

MPS NEWS

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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 via Zoom on
November 4 at 7:30 PM.
All members welcome!**

President's Column

Extreme Risk Protection Orders in Maryland

In the past weeks, Extreme Risk Protection Orders (ERPOs) have been a recurrent topic in my conversations. I interpreted that occurrence as a sign to devote October's President's Column to the topic. As a forensic psychiatrist, I am familiar with ERPO or "red flag" laws, but in practice, as a community psychiatrist, I rarely hear them mentioned. This disconnect is particularly notable in Maryland, which has unique aspects to ERPO laws. More education about this topic is needed for all clinicians, and the discussion is timely as we just concluded Suicide Prevention Month yet continue to be plagued by acts of gun violence. Selfishly, addressing this topic in my president's column allowed me to quote great research on the topic (and avoid writing my own content), but it also allowed me to interview one of the nation's experts on suicide prevention and lethal means restriction for the monthly Vlog – our own Paul Nestadt.

ERPO laws can be a tool to prevent firearm injury and an intervention in threats of mass violence and suicide prevention¹. ERPO laws allow interested parties to petition the court that an individual who is behaving dangerously and is at risk of harming themselves or others be temporarily prohibited from purchasing and possessing firearms and surrender their firearms and ammunition to law enforcement. If approved, final ERPOs may remain in effect for as long as one year.² In October 2018, Maryland became the first US state to authorize physicians and other clinicians as petitioners under the ERPO law (in addition to spouses, roommates, relatives, romantic partners, guardians and police officers).^{3,4} Authorizing clinicians to

petition the court for an ERPO can be beneficial as they are often tasked with responding to threats and behaviors that might result in violence.

Despite having access to this valuable tool, the question remains why ERPOs are not utilized more often. [A discussion with Dr. Nestadt](#) will provide useful guidance and clarification. In addition, please refer to these two helpful resources. The first is [a link to a brochure](#) created by the Behavioral Health Administration for simple guidance for you or your patients. The second is a [flier that provides contact information](#) to navigators who can assist with the ERPO process.

*Ronald Means, M.D.
MPS President*

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2. Frattaroli S, Hoops K, Irvin NA, McCourt A, Nestadt PS, Omaki E, Shields WC, Wilcox HC. Assessment of Physician Self-reported Knowledge and Use of Maryland's Extreme Risk Protection Order Law. *JAMA Netw Open*. 2019 Dec 2;2(12):e1918037. doi: 10.1001/jamanetworkopen.2019.18037. PMID: 31860108; PMCID: PMC6991220.
3. The Johns Hopkins Bloomberg School of Public Health; Bloomberg American Health Initiative. Extreme risk protection order: a tool to save lives. <https://americanhealth.jhu.edu/implementERPO/>.
4. Maryland Code. Public Safety: Title 5, Firearms—Subtitle 6, Extreme Risk Protective Orders, § 5-601(e)(2)(i) (2018). <http://mgaleg.maryland.gov/mgaweb/Laws/StatuteText?article=gps§ion=5-601&enactments=false>.

2026 MPS Dues Notices

The 2026 MPS dues invoices will be emailed the first week of October and will be sent via USPS later this month.

To pay your MPS dues:

- Send your check to the MPS office (1211 Cathedral Street, Baltimore, MD 21201), which reduces our credit card processing costs.
- Pay via Zelle: 410-625-0232 which also helps to reduce credit card processing costs. (See QR code on this page.)
- You can also pay dues via credit or debit card or PayPal at www.mdpsych.org (Select "Contact" and scroll to the "Pay Now" button).

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

Attention Sheppard Pratt Employees

If you are a Sheppard Pratt employee who is eligible to have your MPS and APA dues paid by your employer, please note that for 2026, employees must submit dues payments to MPS directly. You will then be reimbursed by SHPS. Once you send payment for MPS dues, email jhrizt@mdpsych.org for an MPS receipt and submit it to Lauren Hopper at SPHS via email at hopper@sheppardpratt.org who will process your request.

Ikwunga Wonodi Award Application Now Open!

The [Ikwunga Wonodi Social Justice and Health Equity in Psychiatry Award](#) is now open for application submissions. The Wonodi Award honors 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. For more information on the award and application guidelines, [click here](#) or [visit the MPS website](#). The deadline to apply is December 14, 2025. A winner will be announced prior to the Annual Meeting in April 2026. Any questions can be directed to jhrizt@mdpsych.org.

SAVE THE DATE 2026

Southern Psychiatric Association &
Maryland Psychiatric Society
Annual Conference

September 16 – 19, 2026

Royal Sonesta Harbor Court Hotel, Baltimore, MD



Early-Career Psychiatrist WhatsApp

The MPS ECP WhatsApp Group is a way for members who are within 7 years of completing their training to communicate and collaborate with each other. This group is similar to our MPS Listserv but dedicated to *only* our ECP members.

