

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

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

President's Column

Why Summer Break Matters

Typically, the President's column is an opportunity to highlight a current active event or topic in mental health care affecting all of us. This month I want to encourage us remember the importance of taking a break and enjoying time away from the daily stressors. We are entering the last month of Summer, and I encourage everyone to take a holiday from the hassles, pressures, and irritations.

I don't know about you, but lately I have been feeling pulled in more directions than usual. We all need a break. It is a necessity, not an option. Taking a break during the summer is important for maintaining physical, emotional, and mental well-being. Intentional time away from daily responsibilities can improve overall health and performance. It reduces the burnout and enhances our work productivity. We get a chance to improve our mental health, strengthen our personal relationships, and increase our physical wellness. And ultimately this break gives us opportunities for personal growth and to work towards achieving a more favorable work-life balance.

None of us can be productive if we work continuously without adequate rest. If we did, we would be mentally and physically exhausted. We would not be motivated to help those we seek to help. A summer break allows the mind and body a chance to recover. We are less overwhelmed and our stress and anxiety are reduced. With that lightened burden, we can live more in the moment, giving ourselves a chance at increasing our emotional resilience. Our creativity, focus, and decision-making

abilities are restored. Returning from vacation, you feel more energized.

Basically, taking a break from the stress of life during the summer, is a chance for us to practice that which we encourage our patients and families to do. So today, I encourage you to purposefully take time away from your busy work schedule. It could be one day or a week but commit to enjoying these last days of Summer. Read a book that you've put off. Go outside for a long walk or explore a trail you have not yet seen. Take a day trip to a place in Maryland where you have never been. Or better yet, go on a day trip to one of the surrounding states. Maybe take an arts and crafts class. Try cooking a dish you've seen somewhere or enjoyed before. You can even enroll in a cooking class for a particular cuisine. And of course, there are still many festivals scheduled to occur in Maryland before Fall. You never know what new interests you'll discover or new people you'll meet when you take a break!

*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.

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 for additional details and how to submit.

Support for Medical Students

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

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.

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.

RFM Post-Residency Plans

Matthew Brandt, M.D. will begin working at Healthcare for the Homeless

Sonya Chistov, M.D. will be starting a position at The Retreat at Sheppard Pratt

Zoe Geannopoulos, MD will be a Child and Adolescent Psychiatry Fellow, at Cambridge Health Alliance - Harvard Medical School

Angela Getachew, M.D. will be an Outpatient Psychiatrist & Women's Mental Health Liaison at the Veterans Health Administration

Stephen E. Ghazikhanian, M.D. will be an Adult Outpatient Psychiatrist at Mind Path Health in Santa Monica, CA

Kate R. Levenberg, M.D. will continue training as a Geriatric Psychiatry Fellow at Johns Hopkins Hospital

Nicole Salfi, M.D., MPH will be an Adult Outpatient Psychiatrist at Callen-Lorde in New York, NY

Samuel Scharff, M.D., Ph.D. will be an Inpatient Psychiatrist at Sheppard and Enoch Pratt Hospital in Towson, MD

Stephanie Q. Tran, M.D. will be an Adult Outpatient Psychiatrist at Columbia Mental Health

Solomiya Tsymbalyuk, M.D. will be starting at Clifton T. Perkins Hospital Center

Sarah Walser, M.D. will continue training through a fellowship in reproductive mental health at the University of North Carolina

Member Shoutout

Kahlo Baniadam, M.D. received the Association for Academic Psychiatry's [Resident Psychiatric Educator Award](#). The AAP presents this award to outstanding leaders, educators, researchers, and clinicians in the field of psychiatry. Congratulations!

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 jhrizt@mdpsych.org with any recent achievements and we will share your responses on social media and in our newsletter.

Out & About

Paul Nestadt, M.D. was quoted in the *New York Times* article, "[How Long Can You Stay on Antidepressants](#)." He discusses whether there are any dangers in taking antidepressants long-term and addresses the lack of research that evaluates this question.

Stephanie Knight, M.D. is quoted in an *Oregon Live* article, "[Locked up and alone: Sharp rise in Oregon State Hospital's seclusion of patients pushed state to worst-in-nation status](#)" stating that seclusion is a last resort in response to a case at the Oregon State Hospital involving problematic seclusion.

