

# 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](mailto:jhritz@mdpsych.org).  
MPS News Design & Layout  
Jora Hritz

**The MPS Council will meet via Zoom on September 8 at 7:30 PM. All members welcome!**

## President's Column

### Celebrating Independence and 250 Years of Progress in Mental Health

As we prepare to celebrate the 250<sup>th</sup> anniversary of the signing of the Declaration of Independence, I'd like to look back on the shifting landscape of mental health since separating from Great Britain. When the Declaration was being articulated and signed, society viewed mental illnesses as an issue of wickedness or spiritual failure, magic or witchcraft, or offensively as madness. Typically, what was characterized as care were essentially custodial structures where individuals were warehoused in undesirable locations away from the main society and subjected to prolonged restraints or shackled to stationary objects. Confinement, not healing, was the focus. Purging, bloodletting, and ice baths were some of the other unscientific practices implemented.

Early reform started in the 19<sup>th</sup> century with figures, such as Dorothea Dix, who advocated in favor of humane treatment. There was a major shift in mental health treatment to a more structured mental health system. In 1843, one of the first state-run asylums opened in New York: the Utica Lunatic Asylum. They implemented moral treatment, which focused on rehabilitation through structured routines and work. During this time, psychiatry as a medical specialty emerged when the Association of Medical Superintendents of American Institutions for the Insane (AMSAIL) was founded in 1844. This association was instrumental in establishing standards of care for mentally ill persons and establishing the professional qualifications of asylum

superintendents (AMSAIL was ultimately renamed to today's American Psychiatric Association in 1921).

The growth of mental health continued into the 20<sup>th</sup> century. Some of the major developments include legislation (National Mental Health Act, 1946) that made mental health a federal priority and directed the establishment of the National Institutes of Mental Health in 1949. The first version of the Diagnostic and Statistical Manual was published by the APA in 1952, to help standardize the classification of mental disorders. With the development of the first antipsychotic medication, chlorpromazine in 1950 and its availability in the US in 1954, deinstitutionalization began. By 1963, Community Mental Health Centers were established to care for people being discharged from state psychiatric hospitals, and Assertive Community Treatment (ACT) teams were also developed to help. Available psychotherapy techniques were developed and expanded, such as Cognitive Behavioral Therapy in the 1960s and Dialectical Behavior Therapy in the 1980s.

With the advent of the 21<sup>st</sup> century, psychiatry and mental health systems continued to witness progress regarding mental disorders. There was a rise in advocacy for underrepresented minorities and marginalized groups who suffer with mental illnesses. The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) was passed. This federal law prevented health insurance plans from imposing limitations on mental health or substance use disorder benefits that were more restrictive compared to medical and surgical benefits,

*President's Column Cont.*

thus promoting equity in insurance coverage.

Of course, there is no way this brief article can summarize all the significant changes that have shaped mental health in the USA since its independence occurred. But it's evident that two hundred and fifty years later, what is defined as mental health, proposed etiologies, and treatment has drastically changed for the better. There has been a profound transformation, from exclusion to inclusion, from isolated observations to scientific evidence, and from shame to actions aimed at reducing stigma. There is still more to be done. We must continue to emphasize and target the social determinants of mental health, such as housing and access to quality health care. We need to continue addressing inequalities and stigma and ensure that our patients receive culturally competent care from clinicians who practice cultural humility. And lastly, we must address workforce shortages not only through interventions at increasing the number of psychiatrists but also via integrated care models or technologies that help to increase the number of individuals we can help. So, on this 250<sup>th</sup> anniversary, let's celebrate how far Psychiatry and mental health systems have advanced and strategize for how we will continue to progress forward. I look forward to working with you to further these goals.

*Tyler Hightower, M.D., MPH  
MPS President*

## 2026-2027 MFP Officers &amp; Directors

PRESIDENT: Elias K. Shaya, M.D.

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Robert P. Roca, M.D.

Neil E. Warres, M.D.

William C. Wimmer, M.D.

Submitted to MPS Council June 2026.

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

## Attention Graduating Residents

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

## 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 survey checks in on a variety of topics and 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!



## Special Member Rate for MPS Directory Ad

MPS members can advertise their practice, new office location, specialty, new book, etc. for a special members-only rate of \$100 for 1/3 page in the directory. The 2026-2027 directory will be out in fall 2026, so order soon!

