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

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

President's Column

Men's Mental Health Awareness Month

June was Men's Mental Health Awareness month. Admittedly, I tend to lack awareness of which months are dedicated to which topics, but in my current role, I was asked to write a piece focused on men's mental health for editorial submission and to participate in a video [podcast](#) with local radio hosts to discuss obstacles in addressing mental health issues, specifically in Black men. Completing these tasks led me to reflect on the provision of mental health care for men.

In the past several years, we have seen the growth of the subspecialty focus on women's health, which has been much needed to counter the historical bias upon which medicine and psychiatry were built. Only recently have I heard more robust discussions about mental health care for men. Due to the social factors, of which we are aware, the reservations around men seeking mental health care have restrained the discussions about how to best treat men, particularly when it comes to psychotherapy approaches.

We know the numbers and have learned how being a man raises the risk for death by suicide. Similarly, we often talk about social factors that keep men from seeking mental health care, including limited access, stigma and problematic expectations around masculinity. The gap grows even larger for minority and immigrant men who have the compounded impact of skepticism about healthcare and cultural variations that affect the perception or provision of mental healthcare.

These obstacles remind me of the importance of supporting diversity amongst our workforce so that we best address the needs of those who are and those who should be in front of us. I know that being a Black man impacts my interactions with patients that I see. When I treat other Black men, I am sometimes able to gather different information, or I interpret information differently. These variations can impact care and must be assessed continuously. In addition to supporting diversity in our workforce, we must continue to strive to be aware of personal pitfalls and blind spots that impact our capacity to assess and treat those of different genders or backgrounds.

I have been heartened by the shift in men's mental health awareness; the change is becoming more apparent. We hear more men openly discussing mental health issues and treatment. In a recent meeting with a group of male friends, it was encouraging to hear each reflect on their utilization of therapy services. The video [podcast](#) in which I participated is another example of our progress. Feel free to listen at your leisure.

Ronald F. Means, M.D.
MPS President



2025-2026 MFP Officers and Directors

PRESIDENT: Elias K. Shaya, M.D.

VICE PRESIDENT: Arthur M. Hildreth, M.D.

SECRETARY-TREASURER: Mark Komrad, M.D.

BOARD OF DIRECTORS:

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Robert P. Roca, M.D.

Neil E. Warres, M.D.

William C. Wimmer, M.D.

Additionally, the MFP Board decided to increase the total number of Board members from 12 to 15 to include 3 non-psychiatrists. They are currently considering 2 non-psychiatrist nominees and 2 psychiatrist nominees.

Submitted to MPS Council June 10, 2025.

Learn more about MFP at the [website](#).

Join the MPS MOORE Equity in Mental Health 5K Team!

We want you! [Registration is now open](#) for the fifth annual APA & APAF MOORE Equity in Mental Health 5K Run, Walk, & Roll. Join some of your fellow MPS members on Saturday, July 19, in Wheaton, Maryland to take part in this fun family event! [Please click here](#) to donate to the MPS team or to join our team and take part in the event either onsite or remotely. Everyone is welcome! Donations support the [APA & APAF MOORE Equity in Mental Health Community Grants Program](#), which provides funding to nonprofit organizations addressing mental health inequities for youth of color. If you're interested in joining the MPS team to participate in this fun event, please email mps@mdpsych.org.

Support for Medical Students

The MPS offers a free category of membership for medical students to help them learn more about psychiatry and connect to potential mentors. This includes access to MPS communications, interest groups, committees, and listserv. MPS membership is an invaluable opportunity for students looking to enter psychiatry. Email mfloyd@mdpsych.org to volunteer to serve as a resource to medical students.

Special Member Rate for MPS Directory Ad

MPS members can advertise their practice, new office location, specialty, new book, etc. for a special members-only rate of \$100 for 1/3 page in the directory. The 2025-2026 directory will be out in fall 2025, so order soon!

For details, email Jora at jhriz@mdpsych.org.

Member Update Forms

Your member update form will be sent this month via USPS, along with your Annual Survey. The MPS membership directory will be published in late Summer. Please ensure that your information on file with MPS is up to date. If you opt in, this data is also used for the online Find a Psychiatrist and the telephone patient referral service. Please indicate all insurance plans where you participate in-network. You can also log in to your member account on the MPS website to directly enter updates. **The deadline for directory changes is August 10th.**

2025 MPS Member Survey

The annual MPS member check in on a variety of topics will be sent via email and USPS. Please respond to help guide how MPS committees, Council and staff will work for you in the coming year.

INCENTIVE: Three respondents who complete the entire survey and provide their names will be chosen at random for a **\$100 credit** that can be applied toward MPS dues or an MPS event.

[CLICK HERE](#) to start – this should take less than 5 minutes!



Attention Graduating Residents

Congratulations! As you prepare to move on from your residency training program, please complete the [APA membership advancement form](#). This lets us know if you are continuing in a fellowship or advancing to practice. As a General Member, you can access additional benefits, including [resources](#) for early career psychiatrists. Your MPS dues will remain the same! The [form](#) takes less than 5 minutes to complete.

