

MPS NEWS

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Editor: Meagan Floyd

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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

President's Column

Change Starts With a Goal: 2026-27 MPS Priorities

I had a wonderful time at the Annual Meeting celebrating MPS, acknowledging the accomplishments of our colleagues, and talking about the future of our organization. It's a privilege to be in the presence of professionals who have chosen to work at the intersection of science and humanity, of biology and the lived experience.

I want to recognize and thank Dr. Ronald Means, the outgoing MPS President. He has done an amazing job with continuing to ensure that the Maryland Psychiatric Society has been involved in the conversations regarding issues that affect its members and the citizens of Maryland who suffer with and are affected by mental illness.

Having served on the MPS council and executive committee, I appreciate that you, my peers and colleagues, have entrusted me with continuing the mission of MPS. At this point, I have been connected to Maryland as a psychiatrist for over 20 years, and have worked in various settings, locations, and capacities. I'm currently working as a forensic psychiatrist with the State of Maryland and manage a small private practice for general and forensic mental health. Like many of you, I went into psychiatry to have a positive impact on a person's mental health and to support them in a manner that results in hope and an overall improvement in their quality of life. I chose to pursue additional training in forensics as I am concerned about the criminal justice systems' impact on people who suffer with severe and persistent mental illness and the multiple stigmas

these patients face, their often prolonged entanglements with the system, and the disparities in access to healthcare that contribute to arrests and incarceration.

My vision for MPS over the next year includes the following: I would like us to continue to engage in fighting the challenges we face and building upon the recent programs we support. For example, we collaborated with other professional medical societies in Maryland to stop the scope of practice creep proposed in the 2026 legislative session by psychologists. I expect we will face this challenge again during next year's legislative session. To be successful in ensuring that the citizens of Maryland receive access to quality care, we must all participate when called upon.

Members of MPS will need to continue to advocate—not only for our patients, but for the conditions under which we practice. The landscape of healthcare continues to change in unexpected ways, and sometimes those changes or events are needed. These changes have also had significant impacts on our Early Career Psychiatrists, who are our future leaders, and led them to face issues like work-life balance, burdensome paperwork, and interference with providing quality care. Burnout among clinicians is not hypothetical, it is measurable, visible, and, for many, personal. I am committed to continuing MPS' goal of advocating for processes to prevent or reduce the impact of these activities to support not just our ECPs, but our established members as well.

Another priority to consider during my tenure is the use of artificial intelligence. A

(Continued on next page)

The MPS Council will meet via Zoom on June 9 at 7:30 PM. All members welcome!

President's Column Cont.

theme that underlies much of our work is how do we sustain meaningful, effective psychiatric care in a system that often pulls us away from it. Advances in neuroscience, psychopharmacology, and digital health tools are reshaping how we understand and treat mental illness. We should engage thoughtfully with emerging technologies in mental health care as they can improve access to care, but we have a responsibility to shape how these tools are integrated into our practice, rather than leaving it to those making business decisions. We do not have to choose between science and humanity; we can deliberately balance having them both. (And by the way, I used AI in writing this speech. I'm trying to regularly understand it, embrace it, and figure out how it can be integrated into my daily activities and occupation.)

We must continue working on issues related to access to quality care, encouraging policies and regulations that support collaboration efforts such as integrated care models, partnerships with primary care, and coordination with community resources. We need to continue to hold people and entities with influence and decisional authority accountable; encourage an increase and expansion of mental health and SUD networks in general, particularly for underserved and rural areas of Maryland. If you know me, I say adding more inpatient beds is not the solution. We need to add more outpatient resources and housing options, to let patients receive treatment in less restrictive settings.

I am aware that my priorities are several and for some may be considered grand or broad for a one-year long position, but change starts with a goal, and a goal materializes with passion and persistence. Not every goal will come to fruition, but it doesn't stand a chance if we don't imagine it. Through our knowledge, skills and active presence, we can create the conditions for change. Growth as an organization, no matter how small, is still change for us and the people of Maryland who suffer with mental illnesses. I look forward to fulfilling the mission and goals of MPS and am excited to serve as your president for the 2026-2027 year.

Tyler Hightower, M.D., MPH
MPS President

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 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.

MPS Officers & Election Results

Congratulations to the members indicated by (*) who were elected to MPS positions for FY27! They are listed with other voting members of the MPS Council (board of directors). The new terms began after the April MPS annual meeting.

Officers

President: *Tyler Hightower, M.D.
President-Elect: *Michael Young, M.D.
Secretary-Treasurer: *Rachna Raisinghani, M.D.
Council Chair: Ronald Means, M.D.

Councilors

Benedicto R. Borja, M.D.
Mary Cutler, M.D.
*Cynthia Fields, M.D.
*Robert Herman, M.D.
Stephanie Knight, M.D.
*Constance Lacap, M.D.
*Cynthia Major Lewis, M.D.
Taylor Scott, M.D.