For details, email Jora at [jhritz@mdpsych.org](mailto:jhritz@mdpsych.org).

## June 9 Council Highlights

### Support for MPS Strategic Priorities

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

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

### Executive Committee Report

Dr. Means & Hightower presented the Executive Committee report. Regarding MPS efforts to unify the voice of psychiatry in Maryland he noted that representatives from both MPS and WPS leadership will meet to review the MOU arrangement. In the area of leadership opportunities & member recognition Dr. Means reported that 2026-27 MPS committees and Chairs have been appointed. The April in person MPS annual meeting held at The Mt Washington Tavern was a great success. Over 90 people attended. Anita Everett, M.D. received the [Lifetime of Service Award](#). The Academic Psychiatry Committee recognized winners of the [Paper of The Year](#) and [Best Poster](#) contest who received cash prizes. The meeting also recognized new Fellows, Distinguished Fellows, and Lifers.

Regarding advocacy efforts, the MPS signed on to a funding request for gun violence prevention research. MPS leadership will meet with BHA representatives this summer to discuss the roll out of the AOT bill that was passed during the 2024 General Assembly. MPS staff sent the second monthly advocacy alert to members in mid-May and Dr. Hightower announced that the Executive Committee will meet with BHA representatives in August and encouraged Council to submit any proposed agenda items by July 1<sup>st</sup>.

The annual membership survey began last month – respondents are eligible to win one of three \$100 credits toward dues or events. The survey will remain open throughout the summer. He encouraged Council to participate. The MPS will host a joint, in-person meeting with the Southern Psychiatric Association in September, in Baltimore. A number of MPS members will present at the meeting, and he encouraged Council to attend.

### New Business

Dr. Means presented the FY2 Foundation Slate of Officers for Council's review. The slate was unanimously approved. (See [P. 2](#) for the listing of new officers)

## Resident-Fellow and Medical Student Poster Competition

**Hosted at Little Havana, Thursday, September 17 6:30-8:30PM**

The Maryland Psychiatric Society (MPS) and Southern Psychiatric Association (SPA) are hosting a poster competition for medical students and psychiatric residents/fellows.

**Deadline: August 31, 2026**

### Abstract Registration Criteria

- Abstract Title
- Case Report/Research (designate one)
- Primary Authority (Name/Credentials (MD/DO/MS/Other))
- Other Author(s) (Name/Credentials (MD/DO/MS/Other))

### Poster Criteria – Submissions Must Be:

- Print Dimensions - Maximum 3' H X 4' W
- Bullet points, charts, or simple tables

### Poster Setup

- Thursday, September 17, 2026 at 6:00PM

### Poster Awards

- 1st/2nd/3rd Place Prizes awarded for Top Posters
- Any presenter who does not meet published criteria will be disqualified
- Awards will be presented on September 17 around 8:15 p.m. at Little Havana

Contact [JHritz@mdpsych.org](mailto:JHritz@mdpsych.org) for additional details and how to submit.


The Maryland Psychiatric Society

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


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

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

Contribute to the Dr. Ikwunga Wonodi Award



Donate Here:



Email [JHritz@mdpsych.org](mailto:JHritz@mdpsych.org) for more information

## RFM Post-Residency Plans

**Rachel Bigley, M.D., MS** will be starting a faculty position at UCSD and working on the inpatient unit.

**Michael C. Bray, M.D., M.Sc.** will be continuing in training in behavioral neurology and neuropsychiatry at Hopkins.

**Ashton McKinzi Gores, M.D., MPH** joined the faculty as an assistant professor of psychiatry and behavioral sciences at the Oklahoma State University College of Osteopathic Medicine. She will primarily be doing a combination of inpatient and outpatient psychiatry as well as collaborative care, and occasionally some EC.

**Hiroe Imai Hu, D.O.** is extending her fellowship by one more year at the National Institute of Health.

**Nicolas D. Iadarola, M.D.** will be transitioning to working at Sheppard Pratt on the Retreat.

**Melanie Parrott, M.D.** will be continuing training at the University of South Florida Consultation-Liaison Fellowship program.