June 10 MPS Council Highlights

Support for MPS Strategic Priorities

Dr. Balis provided an update on MPS Strategic Priorities. Since the previous Council meeting in April, the MPS has:

- Sent directory ad and in person career & practice event info to vendor list to solicit support
- Nominated several members for DFAPA
- Scheduled a meeting to review MOU with WPS
- Contacted ECPs, and General and Life Members urging them to apply for FAPA
- Emailed new members to explain the Update Form, Annual Survey and Directory Listing
- Reached out to graduating RFMs for info on their new practice and published in *MPS News*

Executive Committee Report

Dr. Means presented the Executive Committee report. Regarding MPS efforts to unify the voice of psychiatry in Maryland he noted that representatives from both MPS and WPS leadership will meet to review the MOU arrangement. In the area of leadership opportunities & member recognition Dr. Means reported that 2025-26 MPS committees and Chairs have been appointed. The April in person MPS annual meeting held at The Sheraton in Towson was a great success. Over 80 people attended. Anne Hanson, M.D. received the [Lifetime of Service Award](#). The Academic Psychiatry Committee recognized winners of the [Paper of The Year](#) and [Best Poster](#) contest who received cash prizes. The meeting also recognized new Fellows, Distinguished Fellows, and Lifers.

Regarding advocacy efforts, the MPS signed on to a funding request for gun violence prevention research. Several MPS members met with BHA representatives to discuss implementation of the AOT bill that was passed during the 2024 General Assembly. MPS staff sent the second monthly advocacy alert to members in mid-May and Dr. Means announced that the Executive Committee will meet with BHA representatives in July, and he encouraged Council to submit any proposed agenda items by July 1st.

The annual membership survey began last month – respondents are eligible to win one of three \$100 credits toward dues or events. The survey will remain open throughout the summer. He encouraged Council to participate. The MPS will host a member social at a Baltimore Orioles game in September and will also hold a CME program in September on climate change.

APA Assembly Representatives' Report

Dr. Zimnitzky provided the Assembly report. He noted that this year, the American Psychiatric Association held its annual meeting in Los Angeles. Prior to the meeting, representatives from district branches across the country

attended the APA assembly meeting to discuss issues related to the APA, its members, and the practice of psychiatry. At each meeting, a major focus of the assembly is the consideration of action papers. These are proposed actions or tasks for the American Psychiatric Association. Once an action paper is introduced, it is debated, amended, and voted upon by members of the assembly. During this session, over thirty action papers were reviewed. Below are highlights of action papers approved by the assembly.

One of the largest agenda items was Action Towards Mutually Agreeable Language In APA Bylaws Concerning the Description and Qualifications of the Current M/UR Trustee. Previously, the APA bylaws stated that the Board of Trustees have one trustee who identified as a member of a Minority/ Underrepresented (M/UR) group. However, on January 21st, 2025, Federal Executive Order 11246 was rescinded, which had previously required federal contractors to "take affirmative action" to ensure that job applicants are hired, and employees are treated without regard protected from discrimination based on protected characteristics and had the explicit intent of increasing the number of women and minorities in the workplace." This left the Civil Rights Act of 1964 to be interpreted as written, outlawing any discrimination based on race, color, religion, sex, or national origin. The Board of Trustees, in consultation with legal counsel, proposed changing the bylaws regarding the M/UR trustee to "Community Engagement and Access Trustee." The Board stated that it was an urgent matter to make these changes to comply with federal laws and regulations, and to be eligible for federal grants.

Ultimately, this reiterates that members, through the APA assembly, have a voice in determining APA policies. Council engaged in discussion regarding the need to review MPS bylaws, strategic priorities and more. Staff will contact the APA for guidance. ([See P 11](#) for more information on the APA Assembly Meeting)

New Business

Dr. Balis presented the FY26 Foundation Slate of Officers for Council's review. The slate was unanimously approved. (See [P. 2](#) for the listing of new officers)

Join the MPS Listserv

MPS members are encouraged to join the listserv to easily share information with colleagues. An email message sent to the listserv goes to all members who have joined. Posts can be questions, information, thought-provoking articles and more. To join the listserv, please go to: <http://groups.google.com/group/mpslist> or email mps@mdpsych.org. The listserv is open to members only so you will have to wait for membership approval and will be notified by email. If you have any trouble, please call or text the MPS office at 410-625-0232.

Provider Scam Alert

The Drug Enforcement Administration (DEA) is warning of new fraud schemes in which scammers use false letters and phone calls to impersonate DEA personnel and notify providers licensed physicians, nurses, or other medical professionals they are under investigation, presumably in an attempt to obtain personal information.

DEA personnel will never contact registrants or members of the public to demand money or any other form of payment, will never request personal or sensitive information, and will only notify people of a legitimate investigation or legal action in person or by official letter.

If you receive any communication via phone or letter from someone purporting to work for DEA, and stating that you are under investigation, **do not** provide any personal or financial information and you can report it to the FBI at www.ic3.gov [ic3.gov].

New Social Media Resource

SAMHSA released [new resources](#) for social media to raise awareness about suicide prevention and crisis support. These include image sets on adult and youth suicide warning signs, 988-branded photography for rural older adults, and multiple visual explainers on the differences between 988 and 911, including when emergency services may be involved. These ready-to-share resources are designed to educate, reduce stigma, and support outreach across digital platforms.

SAMHSA Publishes Guidance on Benzodiazepine Use in Older Adults

SAMHSA [has released a Dear Colleague Letter](#) offering guidance on benzodiazepine (BZD) use in older adults. Benzodiazepines are commonly prescribed for anxiety and insomnia, but older adults face higher risks of adverse events from long-term use, including falls, cognitive decline, and drug interactions. The letter highlights the public health importance of reducing long-term benzodiazepine use among older adults and promotes patient-centered, evidence-informed strategies for evaluating ongoing BZD use.