Early Career Psychiatrist Councilor

Melissa Lavoie, M.D.

Resident-Fellow Member Councilor

Matthew Brandt, M.D.

Past Presidents

Theodora Balis, M.D.
Carol Vidal, M.D., Ph.D.

APA Assembly Representatives

Adefolake Akinsanya, M.D.
*Marsden McGuire, M.D.
Elias Shaya, M.D.

MedChi Delegate

Enrique I. Oviedo, M.D.

MedChi Delegate Alternate

Michael Young, M.D.

Nominations and Elections Committee:

*Ann Hackman, M.D.
*Doris Balis, M.D.

A total of 157 ballots were cast this year, with a participation rate of 20%.

Expand Your MPS Engagement**Engage with Digital Options**

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

2025 MPS Annual Report

Financial

2025 total assets are \$520K, \$18K lower than last year. The difference is because of \$88.5K less cash, \$1K more accounts receivable and \$700 more prepaid expenses, which are offset by \$70K more investment reserves. Liabilities total \$148K, 10k lower than 2024, which mainly reflects \$10K less prepaid dues. Net assets (or equity) of \$372K are 8k less than last year and include \$3600 that are temporarily restricted for legal advocacy and the Wonodi fund. Total expenses are \$305K, \$7K under budget. The largest variances are reduced travel, lower/fewer subscriptions, and reduced taxes due to lower than anticipated ad sales. The \$9K deficit is \$21K worse than the \$12K profit that was budgeted.

Membership

2025 concluded with 702 active members. Promotion of reduced Semi-retired and Retired dues levels continued.

Vision Mission Values

- The Executive Committee continued to support MPS Goals for Addressing Structural Racism and Inclusion
- Data for member demographics was compiled for leadership and member categories.

Scientific Programs and Meetings

- The April annual meeting was held in person in Baltimore. 80 people attended. We reviewed the year in Maryland psychiatry and recognized Paper of the Year, poster competition and Lifetime of Service winners, awarded the first Ikwunga Wonodi recipient, and celebrated other member achievements.
- CME Programs included:
 - Virtual CME on climate change and its impacts on mental health
 - Virtual CME featuring updates surrounding psychopharmacology
 - Virtual CME on the current state of psychiatry in Maryland with some of the leading behavioral health experts across the state.
- [Committee](#) and Council meetings were held virtually, except for the Committee Chairs meeting, which was held in person.
- An Orioles Game social event for members was held in Baltimore.
- Largely successful, in person trivia night for residents and fellows was hosted in Baltimore.

Government Relations and Advocacy

- In 2025 the General Assembly introduced over 2500 bills and Joint Resolutions. Mental health was a stated concern of those in leadership in Annapolis. As such, the MPS Legislative Committee was very engaged and active. MPS reviewed over 90 pieces of legislation, including the cross-filed bills, and actively worked over 50 bills.
- Other major advocacy efforts focused on psychologist prescribing efforts, assisted outpatient treatment handgun restrictions and commitment issues.

Outreach and Member Engagement

- **Publications:** The annual MPS Membership Directory was mailed to all members. Monthly [MPS News](#) and two issues of [The Maryland Psychiatrist](#) were emailed and posted online.
- **Listserv:** Popular way for members to quickly ask each other questions, share resources and ideas.
- **Website:** With a login, members can update their profiles, pay dues, and view the online member directory. Also, an opt-in [Find a Psychiatrist](#) tool, practice resources, and advocacy information.
- **Social Media Accounts:** [Facebook](#), [Instagram](#), [Twitter](#), and [LinkedIn](#).
- **Interest Groups:** [10 email groups](#) facilitate member connections around sub-specialty areas.
- **Referral Service** remains strong via the MPS website, and also telephone as needed.

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.**

2026 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!



April 2026 MPS Council Highlights

Membership Committee Report

Ms. Floyd and Dr. Akinsanya presented the Membership Committee report. They reported that the Membership Committee, along with MPS staff worked very diligently to reduce the number of members at risk of being dropped for unpaid APA/MPS dues. The APA and MPS drop cycle concluded on March 31st. Despite many efforts by the Membership Committee, A total of 52 members were dropped from MPS due to unpaid 2026 MPS and/or APA dues. The breakdown is as follows:

- 33 members were dropped for unpaid MPS & APA dues
- 12 members were dropped for unpaid MPS dues
- 7 members were dropped for unpaid APA dues

Executive Committee Report

Dr. Means noted that the MPS Executive Committee will meet with WPS leadership to review the MOU arrangement sometime after the new officers are in place, but before the September 1 date specified. In planning for the change of officers, Dr. Hightower has finalized committee chairs for the 2026-27 officer year. Staff continue to solicit committee members for 2026-27, and Dr. Means urged Council to encourage their colleagues to become more active within MPS. He reported that the MPS Distinguished Fellowship Committee identified multiple members who have been encouraged to apply this year. He also noted that the MPS Signed on to a 2026 Gun Violence Prevention Appropriations appeal to Congress. Council reviewed and approved the 2025 MPS Annual Report. Finally, he reminded Council to attend the MPS Annual Dinner, to be held in person April 30th at the Mt Washington Tavern.