The purpose of the WhatsApp group includes:

- **Peer Support:** Provide a safe space for members to share experiences, challenges, and successes, and fostering camaraderie.
- **Resource Sharing:** Facilitate the exchange of valuable resources, including articles, tools, and strategies for clinical practice and professional development.
- **Case Discussions:** Create a platform for discussing clinical cases, ethical dilemmas, and treatment approaches, encouraging collaborative problem-solving and learning.
- **Networking Opportunities:** Build connections that may lead to collaborations, referrals, and job opportunities within the psychiatric community.

[Fill out this form to join](#) and, once approved, we will send an invite link for access to the group.

September 9 Council Highlights

Consent Agenda

Dr. Balis noted the Council Minutes for the June meeting, Orioles event recap and the Executive Director's Report were included in the consent agenda. After a few moments of review, Dr. Balis asked if there were any concerns or comments. Hearing none, the consent agenda was approved unanimously. She reminded members with any outstanding disclosure forms to please complete them as soon as possible.

Support for Strategic Priorities

Dr. Balis provided an update on activities that support MPS Strategic Priorities. She reported that since June:

- Sent directory ad and upcoming meeting sponsorship information to vendor list to solicit support
- Nominated multiple members for DFAPA
- Reviewed MOU with WPS and agreed on no revisions; the MOU is in place for another year
- 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. He reported that MPS and WPS leadership met in July to review the functioning of the MOU and agreed on revisions that are incorporated in the final signed copy. He reported that Drs. Michael Young, Cynthia Lewis and Tyler Hightower will attend the September APA Federal Advocacy Conference. The annual October MPS Committee Chairs Meeting will be held in person at the MPS MedChi office. Regarding MPS Advocacy efforts, Dr. Means informed Council of the following:

- MPS signed onto a comment letter on the draft COMAR § 10.63 regulations.
- MPS Executive Committee members discussed potential psychologist prescribing bill for 2026 session.
- Scheduled a joint meeting with the Maryland Psychological Association for later this month.
- Met with BHA leadership to discuss issues of importance to MPS members.

Secretary-Treasurer's Report

Dr. Young gave highlights of the second quarter 6/30/2025 financial statements, which were accepted by Council:

- Total assets are \$495K, \$2K less than at this time last year. Current assets of \$491K are down \$5K and include \$260K in cash and equivalents. The actual June 30 balance for the emergency reserve is \$160K and the investment reserve is \$219K; balances are reconciled at year end. Net historical value of fixed assets is \$4K, which comprises mainly of MPS laptops and software.
- Total equity (net assets) is \$368K, down 5k from last year. A little less than \$3K of net assets are temporarily restricted for use in legal advocacy and the Wonodi Award.
- Membership dues are \$107K, \$7K less than budget to date due to a large dues drop cycle. Total advertising

income is \$21K, \$9K under budget. Meeting income of \$16K is \$2K less than budget to date and meeting expenses are \$500 less. Total income of \$151K is \$21K less than the overall budget to date.

- On the expense side, we are under budget by \$3K overall – with a total of \$164K. Significant variances are IT and database work, depreciation and travel. Salaries are \$3K more than budget to date due to changing Heidi's final retirement date
- The \$12K loss to date is \$18K worse than budget.

This statement shows a \$121K net decrease in cash since the beginning of January, mainly due to moving funds to the MPS investment account. As of mid-year, the MPS net loss is higher than budget and less than last year. Dues income is not as strong as last year. The shortfall in advertising in MPS News and mailing label rental is concerning, but staff are looking for creative ways to combat lower than anticipated ad revenues. MPS funds and reserves can easily meet obligations and expenses.

Dr. Young then presented the proposed 2026 operating budget. The Executive Committee recommends dues rates remain unchanged, as APA is raising dues for 2026. Ad revenue is projected to decrease across the board due to the current cuts in federal funding, etc. Ad prices and options will be reviewed and modified for 2026, but a significant decrease in revenues is still anticipated.

Annual meeting support will remain the same, other meeting income is increased slightly based on more interest in those ways of connecting with members. We are planning virtual and in person CME programs again in 2026 (free for members) in response to member survey results and market forces, but no career night.

Total revenue budget is \$303K, down \$21K from 2025. This change reflects decreased advertising income, and reduced dues income. There will be small increase in lobbyist fees for the 2026 session.

This budget proposal moves 5k from the ECP Fellowship funding to a more flexible budget category, allowing for ECP education programming, honorariums for presentations, etc.

Total 2026 budgeted expenses (line 61) are \$8K less than 2025 and shows a projected 2026 loss of \$1k. Council voted unanimously for a motion to approve the budget as presented.

New Business

The Maryland Foundation for Psychiatry presented the names of two individuals for appointments to their current Board of Directors. After much consideration and discussion, only one of the nominees was approved. Dr. Komrad will relay Council's discussion and decision to the Foundation Board members.

Dr. Balis asked if Council had any other items they wished to discuss at this time and reminded Council to submit their disclosure forms, which can be done electronically, as soon as possible.

2025 MPS Annual Survey Results

A total of 72 members gave input to the MPS via the annual survey that helps guide how committees, Council, and staff work over the next year. This number is 50% of the response rate from 2024 when 134 responded. The results represent 10% of the membership.