SAMHSA Discontinues 988 Lifeline Press 3 Option

The 988 Suicide & Crisis Lifeline recently integrated its LGB+ youth services into its main operations, discontinuing the separate "Press 3" option. Everyone who contacts 988 Lifeline will continue to receive access to skilled, caring, culturally competent crisis counselors who can help with suicidal, substance misuse, or mental health crises, or any other kind of emotional distress. [Learn more about this change](#)

PRMS Newsletter

Hoot, What, Where: PRMS' Network Newsletter Q2 2025

From risk management and claims advice to risk alerts, PRMS news, and events, this quarterly newsletter shares relevant news, useful tips, and important updates in the field of psychiatry to help keep, your members, their patients, and their practices safe. Articles in the current issue of "Hoot, What, Where" from PRMS cover topics ranging from office sharing to treating patients attending college out of state. Please feel free to [share the link to this risk management resource](#) with your members or pull any articles of interest from the newsletter to include in your upcoming communications.

PRMS Resident Owlery Newsletter Q2 2025

"Resident Owlery" was developed by PRMS to provide psychiatry residents in training with 'owl they need' to help manage their risks as they prepare to start their psychiatric careers. Featuring risk management resources, educational articles, and the latest announcements and events from PRMS, this quarterly newsletter shares relevant news and useful tips. The latest issue covers matters such as employment contracts and termination of treatment. Please feel free to [share the link to this resource or any of its articles](#), as it may be of interest to your resident members.

AMA Establishes Guardrail to Reduce Burnout

The AMA House of Delegates [established guardrails](#) to protect physicians' biological and personal data that are collected to identify stressors, improve wellness and reduce burnout. In a [press release](#), AMA said, "The management of such sensitive information raises significant privacy, security and ethical concerns that should be carefully addressed to ensure the rights and interests of individuals are protected. AMA said the decision was prompted by the high prevalence of physician burnout.

New Evidence-Based Training Resource

Access expert-led videos anytime with [PsychStream](#), the American Academy of Child and Adolescent Psychiatry's on-demand library. From culturally sensitive treatment models and racial disparities in youth substance use to early psychosis, ASD research, and pediatric prescribing principles, PsychStream brings together the latest in child and adolescent mental health. This growing collection features content from AACAP's Annual Meetings, Psychopharmacology Updates, and more. You can search, stream, and learn from expert-led sessions—anytime, anywhere, all in one place.

Join us for the 2025
Maryland Psychiatric Society's

DAY AT THE BALLPARK!

SUNDAY SEPTEMBER 7
@1:35 PM

Orioles Park at Camden Yards

CLICK HERE
FOR \$15
RFM AND ECP
TICKETS!

ALL OTHER
MEMBERS CLICK
HERE FOR
DISCOUNTED
TICKETS AT JUST
\$45!

All tickets include a \$15 food and drink voucher



Limited tickets available!

email JHritz@mdpsych.org with any
questions



**2 CME
CREDITS**

CLIMATE CHANGE AND THE ENVIRONMENTAL IMPACT ON MENTAL HEALTH

*An MPS program hosted by
the Community Psychiatry &
Diversity Coalition*

via Zoom from 6:30pm until 8:30pm



Lise Van Susteren, M.D.

Presenting on what environmental factors affect climate change and how fossil fuel pollutants and other man-made changes affect mental health and how to address and mitigate those risks for our patients in the clinical setting.



Gwen DuBois, M.D., MPH

Presenting on the fossil fuel industry's role in causing and covering up the climate crisis and pollution related morbidity and mortality; that nuclear power is not the answer; and how one Baltimore community has organized to no longer be victims of environmental injustice but to fight for their right to a healthy environment.



Cheryl Holder, M.D.

Presenting on factors that affect climate change and health around the world and how to mitigate those risks for our patients in the clinical setting.

Thursday
**SEPT
11TH**

**This Program
is Sponsored by**



Accreditation and Designation Statement

In support of improving patient care, this activity has been planned and implemented by American Psychiatric Association (APA) and The Maryland Psychiatric Society (MPS). APA is jointly accredited by the American Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

The APA designates this live activity for a maximum of 2 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



Maryland News

Summary of Maryland Insurance Laws Enacted in 2025

Please see below for a summary of laws of interest to MPS members that were enacted during the 2025 Session of the Maryland General Assembly and are enforced by the Maryland Insurance Administration ("MIA") or that otherwise relate to the insurance industry.

HB 11 / SB 902 - Health Insurance - Access to Nonparticipating Providers - Referrals, Additional Assistance, and Coverage - Effective on June 1, 2025:

Alters and expands existing requirements for referrals to specialists or non-physician specialists for mental health or substance use disorder services who are not part of a carrier's provider panel. The new requirements for carriers indicate when and under what circumstances referrals must be made and additional assistance must be provided to enrollees. This provision also limits when a carrier may require utilization review in connection with a member's request for a referral, and requires carriers to ensure that services received under a referral for mental health or SUD care are provided for the duration of the treatment plan at no greater cost to the covered individual than if the covered benefit were provided by a provider on the carrier's provider panel.

HB 813- Maryland Insurance Administration and Maryland Department of Health - Workgroup to Study Pharmacy Benefits Managers - Effective on June 1, 2025:

Requires the MIA and the Maryland Department of Health (MDH), in consultation with the Prescription Drug Affordability Board, to convene a workgroup of interested stakeholders and third-party experts in the field of drug pricing in Medicaid. The MIA and the MDH must submit an interim report on the workgroup's findings and recommendations to specified committees of the General Assembly by December 31, 2025, and a final report by December 31, 2026.

HB 848 / SB 474 - Health Insurance - Adverse Decisions - Notices, Reporting, and Examinations - Effective on June 1, 2025:

Amends Insurance Article to alter and expand the required contents of notices of adverse decisions and grievance decisions and requires certain information submitted to the Commissioner in the quarterly appeals and grievance reports to be aggregated by zip code and include the reasons for certain increases in adverse decisions and a description of factors which may have contributed to such increase. Also requires private review agents to have a direct telephone number and monitored email address dedicated to utilization review; respond to voicemails or emails within a certain period of time; and post utilization review criteria and standards on the member's and provider's pages of its website.