Member Publications

Mark Komrad, M.D. published an op-ed in one of France's most circulated newspapers, *Le Figaro*. The article, "[Mark Komrad: Can the psychiatrist coexist with assisted dying?](#)" He discusses his stance on France's attempt to legalize euthanasia and physician assisted suicide.

Chad Lennon, M.D. wrote two blog posts for *Physicians Anonymous* where he discussed professional evolution, specifically for physicians. The first post "[Every Doctor Starts As A Goldfish](#)" highlighted the journey through medical school and training. He then continued the conversation by highlighting the feelings of burnout in his next post, "[Just keep swimming.](#)"

Akira Sawa, M.D. had a study published in *Science Advances* titled "[Astrocyte redox imbalance underlies prefrontal neuronal hypoactivity and maladaptive affective behaviors in epilepsy](#)." The study addressed whether the psychiatric symptoms of epilepsy are caused by the same or a separate pathophysiology as seizures.

MPS Membership

The following individuals have applied for membership Unless any current members have evidence that an applicant does not meet the criteria for ethical and professional standards, these actions will be approved 14 days after publication.

New Resident-Fellow Member

Sonia Chen, M.D.
Raony Ferreira França, M.D.
Jaeyup Kim, M.D.
Agnes Kwak, M.D.
Sadie Mak, D.O.
Shir Smith, DO, MPH
Ekta Sura, MBBS

Transfers

Mireille Nkongho, M.D.
Dinesh Sangroula, M.D.

Southern Psychiatric Association & Maryland Psychiatric Society Present:

Bridging Science and Society **Psychiatry in America's 250th Year**

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

REGISTER FOR THE CONFERENCE TODAY!

COMPLETE AGENDA AVAILABLE AT THE REGISTRATION LINK

SCHEDULE:

WEDNESDAY, September 16

6:00-7:00PM • Welcome Reception

Join us Wednesday evening for our welcome reception on the Royal Sonesta terrace (weather permitting). Enjoy light bites, drinks and a relaxing evening mingling with colleagues.

THURSDAY, September 17

12:00-5:00PM • CME Sessions

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

Join us for dinner and networking at Little Havana, a local Cuban restaurant located on the harbor. Submissions for the Resident-Fellow and Medical Student Poster Contest will also be on display and judged during the event.

FRIDAY, September 18

7:00AM-3:30PM • CME Sessions

Spend a free night off exploring the city of Baltimore. Catch an Orioles game at Camden Yards, visit the National Aquarium, or make your way across the harbor for dinner in Little Italy or Fells Point.

SATURDAY, September 19

7:00AM-2:00PM • Sessions

6:30PM-9:00PM • Farewell Dinner Gala

The Farewell Dinner Gala will take place in the Royal Sonesta ballroom with beautiful views of the harbor as we spend our final evening together socializing and dancing.

**13 CME CREDITS
AVAILABLE**



[ONLINE CONFERENCE REGISTRATION](#)



[HOTEL RESERVATIONS](#)

For more information, please contact

Janet Bryan at (410) 938-3452 or janet.bryan@sheppardpratt.org

Jora Hritz at (443) 990-3280 or jhritz@mdpsych.org

Accreditation and Designation Statement

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

The APA designates this live activity for a maximum of 13 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Maryland News

The State of Behavioral Health in Maryland

What is the current state of behavioral health in Maryland and what should individuals, families, advocates, and communities know about the work happening across our state? NAMI Maryland invites you to join us for [Maryland's Behavioral Health Administration: The State of Behavioral Health in Maryland](#), a special virtual presentation featuring leaders in Maryland's behavioral health system. This timely conversation will provide an opportunity to hear about the behavioral health landscape in Maryland and gain valuable insight into the issues, priorities, and work shaping behavioral health services across the state.

Featured Presenters

Dr. Rachel Talley
Chief Medical Officer, Maryland Behavioral Health Administration
Laura Torres, LCSW-C
Licensed Clinical Social Worker

Event Details

Wednesday, September 9, 2026
3:00 PM – 4:00 PM
Virtual Event

Whether you are an individual with lived experience, family member, mental health professional, advocate, community partner, or simply interested in learning more about behavioral health in Maryland, we encourage you to join us for this informative discussion.