CME

Members shared nearly 50 CME needs, with psychopharmacology-related topics by far the most frequently requested. There were also a number of requests for programs on ADHD in adults, substance use disorders, and ethics. 91% percent of respondents indicated they would attend a psychopharmacology update. The next most desired topic was management of psychiatric disorders in pregnant patients, followed by borderline personality disorders.

Legislation and Advocacy

The 2025 survey polled six priorities for legislation and advocacy. Three were ranked higher than the rest, with Scope of Practice scoring the highest for member priority. Access to Equitable, Quality Care and Reimbursement/Parity were also ranked highly, with Access to Equitable, Quality Care chosen more frequently as the top priority. These were followed by Licensure Requirements/Mandatory Training. Outpatient Commitment/Involuntary Treatment was ranked next and Addressing Social Determinants of Health was lowest. While the surveys are not directly comparable, this year's respondents put a higher priority on Scope of Practice compared with the 2024 results. Additionally, members requested a wide range of issues to address legislatively, frequently mentioning prior authorization, protecting Medicaid, and federal regulations.

Telehealth Check In

44% of respondents are not at all concerned about possibly need an in-person visit to prescribe controlled substances via telehealth, 33% are concerned, and 23% are very concerned.

The Maryland Psychiatrist

Respondents shared that The Maryland Psychiatrist is most useful for staying up to date on the psychiatric community and hearing from MPS members. Recommended topics for articles included member profiles, clinical information, and community resources within Maryland. [Members interested in submitting articles to be published can email mps@mdpsych.org.]

Practicing Psychiatry in Maryland

This year, the survey asked members what the biggest problems they face as a psychiatrist practicing in Maryland are. The majority of responses included low insurance reimbursement and scope creep. Other issues included medication denials from insurance, bed shortages, and lack of higher-level care programs.

Improving Diversity

As part of the MPS initiatives [to address structural racism and inclusion](#), the survey asked members for their ideas about other ways the organization can improve diversity. Many respondents suggested more diversity in leadership, educational programs focused on diversity, and direct personal outreach. Additionally, the survey asked how MPS can better support the needs of its IMG members. Many respondents did not have an answer. Some suggestions included having more specific IMG news as well as recognizing current members' contribution in the MPS News. Increasing IMG members' involvement in committees and in leadership positions as well as more focused recruitment of IMG individuals was also recommended.

Increasing and Retaining Members

MPS received ideas from 34 members about how to increase and retain members. Responses ranged from decreasing dues to more individual contact from Executive Committee and Council members. Ideas also included focusing on Early-Career Psychiatrist engagement, hosting more CME programs, and more varied ways of communicating with members/recruitment of new members.

Satisfaction and Value

Overall, 87% of respondents are satisfied with the MPS (44% very satisfied), while 10% are neutral, 1% are unsatisfied. The rates of satisfaction are slightly higher than 2024. Respondents indicated the member benefits that are most important. Again this year, influencing how psychiatry is practiced in Maryland received the highest total, followed by the MPS News and MPS CME activities, each receiving 63% of responses. Legislative reports and representation with state government came next followed by the MPS Listserv and "having a place to turn to with questions" each with similar totals. Benefits that received a moderate response were APA membership, networking events/meetings, The Maryland Psychiatrist, and MPS committees and interest groups. Consistent with results in recent years, Online Find a Psychiatrist and Patient referrals were least important to respondents.

Satisfaction with the APA

The 2025 survey also asked members about their level of satisfaction with the APA. Overall, 47% of respondents are satisfied with the APA (11% very satisfied), while 47% are neutral, 5% are unsatisfied, and 1.5% are very unsatisfied. Additionally, members were asked how the APA can increase or retain members. Many responses included reducing fees, better promoting APA's benefits, and having a louder voice in legislation/communicating these efforts with members.

How MPS Can Better Serve Members

Respondents gave feedback about what they want the MPS to do in the future. Many said

(Continued on next page)

2025 MPS Annual Survey Results Continued

keep up the good work. Other very frequent responses included:

- Advocacy and work with state government
- Increase CME programming
- Continue sharing practical information in MPS News and through email
- Provide legislative updates

Respondent Characteristics

49% private practice (vs 43% last year), of which 75% are solo, 18% academic (vs 23%), 3% private/public (vs 13%) and 20% public sector (vs 12%). 5% were retired compared with 5% last year.

6% 1-5 years of practice, 11% 6-10 years, 23% 11-20 years, 60% over 20 and 2% still in training. These demographics indicate less participation from younger members compared to 2024.

79% Central Maryland, 6% DC Suburbs, 1.5% Western Maryland, 3% Eastern Shore, and of the rest many are in Central MD.

[Click here for the complete survey results.](#)

MPS Leadership Opportunities!

The MPS Nominations & Elections Committee invites recommendations and self-nominations for a two-year term on the [MPS Council](#) (board of directors equivalent) from any member in good standing. Council meets seven times per year and terms begin with the June 2026 meeting. A contested election will be held in March.