**Tulha Dobler Siddiqi, M.D.** will be going into practice and will be working at Medstar Harbor Hospital.

**Samuel Yang, M.D.** will be joining Healthy Foundations Groups in Fairfax, VA.

**Amna Zehra, M.D.** will be working at Temple University as an inpatient psychiatrist.

## Member Shoutout

Johns Hopkins Medicine wrote an article recognizing **John Campo, M.D.** and his work as a child and adolescent psychiatrist as well as a beloved mentor. Read about Dr. Campo's contributions to the field [here](#).

**Greg Hobelmann, M.D.** and **Eric Strain, M.D.** are on a team of investigators that just received a grant for a new clinical trial testing daridorexant, a new medication to treat alcohol use disorder (AUD). The trial will determine whether the drug reduces alcohol use and craving, improves sleep, and is safe.

## 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](mailto:jhritz@mdpsych.org) with any recent achievements and we will share your responses on social media and in our newsletter.

## New SAMHSA Resource Available

SAMHSA has issued a new introductory guide: [Navigating Mental Health and Substance Use Care: An Introductory Guide for Families](#). Families often face complex, confusing, and emotionally demanding challenges when supporting a loved one with mental health, substance use, or co-occurring conditions, yet many are unsure where to find information, resources, and support.

This SAMHSA publication provides practical guidance to help families understand behavioral health systems, access resources, and support a loved one across different life stages and circumstances. It also highlights strategies for family wellness, peer support, advocacy, crisis preparedness, and recovery, reinforcing that families do not have to navigate these challenges alone.

## Minority Mental Health Awareness Month

Minority Mental Health Awareness Month (July) offers mental health providers an opportunity to reflect on how racial injustice, historical trauma, and structural inequities shape mental health disparities and access to care for BIPOC communities. Providers can help advance equity by integrating culturally responsive, identity-affirming practices, fostering psychological safety, and partnering with communities to reduce barriers and improve engagement and outcomes. Learn more about available [mental health resources for the community](#) and how to best support your patients.

## Minority Mental Health Awareness Month Events

In 2008, U.S. Congress dedicated the month of July as "Bebe Moore Campbell National Minority Mental Health Awareness Month," focused on improving mental health services for people of color through education and addressing stigma.

In honor of Bebe Moore Campbell National Minority Mental Health Awareness Month, APA established the MOORE Equity in Mental Health Initiative. Through this initiative APA celebrates every summer with a series of community-wide events focused on promoting youth mental health equity.

For more information or questions on any of [APA's Bebe Moore Campbell National Minority Mental Health Awareness Month](#) events, please click the link provided or email [moore@psych.org](mailto:moore@psych.org).

Southern Psychiatric Association & Maryland Psychiatric Society Present:

# *Bridging Science and Society* Psychiatry in America's 250<sup>th</sup> Year

The Royal Sonesta Harbor Court Baltimore • September 16-19, 2026

## CONFERENCE REGISTRATION NOW OPEN

COMPLETE AGENDA WILL BE AVAILABLE SOON

### 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

### SCHEDULE:

#### WEDNESDAY

6:00–7:00PM • Welcome Reception

#### THURSDAY

12:00–5:00PM • Sessions

6:30–8:30PM • Social Event at Little Havana

#### FRIDAY

7:00AM–3:00PM • Sessions

#### SATURDAY

7:00AM–2:00PM • Sessions

6:30PM–9:30PM • Farewell Gala

**HOTEL RESERVATIONS CLOSE AUGUST 15**



[ONLINE CONFERENCE REGISTRATION](#)



[HOTEL RESERVATIONS](#)

For more information, please contact Janet Bryan through phone at (410) 938-3452 or email at [janet.bryan@sheppardpratt.org](mailto:janet.bryan@sheppardpratt.org)  
Southern Psychiatric Association | 6501 North Charles Street, Baltimore, MD 21204

# Maryland News

## New Maryland Insurance Laws of Interest to MPS Members

The summary below is intended only as notice of passage of the legislation and is not a representation of the MIA's interpretation of the new laws, nor is it a representation of how the MIA may enforce these new provisions. You may obtain a copy of a specific law passed by the General Assembly during the 2026 Session by accessing the Maryland General Assembly's website at [mgaleg.maryland.gov](http://mgaleg.maryland.gov). You may also obtain a copy of "[The 90 Day Report – A Review of the 2026 Legislative Session](#)" on the Internet.

