

MPS NEWS

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Editor: Heidi Bunes

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Deadline for articles is the 15th of the month preceding publication. Please email heidi@mdpsych.org.

MPS News Design & Layout
Meagan Floyd

The next MPS Council meeting will be held at 8 PM Tuesday, June 11th in the MPS office. All members welcome!

President's Column

Time for Renewal

At the MPS annual dinner last week (at the beautiful Hotel Monaco), I was struck by the sense of renewal that filled the air. There was ample evidence of the "New Guard" (our resident and fellow and early career members) as well as the "Old Guard" (old enough to be the New Guard's parents and grandparents – yes I am in this group). Dr. Jimmy Potash, nearing the end of his second year as Henry Phipps Professor and Chair of Psychiatry at Hopkins, was a unifying presence who wrote about the evening and the importance of collaboration in his weekly "Cheers from the Chair" forum the very next day. Giants of Maryland and American psychiatry were present including Drs. Steven Sharfstein, Robert Roca, and Art Hildreth (who received the 2019 MPS Lifetime of Service Award). Their ongoing contributions, support and guidance cannot be overstated, and we are grateful. A lovely evening indeed.

As most of you know or sense, these are perilous times for the practice of psychiatry. The perceived and actual threats are many and I will not list them here. But one antidote to many of our predicaments may be to more readily adopt a "leaning in" approach to support a larger cause and learn from our colleagues (even when not totally in agreement with them). By continuing to organize and expand our membership in traditional and innovative ways, we can create a critical mass of effort to best ensure our authoritative position in the field, become more representative of our immensely talented members, and have a critical impact on Mar-

ylanders' mental health, well-being and capacity for resilience.

How to get from here to there? Having specific goals and ways to measure our progress helps. I hope you will take the time to think about our [Mission, Vision and Values](#) and think about which goals (and metrics) matter most. As you may know, we have developed (with the help our fabulous intern, Abby Berk) a way to track social media usage as a measure of engagement (especially of younger members and non-psychiatrists of any age). While this may not seem as profound as reduction of stigma or as important as maintaining membership at specific levels, it illustrates how small but clear priorities can serve a broader audience. Similar examples include adopting elements of a public health approach to address the social determinants of mental health and collaborating constructively in specific ways with non-physician mental health providers. As the year progresses, I will keep you abreast of our progress.

In the meantime, I ask that you "lean in," share your ideas and expertise and help bring new members into the MPS fold. Consider joining one of our committees (see options [here](#)), establishing an interest group, connecting with us on social media, writing a guest column in this newsletter, attending a Council meeting (see dates on [page 2](#)) or calling in to the office (410-625-0232) to speak your mind.

Marsden H. McGuire, M.D.



Free Reception for MPS members at APA Annual Meeting

Let's eat, drink, and connect with friends & colleagues. Join Sheppard Pratt Health System, University of Maryland Medical Center, and Maryland Psychiatric Society at the APA Annual Meeting for a reception!

When: May 20, 2018 6:00PM-8:00

Where: The Veranda at Moscone South
722 Folsom Street
San Francisco, CA 94107

Visit the Sheppard Pratt booth (#1222) at the APA Annual Meeting to pick up your ticket to the reception. Please RSVP to SPHSevents@sheppardpratt.org by Friday, May 10.

2019-2020 MPS Meeting Dates

June 11, 2019	Council Meeting, 7:30 PM at MPS
September 10, 2019	Council Meeting, 7:30 PM at MPS
November 12, 2019	Council Meeting, 8 PM at MPS
November 9, 2019	Psychopharmacology CME Activity
January 14, 2020	Council Meeting, 8 PM at MPS
February 11, 2020	Council Meeting, 8 PM at MPS
March 10, 2020	Council Meeting, 8 PM at MPS
April 14, 2020	Council Meeting, 8 PM at MPS

Children's Mental Health Awareness Day May 9

National Children's Mental Health Awareness Day will be observed on Thursday, May 9. This year's theme is "Suicide Prevention: Strategies That Work." SAMHSA will focus on the impact that suicide has on children, youth, young adults, families, and communities. The overall goals of this year's observance are to:

- Showcase evidence-based best practices in the field of children's mental health;
- Encourage child-serving providers to collaborate with family and youth leaders to meet the needs of children, youth, and young adults with severe emotional disturbance and their families; and
- Educate the public about the importance of seeking mental health services when needed.

[Access evidence-based resources for suicide prevention](#) developed by SAMHSA's Suicide Prevention Resource Center and other suicide prevention organizations and experts.

