membership poll, and text within the bill that ultimately led the MPS to oppose the proposed legislation. [Click here](#) to read her OpEd in its entirety.

CLIMATE CORNER

Welcome to the inaugural installment of "Climate Corner," a new column devoted to human and planetary health, and climate psychiatry particularly. [Planetary health](#) is an interdisciplinary field that acknowledges that human health and flourishing depend upon the viability of our planet's life-supporting natural systems (including climate systems, ecosystems, biodiversity, soil health, air quality, water systems, and oceans). This column will raise awareness about how degradation of these systems through human activity affects brain health and emotional well-being. It will share opportunities to learn more via CME and other events. It will also inspire hope by presenting simple action items to enact positive change.

March is a wonderful opportunity to make a difference on the state level because the Maryland General Assembly is considering several bills before it concludes on April 8. I highlight two relevant bills. You can contact your legislators directly (go to mdelect.net to find your elected officials) or sign pre-written action alerts linked below.

The [Reclaim Renewable Energy Act](#) (HB 166, SB 146) addresses air pollution by removing trash incineration as a clean energy source in the Renewable Energy Portfolio Standards (RPS). Since 2004, RPS has set targets and incentives for utilities to use renewable sources of energy for electricity. Currently, trash incineration qualifies as renewable energy, even though it produces more greenhouse gas emissions relative to other power sources and emits toxic air pollutants. Incineration companies receive subsidies that could have gone to truly clean energy sources like wind or solar. Research shows that air pollution is associated with slower cognitive processing speed and more externalizing behaviors in [prenatally-exposed children](#) as well as a higher incidence of [dementia in adults](#). To show support as a constituent, click [here](#) or as a health professional, click [here](#) before 3/6.

The [Maryland Beverage Container Recycling Refund and Litter Reduction Program](#) (HB 735, SB 642) addresses container reuse and recycling. According to Sierra Club, in 2019, 5.2 billion beverage containers were sold in Maryland but only 23% were recycled. The remainder ends up as litter in landfills and waterways. A state bottle deposit program (10¢ for small containers, 15¢ for large containers) could recover over 90% of bottles. It has proven effective in other states and countries and would be funded by fees from beverage producers and unclaimed refunds. To show your support, click [here](#) before 3/5.

A **March 7** APA webinar, *What's Climate Got to Do with It? How Climate Change Affects Mental Health & How you Can Help*, includes 1.5 CME credits. [Click here](#) to register for the 3 PM program.

Elizabeth Ryznar, MD, MSc

APA News & Information

Draft APA Practice Guideline on Delirium

The APA invites comments on the [draft Practice Guideline for Prevention and Treatment of Delirium](#) by **March 8**. The guideline is based on a systematic review of the available evidence. Each statement (recommendation or suggestion) is separately rated according to the strength of the supporting research evidence and the balance of possible benefits and harms of the recommended or suggested actions. In addition, the draft guideline includes a review of strategies and caveats when implementing the recommendations and a discussion of the appropriateness of the recommendations to inform quality improvement activities.

[Click here](#) for a PDF version of the draft. The deadline to comment is **March 8**. Comments and questions should be emailed to guidelines@psych.org using the online comment form [available here](#) along with other details.

As part of its efforts to promote awareness and education about Delirium, the next [@APA Educational Series](#) will be Delirium Update 2024 on Friday, March 8.

APA Announces New CEO

Last Month the APA announced that their new Chief Executive Officer and Medical Director will be Marketa Wills, M.D., M.B.A. Dr. Wills will be APA's eighth Medical Director and the first to hold both an M.D. and an M.B.A., and brings experience in the public, private, and academic sectors, as well as in health care consulting. She will also be the first woman and first Black American to fill the role.

Dr. Wills brings decades of experience in driving innovation and promoting quality mental health care. She currently serves as the Senior Vice President and Chief Medical Officer of Johns Hopkins Health Plans. She also has a clinical practice at University of South Florida Student Health.