[HB 280 / SB205](#) (Chs. [11](#) & [12](#)) Health Insurance - Mental Health and Substance Use Disorders - Codification of Federal Requirements

*Effective on July 1, 2026*

- Codifies portions of the 2024 federal Mental Health Parity Final Rule to strengthen enforcement of parity requirements for the treatment of mental health and substance use disorders (MH/SUDs).
- Adds provisions to § 15-144(c) of the Insurance Article to specify how each carrier must collect and evaluate relevant outcomes data for NQTLs, and establishes an enforcement standard that material differences in outcomes data between MH/SUDs and medical/surgical benefits shall be considered a strong indicator of noncompliance with the Mental Health Parity and Addiction Equity Act of 2008 (Parity Act).
- Adds new deadlines for responses to requests from the Commissioner to document compliance with the Parity Act.
- Adds specific requirements for the comparative analysis of NQTLs to § 15-144(d)(2) of the Insurance Article, such as:
  - Demonstrating that none of the information, evidence, sources, or standards on which a factor or evidentiary standard is based are biased or objective in a manner that discriminates against MH/SUD benefits as compared to medical/surgical benefits, and
  - Demonstrating that the health benefit plan provides meaningful benefits for each covered mental health condition and SUD in every Parity Act classification in which medical/surgical benefits are provided.

[HB 746 / SB 428](#) (Chs. [615](#) & [614](#)) - Maryland Medical Assistance Program and Health Insurance - Collaborative Care Model - Cost Sharing Prohibition

*Effective on July 1, 2026 (Provisions regarding insurance coverage effective on January 1, 2027)*

- Alters § 15-141.1 of the Health General Article to prohibit the Maryland Department of Health from

imposing a copay, coinsurance, or deductible for services provided in accordance with the Collaborative Care Model.

- Adds a provision to subtitle 8 of title 15 to the Insurance Article to require certain insurers, nonprofit health plans, and health maintenance organizations to provide coverage for services provided in accordance with the Collaborative Care Model.
- The Maryland Health Care Commission is required to study the impact of eliminating health insurance cost-sharing for services provided under the Collaborative Care Model and must report its findings and recommendations to the Senate Finance Committee and the House Health Committee by December 1, 2026.

[HB 1118 / SB 891](#) (Chs. [637](#) & [636](#)) Health, Health Insurance, and Health Occupations - Perinatal Behavioral Health Conditions

*Effective on January 1, 2027*

- Amends § 15-103 of the Health-General Article and adds § 15-864 of the Insurance Article to require that a carrier and Medicaid, effective January 1, 2027, must provide coverage for screening for perinatal behavioral health conditions at well child visits within the first year of the child's life, as determined appropriate by the treating health care provider.
- Amends § 15-830 of the Insurance Article to include a definition of "perinatal behavioral health condition" that specifies that it is a behavioral health condition that occurs during pregnancy or within 1 year after the conclusion of a pregnancy – including a pregnancy that does not result in a live a birth – and includes postpartum depression.
- Amends § 15-830(c) of the Insurance Article to require a carrier to allow a member who is pregnant to receive a standing referral to a behavioral health care provider. This includes professionals such as psychiatrists, psychologists, licensed clinical social workers, or licensed professional counselors.
- Requires health plans to provide standing referrals for certain preventive behavioral health services during pregnancy and for one year postpartum, without requiring a written treatment plan
- Requires the Maryland Health Care Commission (MHCC) to conduct an analysis on the impact of various coverage and cost-sharing requirements related to screening for perinatal behavioral health conditions and report the findings to the Senate Finance Committee and House Health Committee on or before December 1, 2026.

## Maryland News

### Supreme Court Upheld Rooker-Feldman Doctrine

On Thursday, June 18, the U.S. Supreme Court issued an important 5-4 decision in *T.M. v. University of Maryland Medical System*, affirming a basic but critical principle of our judicial system: litigants should not be permitted to simultaneously challenge the same state-court judgment in federal district court while state appellate proceedings remain ongoing. The Court held that the longstanding Rooker-Feldman doctrine bars such duplicative federal litigation, even when a state-court judgment is still subject to appeal.

While the legal issue before the Court was procedural, the implications for patients, physicians, hospitals, and the integrity of our judicial system are substantial.