2018 MPS Annual Report

The 2018 Maryland Psychiatric Society Annual Report is available online for members to review. Dr. Triplett presented highlights of the report at the MPS annual dinner in April, including information on membership, government relations, outreach, finances and more. [Please click here](#) to read the report.

Note from the Executive Director

After reaching my 30th anniversary, I want to thank you for the opportunity to work at the MPS. The years have flown by – I've gotten married, had kids. Being able to work part time for so long was a big plus, but what I've enjoyed the most is working with so many stellar volunteers and playing an integral role in the organization.

I came to the MPS as a twenty-something with a corporate background. I am grateful to so many presidents I've worked with, but Tom Allen really helped me understand the non-profit world. He was MPS President my first year and, with prior experience as president of both the psycho-analytic society and the county medical association, he knew a lot about how things should run and spent a lot of time explaining.

I also want to thank Meagan Floyd with whom I've worked for going on 17 years. She's terrific!! I'm looking forward to working with Marsden McGuire and the Executive Committee in the coming year!

Heidi Bunes

Free Film Event

In recognition of Children's Mental Health Matters Week, Sheppard Pratt Health System and NAMI Metro Baltimore are hosting a free screening of the film *No Letting Go* at 6:30 PM May 10 at The Conference Center at Sheppard Pratt.

No Letting Go takes an honest and compelling look into a family's journey to understand and seek help for their son's mental illness. **The event is FREE**, but space is limited. RSVP is required by May 3, 2019. [RSVP now.](#)

April 9 Council Highlights

Executive Committee Report

Dr. Triplett discussed activities since the March meeting:

- Met again with the Behavioral Health Administration to discuss psychiatric leadership, legislation, forensic developments and the Commission to Study Mental and Behavioral Health in Maryland.
- In response to a question from the community, the MPS stated that *using the term "psychiatrist" means that the person has completed medical school as well as a residency program in psychiatry.*
- Nominated Stephanie Knight, M.D., Chief of Psychiatry at UMMS Midtown, to represent the MPS on a Md Health Care Commission workgroup that will update the State Health Plan for psychiatric services, including the Certificate of Need program.
- Requested a meeting with Washington Psychiatric Society leadership to be run by Area 3 Council Chair Joe Napoli, M.D. to discuss solutions to the problem of 2 APA DBs in Maryland.

Dr. McGuire reviewed Council's 2018 work to update the Mission and analyze the MPS's strengths weaknesses opportunities and threats. He noted that members question the cost of dues relative to the benefits to members individually and collectively and said the MPS should focus its activities on bringing value to members. He noted some possible MPS priorities and requested that each person on Council provide additional input before the next meeting to enable a robust discussion that will result in organizational goals for the next 3-5 years.

Secretary-Treasurer's Report

Dr. Ehrenreich reviewed the first quarter 2019 financial statements. Total assets are \$443K, up \$13K over last year, with \$419K current assets, up \$23K, and \$24K net book value of property and equipment, down \$10K. Of note, \$116K was transferred from the savings account to a designated Emergency Reserve money market account in accordance with the MPS investment policy and to earn a better return. Membership dues receivable of \$43K is net of a \$4K estimated write off for dropped member dues. Membership dues income is \$48K, \$4K less than budget to date. On the expense side, we are \$2K over budget overall with a total of \$87K. The \$16K loss is \$6K worse than budget. Compared to last year at this time, total Income is up \$1K and total expenses are up \$14K, so the \$16K loss is \$13K worse than the \$3K loss last year. He noted that 2018 was a particularly successful year financially. Because of the transfer to the emergency reserve account, cash decreased \$86K since January 1.

Executive Director's Report

Ms. Bunes and Ms. Floyd described two MPS staff meetings with APA regarding problems with APA billing for member-

ship dues. Differences in MPS and APA priorities may take significant time and resources to align, and even after another year we may not have resolved most of the issues. Council requested pros and cons of staying with APA billing vs. returning to MPS billing so it can have a full discussion at the June meeting and decide whether to renew the contract. Ms. Bunes also asked whether Council would like to add dedicated meeting time to review the written leadership orientation materials. Dr. Merkel-Keller's motion for a new Council member orientation about the MPS structure was unanimously approved.

