

# MPS NEWS

Volume 37, Number 12

Editor: Heidi Bunes

April 2024

## In This Issue

<a href="#">Farewell from the Editor</a>	p. 2
<a href="#">Lifetime of Service Announced</a>	p. 2
<a href="#">Presidential &amp; Other Awardees</a>	p. 2-3
<a href="#">April 18 MPS Annual Meeting</a>	p. 4
<a href="#">March Council Highlights</a>	p. 5-6
<a href="#">April 4 CME - College Students</a>	p. 6
<a href="#">Climate Corner</a>	p. 6
<a href="#">Member Accomplishments</a>	p. 7
<a href="#">Call for Volunteers</a>	p. 7
<a href="#">Maryland News</a>	p. 8-11
<a href="#">Prior Auth &amp; Bill Updates</a>	p. 8-9
<a href="#">APA News &amp; Information</a>	p. 11-12
<a href="#">APA BoT Meeting Highlights</a>	p. 12
<a href="#">Medicare Updates</a>	p. 13
<b><u>In Every Issue</u></b>	
<a href="#">Membership</a>	p. 7
<a href="#">Classifieds</a>	p. 13

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

## President's Column

### Reflections on the 2023-2024 Year

The year has gone by swiftly, and has been filled with many transcendental events, some very physically close to us, like this week's sad Francis Scott Key Bridge collapse and the tragic death of several road workers, and some others more removed.

Our organization has also undergone its fair number of changes. A big change was the sale of the office and transition to the MedChi building after decades at Saint Paul Street. Another historical change has been Heidi Bunes' retirement. Those of us fortunate enough to have had a close working relationship with Heidi can only feel gratitude for her time at MPS. Her decades-long dedication has had a long-lasting impact on MPS. We are certain she will take the care she puts into work to other aspects of her well-lived life. Luckily, Meagan Floyd, with great ideas and energy, has successfully stepped up as our new director and made the transition seamless. She and our new staff member, Jora Hritz, who is already contributing in significant ways, make an excellent team. MPS is in good hands.

This year, we started using an app to streamline payment for our members and save on credit card fees, made changes to the MOU with WPS that proved helpful during the legislative session, and worked with many expert members on giving feedback to state and federal governments on gun laws, crisis centers, and stimulant shortage, among many other topics. Drs Merkel-Keller, Means, and Balis in the executive committee have been great colleagues, thoughtfully guiding MPS-related decisions over the past year. I look

forward to Doris and Ron's presidencies, and thank them and Jess for their wisdom.

Some good news: thanks to the move, we closed the budget in the black after a loss last year. We started a new Subspecialty Committee led by Dr. Tori DeLucia, a child and adolescent psychiatrist and President of the Maryland Regional Council for Child and Adolescent Psychiatry, with the hope to better coordinate all subspecialties under MPS. More favorites: increased funding for staff development and trainee lunches and a new Psychiatry Fellowship/Award for early career psychiatrists to shape the new generation of psychiatry leaders, both recommended by a financial task force to allocate a surplus of funds from the condo sale; the [Wonodi Social Justice Award](#); and the new [Climate Corner](#) in the newsletter.

As far as concerning news, our member drop list has been longer than we wished for the second year in a row, especially in 2023. It is still unclear if the trend is due to losing trainees and psychiatrists to out-of-state jobs, or to more members replacing APA with their subspecialty organizations. Fees and inflation likely did not help, but one has to wonder if there is a general decline in perceived need for professional organizations these days. As this year ends, I suspect recent changes in the behavioral health administration and an uncertain state plan will be of interest.

In this last president's column for MPS, I would like to call all members to continue to advocate for quality care for our patients. Luckily, society is now more sensitive to its existing mental health needs, and prevention initiatives are on

*Continued on next page*

The MPS Council will meet by videoconference on April 9 at 7:30 PM. All members welcome!

the rise. In this context, it is important to also preserve the relationship between psychiatrists and our patients. Our training in biological, psychological, and social aspects of mental health is comprehensive and we deserve a seat at the table as leaders in the field of mental health. By that, I mean a *literal* seat in newly formed state task forces. I hope for a future in which coordination, collaboration and integration with primary care, community agencies, and substance use services is the goal to make an often-fragmented system more welcoming to patients.

This year's experience has reinforced my previous beliefs that real change comes from the people who do the work. Just like the officers who made the call to stop traffic to the Key Bridge, saving many lives, our MPS members save lives and make good things happen every day. Our diversity of opinions is a strength. I encourage all members to use the avenues we have to express these opinions: the legislative committee, the council members, the listserv and *The Maryland Psychiatrist*, state mental health task forces and other professional organizations' meetings. Finally, I want to thank every member for allowing me to have this experience. I look forward to seeing you at the [Annual Meeting](#) on April 18!

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

## Presidential Award of Excellence

Many members contribute expertise in different ways to the MPS year after year, making it a vibrant and effective organization. Typically, the MPS Council singles out one person each year for recognition later in their career via the [Lifetime of Service Award](#). However, occasionally the efforts of one individual member are truly outstanding and so integral to MPS successes that the Executive Committee decides not to allow the year to pass without honoring the member's extraordinary work on the organization's behalf. The [Presidential Award of Excellence](#) recognizes a member who stepped up to one or more major challenges over the course of the year with exceptional enthusiasm and success. The Presidential Award of Excellence is decided by consensus of the Executive Committee with the specific recommendation by the current president. The MPS is delighted to announce that this year the MPS Executive Committee felt compelled to honor **Cynthia Lewis, M.D.** with this prestigious award for her extraordinary efforts and work surrounding the proposed crisis regulations and Assisted Outpatient Therapy legislation over the past year. We appreciate your time and dedication to these important issues!

Help us celebrate Dr. Lewis at the [2024 MPS Annual Dinner](#), see you there!

# CONGRATULATIONS



MPS Council voted to award

## **Ann Hackman, M.D.** **2024 MPS Lifetime of Service Award**

This 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.

Please join us at our Annual Meeting on April 18th to honor Dr. Hackman for this achievement.

See [page 4](#) for more information.