The Maryland State Medical Society (MedChi) joined the American Medical Association in filing an amicus brief because healthcare professionals and institutions depend on clear, predictable legal processes. Physicians make difficult decisions every day, often in emergency and behavioral health settings where patient safety, public safety, and individual rights must all be carefully balanced. Those decisions are already subject to extensive review through administrative proceedings, state courts, professional licensing oversight, and established appellate processes.

Allowing parties dissatisfied with a state-court ruling to immediately seek a second review in federal district court before the state process is complete would create confusion, encourage forum shopping, and dramatically increase litigation costs. It could also produce conflicting judicial decisions arising from the same underlying facts. The result would be uncertainty for patients and healthcare professionals alike.

The Supreme Court recognized this concern. Writing for the majority, Justice Sonia Sotomayor concluded that federal district courts cannot serve as alternative appellate tribunals for state-court judgments simply because state appeals remain pending. The decision preserves the proper relationship between state and federal courts and reinforces the principle that litigants must follow established appellate pathways.

MedChi remains committed to advocating for physicians and reducing barriers that contribute to burnout and threaten the delivery of quality healthcare.

To read more about the ruling, [click here](#).  
To learn about MedChi's involvement, [click here](#).

### Hopkins Survey on AI Chatbots

The Johns Hopkins Department of Psychiatry is inviting licensed mental health providers to participate in a research study examining clinician observations of patient use of general-purpose AI chatbots such as ChatGPT, Gemini, Copilot, and Claude.

#### About the Study

This study is designed to investigate the frequency and nature of patient-AI chatbot interactions as observed by mental health providers. Findings will be used to inform clinical guidance, provider education, and safety recommendations for AI chatbot use in vulnerable populations.

#### What Participation Involves

Participation consists of a single anonymous online survey taking approximately 5 minutes. The survey asks about your professional background and your observations of how patients in your care have used AI chatbots.

**Survey Link:** [https://jh.qualtrics.com/jfe/form/SV\\_9WBHdkPc7oTdlae?source=psychiatry\\_MD](https://jh.qualtrics.com/jfe/form/SV_9WBHdkPc7oTdlae?source=psychiatry_MD)

#### Important Notes

Participation is entirely voluntary and you may opt out at any time. Survey responses are collected without any required identifying information and cannot be linked back to you. Choosing not to participate will have no impact on your professional standing. If you have questions or wish to withdraw at any time, please contact Principal Investigator Ananya Joshi at [aajoshi@jhu.edu](mailto:aajoshi@jhu.edu). We welcome you to share this invitation with colleagues who may be eligible to participate. Thank you for considering participation. Your perspectives are valuable to this research.

**Principal Investigator:** Dr. Ananya Joshi, PhD, Department of Psychiatry, Johns Hopkins University School of Medicine

**IRB Number:** IRB00557445

### Maryland Medicaid's Preferred Drug List Updates

The Office of Pharmacy Services (OPS) wants to alert you to updates to the Maryland Medicaid's Preferred Drug List (PDL) and Brand Preferred over Generic Program, effective July 1, 2026. Please refer to our website for the complete PDL and Brand Preferred over Generic List: <https://health.maryland.gov/mmcp/pap/pages/Preferred-Drug-List.aspx>

# Maryland News

## EQIP Enrollment Now Open

MedChi, The Maryland State Medical Society, is excited to announce that [enrollment](#) for the Episode Quality Improvement Program (EQIP) will be open June 29 through August 21, 2026.

Since its launch in 2022, EQIP has become a leading value-based care model in Maryland, rewarding practitioners for improving the quality of care and reducing the cost of care.

EQIP has demonstrated strong results across its first three performance years. Most recently, EQIP achieved \$62.6 million in total cost-of-care savings in Performance Year 3 (CY2024) and distributed \$29.1 million in incentive payments to participants. EQIP is a collaborative effort led by the Maryland Health Services Cost Review Commission (HSCRC), MedChi, and CRISP, the state-designated health information exchange. Together, these organizations work closely with practitioners and clinical experts across the state to expand participation in Advanced Alternative Payment Models (AAPMs) through EQIP.

In its sixth performance year, EQIP will offer more than 130 clinical episodes across a wide range of specialties, including Allergy/ENT, Behavioral Health, Cardiology/Vascular, Dermatology, Emergency Department, Endocrinology, Gastroenterology, General Surgery/Wound Care, Hematology/Oncology, Infectious Disease, Nephrology, Neurology, Obstetrics/Gynecology, Ophthalmology, Orthopedics/MSK, Pulmonary/Critical Care, Rheumatology, and Urology.