HB 869 / SB 372- Preserve Telehealth Access Act of 2025 - Effective on June 1, 2025: Makes permanent provisions of

law that clarify that telehealth includes certain audio only telephone conversations between a health care provider and a patient, and that reimbursement for telehealth services must be at the same rate as if the visit were in person. Requires the Maryland Health Care Commission to submit a report to the General Assembly on or before December 1 every 4 years, beginning in 2026, regarding advances or developments in the area of telehealth, including changes in the costs of delivering services through telehealth.

HB 995 / SB 776 - Workgroup to Study the Rise in Adverse Decisions in the State Health Care System – Establishment - Effective on June 1, 2025, and sunsets on June 30, 2026:

Establishes a workgroup to study the rise in adverse decisions in the health care system, which will be jointly staffed by the Health Services Cost Review Commission (HSCRC) and the MIA. Requires the workgroup to report its findings to specified committees of the General Assembly by December 1, 2025. Requires the report to include recommendations for legislation to address the rise in adverse decisions and how to standardize and improve methods for carriers to report on adverse decisions.

HB 820 - Health Insurance - Utilization Review - Use of Artificial Intelligence - Effective on October 1, 2025:

Amendment to require carriers to include information as to whether Artificial Intelligence ("AI"), algorithms, and/or other software tools were used in making an adverse decision in their quarterly appeals and grievance reports that are submitted to the MIA. Requires certain carriers, pharmacy benefit managers, and private review agents to ensure that AI, algorithms, or other software tools base their determinations on: an enrollee's medical or other clinical history; individual clinical circumstances as presented by the requesting provider; or other relevant clinical information contained in the enrollee's medical record. Prohibits an AI, algorithm, or other software tool from denying, delaying, or modifying health care services.

HB 1351- Health Insurance - Provider Panels - Credentialing for Behavioral Health Care Professionals - Effective on October 1, 2025:

Changes specify that, within 60 days after receipt of a completed application submitted by certain behavioral health providers, a carrier must accept or reject the application for participation on the carrier's provider panel and send written notice of the acceptance or rejection to the address listed in the application. The requirement applies to applications from a licensed master social worker, licensed graduate alcohol and drug counselor, licensed graduate marriage and family therapist, licensed graduate professional art therapist, licensed graduate professional counselor, or registered psychology associate who provides community-based health services for an accredited behavioral health program.

Maryland News

New Maryland Health Laws Take Effect

Several bills of interest to the medical community become effective June 1, July 1, and October 1, with others taking effect on January 1, 2026.

Effective June 1:

- Mental Health & SUD Access (HB 11): Removes the sunset, making it permanent for patients to access out-of-network behavioral health specialists at in-network cost.
- Telehealth (HB 869): Audio-only and telehealth payment parity made permanent.
- Immunization Coverage (HB 1315): Ensures vaccines are covered by insurers and expands pharmacy vaccination authority.
- Adverse Decision Workgroup (HB 995): MedChi has a seat on this workgroup addressing increased care denials.
- EQIP-like infrastructure: HB 1104 supports Maryland's AHEAD model and creates the Population Health Improvement Fund.

Effective July 1

- Maternal Health Monitoring (HB 553): Medicaid will cover self-measured blood pressure monitoring for maternal patients.
- Cannabis and Public Health Updates (HB 12, HB 132): Clarifies state regulatory frameworks on cannabis products and public health.
- Opioid Restitution Fund Use (HB 729): Expands training and racial equity provisions.

Effective October 1

- Step Therapy Reform (HB 848): Expands enforcement for health insurers issuing adverse decisions.
- Medical Records Notice (HB 1510): Modernizes patient notification rules for record destruction.

Effective January 2026

- Drug Access (HB 1243): Ensures fair reimbursement and coverage for in-office dispensed specialty drugs.
- Cost-Sharing Clarity (SB 773): Insurers must count third-party payments toward patient cost-sharing obligations.

Youth Behavioral Health Support for Providers

The Maryland Department of Health's Behavioral Health Administration has resources for providers and healthcare workers supporting mental health and substance use programs and services. To learn about behavioral health resources and services for children and adolescents, visit health.maryland.gov/youthbehavioralhealth.

April 27th, 2025 MedChi House of Delegates (HOD) Highlights

MedChi's current president, Dr. Padmini Ranasinghe started off the event sharing her thoughts on the use of Artificial Intelligence in medicine, and informed the HOD that a committee has been formed to further study the impact of AI. There will be CME events throughout the year offered by MedChi on this topic.

Only six new resolutions passed at the meeting, one of which is of interest to MPS members:

Resolution 4-25 – Supporting Stigma-Free Physician Licensure Forms – This was a resolution written by the MedChi Medical Student Section. The resolution outlines how current medical licensure and credentialing forms ask several invasive questions about past mental health treatment history, which may discourage physicians from seeking care. According to studies, 18-36% of physician seek mental health care at some point, and physicians have a higher rate of suicide compared to the general population. MedChi will support the removal of intrusive questions about past mental health history and treatment in Maryland State Board of Medicine licensing and credentialing forms.

The HOD Handbook for the meeting which includes the resolutions can be found [here](#).