New Business: MPS Website Security Upgrade

The MPS website needs critical security updates. The MPS database developer/website host presented a proposal to ensure that the website operates in a safe, secure way. Unfortunately, these needs were not identified until after the 2026 budget was approved in September, so Council is now asked to consider the request for extra funds to bring the website and database up to the recommended security compliance. The estimate came in at 16k. After some discussion Council approved the request.

Nominations and Elections Committee Report

Dr. Hackman presented the results of the 2026 MPS election, which highlight continued effort and success with diversity and inclusion. See page 2 for election results. This is the sixth year of electronic voting for MPS elections. A total of 157 ballots were cast by 20% of the voting membership. While the electronic ballot continues to facilitate member participation in elections (and reduces MPS expenses and staff time), the MPS welcomes suggestions as to how we can return to earlier levels.

Farewell to Outgoing Council Members

Dr. Balis noted that this is the last Council meeting for Drs. Komrad and Zimnitzky whose terms end with this meeting.

She thanked them for their exemplary service. She said that at the June Council meeting, MPS officers will have changed, and Dr. Means will chair.

MPS Urges Funding

The MPS, and over 450 national, state, and local medical, public health, and research organizations signed onto a gun violence prevention research funding letter that was sent to both Senate and House offices. The letter stressed support for \$35 million for the Centers for Disease Control, \$25 million for the National Institute of Health, and \$1 million for the National Institute of Justice for firearm morbidity and mortality prevention research as part of FY 2027 appropriations. This research is critical for developing a comprehensive, evidence-based approach to reducing firearm-related violence, including suicides, violent crime, and accidental shootings.

SPA Resident Research Award

The Southern Psychiatric Association (SPA) offers an annual award for an original manuscript concerning basic or clinical research on a topic pertinent to psychiatry.

ELIGIBILITY

- Psychiatric Residents or Fellows that are currently in training at an approved and accredited graduated medical education program at the time of the Annual Meeting.
- The applicant must attend and present their research at the September 2026 Annual Meeting in Baltimore in order to receive the award.
- All submissions must be original and not previously published.
- One manuscript per applicant.
- PowerPoint not accepted.
- Literature reviews are excluded from acceptable manuscripts.

AWARD WINNER RECEIVES

- Travel expenses up to \$1,000 to SPA's Annual Meeting, September 16 – 19 in Baltimore, MD.
- Presentation of research at the Annual Meeting
- \$500 honorarium for presenting.
- Meeting Registration Fee Waived
- Recognition of the winner's training program

DEADLINE

- June 15, 2026
- Applicants are encouraged to submit manuscripts as early as possible for consideration.

Contact JHritz@mdpsych.org for additional details and how to submit.

MPS Legislative Wrap Up: 2026 General Assembly in Review

The Maryland General Assembly (MGA) convened its 448th 90-day Legislative Session at noon on Wednesday, January 14th, and adjourned on April 13th. The joint legislative committee of the Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) meticulously assessed fifty-five (55) distinct pieces of legislation, excluding cross files, and actively advocated on thirty-two (32) bills. Below is a summary of the bills that include several priorities, including bills that almost made it to the finish line, bills that successfully passed both chambers and have been or are expected to be signed by the Governor, and one bill that we successfully defeated. A summary of bills of interest to MPS members is below. To read the report in its entirety [please click here](#).

Licensed Psychologists - Prescriptive Authority

Senator Arthur Ellis (D – Charles County) and Delegate Jennifer White Holland (D – Baltimore County) introduced Senate Bill 568/House Bill 1021 which would have authorized a licensed psychologist to have prescriptive authority. The psychologist would have to (1) successfully complete an educational program recognized by the State Board of Examiners of Psychologists (the Board) and a postdoctoral prescribing psychology fellowship; (2) pass a specified examination; and (3) submit a form and evidence of compliance with said requirements. Additionally, the bill would have created a Prescriptive Authority Advisory Committee to advise the Board whereby the Board was required to keep records and adopt regulations. Lastly, the bill made conforming changes to the definitions of “practice psychology” and “authorized prescriber” as well as authorizations to administer medication under the Health Occupations Article. MPS/WPS advocated strongly against this bill, fearing significant implications for patient safety. Several members testified in person, virtually, and in writing in both committees against this bill, leading to its defeat. Ultimately, the bills failed due to the lack of action by their respective committees.