Practitioners and healthcare leaders are encouraged to visit the [EQIP Curriculum](#) on the CRISP Learning System to explore comprehensive learning modules designed to support successful participation.

During the enrollment period, June 29 through August 21, 2026, both new and returning participants must apply through the EQIP Entity Portal (EEP). New participants are required to submit a [Pre-Enrollment Form](#) by August 7, 2026, to gain access to the full application.

For more information or assistance, please contact the EQIP Team [TODAY](#).

## MDH Extends Pause

As shared in the [Additional Regional Moratorium Extension](#), the Behavioral Health Administration is extending a temporary suspension for certain new Medicaid behavioral health provider enrollments as it continues its efforts to combat potential fraud, waste and abuse, and ensure the quality of providers. Read the [press release](#) or Medicaid transmittal to learn more.



The **Episode Quality Improvement Program (EQIP)** is a value-based Medicare incentive payment opportunity for Maryland practitioners.

EQIP participants will:

- Be held accountable for achieving **cost** and **quality** targets for one or more Clinical Episodes.
- Have an opportunity to earn a portion of the savings they create in their selected Clinical Episode(s) as a **lump-sum incentive payment**.

### How Does EQIP Work?

#### Annual Enrollment Opportunity



- Practitioners apply by creating or joining an EQIP entity.
- Entities select the Clinical Episodes they wish to participate in.



#### Target Price is Set

- Costs from episodes in the baseline year are totaled.
- Entities are assigned a per episode average cost or unique Target Price per episode it has selected.



#### Performance Assessed

- Performance year episode costs are compared to Target Price.
- Quality adjustments are made.
- Incentive payments to successful entities are issued approximately 9-12 months after the performance year.

### How do I Apply?

Open enrollment for 2027 will take place from **June 29 through August 21, 2026**.

Please complete the **Pre-Enrollment Form** by August 7, 2026 to gain access to the official EQIP enrollment application and receive instructions for next steps.



Learn More About EQIP: [CRISP Learning System](#)

Email: [eqip@crisphealth.org](mailto:eqip@crisphealth.org)



### Benefits of EQIP:

#### ★ Participation in Value-Based Care

Improve quality of care and reduce costs of care.

#### ★ Qualifying APM Participant (QP) Status

If a clinician attains QP status through EQIP, they will receive:

- MIPS Exemption
- Qualifying APM Conversion Factor

#### ★ Opportunity for Lump-Sum Incentive Payment

Earn a portion of the savings created as a lump-sum incentive payment.

## 5th Annual Maryland SIM Summit

We are pleased to share a save-the-date for the 5th Annual State Summit on Behavioral Health and the Justice System (State SIM Summit), hosted by the Centers of Excellence within the Governor's Office of Crime Prevention and Policy. This annual statewide event convenes leaders, practitioners, and partners working at the intersection of behavioral health and the justice system to share strategies, strengthen collaboration, and highlight innovative approaches across Maryland.

### Event Details

Dates: Wednesday–Thursday, September 16–17, 2026

Location: DoubleTree Baltimore North Hotel

You can find the most up-to-date information, including future registration details and agenda updates, on the event page: <https://2026statesimsummit.sched.com/>

Please continue to check the event site for speaker announcements, session details, and additional updates as the summit approaches. If you have any questions in the meantime, please contact the Centers of Excellence team at [centers.ofexcellence@maryland.gov](mailto:centers.ofexcellence@maryland.gov).

## Maryland News

### Medicaid Check-In Campaign

Recent federal law, H.R. 1, changes Medicaid eligibility requirements and will significantly affect Maryland Medicaid members. Over the coming months, many Marylanders will need to take action to maintain their health coverage.

The Maryland Department of Health, Maryland Health Connection, HealthChoice managed care organizations, and community partners are working together to help Maryland families navigate these new changes.

To support this effort, the Maryland Department of Health launched a statewide Medicaid Check-In Campaign, including three new web pages with campaign materials and detailed information.

- [Medicaid Members](#)
- [Practitioners](#)
- [Employers](#)

This coordinated outreach initiative is designed to help Medicaid participants understand upcoming program changes, know when action may be required, and access trusted information and assistance. The campaign includes a growing suite of educational and outreach resources that stakeholders can use and share within their communities.