## Farewell from the Editor

After working on the publication for most of its existence, this is my last issue as *MPS News* Editor. (I'm still at MPS until I retire completely in June.) It has been a pleasure compiling monthly issues emphasizing transparency of MPS activities, essential Maryland requirements for psychiatric practice, state government activities, CME opportunities, and news about members and allied organizations. The publication also has ads for position openings, office space and more, that generate important non-dues income.

[MPS News](#) has evolved over the years from a couple of pages at the start to around 15 more recently. It was copied at Harford-Belair's Haven rehab program and mailed via USPS early on. When that became too expensive, MPS began email distribution but in a printer-friendly format. The future is sure to bring more changes.

Meagan Floyd and Jora Hritz are excited to continue working on this essential communication platform, as well as the other digital options that MPS offers. I wish you all the best as members and staff partner in navigating the ever-changing practice landscape!

## MPS Paper Competition Winners

The MPS Academic Psychiatry Committee "[best paper](#)" award recognizes outstanding manuscripts authored by young psychiatrists that are published or in press in the immediately preceding year. The selection subcommittee reviewed several submissions of excellent papers. Congratulations to this year's winners who will receive cash prizes funded by the [Maryland Foundation for Psychiatry](#) and be recognized at the [April 18 annual meeting](#):

### **Resident-Fellow Members (RFMs)**

#### **Deepak Salem, D.O. (UMMS)**

[Role of microtubule actin crosslinking factor 1 \(MACF1\) in bipolar disorder pathophysiology and potential in lithium therapeutic mechanism](#)

#### **Andrew van der Vaart, M.D., Ph.D. (UMMS)**

[Revisiting delusion subtypes in schizophrenia based on their underlying structures](#)

### **Early Career Psychiatrist (ECP)**

#### **Aditya Pawar, M.D. (Kennedy Krieger Institute)**

[Systematic Review and Meta-Analysis: Medical and recreational cannabis laws and cannabis use among youth in the United States.](#)

## Ikwunga Wonodi Social Justice and Health Equity in Psychiatry Award

Ikwunga Wonodi, M.D., DFAPA had an admirable, extensive career in psychiatry. Beyond his clinical and research contributions, he was a teacher, advocator, and artist. He volunteered his time to programs focused on cultural diversity, educated others on the importance of inclusion and advocated for underrepresented individuals who are historically overlooked within psychiatry.

To recognize and extend Dr. Wonodi's contributions to psychiatry, Council voted to establish a [new award](#). Annually, the Ikwunga Wonodi Social Justice and Health Equity in Psychiatry Award will honor a Resident, Fellow, or Early-Career Psychiatrist 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 honor is designed to reflect Dr. Wonodi's values and contributions to psychiatry and the community.

The first recipient will be awarded at the 2025 MPS Annual Dinner. CPD will raise money for a cash prize to the recipient to fund further activities in this area. To donate to the award fund, please pay online at <https://mdpsych.org/contact-us/> or send a check to *The Maryland Psychiatric Society 1211 Cathedral Street, Baltimore, MD 21201* and designate that the funds be reserved for the *Dr. Wonodi Award*. Donations are not tax deductible as a charitable contribution.

## Lt. Gov. Aruna Miller to Receive MFP Anti-Stigma Advocacy Award

The 2024 Maryland Foundation for Psychiatry (MFP) Anti-Stigma Advocacy Prize will be awarded to Maryland Lieutenant Governor Aruna Miller for her [Personal Interview](#) on May 23, 2023 with WBAL News. Lt. Gov. Miller was very helpful, conveying to the public in a very personal way the impact of her father's mental illness – not only on him, but on their family. Her experience also demonstrated that one can live through this kind of experience and still become very successful adults. She also made an important point that mental illness isn't a moral failing, but is a chronic health condition..

The Anti-Stigma Advocacy Award will be formally presented at the [Maryland Psychiatric Society annual meeting on April 18](#).

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

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

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

## MPS Poster Competition Winners

### **Congratulations to MPS Poster of the Year Winners!**

This year the MPS Academic Psychiatry Committee's [poster competition](#) for Resident-Fellow Members had several outstanding entries, which will be on display at the [April 18 annual meeting](#). The committee used a scoring system to identify the top three posters. The following three winners will receive cash prizes funded by the [Maryland Foundation for Psychiatry](#) and will be honored at the event.

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

[Gamified Digital Mental Health Interventions as Therapeutics for Common Pediatric Mental Health Conditions: A Systematic Review and Meta-Analysis](#)

#### **Finalist: James Aluri, M.D. (JH)**

[ADHD Assessment and Treatment Policies among a National Sample of US Colleges and Universities](#)





# MARYLAND PSYCHIATRIC SOCIETY ANNUAL DINNER

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

**FOGO DE CHÃO BALTIMORE**

**APRIL 18, 2024**

**6:00 PM UNTIL 9:00 PM**

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.

## **Special Recognitions:**

<b>Lifetime of Service Award</b>	Ann Hackman, M.D.
<b>Presidential Award of Excellence</b>	Cynthia Lewis, M.D.
<b>Anti-Stigma Advocacy Award</b>	Lt. Governor Aruna Miller
<b>MPS Best Paper Award</b>	Resident-Fellow and ECP Members
<b>MPS Best Poster Award</b>	Resident-Fellow Members

For more information and to purchase tickets

**CLICK HERE**

General Member Tickets: \$80

Early Career Psychiatrist (ECP) Tickets: \$45

Resident-Fellow Tickets: \$35



## March Council Highlights

### Support for MPS Strategic Priorities

Dr. Vidal reported efforts aimed at MPS [strategic priorities](#) since the February Council meeting, including retention efforts for members who still owe MPS and/or APA dues, emailing the March *MPS News* to non-members asking that they join or donate to advocacy. Staff is securing annual meeting funding and moved part of MPS reserves to higher yielding accounts.