The MPS Council, Executive Committee and Community Psychiatry & Diversity Coalition underscore the [organization-wide priority](#) of addressing social justice issues and structural racism. Members who are committed to these concerns are particularly encouraged to consider running for Council.

MPS leadership can be very rewarding, enabling members to be a resource for information, education, networking, and advocacy. MPS Council members set and execute strategic priorities for the organization and help pave the way for improving psychiatric practice in Maryland. In turn, the experience helps expand their network, their understanding of psychiatry and their professional growth.

Please submit your name and a brief statement of interest **by October 10** to mfloyd@mdpsych.org to be considered.

World Mental Health Day-October 10th

This year's official theme for World Mental Health Day is "Access to Service: Mental Health in Catastrophes and Emergencies." Disasters can vary greatly. In 2020, approximately 100 million people worldwide were affected by disaster events. In the case of disasters, vulnerable groups can be under great stress, can face major challenges and may develop mental disorders. Nearly one-third of disaster-affected people may experience burdensome mental health consequences.

Visit the [World Mental Health Day Site](#) for more information on ways to spread the word and get involved.

Mental Illness Awareness Week

October 5 – 11 is when the National Alliance on Mental Illness promotes awareness of mental illness. This year's theme is "Building Community," emphasizing the importance of community, advocacy, and inclusion. Visit the [website](#) for ways to engage online and facts and resources to share.

ADHD Awareness Month

The October 2025 ADHD Awareness Month theme is "The Many Faces of ADHD." Visit the [website](#) for information and resources.



Committee to Protect Public Mental Health Sends Letter

The Committee to Protect Public Mental Health, which joins national medical, scientific, and public-health organizations, sent a letter to legislative leaders last month calling for the removal of Robert F. Kennedy, Jr. (RFK, Jr.) as Secretary of the U.S. Department of Health and Human Services (HHS). [Click here](#) for more information, or to view the letter.

PRMS Q3 Network Newsletter

From risk management and claims advice to risk alerts, PRMS news, and events, this quarterly newsletter delivers news, practical tips, and key updates in the field of psychiatry to help keep you, your patients, and your practices safe. The current issue of "[Hoot, What, Where](#)" from PRMS includes articles on topics ranging from medical record requests to split treatment.



Maryland Psychiatric Society
Presents

PSYCHOPHARMACOLOGY UPDATE: 2025

NOVEMBER 13, 2025

7:00PM until 9:30PM

via Zoom

FREE for all MPS members
\$25 for non-members

2.5 CME Credits Available

**CLICK HERE to
Register**

**Thank You to
Our Supporters**

Presenters and Objectives Include:

EDWARD SHORTER, PHD

Outline the history of American psychiatry, and how what was one discipline became two: psychiatry and neurology.

IDRIS LEPLA, M.D.

Describe the cardinal symptoms of catatonia and develop a differential diagnosis if a patient displays specific signs and symptoms of catatonia.

CYNTHIA FIELDS, M.D.

Provide an overview of common psychiatric complications of Parkinson's disease along with first-line strategies for treatment.

Contact: JHritz@mdpsych.org

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

New Laws Taking Effect October 1

The Maryland General Assembly passed more than 500 pieces of legislation in the 2025 Legislative Session. Below, please find summaries of some of the major legislation of interest to MPS members that will take effect October 1, 2025:

SB36/HB421: Public Safety - 9-1-1 Trust Fund - 9-8-8 Suicide Prevention Hotline

This bill expands the purpose of the 9-1-1 Trust Fund to include providing funds for costs related to the operation of the 9-8-8 suicide prevention hotline that may be shared with 9-1-1 activities, including software interfaces and joint training. The bill also repeals the prohibition that prevents the 9-1-1 Trust Fund from being utilized for any purpose associated with the 9-8-8 suicide prevention hotline and, instead, prohibits the 9-1-1 Trust Fund from being utilized for any costs that solely support the 9-8-8 suicide prevention hotline.

SB43: Maryland Department of Health - Forensic Review Board - Established

This bill requires the Maryland Department of Health (MDH) to establish a forensic review board at each facility that has persons committed as not criminally responsible (NCR). The boards are responsible for reviewing and determining whether to recommend to the court that a committed person is eligible for discharge or conditional release, with or without proposed conditions. A board may make recommendations relating to the release or rehabilitation of a committed person. MDH must adopt regulations to implement the bill.

HB783: Health Occupations - Implicit Bias and Structural Racism Training

This bill expands the scope of required training for individuals licensed or certified by a health occupations board to include implicit bias and structural racism. Applicants for the renewal of a license or certificate issued by a health occupations board must attest to completion of an approved implicit bias and structural racism training program the first time they renew their license or certificate after April 1, 2026. The Cultural and Linguistic Health Care Professional Competency Program, in coordination with the Office of Minority Health and Health Disparities (OMHHD), must identify and approve implicit bias and structural racism training programs, as specified.