Mental Health Law - Right to Treatment

Senator Justin Ready (R – Frederick and Carroll County) and Delegate Jamila Woods (D – Prince George’s County) introduced Senate Bill 707/House Bill 1014 which defines “danger to the life or safety of the individual or of others” as it relates to the emergency evaluation of an individual with a mental disorder and the involuntary admission of an individual with a mental disorder to a facility or Veterans’ Administration hospital. Under the Senate bill, as amended, “danger to the life or safety of the individual or of others” means: “there is, as a result of a mental disorder, a substantial risk, based on conduct that is recent and relevant to the danger that the individual may present and in consideration of the individual’s current condition and, if available, recent personal, medical, and psychiatric history, that the individual will: (1) cause serious bodily harm to the

individual or another individual; or (2) be unable, except for reasons of indigence, to provide for the individual’s basic needs, including food, clothing, shelter, medical care, self-protection, or safety, to such a degree as to create a substantial risk of serious bodily harm, serious illness, or death in the near future. While the House bill failed due to the lack of timely action, Senate Bill 707 passed and goes into effect October 1, 2026.

Assisted Outpatient Treatment - Surrender or Seizure of Firearms

In 2024, the MGA passed the Assisted Outpatient Treatment (AOT) law to address the needs of individuals with serious mental illnesses who are unable to seek treatment voluntarily. This law provides for court-ordered, community-based treatment to prevent hospitalization, incarceration, or harm to themselves or others. Regrettably, the law missed an important component which was to prevent individuals from having firearm access while in court ordered AOT programs. As such, Senator Shaneka Henson (D – Anne Arundel County) and Delegate N. Scott Phillips (D– Baltimore County) introduced Senate Bill 942/House Bill 1306 which would have required a court to (1) order the respondent to surrender any firearm in their possession to law enforcement authorities and (2) prohibit the respondent from purchasing or possessing any firearm for the duration of the court-ordered AOT. This order was set to expire once the respondent was no longer subject to an AOT order. The legislation also outlined procedures and requirements for the surrender, storage, and return of firearms related to the order.

While the legislation as introduced granted the court enforcement powers through contempt and/or reasonable sanctions for violation of the order, the House Judiciary Committee attempted to amend the bill to remove the court’s contempt powers to address concerns from opponents. Unfortunately, the legislation failed due to the lack of action by the House Health Committee and the Senate Finance and Judicial Proceedings Committees.

Correctional Services - Medication Review Committee - Administration of Psychotropic Medication to an Incarcerated Individual

The Department of Public Safety and Correction Services (DPSCS), through the Chair of the House Health Committee, introduced House Bill 279, which would have established a medication review committee and process within DPSCS empowered to determine whether certain incarcerated individuals in specified circumstances are administered psychotropic medication, particularly when the patient refuses treatment. Several work sessions with advocates, DPSCS, MPS/WPS, and others yielded compromise legislation that passed the House but failed due to lack of action by the Senate Judicial Proceedings Committee.

(Continued on next page)

MPS Wrap Up Cont.

Maryland Medical Assistance Program and Health Insurance - Collaborative Care Model - Cost Sharing Prohibition

Senator Malcolm Augustine (D – Prince George’s County) and Delegate Heather Bagnall (D – Anne Arundel County) introduced and passed Senate Bill 428/House Bill 746, which prohibits the Maryland Department of Health from imposing a copayment, coinsurance, or a deductible for services provided in accordance with the Collaborative Care Model in primary care settings, and requires certain insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for services provided in accordance with the Collaborative Care Model. The bill takes effect January 1, 2027.

Petitions for Emergency Evaluation (Arnaud and Magruder Memorial Act)

Delegate Tiffany Alston (D – Prince George’s County) introduced House Bill 860, which specified that an emergency petition is effective for five days and can be extended for up to five days at a time, but not to exceed 30 days total. The bill further outlined certain requirements for extensions. The bill passed the House but failed due to lack of action by the Senate Finance Committee.

*Gabriel Auteri
Of Counsel
Harris Jones & Malone, LLC*

Upcoming May Awareness Observances

Children's Mental Health Awareness Week - May 3 - 9
Maternal Mental Health Awareness Week - May 4 - 10

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.

Reinstatement
Mahvash Sheikh, M.D.
Donika Hasanaj, M.D.

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.

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

Member Shoutout

Thomas Franklin, M.D. received the Caron Mental Health Professional award. The honors individuals, organizations, and institutions making a meaningful impact in the ongoing fight against alcohol and drug addiction in our communities. Congratulations on this honor!

Marissa Flaherty, M.D. has won the national [Inspiring Engagement Award](#) for the AAMC Northeast Group of Student Affairs (NEGSA). This honor represents Dr. Flaherty's exceptional leadership in student wellness and mental health advocacy. Congratulations on this recognition!

Robert Buchanan, M.D. was honored with the inaugural University of Maryland School of Medicine Luminary Award. This recognizes his lifelong contributions to psychiatry, groundbreaking schizophrenia research, and enduring impact as a mentor and leader. A well-deserved honor!