### Executive Committee (EC) Report

Dr. Vidal noted that EC decided to present the 2024 [Presidential Award of Excellence](#) to Cynthia Lewis, M.D. Committee Chair appointments for 2024-25 are almost complete and the 2024 election began on March 1 with a March 31 deadline to submit ballots. The MPS recognized winners of the [2023 Best Paper](#) and [Poster Contest](#) in the *MPS News*, on the website and social media accounts. She noted that MPS signed onto a [letter supporting 1115 Waiver for Medicaid Reentry](#) and submitted comments on the proposed regulations for [Mobile Crisis Teams and Behavioral Health Crisis Stabilization Centers](#) and Collaborative Care. Dr. Vidal informed Council about an editorial in the *Baltimore Sun* that she authored discussing the MPS position on the MAiD bill. She also reported that a new Vice-Chair has been appointed to the MPPAC (Dr. Tablang-Jimenez), but there is still a vacancy for Treasurer. The Executive Committee also approved a new *MPS News* feature column, "Climate Corner."

### Secretary-Treasurer's Report

Dr. Means noted that the financial statements provided by MPS accountant Norman Feldman, CPA, PA were reviewed, not audited, and that MPS is in a very strong financial position. Dr. Means reported that total MPS assets are \$554K, which is \$113K higher than last year due to the condo sale. Liabilities total \$174K, about the same as in 2022. MPS net assets of \$380K are up \$112K and include \$2K that are temporarily restricted for legal advocacy. He also noted that membership dues are up \$10K (4.7%), but still lower than expected based on the 7.95% dues increase. MPS meetings are \$7K ahead, but advertising and package offers fell \$20K. Total expenses of \$348K are up \$40K, mainly because of the following increases: \$5K salaries (new staff), \$11K professional fees (postponed database updates), \$13K meetings (extra cost for in person meeting), \$3K office (move), and \$5K miscellaneous. The change in net assets is a \$111,983 surplus, up \$125K from a \$12,638 deficit in 2022. In conclusion, 2023 saw a return to in person MPS meetings, although committees and Council continue to meet virtually. Stock market gains and higher interest rates improved the investment picture. MPS had a concerning reduction in 2023 advertising income, but also reduced its overhead by moving to a hybrid office that reflects how staff and members use the office space after shifting to remote work during the pandemic.

Dr. Means also reviewed the 2023 Form 990, which was distributed well in advance for Council review. It includes amounts from the financial statements as well as governance questions, policies, leadership, lobbying expenses, a description of program and services, and other information. Form 990-T shows \$18K of "unrelated" taxable ad income and \$3503 federal taxes. Following a motion to file Form 990 without any changes, Council voted unanimously in favor.

### Legislative Committee Report

Drs. Young and Hanson reported that over 2700 bills have been introduced in the General Assembly, and the Committee has reviewed close to 70, which are almost evenly split between "support" and "oppose." The Committee has worked very well this session with very robust conversations during their weekly meetings. Despite vigorous efforts it appears that [SB453/HB576](#), Emergency Evaluation and Involuntary Admission Procedures and Assisted Outpatient Treatment Programs will stall again this year, due to fiscal concerns. [SB443/HB403](#) End-of-Life Option Act, will not move forward this session either. The prior authorization bill's future remains unclear because of financial concerns. The Committee is now meeting on an as needed basis. Visit the [MPS website](#) for bills that the MPS has taken a position on.

### APA Area 3 Council Report

Drs. Hanson, Shaya and Zimnitzky attended the February Area 3 Council meeting where three action papers were unanimously endorsed:

- Advancement of New Research: Triple Blind Peer Review in APA Publications
  - Two Decades Post FDA's Box Warning on SSRI: Call for Review
  - Advocating for the Prevention of Mass Shootings
- Area 3 voted to present MPS nominees, Drs. Brian Jinho Lee (JHH) and Andrew Van Der Vaart (UM/SP) with RFM Recognition Awards. Dr. Hanson discussed the APA Department of Government Relations (DGR) reorganization and noted that Ms. Robin Levy is the new contact for Maryland. DGR reported a nationwide increase in prior authorization bills, legalization of psychedelics, non-physician prescribers and collaborative care. Dr. Shaya noted that Marketa Wills, M.D., M.B.A., a board-certified psychiatrist, will be the new APA Medical Director and CEO.

### Membership Committee Report

Dr. Dionesotes asked Council to review the drop roster and contact any colleagues they know and ask them to pay their outstanding dues. Members who have not paid dues or enrolled in a payment plan will be dropped from membership on March 31<sup>st</sup>. The Committee is diligently reaching out to these members. With around 75 on the list, there would be dire consequences to the MPS bottom line if they are all lost.



## March Council Highlights (*Cont.*)

### New Business

Drs. Balis and Hackman presented an updated proposal for the Ikwunga Wonodi Social Justice and Health Equity in Psychiatry Award. Council reviewed the updated proposal including the guidelines and promotion plan, and voted unanimously to approve the new award, which will be announced during the MPS Annual Meeting on April 18<sup>th</sup>. The first recipient will be recognized at the 2025 Annual Meeting. Read about more details of the award [here](#).

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

A Joint MPS and MRCCAP Program  
Presented 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**

[CLICK HERE](#) for more  
information and registration

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

## Changes to Required NPI Data

A CMS [notice](#) reports that **starting April 3**, the data required to obtain and maintain a National Provider Identifier (NPI) via the National Plan and Provider Enumeration System will change as follows:

- A post office box or personal mailbox offered by a private delivery service can serve as a practice location address when the provider does not have a physical location other than their home address.
- Gender values and gender code options (in addition to M and F) include "X – Unspecified or another gender identity," and "U – Undisclosed" to improve accuracy of publicly available data and support unique identification and enumeration of health care providers.

## CLIMATE CORNER

April 22 is Earth Day, and this year's [global theme](#) is "Planet vs Plastics." Let's learn why reducing plastics waste can help safeguard brain health. Plastics are fossil fuel-derived polymers processed with chemical additives that imbue desired physical properties. Applications include: packaging and single-use plastics ([accounting](#) for 31% of all plastics), buildings/construction (17%), transportation (14%), textiles (10%), and consumer/institutional products including medical products (10%). Once produced, plastics persist in the environment. Between 1950-2015, we [produced 8.3 billion metric tons](#) of plastics: 30% are still in use, 9% were incinerated, and 60% have accumulated as litter or landfill. [Only 9%](#) were recycled.