Space is virtual, but your participation matters. [Register today](#) and be part of the conversation about the present and future of behavioral health in Maryland.

HOPE Act Rate Study

Last month, the Maryland Department of Health, in partnership with Maryland Medicaid and the Behavioral Health Administration (BHA), released a letter to all behavioral health providers. This letter informs providers about a Behavioral Health Rate Study as required by the Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017. This study is an important step toward modernizing Maryland's behavioral health reimbursement methodology by improving understanding of the costs associated with delivering high-quality behavioral health services. To read the full letter, please [select this link](#).

Taking Care of Us: MDH Initiative

The Maryland Department of Health's Behavioral Health Administration continues its Taking Care of Us (TCU) initiative. TCU is a collaborative effort focused on addressing the rising impact of suicide, substance use, and emotional distress among Black youth and young adults. The initiative centers lived experience, emphasizes plain and respectful language, and elevates prevention strategies that strengthen connection, trust, and help-seeking within Black communities.

Black youth and young adults often face compounding stressors, including discrimination, economic instability, exposure to violence, and barriers to accessing culturally responsive mental health and substance use services. Addressing these challenges requires coordinated, community-centered approaches that strengthen support systems, promote wellness, and foster meaningful connections.

As part of this work, TCU is currently developing a unified plain language toolkit designed to support community members, families, educators, faith leaders, and other trusted partners in having meaningful conversations about mental health, suicide prevention, substance use prevention, and emotional well-being. The toolkit aims to provide accessible, culturally responsive resources that promote connection, understanding, and community well-being.

Learn More:

[Taking Care of Us Website](#)
[Taking Care of Us Fact Sheet](#)

One-Year Milestone for Children's Behavioral Health Roadmap

Marking a key milestone, the Maryland Department of Health today recognized the one-year anniversary of its comprehensive initiative, the [Roadmap to Strengthen Maryland's Public Behavioral Health System for Children, Youth, and Families](#). The Department joined its many partners to celebrate the momentum in meeting the needs of Marylanders and to outline the important next steps in realizing the plan's full potential. Over the past year, the Department strengthened the behavioral health workforce, expanded community-based services, and improved clinician training to better support children and families in crisis. [Learn more](#).

Maryland News

Maryland Codifies Mental Health and Parity Regulations

This spring Maryland Governor Wes Moore signed a comprehensive mental health parity package, including [SB 205 and HB 280](#), legislation which the Maryland Psychiatric Society provided supporting testimony. These bills codify strict federal mental health and substance use parity regulations directly into state law, preventing insurers from treating mental health benefits less favorably than physical health coverage. The newly enacted mental health insurance law includes the following requirements:

- Financial and Treatment Equality: Copays, deductibles, and visit limits for mental health and substance use disorders cannot be more restrictive than those applied to general medical and surgical care.
- Federal Parity Codification: Both [SB 205 and HB 280](#) write federal *Mental Health Parity and Addiction Equality Act (MHPAEA)* standards and subsequent federal rules into Maryland code to prevent coverage loopholes.
- Enhanced State Enforcement: The legislation strengthens the *Maryland Insurance Administration (MIA)* authority to strictly enforce these parity protections and monitor insurance carriers for compliance.

Maryland Suing to Block School Mental Health Funding Cuts

Last month, [fifteen states sued the Trump administration](#) to prevent millions of dollars in cuts to school-based mental health funding.

The [new lawsuit](#) is part of an ongoing legal battle over a mental health grant program that Congress established following the 2018 school shooting at Marjory Stoneman Douglas High School in Parkland, Florida. At stake is a \$1 billion program that offers grants to school districts across the country to help them hire and train more mental health professionals to work in schools. A coalition of 17 Democratic state attorneys general [sued](#) last July, and a court ruled in their favor, ordering the Trump administration to stop the grant discontinuation. In the months since the order, the education department has threatened to withhold funding or terminate the grants altogether.