Legislative Committee Report

Dr. Hanson reported that the 2019 Maryland General Assembly, which concluded the night before, was very busy for psychiatry. Over 2000 bills were filed, even with a large contingent of "freshman" legislators. The MPS Legislative Committee reviewed 65 of them and took positions on 36 bills. Of those we supported, 6 passed, including topics such as mandatory filing of parity reports by insurance companies, safe schools, decriminalization of suicide attempts, and expansion of telemedicine. Of those we supported only if amended, 13 passed, including bills on veteran suicide prevention, prior authorization, and expansion of outpatient civil commitment. The MPS opposed 15 bills, and of those 12 did not pass, including ones on ending the carve out of the public mental health system, medical cannabis certification by physical therapists, the use of medical marijuana for opioid use disorder, and physician assisted suicide. Positions are posted on the [website](#). [See [page 5](#) for more.]

Membership Committee Report

In Dr. Gordon-Achebe's absence, Council received a tentative list of 33 members to be dropped for non-payment of dues. The count, representing \$10K of income, is up 50% from 22 dropped last year.

Program and CME Committee Report

Drs. Addison and Nestadt reported on the recent March 30 movie CME featuring "The Ripple Effect," for which 60 tickets were sold. There was a loss exceeding \$2K due to lower than expected attendance and unanticipated venue costs. The next "Dangerous Patients" CME will be May 1 at MedChi, with PRMS support. Plans are also underway for a November 9 Psychopharmacology Update.

APA Assembly Representatives' Report

The MPS Council endorsed an Action Paper on Prescribing Psychiatric Medications via email vote during the week prior to the March 23 Area 3 Council meeting. Dr. Hanson reported on highlights of that meeting, where the Action Paper was unanimously endorsed. Ken Certa, M.D. was elected APA Area 3 Trustee in the recent APA election, which had 21% voter participation. For the third time, Area 3 had the highest percentage of voting members. She said the

APA is following up on the results of its ligature risk survey and looking into creating an affiliate membership to include nurse practitioners and social workers. She reminded Council that the APA took back surplus Area 3 funds that were being used to support Area 3 programming, including some MPS events. There is still hope that some monies will be returned so funding will be available for an area-wide program on legislation and advocacy.

Farewell and Change of Officers

Dr. Palmer noted that this is the last meeting of the 2018-2019 Council year and thanked Keith Gallagher, M.D., whose term as RFM Councilor is ending. She expressed appreciation for her opportunity to serve as Council Chair and said the gavel will pass to Dr. Triplett.

2019 MPS Election Results

A total of 124 ballots were returned (18% of voting members) this year, compared with 121 ballots (18%) last year. The following members were elected to serve:

President Elect: Mark Ehrenreich, M.D.

Secretary-Treasurer: Virginia Ashley, M.D.

Councilor: Jason Addison, M.D.
Jessica Merkel-Keller, M.D.
Carolina Vidal, M.D., M.P.H.
Crystal Watkins, M.D., Ph.D.

Resident-Fellow Member Councilor:
Jamie Spitzer, M.D.

Early Career Psychiatrist Councilor:
Marissa Flaherty, M.D.

APA Assembly Representative:
Annette Hanson, M.D.

Nominations & Elections Committee:
Elias Shaya, M.D.
Sally Waddington, M.D.

The Constitution & Bylaws change to allow electronic voting for MPS elections was approved by a wide margin.

MPS Members Out & About

On April 28, **Robert Herman, M.D.** published a letter to the editor of The Capital Gazette, "[Discussing Suicide.](#)"

Help us spotlight news of MPS members in the community by sending info to mps@mdpsych.org.

Maryland News

New Maryland Medicaid ORP Provider

In response to the concerns we raised last year, the MPS has been notified that Medicaid now allows Ordering, Referring, and Prescribing (ORP) provider enrollment for those who contract privately with patients. (Please see attachment.) This is instead of enrolling as a rendering provider (and accepting Medicaid contract terms), which they had insisted on previously. The ORP option accommodates psychiatrists having private pay arrangements with patients while Medicaid pays for the labs and prescriptions they order. This new option is somewhat similar to opting out of Medicare but, according to Medicaid Provider Services, there is no 2-year minimum requirement, i.e. someone can sign up for ORP one week and then change to a provider the next week. Also, there is no Medicaid requirement for a signed written agreement with the patient, although that would be best practice.

As a reminder, last year Medicaid began rejecting payment for prescriptions if the prescriber was not enrolled as a provider in the Medicaid program. This practice was put on hold after the MPS raised alarm that psychiatric patients were no longer able to obtain their medicines. As a precaution, some non-enrolled psychiatrists referred their patients to other psychiatrists who participate in Medicaid. Others continued seeing their Medicaid patients during the hiatus. Those who waited now have their answer: enrolling as an ORP provider by October 1 will enable the treatment relationship to be preserved as well as the labs and prescriptions to be covered.