Negative health effects emerge at all stages of the plastics lifecycle. At the manufacturing stage, plastics account for [3.7%](#) of global carbon emissions and contribute directly to climate change, [which impacts mental health](#). Manufacturing also emits toxic air pollutants that [worsen neurocognitive and behavioral outcomes in children](#) and [increase dementia risk](#). Factories often abut disadvantaged communities, [exacerbating](#) health inequities.

At the use stage, plastics can [enter](#) the human body via ingestion of contaminated food and water, inhalation, or skin contact. Research into the direct effects of plastics on brain health is still [relatively nascent](#). Some plastics chemicals are [implicated](#) in the increasing prevalence of autism, attention-deficit hyperactivity disorder, and cognitive impairments due to direct neurotoxicity. Microplastics have been [documented](#) in human placentas, raising the question of their impact on brain development given the [link](#) between placental health and future risk of neuropsychiatric conditions. Plastics can disrupt endocrine processes; early research following a small cohort of children starting at gestation [suggests](#) that prenatal microplastics are associated with anxiety/depression in boys. It is [not clear](#) whether plastics increase dementia risk. Preclinical studies in mice show that nanoplastics can [bind](#) alpha-synuclein, leading to fibrils, and that drinking microplastics-contaminated water [induces](#) dementia-like behavioral and brain changes; [new clinical research](#) has just been funded.

At the disposal stage, plastics incineration produces more air pollution. Landfill and litter degrade into macro- and microplastics that [leach](#) into the environment: they have been found in the most remote areas of our Planet and also contaminate our water systems.

There is hope: Maryland state and local laws have started addressing plastics pollution with [bag bans](#), [food container restrictions](#), and an [extended producer responsibility program](#). And the United Nations is currently negotiating a [Global Plastics Treaty](#). However, the petrochemical industry needs plastics as an alternative source of revenue given the push for clean energy and is actively [hampering](#) progress.

So what can we do? Show support for the Global Plastics Treaty with an [open letter from health professionals](#) or [general message](#) to the US Secretary of State in advance of the fourth negotiating meeting later this month; [advocate](#) for [reduction](#) of plastics in your workplace; and [commit](#) to personally reducing single-use plastics for food and drinks and to [avoiding fast fashion](#) and synthetic textiles.

*Elizabeth Ryznar, M.D. M.Sc.*

### Share Your Insights

ProPublica is investigating the Mental Health Care Access in the U.S. Their reporters want to talk to mental health providers, health insurance insiders and patients as they examine the U.S. mental health care system. Mental health care providers [have already begun sharing](#) challenges they face in trying to get patients the treatment they need, from barriers to joining or staying in an insurance network to navigating low reimbursement rates. ProPublica would like to make even more connections to identify themes and patterns in this space. To share your insights, see more info at this link <https://www.propublica.org/getinvolved/tell-us-about-mental-health-care-access>.

### 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.*

Shavonne Julien-Huang, M.D.  
Xiaoqing Peng, M.D., Ph.D.  
William Narrow, M.D., MPH

#### Reinstatement

Yubaraj Bhandari, M.D.  
Rosa Maria Crum, M.D., MHS

## 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 [interest group](#) and other ways that members request. MPS President Theodora Balis, M.D., will appoint FY25 committees next 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](#).



### Member Shoutouts

The Francis Scott Key Bridge collapse brought tragedy to many Baltimore families, in particular those of the workers who lost their lives. Drs. **Natalie Yzer-Newton, Carol Vidal, and Sylvia Williams** responded to the call for mental health professional volunteers who speak Spanish, especially those who have experience with children and families and with trauma. Thanks to our Spanish-speaking child and adolescent psychiatrists at MPS who stepped up! (The [Pro Bono Counseling Project](#) is coordinating with government agencies that are providing assistance to the families of the workers who died. To contribute a little time, please contact [Amy@probonocounseling.org](mailto:Amy@probonocounseling.org) or call 410-825-1001 and follow the prompts to Amy Greensfelder.)

Congrats to **Anne Ruble, M.D., M.P.H.**, Director of the Jerome Frank Program in Psychotherapy at Johns Hopkins, is the recipient of the [Teichner Award](#) to promote the teaching of psychodynamic principles to psychiatrists-in-training.

Congratulations to **Paul Nestadt, M.D.**, who has been named the recipient of the newly created James Wah Professorship at Johns Hopkins. He has been working via multiple avenues (including MPS) on suicide prevention and firearm safeguards..

### Members Out & About

**Carol Vidal, M.D.** contributed a special edition newsletter to the [Maryland Behavioral Health Integration in Pediatric Primary Care \(BHIPP\)](#). Her article on *Youth Social Media Use and Self-Diagnosis* discusses the phenomenon of social contagion and the concerning role social media plays in it.

**Chad Lennon, M.D.** was interviewed for the Care.com article [How kids tell us they feel unsafe: The subtle signs of anxiety grown-ups might miss](#). He outlined how parents can create safe spaces for communicating with their kids along, how they can address signs of anxiety, and ways to discuss their child's feelings and emotions.

### Member Publications

**Scott Aaronson, M.D.** and **Zofia Kozak, M.D.** published new evidence regarding psilocybin's effect on depression and bipolar II disorders. Their article, [New evidence for flexible psilocybin dosing in patients with treatment-resistant depression](#), highlights the promising role of psychedelic treatment for psychiatric disorders, noting that more research is needed regarding unresolved issues.

# Maryland News

## Prior Authorization Legislation Update

After four years of effort and eight months of summer study, [Senate Bill 791/House Bill 932](#), aimed at revising health insurance utilization review processes, was poised to represent a consensus among stakeholders regarding prior authorization. However, this consensus was disrupted when CareFirst, unexpectedly opposed the bill and actively lobbied against it. This opposition included inflating the fiscal note at a time when budget considerations were under heightened scrutiny.

The bill faced a stall until just before crossover, when it was amended to focus solely on prescription drugs for "mental disorders listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association."