[Click here](#) to learn how you can take action today.

### Gun Violence Awareness Month

Gun violence is a public health issue. Between 2020 and 2024 in Baltimore County, firearms were involved in 44% of suicide deaths across all ages and 27% of youth suicide deaths (under 18). The Johns Hopkins Bloomberg School of Public Health notes that safe firearm storage can reduce gun injuries and deaths – and that this approach is supported by researchers, healthcare professionals, and gun owners alike. Join us in sharing information about firearm safety and secure storage in our communities – it could save a life.

- Learn more about [gun violence as a public health issue](#).
- Access the MDH [Gun Violence Awareness Month Toolkit](#)
- Check out the Baltimore County [Locks in the Library Initiative](#).
- Here to Help – Everytown For Gun Safety: <https://wearorange.org>.

### Drug Overdose Surveillance Report

MDH released the Drug Overdose Surveillance and Epidemiology (DOSE) Annual Report for 2024, which analyzes non-fatal overdose trends in Maryland. [Learn more about this report and key data highlights](#) or review [the full report](#).

## APA News & Information

### Protect Federal Integrity & Mental Health Funding

Tell Congress and OMB to protect evidence-based federal funding decisions

#### What's Happening

[A proposed rule](#) from the Office of Management and Budget, "Regulation for Federal Financial Assistance," would significantly affect scientific independence, research and development, and public health by reshaping how all federal grants and other federal assistance is awarded and managed across the Federal Government. In other words, this proposed federal rule would eliminate evidence-based peer review, politicize grant funding, restrict grantee activities, and ban support for "ideological" or identity-specific work.

#### Why this Matters

If finalized, this rule will do away with the rigorous, evidence-based peer review that determines where federal funds are spent. It would give unprecedented authority to political appointees, who could dictate what notices of funding opportunity will entail, shift federal grants toward preferred individuals, take grant funding away, restrict certain activities, and prevent grantees from engaging in activities not aligned with the Administration's shifting priorities. The proposed rule will also prohibit federal funding on a range of "ideological" issues, and shift the federal approach toward a standardized, non-identity-specific model of assistance.

Federal funding supports research, public health programs, workforce initiatives, and mental health and substance use services upon which millions rely on. Decisions about these investments must remain grounded in evidence, scientific integrity, and the needs of patients and communities.

#### How You Can Advocate:

[Tell Congress](#) to stop this proposal from moving forward. Congress should control federal appropriations and have an oversight role in protecting the integrity of federally funded research and public health programs. [Submit your personal comments to OMB in opposition to the proposed rule on or before July 13](#). Personal comments from physicians and researchers are critical. APA has prepared talking points and submission guidance

### 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](mailto: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.

## APA News & Information

### 2027 Psychiatric Achievement Awards Nominations

Since 1949, the [Psychiatric Services Achievement Awards](#) have recognized creative models of service delivery and innovative programs for persons with mental illness or disabilities. We are looking for programs that have made a significant contribution to the mental health field and provide an innovative model for others to follow. Each award recipient will be presented with a monetary award, a plaque, recognition at the 2027 APA Annual Meeting, and coverage in two APA publications.

Each year, three awards are presented:

- Gold Award
- Silver Award
- Bronze Award

[Apply here by Thursday, July 31, 2026](#)

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

### Are you a General Member? Become an APA Fellow!

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

### Inaugural APA Women's Leadership Institute

**10/09 - SAVE THE DATE** - The APA Women's Leadership Program is a women-focused initiative that aims to elevate women's leadership. Our programs are inclusive and open to individuals of all genders who support this goal. Interested in knowing when registration launches, [click here](#) to be added to our Interest List.

### APA Workforce Development Initiative

The [APA Workforce Development Initiative](#) fosters the training and development of a strong psychiatric workforce through a variety of programs across the academic continuum. Through experiential learning opportunities, mentorship programs, professional development courses, eLearning and other modern training formats, we aim to:

- Increase the number of mental health and substance use disorder psychiatrists who provide patient centered mental health services, administer services, conduct research, and teach.
- Increase the knowledge related to prevention, treatment, and recovery support.