Harsh K. Trivedi, M.D., MBA was selected as the 2026 recipient of the [Justin Ford Kimball Innovators Award](#). This recognition is for his or his unwavering commitment to innovation, community service and patient-centered care. Congratulations Dr. Trivedi!

Out & About

Christopher Welsh, M.D. was interviewed in a Fox Baltimore article titled "[Hidden addiction: How much money do Marylanders gamble away?](#)" He discusses the rise in gambling behavior and gambling addiction in Maryland and the role casino companies play.

Call for Volunteers!

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

The MPS offers multiple ways for members to be involved, including volunteering for [committees](#), joining an email [interest group](#) and other ways that members request. MPS President Tyler Hightower, M.D., MPH., will appoint FY27 committees next month so please sign up NOW!

Engage with us to represent psychiatry. This is your chance to have a say! Your energy and ideas can help the MPS effectively focus on issues that are important to you! Participation from members is essential to accomplishing our goals. To review the options and sign up, [please click here](#).



Southern Psychiatric Association & Maryland Psychiatric Society 2026 Annual Conference

ROYAL SONESTA HARBOR COURT HOTEL
BALTIMORE, MD

SEPTEMBER 16 - 19, 2026

SCAN OR CLICK THE QR CODE TO RESERVE YOUR ROOM

CME TOPICS INCLUDE:

- ADHD in Later Life
- Assisted Outpatient Treatment as Alternative to Involuntary Hospitalization
- Dysautonomia: The Elephant in the Room
- Forensic Psychiatry
- GLP-1s & Psychiatry
- Intensive Community Based Treatment for People with Complex Psychiatric Problems
- Intersection of Politics and Medical Recommendations
- Medical Marijuana
- OCD and Autism
- Residency Training Medical Education

TENTATIVE SCHEDULE:

WEDNESDAY

6:00-7:00PM

- Welcome Reception

THURSDAY

12:00-5:00PM

- CME Sessions

6:30-8:30PM

- Off-Site Social Event

FRIDAY

7:00AM-3:00PM

- CME Sessions

SATURDAY

7:00AM-3:00PM

- CME Sessions

6:30PM

- Farewell Gala

CONFERENCE REGISTRATION DETAILS COMING SOON

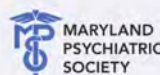
For questions or additional information, please contact:

Jora Hritz

Maryland Psychiatric Society
JHritz@mdpsych.org

Janet Bryan

Southern Psychiatric Association
Janet.Bryan@sheppardpratt.org



Maryland News

MedChi Spring House of Delegates Highlights

The MedChi Spring HOD meeting began with a legislative panel session which included Senator Clarence Lam, MD, and Delegate Terri Hill, MD. Topics discussed included legislative matters pertaining to scope of practice (including recent bills that attempted to increase the scope of practice for psychologists, naturopaths, podiatrists, and anesthesia technicians), the state of Medicaid in Maryland, and tort reform. Senator Lam and Delegate Hill also shared their thoughts about AI and what they expect with upcoming AI bills. Mr. Gene Ransom, CEO of MedChi, discussed the importance of protecting the doctor-patient relationship in the midst of AI implementation.

There was one resolution related to behavioral health which was adopted as recommended by the Reference Committee: Resolution 08-25 – Support for Routine Tardive Dyskinesia Screening in Alignment with APA Clinical Guide which supports routine screening for tardive dyskinesia in accordance with APA guidelines and encourages physicians prescribing antipsychotics and other dopamine receptor antagonists to implement standard screening practices as part of comprehensive patient care.

MedChi will be hosting an upcoming Lunch and Learn lecture titled 'Good Nutrition, Good Health, and How to Get There Part II: Management of Chronic Disease' on May 22nd at 12pm. For those interested, you can register [here](#):

To view the full Spring HOD Handbook, click [here](#).

*Enrique Oviedo, M.D.
MedChi Delegate*

MedStar Culture and Community Day

MedStar's Psychiatry Residents are hosting the first annual Culture and Community Day on May 7, a half day symposium focused on a topic in cultural psychiatry chosen and spearheaded by the Baltimore Psychiatry Residents.

This year, the topic of the symposium is Religion, Faith, and Psychiatry: A Dialogue on Culturally Responsive Care. Notable speakers include Rev. Trendce Hudson, Dr. Crystal Watkins, Dr. Paul Noufi, Dr. Aliya Jones, Dr. Hinda Dubin, and Mr. Muhammad Jameel.

It is offered in person at MFSMC Kotzen Auditorium as well as virtually.

To RSVP, contact Nishka Seth at Nishka.seth@medstar.net.