In its amended form, the bill proposes the following key provisions:

- By July 1, 2026, carriers are required to establish and maintain an online system that integrates with e-prescribing and electronic health record systems. This system should streamline electronic prior authorization requests and provide real-time information on patient out-of-pocket costs and alternative medications. Carriers are prohibited from charging fees for accessing this online process and from accessing healthcare provider data without consent. Healthcare providers must ensure their electronic systems can access carrier-established prior authorization processes and real-time patient cost information by the same deadline.
- **Prior authorization Requirements:** The bill applies to insurers, nonprofit health service plans, and health maintenance organizations (HMOs) providing prescription drug coverage. Managed care organizations defined in Health – General Article § 15–101 are exempt.
  - Requires prior authorization requests for prescription drugs to allow health care providers to indicate if the drug is for treating a chronic condition. If indicated, the entity cannot request reauthorization for a repeat prescription for one year or the standard course of treatment, whichever is less.
  - Mandates detailed written explanations for denial of coverage, including whether it was based on prior authorization requirements.
  - Entities must honor prior authorizations granted by the previous insurer for at least 90 days or the length of the course of treatment, whichever is less, upon receipt of documentation. Entities can conduct their own review during this period.
  - Specifies conditions where prior authorizations must be honored even with changes in health

benefit plans or dosage changes. Exempts certain opioid dosage changes from prior authorization requirements.

- Requires entities to notify insured individuals and healthcare providers at least 60 days before implementing new prior authorization requirements.

The bills successfully passed their respective chambers in amended form. However, it's noteworthy that the Senate bill includes a floor amendment to prohibit reauthorization for biological products used for immunotherapy along with mental health prescriptions. This hastily added amendment requires revision to differentiate between immunotherapy drugs and mental health drugs more clearly. With only two weeks left in the session, there's still optimism that the bill will ultimately pass with the outlined provisions. Although not every desired aspect was achieved, this legislation signifies a significant stride towards prior authorization reform in Maryland.

*Thomas Tompsett Jr.  
Harris Jones & Malone*

## Progress on Parity Legislation

There is positive news on several Maryland bills that would advance Parity Act enforcement:

- [HB1074 and SB684](#) *Health Insurance - Mental Health and Substance Use Disorder Benefits - Sunset Repeal and Modification of Reporting Requirements*, which would improve Parity Act compliance reporting and enforcement, have passed the House and Senate, respectively.
- [HB932 and SB971](#) *Health Insurance - Utilization Review – Revisions*, which would require all carriers to use utilization review criteria for mental health benefits that are developed by a non-profit professional society of mental health practitioners, have passed the House and Senate, respectively.
- [HB1048 and SB212](#) *Behavioral Health Advisory Council and Commission on Behavioral Health Care Treatment*, which would require the Behavioral Health Commission to address Parity Act compliances in its recommendations on the Medicaid service delivery model for mental health and substance use disorder benefits (carve-in/carve-out recommendations), have passed the House and Senate, respectively.



# Maryland News

## AOT Legislation Passes House with Amendments

[HB 576](#) aims to establish a new Assisted Outpatient Treatment (AOT) program in Maryland. AOT allows courts to mandate outpatient treatment for adults with severe and persistent mental illness who have experienced frequent psychiatric hospitalizations. Proposed amendments would narrow the eligibility criteria for AOT and expand due process protections. The House passed HB 576 as amended but it is unclear how the Senate will approach this. Establishing AOT is a priority for the Moore-Miller Administration.

## MHAM Survey Results

At the end of 2023 the Maryland Mental Health Association (MHAM) asked the Maryland mental health community to share their concerns on some of our biggest mental health and substance use challenges, as well as their opinions on the most effective strategies to address them. **Hundreds responded to the survey, and some key points are noted below.** [Click here](#) to view the full results.

**Access Disparities for Underserved Populations:** 74% are very concerned and 18% are somewhat concerned.

Top 2 priorities:

- Increase funding to address service access disparities
- Reforms to reduce overrepresentation of Black and brown individuals in the criminal justice system

**Children's Behavioral Health:** 82% are very concerned and 17% are somewhat concerned.

Top 2 priorities:

- Expand access to prevention and early intervention services for children and youth
- Restore efforts to create a comprehensive, integrated system of care for children and youth

**Rising Suicide Rates:** 81% are very concerned and 18% are somewhat concerned.

Top 2 priorities:

- Increase funding for mobile crisis response teams
- Establish dedicated funding for the Maryland 988 crisis line

**Opioid Deaths:** 75% are very concerned and 22% are somewhat concerned.

Top 2 priorities:

- Expand access to affordable and treatment-linked housing
- Establish overdose prevention sites

## Proposed Changes to CDS Regulations

The Maryland Department of Health has released proposed changes to [Subtitle 19.10.19.03 Controlled Dangerous Substances](#). Overall, the changes will reorganize, clarify, and update the existing state regulations. In addition, they will better align state requirements with the [most recent federal regulations](#) and will reflect recent Maryland state legislative changes. Notable changes include:

### Updates per Statutory Requirements:

[HB72/SB57](#) – Budget Reconciliation and Financing Act of 2015 - *Changed the CDS registration certificate period from 2 years to 3 years.*

- [HB437/SB537](#) – Department of Health and Mental Hygiene: Prescription Drug Monitoring Program – *Required authorized provider's to be registered with the PDMP before applying for a new or renewal registration.*
- [SB967/HB1329](#) – Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017- *Expanded OCSA enforcement authority. Added grounds for not meeting Department requirements. Allowed action for surrendered DEA registrations. Allowed restrictions to be placed on CDS registration.*
- [SB0494-Emergency Bill](#) - Annual Corrective Bill - *Agency Name changed from the Division of Drug Control to the Office of Controlled Substances Administration.*
- [HB1452/ SB1223](#) – Controlled Dangerous Substances Registration - Authorized Providers – Continuing Education – *Required authorized providers to have 2 hours of continuing credits before applying for a new registration or renewal CDS registration.*
- [SB87](#)– Controlled Dangerous Substances – Registration, Schedules, Penalties, and Orders of Impoundment – *The Department was authorized to impose civil penalties for violations of the Maryland Controlled Dangerous Substances Act.*

### Additional items of note:

Notable realignments have reorganized, removed, and added new regulation sections.