Dr. Wills serves as the Chair of the Standards Committee of the National Committee for Quality Assurance and is a member of the APA Council on Health Care Systems and Finance. She has also served on her local NAMI board and as a volunteer at her local Mental Health America affiliate.

Dr. Wills holds an M.D. from the University of Pennsylvania School of Medicine, an M.B.A. from the Wharton School of Business, and an A.B. from Brown University. She completed her training at Harvard's Massachusetts General Hospital/ McLean Hospital Adult Psychiatry Residency Program. She will begin her term on June 1, 2024.

APA News & Information (*continued*)

2024 APA Election Results

Last month, the APA Committee of Tellers approved [the election results](#). Please note that these results are public but not official until approved by the Board of Trustees.

President-elect

Theresa M. Miskimen Rivera, M.D.

Treasurer

Steve Koh, M.D., M.P.H., M.B.A.

Trustee at Large

Patricia Westmoreland, M.D.

Early Career Psychiatrist Trustee

Sudhakar K. Shenoy, M.D.

Resident-Fellow Member Trustee-Elect

Nicolas K. Fletcher, M.D., M.H.S.A.

APA IMG Workgroup Resource Guide

To support International Medical Graduate (IMG) Members, the APA Joint Reference Committee created an IMG work group charged with developing an action plan to address their unique needs. The work group focus is IMGs working in the United States, regardless of their country of origin, from residency through seven years after medical school. The group outlined actions that APA could take in a nearly 70-page report based on a survey with more than 800 IMG member responses. Among the topics identified are a need for assistance navigating the residency application process, access to mentorship opportunities, and support with the immigration and visa process. The work group developed a robust and far-reaching [resource guide](#), with topics ranging from a list of observerships and clerkships in psychiatry for pre-residency IMGs to paths to career development in the United States for early career IMGs.

LAST CALL for 2023-24 RFM Fellowships

The [APA/APAF Fellowships](#) application is open through **March 15**. Fellowships provide psychiatry residents experiential learning, training and professional development to become leaders in the field. Fellows receive mentorship from APA member experts, get exclusive opportunities to be a part of APA leadership councils, and network with APA members from around the country.

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.](#)

SMI Adviser

Sialorrhea—also known as hypersalivation or excessive drooling—is one of the most common side effects of clozapine. SMI Adviser has released [two videos](#) on how to treat patients for this side effect using atropine drops and ipratropium bromide spray.

MindGames Masters

New for the 2024 APA Annual Meeting! A three-part educational experience that helps psychiatrists assess their knowledge and learn more about five subspecialties in an engaging, fun, and competitive format. Any psychiatrist in the U.S. (ACGME-accredited) or Canada may participate. The activity will provide learners with 4 CME credits. The self-assessment participants who earn the three highest scores will participate in MindGames Masters, a one-hour, Jeopardy-style event, on **Monday, May 6** at the 2024 APA Annual Meeting in New York City. One contestant will win the inaugural MindGames Master's trophy. [CLICK HERE](#) for more information, or to register.

Medicare Updates

Opioid Use Disorder Coverage

Medicare covers screenings and treatment for patients with Opioid Use Disorder (OUD). Services include OUD screenings, [office-based treatments](#), [screening, brief intervention, and referral to treatment \(SBIRT\)](#) and [opioid treatment programs](#). Providers are encouraged to explore these services to help improve their patient's behavioral health.

Recoupment of Medicare Overpayments

Effective July 1st, limitations on the recoupment of Medicare overpayments are during the first and second levels of appeal only. This protects providers during the initial stages of the appeal process when they can voluntarily request an extended repayment plan (ERS) or choose an immediate recoupment. If there is no ERS, recoupment will resume at 100% until the debt is paid in full after the second level of appeal, regardless of any subsequent appeals. Interest payments only apply to overpayments recovered through involuntary recoupment under the limitation on recoupment provisions. Interest is not payable on the principal amount recouped on voluntary payments. For more information please [click here](#).