Attorneys general participating in the lawsuit are from California, Colorado, Connecticut, Delaware, Illinois, Maine, Maryland, Massachusetts, Michigan, New Mexico, New York, Oregon, Rhode Island, Washington and Wisconsin.

Maryland Physician License Renewal Reminder

The biennial license renewal period will begin on July 15, 2026, and end at 11:59 pm (EST) on September 30, 2026, for all physicians whose **last name begins with the letter A-L** and whose license expires on September 30, 2026.

Implicit Bias/Structural Racism law effective April 1, 2026. Click [Implicit Bias and Structural Racism Training Required](#) to learn more.

Medical Liability Insurance

There will be a yes/no question on the renewal about whether a physician maintains medical liability insurance. The answer will be posted on the Practitioner Profiles. Practitioners can also edit their yes/no question within their profile.

Physicians must use the following Board-supplied forms to comply with the new law's requirements:

- [Notice to Individual Patients](#)
- [Notice to All Patients](#)
- [Informed Consent to the Patient](#)

Registration Deadline - Practitioners who prescribe CDS must be registered with the PDMP to obtain a new or renewal CDS license. For more information, click [PDMP Registration FAQs](#) or visit the [PDMP/Crisp Registration](#) website.

At a minimum, you will need the following information to complete the online renewal application:

- Medical License Number
- National Provider Identifier (NPI) number, if available. (Individual and/or Organizational). To search for your NPI, go to [NPI Public Registry Search](#)
- Workman's Compensation carrier name, policy number, and expiration date--only if you employ one or more individuals in your practice
- General office information (address, email addresses, telephone and fax numbers)
- Access to a printer to print a copy of your completed renewal application, your receipt of payment, and to print a copy of your downloaded license.

Vital Statistics Administration Quarterly Report

The MDH Vital Statistics Administration (VSA) has released its preliminary Q4 2025 Report on Unintentional Drug- and Alcohol-Related Intoxication Deaths. We urge all stakeholders and partners to review the [full report](#) and utilize the data for critical public health planning and resource deployment. View the [summary with key messages](#).

Maryland News

Buprenorphine Workgroup Final Report

The [Maryland's Buprenorphine Access Workgroup](#) has released its final report on improving access to treatment with buprenorphine for opioid use disorder across the state. As required by [Maryland House Bill 1131 of 2025](#), Maryland's Buprenorphine Access Workgroup was established to study access to buprenorphine in the state. Between July 2025 and May 2026, the workgroup met 17 times and studied a variety of topics related to the current status of buprenorphine services in Maryland, including: access to care, regions with gaps in services, funding, innovative strategies to expand access, and more.

Report Highlights

- The workgroup identified several limitations to access/utilization of buprenorphine, including stigma and provider concern, cost, and geographic gaps in care.
- To address these barriers, the workgroup provides a variety of recommendations, including scaling up the hub-and-spoke model, increasing access to low-threshold services (such as telehealth services), and improving data integration.
- Addressing stigma is also a critical component to ensure that more providers are offering buprenorphine treatment for OUD.

Local Resources for Families Facing Adversity

Families of children and adolescents with behavioral health needs often need additional support. Parents' Place of Maryland and the Maryland Coalition of Families, that offer peer support and resource navigation to families at no cost.

[Parents' Place of Maryland:](#)

The Parents' Place of Maryland provides direct 1:1 peer support to families that have children with disabilities, complex health conditions, and mental and behavioral health needs. Through their in-person and virtual training offerings, the Parents' Place of Maryland seeks to educate and foster community with others facing similar challenges. Pediatric primary care practices may request training from a Parents' Place of Maryland staff member on various topics including family empowerment, IEP support, school preparation, and many more. To learn more visit: <https://www.ppmmd.org/services/>

[Maryland Coalition of Families:](#)

Maryland Coalition of Families (MCF) provides support and resources for families facing adversities including navigating the needs of children with mental health concerns, or the needs of a child or loved one coping with a substance use disorder or problematic gambling. Families may request services directly or be referred by a provider for Family Peer Support. After a referral is submitted, a Peer Support Specialist will schedule time to meet with families to understand and navigate the systems of care, identify resources or relevant programs, foster community with other families facing similar challenges, and empower families to advocate for themselves and their loved ones. In addition to direct services, MCF offers various events and support programs including [Taking Flight](#), a young adult peer support group for ages 18-26 and two-day Family Leadership Programs. To learn more visit: <https://www.mdcoalition.org/>