To address these aims, the APA has developed several signature programs for future psychiatrists at all academic levels. *This Initiative is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) Minority Fellowship Program grant award.*

- The [APA Social Determinants of Mental Health \(SDOMH\) Task Force Resources](#) includes position statements, resource documents, convening webinars, journal articles, and much more. All these are available to you as members.
- The [APA Achieve Mental Health Equity Update](#) most recent issue for Winter/Spring 2026 is now out. This issue opens with our Mental Health Equity Champion Spotlight, featuring Sudhakar Shenoy, M.D., F.A.P.A., who shares insights into addressing mental health care disparities, drawing from his experience training in India and the United States. In our Policy in Action Corner, Octavio Martinez, M.D., D.F.A.P.A., underscores the power of personal stories to drive change. Kaleigh Wingate, M.D., first year psychiatry resident at Dartmouth College, reflects on the 2026 APA Workforce Development Initiative Spring Leadership Summit at the Equal Justice Initiative, while APA intern Michael Thomas shares his work on rural mental health with Division of Diversity and Health Equity's Elvis Gyan, Ph.D. In Culture Corner, Vybhav Lagannath, M.D., explores mental health through Indian classical dance. Be sure to read these stories and other highlights. Have ideas or recommendations for a Mental Health Equity Champion Spotlight? Be sure to email us at [ddhe@psych.org](mailto:ddhe@psych.org).

#### FREE APA Course of the Month

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

# Medicare Updates

## 2026 MIPS Exception Application Now Available

The 2026 Quality Payment Program (QPP) Merit-based Incentive Payment System (MIPS) Extreme and Uncontrollable Circumstances (EUC) Exception application is available now through December 31, 2026. This application allows users to indicate the reason they're unable to report data for one or more MIPS performance categories.

Individual clinicians, groups, and virtual groups (or a third-party representative) can submit a MIPS EUC Exception application for one or more MIPS performance categories (quality, cost, improvement activities, and Promoting Interoperability) due to extreme and uncontrollable circumstances, defined as rare events entirely outside of your control and the control of the facility in which you practice.

### How to Apply

- Sign in to the [QPP website](#) with your Health Care Quality Information System (HCQIS) Access Roles and Profile (HARP) account.
- Choose "Exceptions Application" from the left-hand navigation.
- Click "Add New QPP Exception" on the right side of the screen.
- Choose "Extreme and Uncontrollable Circumstances Exception."

## Medicare Coverage Determination Process

The National Coverage Determination (NCD) Dashboard has been updated to reflect current lists of open NCDs, finalized NCDs, pending Transitional Coverage for Emerging Technologies (TCET) topics, and accepted NCD requests. <https://www.cms.gov/files/document/ncddashboard.pdf>

## 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](#).

## MIPS Value Pathways Registration Open

The MVPs registration window is open for the 2026 performance year. Individuals, groups, subgroups, and Alternative Payment Model (APM) Entities that want to report an MVP can register until November 30, 2026.

Note: If the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey is an available measure in your selected MVP and you want to administer it as 1 of your 4 required measures, you'll need to complete both your MVP registration and a separate CAHPS for MIPS Survey registration by June 30<sup>th</sup>.

Visit the [Explore MVPs](#) page to learn more about the available MVPs for the 2026 performance period.

How to Register: Individuals, groups, subgroups, and APM Entities will register on the QPP website. You'll need to have the Security Official role to register your organization. Please refer to the [QPP Access User Guide \(ZIP, 5MB\)](#) for information about obtaining a Security Official role for your organization.

## 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](mailto: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.

# ENDLESS POSSIBILITIES for Psychiatrists at Sheppard Pratt

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

Current openings Include:

## Psychiatrist

Child and Adolescent Inpatient | Towson, MD

## Psychiatrist

Adult Service Line | Towson, MD

## Psychiatrist

Admissions and Urgent Care | Elkridge and Towson, MD

Scan QR code to  
see all openings



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

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

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For more information, scan the QR code or contact Kathleen Hilzendeger, Director of Professional Services, [khilzendeger@sheppardpratt.org](mailto: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](http://sheppardpratt.org) to learn more about our services. *EOE*.

# PRACTICING TELEPSYCHIATRY?

As the practice of psychiatry intersects more with technology through the use of telemedicine, you can count on PRMS® to protect your practice. Our psychiatric professional liability policy includes coverage for telepsychiatry at no additional cost, as well as many other preeminent program benefits including:

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