HB1292: Health Insurance - Provider Directory - Required Updates

This bill replaces the term "network directory" with the term "provider directory" to conform with the federal No Surprises Act (NSA). The bill alters the time period by which a carrier

must update the online provider directory after notification from a participating provider of a change in the applicable information from within 15 working days to within 2 working days. A dental carrier must update such information within 15 working days. A provider directory must include a statement that advises enrollees and prospective enrollees to confirm the provider's or health care facility's participation in the carrier's network and the enrollee's health benefit plan. A printed provider directory must include a statement that the information is accurate as of the date of publication and that the individual should consult the online provider directory or contact the carrier to obtain the most current information. By January 1, 2026, the Insurance Commissioner must report to the General Assembly on any changes to regulations related to the accuracy of provider directories.

SB684: Public Health - Health Equity Dashboard

This bill requires the Maryland Department of Health (MDH), in collaboration with the Maryland Commission on Health Equity (MCHE), to develop a clear and easy-to-understand graphic data dashboard that includes age-adjusted health disparity data disaggregated by race, ethnicity, and gender. The data dashboard must include information on health insurance access, cardiovascular disease, chronic disease, mental health and substance use, cancer, HIV/AIDS, sexually transmitted infection, body mass index, and any other health indicators determined relevant by MDH. MDH must update the data dashboard on a quarterly basis, as determined by data availability, and post the most recent updated data dashboard prominently on its website.

SB423/HB776: Maryland Medical Practice Act and Maryland Physician Assistants Act - Revisions

This bill alters, clarifies, and makes consistent provisions of law regarding physicians, physician assistants (PAs), and allied health professionals regulated by the Maryland Board of Physicians (MBP). Among other actions, the bill alters disciplinary grounds and the disciplinary process, licensure requirements, board duties, specified notification requirements, and provisions governing the allied health professional advisory committees. The bill increases existing civil penalties and establishes new administrative penalties for specified violations. The bill also repeals obsolete and redundant language and makes clarifying and conforming changes.

SB748/HB1004: Public Health - Alzheimer's Disease and Related Dementias - Information on Prevalence and Treatment

This bill expands the information that the Maryland Department of Health (MDH), in partnership with specified

(Continued on next page)

Maryland News

New Laws Cont.

entities, must incorporate into relevant public health outreach programs to include information (1) for health care providers on treatments approved by the U.S. Food and Drug Administration (FDA) for Alzheimer's disease and related dementias, including relevant information on treatment use and outcomes and (2) to increase public understanding and awareness of early treatment of Alzheimer's disease and related dementias and FDA-approved treatments and relevant information on treatment use and outcomes. MDH, in collaboration with the State-designated health information exchange (HIE), must establish and maintain a publicly accessible website that includes specified information regarding Alzheimer's disease and related dementias in a downloadable format, which must be updated annually to include any newly available data. The bill also makes conforming changes and corrects an obsolete reference to the Virginia I. Jones Alzheimer's Disease and Related Disorders Council.

HB1510: Medical Records - Notice of Destruction - Method

This bill requires that a notice about the destruction of a medical record or laboratory or x-ray report be made by first-class mail or email, rather than by both methods. However, if no response or delivery receipt is obtained from an email notice, a health care provider must provide notice by first-class mail at least 10 days before the date on which the record is to be destroyed.

HB1066: Commission on Behavioral Health Care Treatment and Access - Workgroups

This bill requires the Commission on Behavioral Health Care Treatment and Access to establish an additional workgroup on improvement of health, social, and economic outcomes related to substance use. The workgroup must evaluate and review specified issues, including Maryland Department of Health (MDH) regulations on standards for the discharge of patients from substance use treatment programs. The workgroup must make recommendations on changes to State laws, policies, and practices (1) needed to mitigate the harms related to the criminalization of substance use with the goal of improving the public health and safety of residents of the State and (2) related to the discharge of patients from substance use treatment programs to consider the patient's mental health or substance use disorder (SUD) diagnosis in making an appropriate placement.

New Workforce Report

House Bill 97, enacted on July 1, 2022, established the Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals (UBHP). The law mandates that the Workgroup include representation from Maryland's Historically Black Colleges and Universities; hospital networks that primarily serve Black, Latino, or Asian American Pacific Islander communities; behavioral health professionals; individuals who provide social services in the State; and representatives of organizations, networks, or associations of behavioral health professionals that are composed of or primarily work to represent and support Black, Latino, or Asian American Pacific Islander communities, or other underrepresented behavioral health professionals.

[House Bill 615 \(Chapter 392\)](#), enacted on June 1, 2023, extended the deadline for the interim report to July 1, 2024, and clarified that the Act would remain effective until June 30, 2025, on which a final report must be submitted. The Workgroup began its work in November 2023 and submitted an interim report in June 2024. The current report was presented last month, to close out the work of the Workgroup.

Updates to Maryland Medicaid Provider Finder

Last month, the Maryland Department of Health (MDH) issued Provider Transmittal "PT 15-26" announcing updates to its Medicaid Provider Finder to all Maryland providers. This transmittal announces that, effective *September 15, 2025*, the updated [Provider Finder](#) will include the HealthChoice MCO affiliation of each provider. Providers are encouraged to verify their directory information for accuracy.

Carelon Provider Council Meeting

The next Carelon Provider Council Meeting for behavioral health providers is scheduled for Friday, October 10th at 10AM via [Webex](#).