*Enrique Oviedo, M.D.
MedChi Delegate*

New Medicaid Telehealth Policy Guide

The Maryland Medicaid Telehealth Policy Guide clarifies statewide telehealth rules. All enrolled healthcare practitioners can deliver synchronous (audio-visual or audio-only) services and select asynchronous care, such as store-and-forward for dermatology and remote patient monitoring, without geographic restrictions. Healthcare practitioners need patient consent, HIPAA-compliant tech, and billing via standard modifiers. Audiovisual uses "GT"; audio-only uses "UB." Buprenorphine induction via telehealth is now permitted, reflecting updated federal flexibility. See Policy Guide for more details. PDF/Link: [Maryland-Medicaid-Telehealth-Program-Policy-Guide-May 2025.docx](#)

Behavioral Health FAQs Published

Check out Carelon's newly released [Frequently Asked Questions](#), now available on their website under Communications.

Maryland News

OMHC Physician Requirements

Please see the information below from the Maryland Department of Health (MDH) to help clarify federal regulations for physician requirements in OMHCs and **seek provider input** to help inform the timeframe for ensuring statewide compliance.

OMHCs are covered under the clinic services benefit in Maryland's Medicaid State Plan. Federal regulations, [42 CFR § 440.90](#) require that all clinic services be rendered by or under the direction of a physician. When the [Maryland state law](#) was amended in 2018 to allow psychiatric nurse practitioners to serve as OMHC medical directors, some OMHCs may have elected to no longer employ or contract with physicians to oversee the care provided in the clinic.

Physician Direction Requirements:

Federal regulations require that each patient's care in the clinic must be provided under the supervision of a physician affiliated with the clinic. The physician does not need to be present at the clinic during all hours that services are provided but shall assume professional responsibility and ensure medical necessity for all services provided. Per CMS, to meet this requirement, the physician must see the patient at least once, which may be done via telehealth, prescribe the type of care provided, and, if the services are not limited by the prescription, periodically review the need for continued care. Please refer to the "[Requirements and Limits](#)" pages applicable to Clinic Services from CMS's State Medicaid Manual attached to this provider alert.

Proposed Provider Action:

To come into compliance with the federal requirements, OMHCs will need to hire or enter into a contract or formal agreement with a psychiatrist who either:

- Is certified by the American Board of Psychiatry and Neurology, **OR**
- Has completed a psychiatric residency training program accredited by the Accreditation Council for Graduate Medical Education.

The psychiatrist may oversee more than one site or location. MDH received CMS approval to waive the [Four Walls requirement for OMHCs](#), which permits the psychiatrist to operate via telehealth.

OMHCs may elect to enroll as a mental health group practice (Medicaid Provider Type 27) if they cannot or choose not to come into compliance with these requirements.

To share provider input and help develop feasible timelines and impact estimates, please complete [this survey](#) for each

OMHC organization by July 31, 2025. This survey should be completed once by the OMHC owner or their designee.

MDH expects to inform OMHCs of final compliance timeline decisions by this fall.

CRISP Medicaid Redetermination File

CRIPS now offers a monthly file drop of your patient population providing a list of users up for redetermination with their Medicaid. This allows offices to reach out to patients to help keep them compliant with their coverage. More details can be found here: <https://www.crisphealth.org/medicaid-redetermination/>

If you are interested in obtaining this information, please call CRISP support directly at 877 952 7477 and tell them you are interested in the Medicaid Redetermination File. A case will then be created and triaged to their outreach team. Additionally, this data is available in the CRS portal as well; if you already have CRS access in CRISP you can access this information immediately.

Maryland Expands Behavioral Health and Community-Based Services for Youth

The Maryland Department of Health has received federal approval to expand behavioral health and home and community-based services for children and youth with serious emotional disturbances. This amendment to Maryland's 1915(i) state plan broadens eligibility and streamlines access to critical mental health services across the state. Key updates include new Medicaid coverage for youth peer support services, reduced administrative burdens, and easier assessments for behavioral health treatment. The initiative aims to improve care coordination, reduce institutionalization, and ensure more equitable access to services for families statewide. [MDH Press Release](#)

MDH Overdose Data Dashboard

The MDH [expanded the Overdose Data Dashboard to include data from the Office of Harm Reduction](#). The addition features information on naloxone (also known as Narcan) and drug testing strips provided by Maryland's Overdose Response Programs (ORPs) across the state. This dashboard now reflects the critical, life-saving efforts of ORPs statewide from November 2014 to the present.

Maryland News

OMHC Physician Requirements

The Center for Firearm Violence Prevention and Intervention (the Center) at the Maryland Department of Health has released the [Preliminary State Plan for a Public Health Approach to Reducing Firearm Violence](#) and the [Firearm Violence Data Dashboard](#). These tools will enable the state to take data-driven steps to improve gun violence prevention efforts and reduce firearm violence.

The [Preliminary State Plan](#) is the first step in developing a comprehensive framework to inform the Center's ongoing efforts. The plan includes an overview of Maryland-specific firearm mortality data and a summary of gun violence as a public health issue. Center goals are also outlined, including conducting a landscape analysis of Maryland's gun violence prevention policies and programs, enhancing access and analysis of firearm-related data, improving agency coordination, strengthening investment in evidence-informed programs, and advancing education for prevention strategies. Additionally, the plan outlines the Center's commitment to engaging key partners in its shared mission to advance public health strategies aimed at reducing gun violence.

The public-facing [Firearm Violence Data Dashboard](#) is the most comprehensive and timely state-level dashboard of its kind. The dashboard includes state and local data and demographic information about those injured or killed by a firearm. The dashboard offers a user-friendly visualization of firearm injury and death trends to help researchers, community members, and state leaders understand the public health effects of firearm violence. It includes firearm violence statistics going back to 2015 and provisional data through April 2025. The Department will update the dashboard monthly.