- Sections 10.19.03.13 and 10.19.03.14 were added to provide additional information on the refilling and partial refilling of prescriptions.
- Section 10.19.03.16 was added to provide clarifying guidance on the destruction of controlled substances.
- Section 10.19.03.17 was added to provide requirements for transferring controlled substances.
- The new section 10.19.03.05 incorporates a time limit for pending applications to reduce applications that are not processed due to an insufficient application or missing supporting documents.
- The new section 10.19.03.07 adds regulations pertaining to the reinstatement of CDS registrations.

# Maryland News

## MPS Comments on CoCM Regulations

The MPS submitted comments to the Maryland Department of Health (MDH) regarding proposed [Collaborative Care Model](#) (CoCM) regulations, which resulted from a [past bill](#) in the Maryland General Assembly that the MPS supported. Please [click here](#) to view the comments submitted to MDH.

The MPS also submitted other comments to MDH pertaining to proposed Behavioral Health Administration and [Medicaid regulations on Mobile Crisis Teams and Behavioral Health Crisis Stabilization Centers](#). Please [click here](#) to view the letter sent to MDH.

## Full BHA Funding Proposed for FY2025

The Governor's Office proposed some cuts to balance the FY 2025 budget but did not include any reductions for the Behavioral Health Administration (BHA). The [BHA budget](#) included a 3% rate increase for behavioral health providers and \$89.2 million in new behavioral health investments, including \$17.6 million for the 988 helpline.

## BHA Public Awareness Resources

The Maryland Behavioral Health Administration (BHA) is working to raise public awareness about the opioid and overdose crisis via campaigns that help educate and share life-saving information. BHA public awareness videos available at [StopOverdose.maryland.gov/psas](https://stopoverdose.maryland.gov/psas) contain information about these topics and more:

- Fentanyl and the emergence of xylazine
- 988, the National Suicide & Crisis Lifeline
- Naloxone and how to use it
- Maryland's Good Samaritan Law
- Stigma surrounding substance use

## MIA Getting Started Resource

The Maryland Insurance Administration (MIA) has a resource document to help people through a mental health or substance-use crisis. Read the [MIA Consumer Advisory](#) on how to get started with help for mental health or substance use concerns.

## New 988 Video

"[What is 988 and How Does it Work?](#)" is a comprehensive video compilation featuring crisis counselors, professors, and peer specialists who work the 988 call line. They collectively explain what people can expect when they call, text, or chat 988. SAMHSA also offers [other 988 resources](#).

## Latest Maryland 988 Data

As reported in the January meeting of the Baltimore City Behavioral Health Collaborative, when someone dials 988 in Maryland, they can access specialized services such as the National Veterans' Crisis Line, a Spanish sub-network, LGBTQ+ Youth Crisis Line and video calls are answered by someone who knows American Sign Language. All lines are 24/7, free, and confidential. If the local line is busy, there is a backup center.

Data reviewed from May 2023 - December 2023 shows that Maryland has an 89% in-state answer rate, and most calls were resolved on the phone. However, a small number of calls resulted mobile crisis dispatch, and an even smaller number for active rescue from "imminent threat."

Most mobile visits were handled in calls, and only about a quarter (9) of the teams took the consumer to a crisis residential unit and only two cases were transported to emergency rooms. National 988 is developing a policy to serve repeat callers.

## MIA Advisory on Change Healthcare

The Maryland Insurance Administration (MIA) issued an [advisory](#) on the cybersecurity incident involving Change Healthcare. Providers should reach out to the patient's health plan to address claim processing issues. Insured patients cannot be required to pay for services while the provider waits for issues to be addressed. If health plan issues cannot be resolved, a complaint can be filed with MIA at [this link](#).

On March 25, Commissioner Kathleen Birrane gave an update on the Maryland response to the Change Healthcare situation. [Click here](#) to watch the video.

A [Temporary Funding Assistance Program](#) may help some providers bridge the gap in short-term cash flow needs resulting from the Change Healthcare disruption.

CMS announced [related flexibilities](#) for Medicare, Medicaid and CHIP, including payment advancement.

Click for [AMA updates](#) and for [Change Healthcare updates](#).



## Maryland News

### Update on Medicaid Unwinding

Maryland Matters [reported](#) on the Medicaid transition following the end of COVID flexibilities that allowed enrollees to remain on Medicaid rolls without demonstrating that they continue to meet eligibility requirements (known as “unwinding”). With three months remaining in the redetermination period, [total enrollment](#) is 1.7 million as of January 2024, down from 1.8 million in May 2023. Some enrollees can continue, some age out, and some who are ineligible based on income above the limit may buy private coverage on the [Maryland Health Benefit Exchange](#). However, the majority who lose Medicaid coverage simply have not completed the required renewal process. The Maryland Department of Health is [reaching out](#) to communities with high procedural disenrollment rates.

### Brand and Generic Focalin XR on PDL

In Advisory No. 259, the Maryland Office of Pharmacy Services announced that both brand and generic Focalin XR (dexamethylphenidate XR) are preferred **as of March 16, 2024**. [Click here](#) for the Maryland Medicaid Preferred Drug List (PDL) and Brand Preferred over Generics List. All Advisories are available online at [this link](#).

### \$13.5 Million for Crisis Services

The Maryland Department of Health awarded \$13.5 million in grants to 19 jurisdictions across the state to help promote health equity and improve access to behavioral health crisis services for Marylanders. All 19 jurisdictions that applied will receive funding to participate in the pilot program, including establishing Behavioral Health Crisis Stabilization Centers in Howard, Montgomery, Prince George’s, St. Mary’s, and Washington counties, as well as Baltimore City. This funding also supports mobile crisis team development and expansion in Anne Arundel, Calvert, Caroline, Cecil, Charles, Dorchester, Harford, Howard, Kent, Montgomery, Prince George’s, Queen Anne’s, Somerset, St. Mary’s, Talbot, Washington, Wicomico, and Worcester counties, as well as Baltimore City. [Click here](#) for the press release.