Maryland Youth Mental Health: What the Data Shows

Maryland's Youth Risk Behavior Survey (YRBS) data highlight the importance of supporting the mental health and well-being of young people across diverse communities. While many youth experience challenges related to emotional distress and suicidal thoughts, certain populations continue to experience disproportionate impacts. These findings underscore the importance of strengthening protective factors such as community connection, trusted relationships, cultural identity, and access to culturally responsive supports and services.

[2024/25 Maryland Youth Risk Behavior Survey \(YRBS\)](#)

Non-Hispanic Black Middle School Students

- 27.5% reported seriously thinking about killing themselves.
- 11.8% reported trying to kill themselves.

Non-Hispanic Black High School Students

- 14.9% reported seriously considering suicide.
- 9.2% reported attempting suicide.

Hispanic/Latina High School Students

17.7% reported attempting suicide, the highest reported percentage among student groups

Explore Maryland YRBS data and reports here [Maryland Youth Risk Behavior Survey \(YRBS\)](#)

Maryland Prior Authorization and Psychiatric Prescribing Survey

At a recent Maryland General Assembly workgroup session regarding fail first/step therapy (i.e. medication prior authorization issues) Delegate Bagnal [requested additional information](#) from Maryland psychiatrists regarding their experiences with prior authorization. MPS staff drafted the survey below and will compile the results and share the findings with the workgroup at the end of the month. Please [click here to take the survey](#), and share your experiences. Thank you in advance!

Maryland News

Medicaid Noncitizen Impact

A new federal law (H.R. 1) has changed Medicaid eligibility requirements nationwide regarding immigration status. As a result, some noncitizens in Maryland will lose their Medicaid coverage effective Oct. 1, 2026.

Individuals affected by this change received a letter from Maryland Health Connection in July. The Maryland Health Connection and the Maryland Department of Human Services will send official notices in August and September regarding their coverage end date.

The Maryland Department of Health has launched a dedicated toolkit to help navigate these changes with those you serve. Please access these resources here:

- Updated [Immigration Status Requirements webpage and FAQs](#)
- [Medicaid Member Immigration Changes one-pager](#)
- [Provider Immigration Changes FAQ document](#)
- Other digital toolkits for [work requirements](#)

For any questions, feedback or resource requests, please contact mdh.medicaidcheckin@maryland.gov.

Medicaid Provider Registration Platform Transition

Maryland Medicaid is transitioning from ePREP to the Maryland Provider Registration and Information Management Enterprise (MPRIME) portal in October 2026. To prepare for the transition, Maryland Medicaid will be implementing a phased hold on ePREP applications. Once these holds take effect, providers must wait until the new system is available to make any enrollment updates, including new enrollments, revalidations, and changes to existing enrollment accounts.

Effective August 1, 2026, applications may not be submitted in ePREP. Review the latest [MPRIME Updates](#). For more information, visit the [MDH website](#) or contact mdh.providerenrollment@maryland.gov.

Updated Medicaid's Preferred Drug List

The Office of Pharmacy Services (OPS) published updates to the Maryland Medicaid's Preferred Drug List (PDL) and Brand Preferred over Generic Program, effective July 1, 2026. Please [refer to their website](#) for the complete PDL and Brand Preferred over Generic List.

APA News & Information

APA Comments on NIH Plan Framework

APA submitted comments in response to the Request for Information (RFI) on the framework for the NIH-Wide Strategic Plan for Fiscal Years 2027–2031. The NIH-Wide Strategic Plan outlines the National Institutes of Health's overall approach to advancing its mission while ensuring responsible stewardship of taxpayer resources. The plan is intended to provide broad strategic direction and does not address specific disease-focused research opportunities or the individual research missions of NIH Institutes, Centers, and Offices. The proposed framework is organized around three priority areas: 1. Research Areas 2. Research Capacity 3. Research Operations—APA provided feedback on each of these priority areas. [See the comments here](#).