The Maryland Firearm Violence dashboard includes data on the following:

- Homicide deaths, suicide deaths, and deaths among youth
 - Circumstances preceding homicides and suicides
- Nonfatal injuries and emergency department visits

The dashboard displays the latest data at the jurisdictional level and allows for the analysis of subpopulations by age, race, ethnicity, and gender. It also offers historical data to examine community trends.

According to the Firearm Violence Data Dashboard, there were 671 firearm deaths in Maryland in 2024. Of these, about 55% were homicides and 44% were suicides. Additionally, there were 780 emergency department visits

for non-fatal firearm-related injuries that year.

For more information about the Maryland Firearm Violence Data Dashboard, visit health.maryland.gov/firearm-data.

Maryland Section 1115 Demonstration Extension

The Maryland Department of Health is proposing to extend its §1115 demonstration known as the HealthChoice demonstration. The Centers for Medicare and Medicaid Services (CMS) has authorized the Department's existing §1115 demonstration through December 31, 2026. The HealthChoice demonstration authorizes Maryland's managed care program, known as HealthChoice, as well as other innovative programs. Maryland's HealthChoice demonstration was first implemented in 1997. CMS approved subsequent demonstration extensions between 2002 through 2021.

The State's 30-day public comment period opened June 30th and ends on July 30th. Electronic copies of the draft demonstration extension application are available and may be downloaded from <https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>. Hard copies of the application may be obtained by calling (410) 767-1439.

Interested parties may send written comments concerning the demonstration extension to Alyssa Brown, Office of Innovation, Research and Development, Office of Health Care Financing, Maryland Department of Health, 201 West Preston Street, Room 223, Baltimore, Maryland 21201 or via email to mdh.healthchoicerenewal@maryland.gov.

Expand Your MPS Engagement

MPS Interest Groups: [Interest Groups](#) are a way to connect with other psychiatrists around areas of mutual interest. Most communication occurs over email, but other options are possible. MPS members can opt in indefinitely to receive information and the opportunity to share news, ideas and concerns with participating members. Email jhritz@mdpsych.org to join

Engage with Digital Options

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

Member Publications

David Gorelick, M.D., Ph.D. had a [letter to the editor published](#) in the May issue of *Psychiatric News*. He suggests that the term "confabulation" is a more appropriate word to describe the errors generated by AI rather than the term "hallucination" or "fabrication."

Member Shoutouts

Scott Aaronson, M.D. and **Jacob Swartz, M.D.** were named [Health Care Hero](#) by The Daily Record. Read about [Dr. Aaronson's](#) work in finding new solutions for difficult-to-treat depression and [Dr. Swartz's](#) educational outreach. Congratulations on this honor!

Out & About

Robin Weiss, M.D. was quoted in a *Psychiatric Times* article "[Facts Over Fiction: The Current State of Psychiatry](#)." It highlights the recent government changes that will affect the practice of medicine and the lasting impact on psychiatric patients. Dr. Weiss discusses how cuts in funding have impacted patients directly.

Paul Nestadt, M.D. was quoted in the *Health Day* article, "[U.S. Gun Suicides Continue Record Rise](#)." He stated that "guns are much more deadly than other suicide attempt methods" and how "strategies that put time and space between guns and those at high risk of suicide are proven to save lives."

Ronal Means, M.D. on *Radio One—Baltimore's* segment [Minorities and Mental Health - Breaking The Silence: Empowering Men To Prioritize](#). Along with the other participants, he discusses obstacles in addressing mental health issues, specifically in Black men.

Member Spotlight Submissions

Recently worked on an exciting research project, reached a milestone in your career, or have advice for younger psychiatrists? Submit a short article and photo [here](#) to showcase your experiences. We will share your responses on social media and in our newsletter. If you have any questions please call or text 410-625-0232.

RFM Post-Residency Plans

Kathryn Brodie, M.D. will be working as a Clinical and Forensic Psychiatrist at Clifton T. Perkins Hospital Center

Barry Bryant, M.D. will start a Child and Adolescent Psychiatry Fellowship at Massachusetts General Hospital/McLean Hospital

Shannon Bush, M.D. will be moving to Virginia and working in inpatient psychiatry at Children's Hospital for the King's Daughters

Liam Guenther, M.D. accepted an inpatient clinical psychiatrist position at Spring Grove Hospital Center in Catonsville, MD

Hannah Paulding, M.D. will be starting at Sheppard Pratt in the fall covering inpatient child

Celia Quayum, M.D. will be working at Virginia Hospital Center

Tulha Dobler Siddiqi, M.D. will be completing a CL fellowship at Johns Hopkins

Solomiya Tsymbalyuk, M.D. will be completing a Forensic fellowship at University of Maryland

Annabel Umeh, M.D. will start a Consultation Liaison Fellowship at Johns Hopkins Hospital

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.

NEW MEMBERS

Heather Burke, M.D.
Mary Elizabeth Yaden, M.D.

REINSTATEMENTS

Alan Langlieb, M.D.
Tripti Soni, M.D.

TRANSFERS

Esteban Toledo-Carrion, M.D.

Curbside Conversations is a listing of MPS members with expertise in specific areas who facilitate informal chats with fellow members seeking information. These are not formal consultations but a collegial resource offered voluntarily to the MPS community. Contact information for experts is available to MPS **members only** via email to mps@mdpsych.org.

APA News & Information

May APA Assembly Meeting Highlights

This year, the American Psychiatric Association held its annual meeting in Los Angeles. Prior to the meeting, representatives from district branches across the country attended the APA assembly meeting to discuss issues related to the APA, its members, and the practice of psychiatry. At each meeting, a major focus of the assembly is the consideration of action papers. These are proposed actions or tasks for the American Psychiatric Association. Once an action paper is introduced, it is debated, amended, and voted upon by members of the assembly. During this session, over thirty action papers were reviewed. Below are highlights of action papers approved by the assembly.