### Funding to Support Services for Students

Last month, the Maryland Community Health Resources Commission approved [129 grant awards](#) totaling \$111 million to expand access to comprehensive behavioral health services for children, kindergarten through high school, in every jurisdiction in Maryland. Programs will begin this spring and continue through next year. These grant programs will expand access to much-needed mental health and substance use programs for students. The programs will address a wide range of behavioral health issues through prevention, behavioral health screenings, counseling, addiction treatment, family support, crisis planning and services, telehealth services, support groups, wraparound services, and more.

## APA News & Information

### Examine Tech Addiction in Youth of Color

Harassment, cyberbullying, and social media comparisons can all contribute to suicidal thoughts and behaviors in teens who are excessively online. Teens of color are particularly vulnerable to such suicide risk factors. On **April 3<sup>rd</sup> at 7 PM**, a panel will explore risk factors, protective factors, assessment strategies, and evidence-based interventions for youth who may have technology addiction and suicidality. [Learn more and register](#) for *Navigating the Virtual Crisis: Enhancing Awareness of Technology Addiction and its Impact on Suicidality in Youth of Color*.

### Naloxone vs. Nalmefene

The [Maryland Addiction Consultation Service](#) (MACS) has posted a [briefing regarding nalmefene](#) (also known by the brand name “Opvee”), which is an overdose reversal medication approved for use by the Food and Drug Administration in May 2023. Excerpt: *“What are the concerns? Recent data suggest that there is no benefit of nalmefene or 8 mg naloxone over the 4 mg naloxone formulation, and there are more risks, including a significantly higher likelihood of opioid withdrawal signs and symptoms, including vomiting.”* MACS concludes, *“Given the present data, **the current most evidence-based, cost-effective medication for opioid overdose reversal is 4 mg naloxone.**”*

### Join Caucus to Participate in Elections

Four of APA’s seven [minority and underrepresented \(M/UR\) caucuses](#) are electing leaders this year: the Caucus of American Indian, Alaska Native, and Native Hawaiian Psychiatrists; the Caucus of Hispanic Psychiatrists; the Caucus of Lesbian, Gay, Bisexual, Transgender and Questioning/ Queer (LGBTQ) Psychiatrists; and the Caucus of Women Psychiatrists. The deadline to join a caucus or switch caucus membership to be eligible to vote is **May 1**. [Register here](#).



# APA News & Information (*continued*)

## March APA Board of Trustees Meeting Summary and Actions

*The information below constitutes unofficial highlights of the B.O.T. meeting and is subject to change.*

### Advocacy, Policy & Practice Advancement

This newly reorganized and renamed division, led by Kristin Kroeger, is focused on coordinating APA's advocacy efforts between the federal and state legislative, and policy or regulatory area in concert with APA grassroots advocacy and PAC. The division also assists members through the APA practice management helpline, development of clinical practice guidelines, and the new policy and practice webinar series that discusses how federal policy will affect members' practices. APA continues to support DBs through 3 regional directors.

### Artificial Intelligence

The Board had a discussion on generative AI in psychiatry and reviewed ideas on how AI might help or potentially threaten APA's education, publishing, and membership business lines.

### Supporting and Increasing Diversity

The APA will wrap up its Looking Beyond webinar series with "[Navigating the Virtual Crisis: Enhancing Awareness of Technology Addiction and its Impact on Suicidality in Youth of Color](#)" on **April 3 at 7 PM**. Members are invited to celebrate 50 years of impact through the SAMHSA Minority Fellowship Program (MFP) at APA/APAF. During the [APA Annual Meeting](#) in NYC, prior and current SAMHSA MFP Fellows will network as APA highlights the many accomplishments of psychiatrists who participated in this program since its inception. In addition, a poster session will highlight the mental health equity capstone projects from the 2023-24 SAMHSA MFP Fellows cohort.

### Educating Members, Patients, Families, the Public, and Other Practitioners

Preparations for the [2024 Annual Meeting](#) are in full swing. The scientific program will have approximately 500 sessions, 8 paid master courses and 20 paid courses, and more than 1,000 posters. Both the in-person and virtual options will provide 44 Category 1 CME credits. The on-demand package will have 200+ sessions and will allow for 75 CME credits.

### APA Foundation

To better respond to the growing mental health crisis, the APA Foundation is expanding its Fellowship program and related pipeline efforts for the first time in a generation that will bring approximately 250 Fellows into the system. The APA Foundation benefit will be held in New York City on Monday, May 6th. Tickets can be purchased for \$360 [here](#).

### Membership

During 2023, APA's overall membership count increased to 38,907 (+ 2.2% YoY). This is the highest membership count for APA in 25 years, since 1998.

### Update from the APA Treasurer

Total APA revenue was \$52.2M, which was \$6.8M lower than budget. The shortfall in revenue was attributed primarily to lower conference revenue, reduced publication sales of DSM-TR, and below budget grant revenue. Efficiencies in spending were not enough to offset the shortfall in revenue and 2023 ended with a net loss of \$5.2M (after using the approved reserve spending of \$4.4M). The APA balance sheet remains strong with unrestricted net assets totaling \$71.7M and total net assets of \$122M. At the recommendation of the Finance and Budget Committee, the Board approved a 5% increase in APA membership dues across all dues categories for 2025.

## Hispanic and Latino Behavioral Health

Hispanic and Latino communities have long displayed resilience, determination, and achievement despite facing historical trauma, prejudice, and discrimination. Despite barriers to quality behavioral health care and stigma related to [mental health](#), specific behavioral health [resources and education](#) can help professionals improve the services they provide. The following resources support mental well-being and resilience within Latino and Hispanic communities, including communities affected by disasters.

- [The Experience of Being a Non-Latino Mental Health Professional Who Works with Latinx Clients](#)
- [Mental Health Disparities Among Hispanics and Latinos](#)
- [Hispanic/Latinx Identity and Cultural Dimensions](#)
- [Mental Health Challenges and Support: Latinx Communities](#)

## La Salud Mental

Check out [freshly added resources](#) on APA's Spanish language patient and family-facing pages, including sites on [perinatal depression](#) and [alcohol use disorder](#), as well as a suite of [downloadable brochures](#) in Spanish about common mental health disorders.