APA Comments on Proposed Prior Authorization Rule

APA submitted comments to CMS on the proposed interoperability and prior authorization rule, supporting efforts to modernize electronic prior authorization and improve transparency. APA emphasized the importance of reducing administrative burden on psychiatrists and ensuring that new technical requirements are feasible for behavioral health practices. The comments also recommended stronger standardization, phased implementation, and safeguards to protect patient care. [Read more here](#).

Apply for Area 3 RFM Deputy Rep Position

Area 3 will need to elect a new Area 3 RFM Deputy Rep. MPS Resident and Fellow members are encouraged to apply!

How to submit materials:

RFM Deputy Rep must have two years remaining in residency and/fellowship to be promoted to Area 3 RFM Rep. Send the following application materials in one pdf to Dr. Eindra Khin Khin (khinkhin@gwu.edu) and Dr. Kendrick Abad (abadkendrick@gmail.com):

- Nominee's letter of interest
- Nominee's CV - no more than three pages
- Recommendations - maximum of 3, one of which must be from the Residency Program Director

Timeline:

- August 10: Nominations close after a three-week nomination period.
- August 24: Nominating Committee reviews the slate and approves candidates.
- August 31: Candidates and their materials are presented to the Area 3 Council for asynchronous review and voting.
- September 20: RFM Deputy Representative election concludes after a 3-week voting period. The winner is announced and invited to attend the Area 3 Council Meeting on Sunday, October 4.

APA News & Information

May 2026 APA Assembly Highlights

Report of the APA President: Drs. Theresa M. Miskimen, MD and Mark H. Rappaport, MD provided a joint presentation addressing the APA's plan for modernization of the APA's governance model. Dr. Miskimen explained that this effort began as a component of her Presidential theme on Workforce Development and is aligned with the APA's 2030 Strategy. Dr. Miskimen underscored that the approach will be collaborative with a future focus, while continuing to honor our past organizational legacy as the Nation's oldest professional organization. Dr. Rappaport noted that this effort will continue during his Presidency and beyond. This multi-year effort will be supported by consultants from McKinley who will follow the key principles of Kotter's change management process and be informed with representation of key leaders from all components of the APA.

Report of the APA CEO and Medical Director: Dr. Marketa M. Wills, MD, MBA noted that the work of the APA to advocate is more important than ever given the current economic challenges that exists within a divisive political environment. She provided an overview of the Psychiatry 2030 Strategy aligned with a refreshed Vision and Mission that is supported by Guiding Principles. The APA's Strategic Goals are organized under three key pillars: Medical Leadership, Member Success, and Organizational Strength. She emphasized that these high-level Strategic Goals are designed to be transformational with distinct Objectives that are aligned to our organizational components to maximize engagement and accountability. Dr. Wills also discussed the future of the DSM which has been a key asset that has supported incoming revenue for many years. Of note, the Manual which was originally designed to be 'statistical' with respect to disease codification will transition to be one that is 'scientific' consistent with advances in healthcare that require the emphasis on evidence-based practices and treatment. As part of this transition 8 sub-committees have been created that will be central to the transformational development of the DSM in support of our profession. Dr. Will's full report can be found [here](#).

Report of the APA Treasurer – Dr. Steve Koh, MD, MPH, MBA: Dr. Steve Koh, MD, MPH, MBA provided a high-level overview of the five key metrics for 2025. Total Revenue of \$59.3M was greater than the budgeted expectation of \$58.2M. While the Net Income for the year was only \$0.3M, this represents a substantial improvement of the budgeted expectation which had been a Net Income Loss of \$3.7M. Investment Returns performed well at 15% which was also above budget expectation. The flash report provides details in terms of 2025 actuals relative expectations which performed largely at or better than budget. Likewise,

variances compared to 2024 were reasonable and largely on track to expectation. When comparing 2025's business trends to those of 2023, all are moving in a positive direction. The APA's investment portfolio continues to perform well, and above benchmark. The total value of the APA's Investment portfolio at the end of 2025 was \$201M, just under the all-time high in 2021. Dr. Koh's full financial report can be found in Appendix A of the APA Assembly Meeting Booklet or [here](#).