Action Towards Mutually Agreeable Language In APA Bylaws Concerning the Description and Qualifications of the Current M/UR Trustee - Previously, the APA bylaws stated that the Board of Trustees have one trustee who identified as a member of a Minority/Underrepresented (M/UR) group. However, on January 21st, 2025, Federal Executive Order 11246 was rescinded, which had previously required federal contractors to "take affirmative action" to ensure that job applicants are hired, and employees are treated without regard protected from discrimination based on protected characteristics and had the explicit intent of increasing the number of women and minorities in the workplace." This left the Civil Rights Act of 1964 to be interpreted as written, outlawing any discrimination based on race, color, religion, sex, or national origin. The Board of Trustees, in consultation with legal counsel, proposed changing the bylaws regarding the M/UR trustee to "Community Engagement and Access Trustee." The Board stated that it was an urgent matter to make these changes to comply with federal laws and regulations, and to be eligible for federal grants. In the assembly meeting, significant concern was raised that these changes were proposed without adequate input from members of the M/UR caucuses, and there was much debate about whether the assembly would approve these changes. Ultimately, the assembly approved the changes in wording in the bylaws. However, the assembly also approved an action paper, written and submitted during the assembly meeting, entitled, "Action Towards Mutually Agreeable Language in APA Bylaws Concerning the Description and Qualifications of the Current M/UR Trustee." This action paper instructs the APA, in consultation with the M/UR committee, to change the name "Community Engagement and Access" to a mutually agreeable name, to amend the eligibility criteria for this trustee, and for these changes to be voted on during the fall 2025 assembly meeting. Ultimately, this reiterates that members, through the APA assembly, have a voice in determining APA policies.

Critical Review of Suicide Risk Assessments: Moving Beyond Traditional Low, Moderate, and High Risk Categories - The APA will prioritize practice developing practice guidelines for suicide risk assessment. Additionally, the APA will advocate that the scales for suicide risk assessment be only used in screening settings where there is evidence for their utility.

State Regulation of ECT for Minors with Special Emphasis on Pediatric Catatonia - The APA will require the Neuromodulation Caucus resources be reviewed and expanded to include the use of ECT in pediatric patients, especially those with catatonia.

Endorsement of and Support for Required Reproductive Psychiatry Training within Accredited Psychiatry Residencies: Influencing the Accreditation Council for Graduate Medical Education (ACGME) - The APA will support an effort to require clinical and didactic curricula in reproductive psychiatry within psychiatric residency training programs.

Immigration and Customs Enforcement (ICE) and Customs and Border Protection (CBP) - The APA will develop a position statement regarding immigration enforcement actions in healthcare facilities.

Comprehensive Mental Health Support of Post-Release Hostages, Wrongful Detainees, and Family Members - The APA will create a resource guide for mental health professionals to provide mental health support to post-release hostages, wrongful detainees, and family members. As you can see from this summary, this was quite a busy and important APA Assembly meeting. The APA assembly and assembly meetings are significant ways for members of the APA to get their voices heard. If you have any ideas for an action paper or any questions/concerns regarding the above action papers, please contact any of your assembly representatives from the MPS (Adefolake Akinsanya, M.D., Elias K. Shaya, M.D., Brian Zimnitzky, M.D.).

Brian Zimnitzky, M.D.
Brandon Newsome, M.D.

Are you a General Member? Become an APA Fellow!

Are you ready to take the next step in your career? Fellows of the APA (FAPA) are part of a select group dedicated to shaping the role of psychiatry in our healthcare system. Fellow status is an honor that enhances professional credentials and reflects dedication to the psychiatric profession. Dues rates stay the same. **The deadline is September 1.** Visit the [APA website](#) for more details and instructions for how to apply.

APA News & Information

APA Advocacy Updates

APA's Request to Delete Telehealth CPT® codes Rejected by AMA CPT® Editorial Panel

APA, along with several other physician organizations, submitted a request to delete the recently implemented Telehealth CPT® codes (98000-98015). [Click here to read more.](#)

APA Advocates for Health Equity in the Inpatient Setting

APA submitted comments on two proposed rules from Medicare related to inpatient care (Inpatient Psychiatric Facility Prospective Payment System and Hospital Inpatient Prospective Payment System and (their) Quality Payment Programs). [Click here to read more.](#)

APA Meets with SAMHSA Regarding Teleprescribing of Controlled Substances

APA along with many partners met with SAMHSA on May 21 to discuss the importance of the COVID-19 era flexibilities for the teleprescribing of controlled substances and the need to make permanent the flexibilities that ensured access to quality care. [Click here to read more.](#)

APA Advocates Against Medicaid Cuts

APA joined coalitions of leading physician and primary health care organizations in letters to Congress opposing Medicaid cuts which were included in the budget reconciliation bill. [Click here to read more.](#)

APA Endorses Bill to Enhance Youth Suicide Prevention Research

APA endorsed the Youth Suicide Prevention Research Act (H.R. 2630), introduced by Representatives Laura Gillen (NY-4) and Nick Begich (AK-AL). [Click here to read more.](#)

APA Joins Letter Supporting Pediatric Mental Health

APA joined a letter to Congress supporting funding for the Pediatric Mental Health Care Access (PMHCA) program, which will face a budget shortfall by the end of FY25. [Click here to read more.](#)

APA Supports Gun Violence Prevention Research

APA joined 411 organizations advocating for sustained funding for public health research into firearm morbidity and mortality prevention conducted by the Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and National Institute of Justice (NIJ). [Click here to read more.](#)