- If you have not already done so, please [select this link](#) to register. After registration, you will receive a confirmation email with instructions for joining the meeting.
- General questions or concerns should be sent IN ADVANCE of the meeting using their [online form](#) by Friday, October 3, 2025.
- The presentation and recording from last month's meeting can be found in the [Communications section](#) of their website under [Provider Council Meetings](#).

Maryland News

Maryland Youth Suicide Prevention Summit

The Maryland Chapter of the American Academy of Pediatrics (MDAAP)'s third Maryland Youth Suicide Prevention Summit is scheduled for Friday October 24, 2025 from 8 am to 4:30 pm. The program will focus on amplifying Maryland Youth Suicide Prevention with the collaboration of clinicians, educators, legislators, community organizations and youth/families with lived experiences.

Use this link for additional details and to register: [Maryland American Academy of Pediatrics Youth Suicide Prevention Summit - Kennedy Krieger Institute](#). The event will be held at the Arnold Capute Conference Center (8th Floor) at Kennedy Krieger Institute, 1741 Ashland Ave, Baltimore 21205. There is no cost to attend. Breakfast and lunch are provided.

Lemons to Lemonade Lecture October 21st

On **Tuesday October 21, 2025, at 6:30pm EDT** the Maryland Physician Health Program (MPHP) presents the 6th and final 2025 Lemons to Lemonade CME lecture with ***Early Interventions for Distressed Clinicians: Avoiding Board and NPDB Reports*** presented by Catherine V. Caldicott, MD, FACP Medical Director, PBI Education. [Register here](#) for this **VIRTUAL** event. Registration is free.

Expand Your MPS Engagement

Join the MPS Listserv

Join the online MPS community to quickly and easily share information with other MPS psychiatrists who participate. To join, click [here](#). You will need to wait for membership approval and will be notified by email. If you have any problems, please email mps@mdpsych.org.

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

Engage with Digital Options

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

APA News & Information

APA Advocacy Update

APA Urges Health Plans to Reject New Telehealth CPT

Codes: In response to the American Medical Association's introduction of new telehealth-specific CPT® codes (98000–98015), APA is leading an initiative with the American Academy of Child and Adolescent Psychiatry (AACAP) and the Path Forward Coalition to urge commercial insurance plans to reject the new billing codes and maintain payment parity using the outpatient E/M codes with telehealth modifiers. [Click here to read more.](#)

ONC Releases HTI-4 Final Rule: The Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC) released their Health Data, Technology, and Interoperability (HTI-4) Final Rule which includes technology requirements for e prescribing, electronic prior authorization, clinical decision support, and updates interoperability standards. The rule aims to cut administrative burden, improve affordability, and give patients and providers faster access to needed treatments. [Read the blog post summarizing the rule here.](#)

MHLG Letter in Support of the Telemental Health Access

Act: APA led a Mental Health Liaison Group (MHLG) letter supporting the Telemental Health Care Access Act (H.R. 3884/S.2011) introduced by Representatives Doris Matsui (D-CA) and Troy Balderson (R-OH) and Senators Bill Cassidy (R-LA) and Tina Smith (D-MN). [Click here to read more.](#)

RFM Caucus Update

The RFM Caucus, since its launch in May 2025, has achieved notable momentum, with membership among RFMs rising 37% to 511. Highlights of their work include:

- The formation of subgroups organized by interest and region to foster networking, collaboration, and community among members.
- Creating a series of social media videos to promote the Caucus, which we'd love for you to share when you see them on the APA social media channels!
- Developing a strategic plan informed by a member survey.
- Actively promoting RFM opportunities within components, fellowships and awards.
- Developing a resource document to help trainees navigate the APA and its components, as well as the *Empowering Trainees* initiative focused on leadership development for RFMs and ECPs.

RFMs can join the Caucus at my.psychiatry.org and go to **APA Caucuses** on the lefthand navigation bar, and then click on the box **Resident-Fellow Member Caucus**.

APA News & Information

APA Awards: Members Encouraged to Apply

APA Awards recognize psychiatrists and other mental health advocates for their contributions to the APA and the field of psychiatry, for career recognition, lifetime service, outstanding research, and other categories that improve the lives of people with mental illness. Below, are awards highlighted by our MPS Area 3 Representatives. For a comprehensive list of all the awards, visit [APA Awards](#).