## FREE APA Course of the Month

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

# Medicare Updates

## Medicare Psychiatric Code Revisions

In January CMS created a new Medicare benefit for Mental Health Counselors and Marriage and Family therapists authorizing them to bill for services furnished for the diagnosis and treatment of mental illnesses. To make the LCD consistent with the new CMS guidance, indication #8 under Section I, Psychiatric Diagnostic Evaluation has been revised. [Please click here](#) for more information.

## New MIPS Data Deadline April 15

The deadline for 2023 Merit-based Incentive Payment System (MIPS) data submission is extended to **April 15**. Be sure to sign in at the [Quality Payment Program site](#) to submit and review your 2023 data by the deadline.

CMS has also reopened the 2023 MIPS Extreme and Uncontrollable Circumstances (EUC) hardship application due to the Change Healthcare cyberattack. The deadline to apply for an exemption is **April 15, 2024**. Please note the short timeline to take advantage of the flexibility. The 2023 MIPS EUC hardship exemption is not automatic and requires physicians to apply.

Check whether you're currently required to participate in MIPS by entering your 10-digit National Provider Identifier (NPI) into the [QPP Participation Status Tool](#). The participation threshold in 2024 remains:

- Bill more than \$90,000 a year for professional services under Medicare; AND
- Furnish services to more than 200 Medicare Part B beneficiaries; AND
- Provide more than 200 services under Medicare.

## Opioid Use Disorder

Medicare pays for opioid use disorder (OUD) screenings performed by physicians and non-physician practitioners including:

- Evaluation and management visits for medication management
- Office-based substance use disorder (SUD) treatment services
- Opioid Treatment Program: Provide medications for opioid use disorder

Visit [Opioid Use Disorder Screenings & Treatment](#) for more information, including coverage and coding

## Medicare Physician Fee Cut Reduced

On March 9, President Biden [signed](#) into law the [Consolidated Appropriations Act, 2024](#) (HR 4366) to avert a partial government shutdown. The \$460 billion spending package includes a 1.68% reduction to the 3.4% cut to the [Medicare Physician Fee Schedule](#) conversion factor that took effect on January 1. The new payment rate went into effect on **March 9**; it is not retroactive to January 1. The impact of the remaining overall payment reduction on individual psychiatrists depends on what services they provide.

APA continues to work for full repeal of the physician pay cut, which was automatically enacted to offset overall increases in Medicare payment. The fee schedule, released last November, included some [good news](#) for psychiatrists; positive provisions included an increase in reimbursement for providing psychotherapy as an add-on to evaluation and management (E/M) services and the extension of some telepsychiatry provisions into 2024.

The appropriations act also reauthorizes some substance use disorder treatment programs that were created under the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. [Click here](#) for more information.

## Medicare Contractors Correcting Underpaid Telehealth Claims

APA has learned that some Medicare contractors have been paying 2024 claims for telehealth services delivered in patients' homes at the wrong reimbursement rate. APA alerted the Centers for Medicare and Medicaid Services about the problem, and it is now working with contractors to correct these payments. Check with Novitas for additional information. Questions? Send an email to [practicemanagement@psych.org](mailto:practicemanagement@psych.org).

## Cybersecurity Attack Financial Assistance

CMS announced an opportunity for physicians impacted by the cyberattack and resulting disruptions with ChangeHealthcare to request advanced Medicare payments to help with cash flow disruptions. The details, terms, and steps needed to apply can be found in the links below:

- [Fact Sheet](#)
- [CMS Statement](#)

AMA Addresses Scope Creep and Patient Safety

Nonphysician providers seek to deliver care, prescribe medications, or even perform surgery—all without attending medical school. Legislative or regulatory changes would inappropriately permit them to deliver care despite data that shows such scope expansions can [increase patient safety risks](#) and [health care costs](#). To help set the record straight, the AMA is publishing a [series of news articles](#) outlining key differences between various types of physician specialists and nonphysician providers – including [psychiatrists and psychologists](#).

APA DBs Pursue Prior Auth Reform

Several District Branches (DBs) are initiating [APA state prior authorization reform legislation](#) or supporting bills with its key provisions. APA model language would prohibit prior authorization in certain circumstances, including for generic prescription drugs, on any drugs that have been prescribed without interruption for six months, and on any long-acting injectable medication. It also requires that any denial of coverage be made by a physician in the same specialty as the prescriber, requires that all denials be eligible for an expedited internal appeal process, and requires the insurer to render a decision. [Contact APA for more details](#).

**CLASSIFIEDS**

**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](mailto: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.

**Resources for American Indian and Alaska Natives**

SAMHSA's Office of Recovery and Office of Tribal Affairs and Policy have collaborated to [create a website](#) dedicated to sharing Tribal Recovery news, events, and resources.

**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!

**PERMANENTE MEDICINE**  
Mid-Atlantic Permanente Medical Group



Join us in our outpatient clinic where we offer a hybrid workplace

**APPLY NOW**



# PRACTICING PART-TIME?

## WE CAN COVER YOU



PRMS® ensures that psychiatrists working 20 hours per week or less receive the same unrivaled protection and service as those practicing full-time. Plus, you may be eligible to save on your malpractice insurance premium.

Part-time psychiatrists have access to our complete program, which includes a psychiatry-specific policy, a multitude of expert risk management resources and materials, and a claims team experienced in psychiatric litigation should you ever need them.

**More** than an insurance policy

(800) 245-3333

[PRMS.com/PartTime](http://PRMS.com/PartTime)

[TheProgram@PRMS.com](mailto:TheProgram@PRMS.com)



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

Actual terms, coverages, conditions and exclusions may vary by state and are subject to underwriting. Insurance coverage provided by First American Insurance and Reinsurance Company (FAIRCOS), New York, NY (NAIC 35357). FAIRCOS is an authorized carrier in California. ID number 3715-7. [www.fairco.com](http://www.fairco.com). PRMS, The Psychiatrists Program and the PRMS Owl are registered Trademarks of Transatlantic Holdings, Inc., a parent company of FAIRCOS.

# 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  
see all openings



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](mailto: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](http://sheppardpratt.org) to learn more about our services. *EOE.*