Minority Mental Health Awareness Month Events

The APA celebrates Bebe Moore Campbell National Minority Mental Health Awareness Month each summer with a series of community-wide events focused on increasing awareness about mental illness across communities (particularly among young people), reducing stigma related to mental illness, and increasing access to mental health services and resources. To learn more about Bebe Moore Campbell and Bebe Moore Campbell National Minority Mental Health Awareness Month watch the full interview with her good friend Linda Wharton Boyd, Ph.D. [click here.](#)

Tuesday, July 1

3:30pm - 5:00

[APA MOORE Equity in Mental Health Roundtable Conversation "Building Support for Young Women's Mental Well-Being"](#)

Tuesday, July 8

1:00pm - 2:30

[Bebe Moore Campbell National Minority Mental Health Month Symposium "Uncertain Times: Caring For Your Mental Health" hosted by the Bebe Moore Campbell National Minority Mental Health Awareness Task Force](#)

Thursday, August 21

7:00pm - 8:00

[APA MOORE Equity in Mental Health Roundtable Conversation "Mind the Gap: Overcoming Mental Health Stigma by Bridging the Divide Between Generations"](#)

2026 Psychiatric Achievement Awards Nominations

Since 1949, the [Psychiatric Services Achievement Awards](#) have recognized creative models of service delivery and innovative programs for persons with mental illness or disabilities. We are looking for programs that have made a significant contribution to the mental health field and provide an innovative model for others to follow. Each award recipient will be presented with a monetary award, a plaque, recognition at the 2026 APA Annual Meeting, and coverage in two APA publications.

Each year, three awards are presented:

- Gold Award
- Silver Award
- Bronze Award

[Apply here by Thursday, July 31, 2025](#)

The nomination requirements, the full application, and additional information can be found on the [APA's Awards website](#). For any specific questions, feel free to reach out to Esther Gershenson at egershenson@psych.org

FREE APA Course of the Month

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

Medicare Updates

New ICD Codes

- CMS announces new [ICD-10-PCS codes](#) effective October 1, 2025: The October 1, 2025 procedure code update files are now available. Use these codes for discharges occurring from October 1, 2025 – September 30, 2026, and for patient encounters occurring from October 1, 2025 -September 30, 2026.
- CDC announces [new ICD-10-CM codes](#) effective October 1, 2025: The October 1, 2025 diagnosis code update files are now available. Use these files for discharges occurring from October 1, 2025 – September 30, 2026, and for patient encounters occurring from October 1, 2025 -September 30, 2026.

CMS Fraud Alert

The Centers for Medicare & Medicaid Services (CMS) has issued an alert about increasing fraud schemes targeting Medicare providers. Bad actors are impersonating CMS and sending fake fax requests for medical records and documentation, falsely claiming they're related to audits. These phishing attempts are a form of social engineering aimed at tricking providers into sharing sensitive information. CMS has made it clear that it does not initiate audits by requesting medical records via fax. Physicians and practices should stay vigilant, protect their data, and confirm any suspicious requests with their Medical Review Contractor. [Please see here for more details on fighting and reporting fraud: Crushing Fraud, Waste, & Abuse | CMS](#)

CLASSIFIEDS

OFFICE SPACE AVAILABLE

Ellicott City: Full/part time office space for Psychologists with amenities and easily accessible via routes 40, 29,32, 695. Contact Dr. Mike Boyle at 410-206-6070, psycmike@gmail.com.

EMPLOYMENT OPPORTUNITIES

The Department of Psychiatry at the University of Maryland School of Medicine is recruiting for a full-time **Medical Director at the Maryland Psychiatric Research Center (MPRC)** to provide clinical care to patients with severe mental illness and to direct its CARF-accredited outpatient mental health clinic located in Catonsville, Maryland.

The **MPRC Medical Director** will oversee research-integrated outpatient psychosis services including the treatment of first-episode psychosis and longitudinal care for individuals with schizophrenia and related disorders.

Expected Salary Range: \$245,000 to \$305,000.

UMB offers a comprehensive [benefits package](#) that prioritizes wellness, work/life balance, and professional development.

For immediate consideration, please send a cover letter and a recent CV to Amanuel Amante (aamante@som.umaryland.edu).

Summer Ad Bundles

Offer Available June 2025 through September 2025

Save money when you purchase multiple ads!

10% OFF

Order at least \$1,500 worth of ads and receive a 10% discount on your entire purchase!

15% OFF

Order at least \$2,000 worth of ads and receive a 15% discount on your entire purchase!

20% OFF

Order at least \$3,000 worth of ads and receive a 20% discount on your entire purchase!

*Offer is exclusive to MPS News Ads, The Maryland Psychiatrist ads, Homepage Ads, Classified Ads, Mailing Label Rentals, and Email Blasts. Please see the attached rates sheet for pricing

Contact Us:

Phone: (443) 990-3280
Email: jhriz@mdpsych.org

The Maryland Psychiatric Society

Ikwunga Wonodi Social Justice and Health Equity in Psychiatry Award

Recognizing Residents, Fellows, and Early-Career Psychiatrists who demonstrate distinction in advocating for equity in psychiatry.

Each year, recipients will receive \$500 to aid in work that supports underrepresented individuals seeking psychiatric care.

Contribute to the Dr. Ikwunga Wonodi Award



Donate Here:



Email jhriz@mdpsych.org for more information

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:

Psychiatrist

Residential Rehabilitation - The Retreat | Towson, MD

Psychiatrist

Adult Service Line | Towson, MD

Medical Director

Outpatient Mental Health Centers | Timonium and Baltimore City

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, scan the QR code or contact Kathleen Hilzendeger, Director of Professional Services, khilzendeger@sheppardpratt.org or 443-465-6142.

About Sheppard Pratt

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



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