[Assembly District Branch Best Practice Award](#)

Recognizes a District Branch for exemplary standard practices and/or innovative programs in areas such as member services, communications, financial management, government affairs, and meetings/education, with a special interest in practices and programs that hold potential for replication by other District Branches. *Nomination Deadline: March 1*

[Berson Senior Psychiatrist Award](#)

Acknowledges a senior member who has made a significant contribution to psychiatry. *Nomination Deadline: March 1*

[Irma Bland Award for Excellence in Teaching Residents](#)

Recognizes APA members who have made outstanding and sustaining contributions to resident education in psychiatry in a salaried or voluntary capacity. *Nomination Deadline: June 1*

[Isaac Ray Award for Forensic Psychiatry](#)

Recognizes a person who has made outstanding contributions to forensic psychiatry or to the psychiatric aspects of jurisprudence. *Nomination Deadline: June 1*

[Resident Recognition Award](#)

Recognizes one outstanding psychiatry residents or fellows from each department or institution who exemplifies one or more APA values. *Nomination Deadline: March 31*

[Roske Teaching Award](#)

Given to one salaried faculty member and one volunteer faculty member per each medical school, per year, for outstanding and sustained contributions to medical student education. *Nomination Deadline: June 1*

[Warren Williams Assembly Speaker's Award](#)

Recognizes recent or current outstanding activities or contributions in the field of psychiatry and mental health. *Nomination Deadline: At the Discretion of Area Councils*

[William Sorum Assembly Resident-Fellow Member Awards](#)

Honor a Resident-Fellow Member (RFM) and a District Branch in each Area who has made the most notable progress in RFM activities, involvement, participation, or representation in the APA. *Nomination Deadline: At the Discretion of Area Councils*

[William W. "Bill" Richards Rural Psychiatry Award](#)

Recognizes individuals who have made exemplary contributions to the treatment of patients and the practice of psychiatry in rural and/or remote geographic areas. *Nomination Deadline: At the Discretion of Area Councils*

APA Statement on White House Announcement on Autism

In reaction to last month's White House announcement, the American Psychiatric Association issued the following statement:

"It is essential that the administration prioritizes evidence-based support for individuals on the autism spectrum and invest in long-term comprehensive research about the disorder.

Vaccines do not cause autism. Claims of any such association have been repeatedly discredited in peer reviewed studies.

Autism is a complex disorder, and it is incorrect to imply that a handful of studies have established causation. A strong base of evidence shows that acetaminophen, when taken as directed, is safe for use during pregnancy. Any decisions around a course of treatment should be determined by a patient and their doctor.

Leucovorin (folinic acid) has not been a recommended treatment for autism. It will require many more years of research before we know if leucovorin is an appropriate treatment for individuals with autism. Autism spectrum disorders exist on a spectrum of neurodiversity. The country must focus its resources on expanding access to care and to building the evidence-base for future treatments."

APA Dues Increase

At its March 2025 meeting, the APA Board of Trustees approved an adjustment to the APA rates for the 2026 dues year (5%) to increase to all APA dues rates. A new FAQ section about the increase has also been added, and you can [find that here](#).

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.](#)

Member Publications

Paul Nestadt, M.D. co-authored a paper published in *JAMA Psychiatry* titled "[Racial Differences in Suicide and Undetermined Deaths in Maryland](#)" in which the authors analyze data and indicate a disproportionate misclassification of deaths of Black people as undetermined when they were actually the consequence of an intentionally self-destructive act.

Max Spaderna, M.D., Eric Weintraub, M.D., and Christopher Welsh, M.D. published a commentary in *Health Affairs* titled "[Telemedicine Buprenorphine Access For Incarcerated People: Lessons Learned From Maryland's Rural Jails.](#)" The article describes the team's experience implementing a telemedicine-based buprenorphine treatment program in rural Maryland jails and the challenges/lessons they encountered.

Chris Morrow, M.D. co-authored a paper published in *JAMA Psychiatry* titled "[Neurofilament Light Chain and Differentiation of Behavioral Variant Frontotemporal Dementia From Psychiatric Disorders.](#)" The paper critically reviews studies examining whether neurofilament light chain (NfL) in cerebrospinal fluid (CSF) or blood is a viable aid in the differential diagnosis of bvFTD vs psychiatric disorders.

Out & About

Dr. Stephanie Knight gave an [interview with ABC News](#) anchor Kyra Philipps, sharing her personal experience as a Hurricane Katrina survivor and how it led her to work as a psychiatrist focusing on climate-related trauma.

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.

[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.

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

Anika Hamilton, M.D.
Mahima Dewan, M.D.
Samantha Asuncion, M.D.
Khizar Khan, M.D.
Luci Hulsman, M.D.
Joseph Cleland, M.D.

REINSTATEMENT

Aderonke Omotade, M.D.

TRANSFERS

Chris Gauthier, D.O.
Nicole Juszczak, M.D.
Kent Colburn, D.O.
Trusha Patel, M.D.

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.

Government Shutdown: What Physicians Need to Know

As a reminder, physicians who provide telehealth services to Medicare patients should be aware that the Medicare telehealth flexibilities lapsed for care to all patients except those being treated for mental health or substance use disorders. This means that telehealth services are limited to rural areas as they were before the COVID public health emergency and that patients cannot receive telehealth services in their homes. Note, however, physicians in [certain Medicare Shared Savings Program accountable care organizations \(ACOs\)](#) (PDF) can continue to provide and be paid for telehealth services. In addition, the ability to provide audio-only services to Medicare patients lapsed, as did the Acute Hospital Care at Home program. During the shutdown the [AMA is monitoring](#) any potential delays in Medicare claims processing or other Medicare payment problems that could result from federal staffing reductions at CMS, including during the shutdown.