MedChi General Assembly Sine Die Report

The 449th Session of the Maryland General Assembly convened at noon on Wednesday, January 14, and adjourned at midnight on Monday, April 13. Unprecedented changes took place just prior to the start of the session, beginning with the election of Delegate Joseline Peña-Melnyk as Speaker of the House. Her election prompted a significant reorganization of House leadership, an increase in the number of standing committees from six to seven, the reassignment of legislators among the seven committees, and changes to committee jurisdictions, creating a learning curve for legislators, staff, and lobbyists alike. With the conclusion of the 2026 session, attention now turns to the upcoming elections. The primary election is scheduled for June 23, 2026, followed by the general election on November 3, 2026. In Maryland, all members of the General Assembly and statewide elected officials are up for reelection. Prior to adjournment, several legislators announced they would not seek another term, including Senator Pamela Beidle (D-32, Anne Arundel County), Chair of the Senate Finance Committee, and Delegate Bonnie Cullison (D-19, Montgomery County), Vice-Chair of the House Health Committee. As a result, these departures will not only bring new representation to their districts but will also necessitate shifts in legislative leadership.

[Please click here](#) for more information, and to read the report.

2026 Lemons to Lemonade Lecture

On **Wednesday May 20, 2026, at 6:00pm EDT** the Maryland Physician Health Program (MPHP) is excited to welcome Dr. Michael Heitt of Heitt Clinical & Corporate Consulting, LLC who will present **Focusing on CLEAR Ethics**. Ethical principles and their application to professional conduct are essential to safe practice. Dr. Heitt will describe the CLEAR+ lenses model as a primary tool to assist in ethical decision making.

[Register here](#) for this **VIRTUAL** event.

While registration for this 1 CME event is free of charge, please consider a [donation to MPHP](#) to keep this series and their work with healthcare providers going.

Maryland News

MHAMD Session Summary and Final Bill List

Despite considerable legislative attention directed toward balancing a \$1.5 billion budget deficit, MHAMD and our coalition partners were successful in preserving and expanding mental health and substance use funding, services and protections.

[We are proud to present this report](#) outlining the results of our advocacy during the 2026 legislative session, including budgetary and legislative action to:

- Provide Maryland Medicaid with resources necessary to minimize the negative impact of recent federal Medicaid reforms
- Preserve \$100 million annually for school mental health care across the state
- Ensure the continued development of Maryland's Certified Community Behavioral Health Clinic (CCBHC) program
- Address community behavioral health funding challenges by establishing a process to develop new reimbursement methodologies
- Expand access to primary behavioral health care by requiring insurance companies to provide coverage for the evidence-based Collaborative Care Model
- Safeguard Marylanders from any potential rollback of federal behavioral health parity protections and anti-discrimination requirements
- Strengthen Maryland's behavioral health workforce by improving the timely and effective licensing of behavioral health professionals and paraprofessionals
- Improve perinatal behavioral health care and expand access to resources for pregnant and postpartum women and their families
- Support children in need of residential treatment and their families by reforming Maryland's voluntary placement agreement (VPA) process
- Enhance infant and early childhood mental health data collection requirement
- Prevent the extended hospitalization and inappropriate placement of youth with behavioral health needs

Please refer to the [MHAMD 2026 Session Summary](#) for an in-depth review of these and other legislative and budgetary outcomes. You can also view our [final bill list here](#). Keep watching the [MHAMD policy pages](#) for more information and opportunities to get involved.

Workgroup to Study the Rise in Adverse Decisions

In 2025, the Maryland General Assembly passed HB 995/SB 776, requiring the Maryland Insurance Administration and the Health Service Cost Review Commission to jointly staff a workgroup to study the rise in adverse decisions in the state health care system (the "[Workgroup to Study the Rise in Adverse Decisions](#)" or the "[Workgroup](#)"). Access the agenda for the next meeting by clicking [HERE](#).

Meeting Details:

Thursday, May 7, 2026 12:00 Noon - 2:00 PM

ZoomGov Link: <https://maryland-insurance.zoomgov.com/j/1611407588>

Dial-in: (646) 828-7666

Webinar ID: 161 140 7588

Register for the BHA 988 Newsletter

The Behavioral Health Administration is promoting the quarterly 988 Newsletter! The newsletter includes updates and critical information about 988, provides resources for the general public to learn about 988, and highlights the great work done at the Maryland 988 centers and by the call/text/chat specialists. [Register](#) now to sign up for the 988 Newsletter.

Go Green for Mental Health in May

Each year, communities across Maryland unite for this statewide initiative led by the [Mental Health Association of Maryland](#) in partnership with [BHA Office of Suicide Prevention](#) to raise awareness, reduce stigma, and encourage open conversations about mental health and wellness—because Mental Health is Health. We're especially excited to welcome the [Maryland Center of Excellence on Problem Gambling](#) as a new partner, along with two new statewide outreach partners: the [National Alliance on Mental Illness Maryland Chapter](#) and the [American Foundation for Suicide Prevention Maryland Chapter](#).