CLASSIFIEDS

OFFICE SPACE AVAILABLE

Stand-Alone Office Building for Sale in Rockville, MD

Located at 208 Monroe Street in downtown Rockville, this stand-alone office building offers an exceptional opportunity for psychiatrists looking to establish or expand their practice. The building is currently occupied by an active psychiatry practice, which is possibly available for purchase with the building. Just 5 minutes from the Rockville Metro station, the building offers 5 private offices, lower-level storage, filing, and administrative space, 7 parking spaces on-site, and additional street parking. Why rent when you can own? Seize this opportunity to invest in your practice and your professional future! For inquiries or tours, please contact Conor Coakley (301.806.6380 | conorc@donohoe.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](#) 410-206-6070 or 410-465-2500.

EMPLOYMENT OPPORTUNITIES

Clifton T Perkins Hospital Center (CTPHC) is recruiting for board certified and board eligible psychiatrists to work in this maximum security forensic setting. CTPHC is Maryland's only maximum security, forensic psychiatric hospital. Come lead a dynamic and growing multidisciplinary team providing inpatient psychiatric services to patients with major mental illnesses who have court involvement. Patients are deserving of excellent care, cases are interesting and often unique, and the work is professionally rewarding. The compensation package is generous, as are State of Maryland benefits. Please contact Dr. [Robert Wisner-Carlson](#), Clinical Director, at 410-724-3075. Applications can be placed on the [State of Maryland JobAps](#), noting Howard County work location.

Adult, Child & Addiction Psychiatry

The Mid-Atlantic Permanente Medical Group (MAPMG) proudly provides the highest quality integrated care for over 800,000 members in Virginia, Maryland, and the District of Columbia. In collaboration with the Kaiser Foundation Health Plan of the Mid-Atlantic States we provide high-quality, patient-centered health care.

OUR PHYSICIANS

- ✘ Lead with integrity
- ✘ Value teamwork and collaboration
- ✘ Provide patient-centered care
- ✘ Practice culturally competent medical care

WE PROVIDE

- ✘ Competitive compensation
- ✘ Balanced (hybrid) work schedule
- ✘ Robust benefits, including pension
- ✘ Shareholder pathway with MAPMG

Eligible for \$150,000 - \$200,000 forgivable loan / recruitment retention sign on bonus - OR - \$150,000 in student loan repayment as a new hire incentive!

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Mid-Atlantic Permanente Medical Group



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We're Taking Aim *at* Treatment-Resistant Depression

The University of Maryland Medicine's Advanced Depression Treatment Center specializes in helping people overcome treatment-resistant depression when more traditional treatments have come up short.

We provide:

- Comprehensive diagnostic evaluations
- Advanced medication management
- Access to novel, effective, safe treatments such as transcranial magnetic stimulation, Intranasal Esketamine, and electroconvulsive therapy



NOW TAKING ELIGIBLE PATIENTS:

Adults (ages 18 or older) with difficult-to-treat depression, which is defined as depression that has not responded to at least two adequate trials of usual treatments (such as antidepressants and psychotherapy)

SCHEDULE AN APPOINTMENT:

Call 410-328-8415

ENDLESS POSSIBILITIES for Psychiatrists at Sheppard Pratt

Applicants must be board certified or board eligible and have a current Maryland-issued license at the time of hire. Some positions require an on-call schedule.

Current openings include:

Medical Director

OCD and Anxiety Disorders | Towson, MD

Medical Director

Child and Adolescent Services | Towson, MD

Inpatient Psychiatrist

Geriatric Unit | Towson, MD

Scan QR code to
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At Sheppard Pratt, you will be surrounded by a network of the brightest minds in psychiatry led by a bold vision to change lives. We offer:

- Robust resources to develop your career
- Cutting edge research and technology
- A generous compensation package with comprehensive benefits

For more information, please contact:

Emily Patrick, Director of Provider Recruitment at emily.patrick@sheppardpratt.org

About Sheppard Pratt

Consistently recognized as one of the top national psychiatric hospitals for more than 30 years, 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.*



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