Medicare Updates

Update on Medicare Telehealth Operations During the Shutdown

Beginning October 1, 2025, many of the statutory limitations that were in place for Medicare telehealth services prior to the COVID-19 Public Health Emergency will take effect again for services that are not behavioral and mental health services. These include prohibition of many services provided to beneficiaries in their homes and outside of rural areas and hospice recertifications that require a face-to-face encounter. In some cases, these restrictions can impact requirements for meeting continued eligibility for other Medicare benefits. In the absence of Congressional action, practitioners who choose to perform telehealth services that are not payable by Medicare on or after October 1, 2025, may want to evaluate providing beneficiaries with an [Advance Beneficiary Notice of Noncoverage](#). Practitioners should monitor Congressional action and may choose to hold claims associated with telehealth services that are not payable by Medicare in the absence of Congressional action. Additionally, Medicare would not be able to pay some kinds of practitioners for telehealth services. For further information: <https://www.cms.gov/medicare/coverage/telehealth>.

Medicare Open Enrollment

October 15 is the start of [Medicare Open Enrollment](#), which ends on December 7, 2025. During this time, people eligible for Medicare can compare options on [Medicare.gov](#) and the Medicare Plan Finder for 2026 health and drug coverage. 1-800-MEDICARE is available 24/7. [State Health Insurance Assistance Programs](#) can also help with comparisons. For 2026 Medicare Advantage and Part D plans, please click for [premiums and costs](#) and [state-by-state information](#), important dates, and enrollment resources. To keep current Medicare coverage, there is no need to re-enroll.

2026 Medicare Physician Fee Schedule

The [Calendar Year \(CY\) 2026 Medicare Physician Fee Schedule \(PFS\) Notice of Proposed Rulemaking \(NPRM\)](#), which includes proposed QPP policies for the 2026 performance year, is now available for viewing. The 60-day public comment period ended September 12, 2025.

[Download the Fact Sheet and Policy Comparison Table](#)

MIPS Exception Applications Available

The MIPS Extreme and Uncontrollable Circumstances Exception [application](#) and MIPS Promoting Interoperability Hardship Exception application for the 2025 performance year are available. They can be submitted through 8PM on December 31, 2025.

MIPS Feedback

The MIPS performance feedback is available, including your final score based on the data submitted and calculated for the 2024 performance year. If you believe an error has been made, you have approximately 60 days to request a targeted review. Sign in to review your performance feedback or request a targeted review. Review the [2024 MIPS Performance Feedback FAQs \(PDF, 2MB\)](#) and [2024 Targeted Review User Guide \(PDF, 2MB\)](#) for more information.

CLASSIFIEDS

OFFICE SPACE AVAILABLE

Ellicott City: Full/part time office space with amenities and active in-office listserv for mental health professionals. Easily accessible via routes 40, 29,32, 695. Contact Dr. Mike Boyle at 410-206-6070, psycmike@gmail.com.

Advertise Position Openings and Office Space with MPS!

The MPS offers timely ads in [MPS News](#) (includes online post), [The Maryland Psychiatrist](#) and the MPS [home page](#). [Click here](#) for ad rates. Please help MPS generate non-dues income by using MPS ads to connect with psychiatrists.

Psychiatrists with Immediate Patient Openings Available

The MPS maintains a list of members who can see new patients quickly. An *updated* "[MPS Members Actively Taking New Patients: Appointments Within 1-2 Weeks](#)" will appear on <https://mdpsych.org/> later this month. Please email mfloyd@mdpsych.org to be included (include name, patient types, insurances accepted, phone number/email, etc.) and/or consider referring patients to this resource. Patients can also try [Find a Psychiatrist](#), but the wait time may be longer.



Shape the Future of Psychiatric Care - With Us

Faculty Child and Adolescent Psychiatrist - Outpatient

Center for Developmental Behavioral Health Kennedy Krieger Institute



Why Kennedy Krieger?

Cutting Edge Science

Research opportunities tailored to your interests and skills

Faculty & Mentorship

Johns Hopkins appointment plus career development support

Team Culture

Join a collaborative, mission-driven community

Competitive Compensation

Salary, loan repayment eligibility, tuition remission, comprehensive benefits

Career Advancement

Opportunities for program development

Prime location

Live in a vibrant, affordable city with quick access to DC, Philly and the Mid-Atlantic outdoors

Your Impact:

Transform Care – Provide outpatient support to children and adolescents with and without neurodevelopmental needs

Talented Clinician - Bring a strong history of relevant clinical and/or academic training and experience

Collaborate - Partner with world-class interdisciplinary colleagues and families on individualized care plans

Grow Academically - Hold a Johns Hopkins faculty appointment and mentor future leaders

Advance the Field – Engage in program innovation and quality improvement that makes a lasting impact

**Ready to Shape the Next Era
of Psychiatric Care?**

Scan to apply or
connect with us today!



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:

Service Chief

The Center for Eating Disorders | Towson, MD

Service Chief

Child and Adolescent Inpatient | Towson, MD

Medical Director

Outpatient Mental Health Centers | Baltimore, 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, 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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