- Providers are encouraged share the message and help promote key dates, including May 6 (World Maternal Mental Health Day), May 3–9 (Children's Mental Health Awareness Week), and May 9 (Wear Green for Children's Mental Health).
- Learn more and find ways to get involved at mhamd.org/green. Let's light Maryland up green!

APA News & Information

APA BOT March Meeting Highlights

The information below constitutes unofficial highlights of the meeting prepared by the Administration and is subject to change. These highlights are not meeting minutes. Meeting minutes are prepared after each meeting and approved by the Board before becoming official.

Welcome from the President

Dr. Miskimen Rivera introduced a request to update outdated terminology in the bylaws, replacing the term "mental retardation" with "intellectual disabilities." This administrative update aligns the bylaws with current terminology and was approved by the Board. She briefly revisited the generative discussion held during the December 2025 Board meeting regarding APA's international strategy and its alignment with the Association's broader strategic plan and future global engagement. She emphasized the importance of sustaining APA's strong international reputation through key resources such as the DSM, practice guidelines, education, and research, while also exploring opportunities to expand engagement with international medical graduates and develop targeted reciprocal partnerships.

Report of the CEO and Medical Director

Dr. Marketa Wills, CEO and Medical Director, provided the Board with a comprehensive written report of the Association's activities from January – February, which [can be accessed here](#).

Voice of the Member

Dr. Wills reported that APA is currently approximately 700-800 members behind last year's membership renewal numbers at this point in the cycle. While the decline is disappointing following several years of strong growth, Dr. Wills noted that broader workforce trends are contributing factors. Specifically, projections indicate a continued decline in the number of practicing psychiatrists through 2035, with retirements outpacing the number of new psychiatrists entering the field by roughly 400 physicians per year. To better understand the decline in renewals, members of the senior leadership team conducted outreach to individuals who had not yet renewed their membership. These conversations revealed that membership cost was the most frequently cited reason for non-renewal, reflecting broader economic pressures and financial trade-offs members are making. Additional factors included retirement, concerns about value, and perceptions of organizational bureaucracy.

Administration Highlights

Dr. Wills highlighted the strong performance of APA's publishing portfolio, noting that publishing revenue exceeded the 2025 budget by approximately \$1 million in

both revenue and net income. Dr. Wills provided several updates on key programmatic initiatives across the organization. These included ongoing work related to the DSM roadmap, as well as continued development of the PsychPRO registry, including a new dashboard currently nearing completion. Dr. Wills provided a brief update on planning for the 2026 Annual Meeting in San Francisco. Registration is currently slightly behind projections, though registrations typically increase closer to the meeting date. Dr. Wills discussed the organization's risk posture, noting that while some organizations conduct formal annual risk assessments, APA's approach has historically been more informal. Based on her assessment, APA operates with a relatively low risk tolerance, which is consistent with its role as a long-standing nonprofit organization. With research funding declining across the field, partnerships with industry, philanthropic contributions and other collaborative models may provide opportunities to diversify revenue and expand impact while remaining aligned with the Association's mission.

Enterprise-Wide Goals

Dr. Wills then reviewed the framework for enterprise-wide goals for 2026, which are closely tied to APA's strategic plan framework. This year represents the first full year of implementation of the framework, and she emphasized the importance of aligning organizational goals with broader strategic priorities. The Administration has taken a more transparent approach to goal setting, sharing the goals with staff across the organization so that teams understand how their work connects to the strategic priorities.

Report of the Elections Committee

Dr. Smita Das, member of the Elections Committee, presented the four actions requested in the Report of the Elections Committee to the Board. The Elections Committee recommended updates to the APA Election Guidelines that would add potential consequences of election violations, remove requests for additional election activity and invited position statements, add clarifying language regarding how electronic messages can be sent, and provide an example of activity that APA members who are prohibited from endorsing candidates cannot take. The Board voted to approve all recommended updates to the APA Election Guidelines and to accept the Report of the Elections Committee.

Report of the Treasurer

Dr. Steve Koh provided an update on APA's 2025 year-end financial results. Total revenue was \$59.3M, exceeding the \$58.2M budget by \$1.1M, driven primarily by higher contract revenue and increased publication sales from

APA News & Information

APA BOT Highlights Cont.

strong DSM license and royalty activity. Total expenses were \$59M, which was \$2.8M below the \$61.8M budget, largely due to the use of internal staff for contract-related work, cost management during the Annual Meeting, and expense efficiencies across the organization. As a result, APA finished the year with a surplus of \$300k and \$3.9M above budget.

Report of the DSM-5-TR Steering Committee

Dr. Kimberly Yonkers, Chair of the DSM-5-TR Steering Committee, presented the requested changes to the severity specifiers levels of anorexia nervosa, bulimia nervosa, and binge eating disorder to emphasize the importance of symptom severity, functional impairment, and illness-related medical complications rather than relying on a range of BMI levels (anorexia nervosa), episodes of inappropriate compensatory behaviors (bulimia nervosa), and episodes of binge eating (binge-eating disorder). The updated severity levels will also be more comparable to the severity of other disorders in the DSM. Dr. Yonkers highlighted the overwhelmingly positive response from the field. The Board unanimously approved the requested changes.