Report on the APA Foundation – Monica Taylor-Desir, MD, MPH, Board Secretary, APAF: Dr. Monica Taylor-Desir, MD reviewed the APAF's vision of creating a Mentally Healthy Nation for All. That vision is designed to "meet people where they are" across all community domains. Simultaneously, the foundation supports the development of members through its post-residency fellowship program and support of expanded educational resources. She highlighted the significant impact of the national mental health campaign that was launched in 2023. The message of that campaign is simple: Mental Health Care Works. Through multiple media channels the campaign is geared to create additional awareness while improving the public's literacy on mental health issues. To date, the campaign has received over 1.5B impressions through more than 100,000 public service announcements.

Report of the APA Political Action Committee – Dr. Mary Anne Albaugh, MD, Chair: Dr. Mary Anne Albaugh, MD reminded the Assembly that the work of the APAPAC is non-partisan. To that end, the APAPAC works with leaders of both parties to advance issues that align with APA interests and priorities. She noted that the key to effective advocacy is developing relationships of trust so that legislators have a better understanding our profession and will be influenced in their decision-making process to support the needs of all mental health patients regardless of constituency. Dr. Albaugh enumerated all the advocacy activities of 2025, as well as the priorities for 2026. Extensive details and resources are available at the Advocacy and APAPAC tab of the APA website. She mentioned that the 2026 State Advocacy Conference will be in November and is open to APA members. Maximal participation is encouraged so that the voice of the APA is heard 'loud and clear' on Capitol Hill.

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 Available

The 2026 Quality Payment Program (QPP) Merit-based Incentive Payment System (MIPS) Extreme and Uncontrollable Circumstances Exception application is available now through **December 31, 2026, at 8 p.m. ET**. This application allows users to indicate the reason they're unable to report data for one or more MIPS performance categories.

There are 2 exception applications available to clinicians: The [MIPS Promoting Interoperability Performance Category Hardship Exception application](#): allows you to request reweighting specifically for the Promoting Interoperability performance category because of specified reasons. The [MIPS Extreme and Uncontrollable Circumstances \(EUC\) Exception application](#): allows you to request reweighting for any or all performance categories if you encounter an extreme and uncontrollable circumstance outside of your control.

[Click here](#) for more information.

CMS Publishes 2025 Open Payments Data

Last month, the Centers for Medicare & Medicaid Services (CMS) published Open Payments Program Year 2025 data, along with newly submitted and updated payment records for Program Years 2019 – 2024. The data is accessible on the [Open Payments Search Tool](#).

Open Payments is a national disclosure program that promotes transparency and accountability by making information about the financial relationships between pharmaceutical and medical device manufacturers and distributors and certain health care providers available to the public. Through Open Payments, the American public can explore payments and other transfers of value their healthcare providers receive from pharmaceutical and medical device companies.

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CMS Proposes Policy Changes for QPP

CMS has issued its [Calendar Year \(CY\) 2027 Medicare Physician Fee Schedule \(PFS\) Proposed Rule](#). The rule proposes to sunset traditional MIPS after the 2028 performance period, giving clinicians a firm timeline for the long-anticipated transition to MIPS Value Pathways (MVPs). It also includes changes to quality reporting, the Promoting Interoperability performance category, and Advanced APM participation.

Traditional MIPS Is Being Phased Out

CMS has signaled for several years that traditional MIPS reporting would eventually end. The 2027 proposed rule would establish a formal timeline for that transition. CMS is proposing to sunset traditional MIPS after the 2028 performance period. Starting with the 2029 performance period, MVPs would be the only MIPS reporting option for clinicians who do not participate in a MIPS Alternative Payment Model (APM). Clinicians in a MIPS APM would continue to have the option to report through the APM Performance Pathway (APP) or APP Plus, as applicable. **Why This Matters:** The countdown is now real. Clinicians would have two performance years—2027 and 2028—to identify the MVP most relevant to their specialty, build workflows to collect the required data, and establish subgroup-level reporting processes, if needed. Practices that wait until 2029 to prepare may face significant operational and reporting challenges.

For a more detailed report of all proposed changes [please click here](#).

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