APA's New Advocacy Video

APA has released a new advocacy video highlighting why our members get involved in advocacy and what APA has been doing to advocate for psychiatrists and their patients. [You can watch the video here.](#)

District Branch Gala Challenge

Purchase a ticket to the 2026 APA Foundation Gala and [help your District Branch compete](#) to direct a \$10,000 charitable donation. The APA needs your help to make our **2026 APA Foundation Gala** the most successful on record so we can continue our work supporting the mental health of communities everywhere. **Join us at San Francisco City Hall on Monday, May 18, 2026.** [Purchase a ticket](#) and enjoy a fantastic evening with fine food, beverage, dancing, and our silent auction featuring trips to exciting destinations, exclusive signed memorabilia, and much more. The District Branch with the highest percentage of tickets purchased (relative to size) wins: **So please spread the word to your colleagues, family and friends.**

APA Statement Calls for Strong Mental Health parity Protections

At a time when mental health needs are rising, the American Psychiatric Association (APA) is deeply disappointed that the administration has chosen not to defend the 2024 final rule implementing the Mental Health Parity and Addiction Equity Act (MHPAEA) in litigation brought by the ERISA Industry Committee (ERIC), which challenged key provisions of the rule. This decision moves us one step further away from true enforcement of mental health parity rules, thereby limiting access to critical mental illness and substance use disorder services that millions of Americans require. [In a March 30 filing](#) in federal court, the administration said it will issue a new proposed rule before the end of 2026.

The 2024 final rule marked the first major update to MHPAEA regulations in nearly a decade and built on both the original 2008 law and subsequent requirements enacted by Congress in 2021. The final rule reinforced that health plans must analyze and document limits on mental health and substance use disorder benefits and ensure they are no more restrictive than those applied to medical and surgical care. It also codified requirements that insurers conduct and make available comparative analyses of nonquantitative treatment limitations - such as prior authorization and step therapy - and take action to address disparities in access, including differences in claims denials between physical health and behavioral health services.

Despite the federal parity law, patients continue to face significant barriers to timely mental health care and substance use disorder services. The 2024 final rule was designed to close these well-documented gaps by strengthening accountability and ensuring the law's intent is fulfilled. Strong parity oversight remains essential, and the underlying parity obligations of MHPAEA remain in effect even as the administration reconsiders the 2024 rule.

APA stands ready to work with the administration to develop a new proposed rule that would strengthen enforcement of the nearly 15-year-old mental health parity law and ensure Americans who need these services can access them. Access to mental health and substance use disorder services is a non-partisan issue.

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

Updated Behavioral Health Strategy

Updated Behavioral Health Strategy

CMS announced its comprehensive [Behavioral Health Strategy](#), a forward-looking initiative designed to promote timely, affordable, and high-value behavioral health services that enhance the health and well-being of all Americans. Grounded in 5 strategic pillars, the strategy emphasizes person-centered health promotion, early prevention, and integrative care that bridges physical and behavioral health with a special focus on children and adolescents. We're committed to driving evidence-based care through value-based payment models, expanding access to innovative digital health technologies, and coordinating with states, providers, communities, and federal partners to ensure meaningful and lasting impact.

The strategy addresses these critical areas:

- Mental health and wellness
- Substance use disorder prevention, treatment, and recovery
- Pain treatment and management
- Care efficiencies
- Special populations

Open Payment: Review Your Data by May 15

Covered recipients: You have until May 15, 2026, to review and dispute your 2025 [Open Payments](#) data before CMS publishes it in June. Review is voluntary but strongly encouraged.

Register in the Open Payments system to participate in review and dispute activities:

- [Review and Dispute for Covered Recipients](#)
- Registration Quick Start Guides:
 - [Health Care Providers \(PDF\)](#)
 - [Teaching Hospitals \(PDF\)](#)

If you have questions, contact the Open Payments Help Desk at openpayments@cms.hhs.gov or 855-326-8366 (TTY: 844-649-2766).

CLASSIFIEDS

OFFICE SPACE AVAILABLE

Ellicott City: Full/part time office space with amenities and active in-office listserv for Mental Health Practitioners. 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.

Member Spotlight Submissions

Recently published a paper, worked on an exciting research project, were featured in a news article or in the media?

We want to share your accomplishments with our membership! Email jhritz@mdpsych.org with any recent achievements and we will share your responses on social media and in our newsletter.

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.

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:

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Psychiatrist

Adult Service Line | Elkridge, MD

Psychiatrist

Child and Adolescent Inpatient | Towson, MD

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- 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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