It's important to note that you must enroll as an ORP or as a rendering provider for prescriptions to be paid after October 1. One or the other is required or payment for prescriptions and labs will be rejected again.

There is some screening with the ORP enrollment via [ePREP](#) (e.g. licensure, etc), which is the same as required for enrolling as a provider, but there is no provider agreement and no contractual relationship with Medicaid. The ePREP process may be confusing so there are webinars scheduled in addition to other online resources. Please use the ORP [application](#) on ePREP. The enrollment [instructions](#) help get into the portal on the correct path, but continue as appropriate to your situation as the rest of the steps depend somewhat how you complete the form. Please contact mdh.rxenroll@maryland.gov with questions about ORP policies or enrollment.

After initial enrollment, the provider will need to upload when the medical license renews and revalidate every 5 years.

Please note: Each year many Marylanders enroll in Medicaid as one of the options on the health insurance exchange established under the Affordable Care Act. Be sure to ask all private pay patients whether they use Medicaid to cover their medicines and labs. If so, you must be enrolled as ORP to enable reimbursement.

Maryland News

MPS Legislative Session In Review

Members of the Maryland General Assembly, with 17 new Senators and 43 new Delegates, introduced 2,480 bills, 16 Joint Resolutions, and 2 House Simple Resolutions in 2019. The Maryland Psychiatric Society (MPS) was very engaged once again this session. MPS reviewed 85 pieces of legislation and actively worked 56 of those bills. The ensuing synopsis highlights some of the proposed legislation MPS worked this session. For a complete, detailed version of this report [please click here](#).

Criminal Penalties for Failing to Report Child Abuse or Neglect

[Senate Bill 568/House Bill 787](#), establishes criminal penalties of up to three years in jail and/or \$10,000 fine for a mandatory reporter who knowingly fails to provide a required notice or make a required report of suspected child abuse or neglect if the mandatory reporter has actual knowledge of the abuse or neglect. In the end, the potential for criminal penalties arises only when a mandatory reporter has actual knowledge of child abuse or neglect and fails to report as opposed to inferred knowledge from the circumstances or willful blindness thresholds that were initially in the bill. The bill takes effect on October 1, 2019.

Prohibition on Electroconvulsive Therapy for Minors

[Senate Bill 302](#) would have prohibited the use of "electroconvulsive therapy" (ECT) on minors. If enacted, a practitioner of ECT could have received a felony conviction, a maximum of 2 years imprisonment and/or a fine of \$100,000. Ultimately, the bill did not receive a vote from the Senate Finance Committee. Senator Benson, however, appears committed to reintroducing this bill next session.

Medical Cannabis and Opioid Use Disorder

[Senate Bill 893/House Bill 33](#), encouraged the Maryland Medical Cannabis Commission to approve certifying provider applications that include the treatment for an opioid use disorder (OUD). The Senate Judicial Proceedings Committee amended the bill by adding language to limit approval to patients who (1) have tried all other traditional treatments and were unsuccessful and (2) will use the medical cannabis in conjunction with conventional therapies. The amended version of the bill passed successfully out of the Senate but stalled along with HB 33 in the House Health and Government Operations Committee. The MPS opposed this bill.

Medical Cannabis – Certifying Providers

[House Bill 18](#) would have authorized physician assistants to be "certifying providers" under the State's medical cannabis program. This designation would have afforded physicians assistants the legal right to prescribe medical cannabis. As originally drafted and opposed by MPS, the bill would have also allowed physical therapists and psychologists to be deemed certifying providers for medical cannabis as well. For MPS, designating a psychologist as a certifying provider was illogical as psychologists are legally prohibited from prescribing medica-

tions; if medical cannabis is truly medicine, it should be treated no differently. MPS convinced members of the House Health and Government Operations Committee that psychologists have no training in pharmacology especially psychopharmacology or pharmacotherapy for a highly psychoactive substance that has profound effects, many unknown, on the brain. These arguments led to the limited version of the bill that passed both the House and the Senate but then failed to make it back to the House before midnight on April 8th to be enrolled and officially passed. With the legislature's desire to expand the medical cannabis industry, we expect to see this bill again next session.

Physician Assisted Suicide

[Senate Bill 311/House Bill 399](#) as introduced would allow an attending physician licensed to practice medicine in the State of Maryland, who follows procedural safeguards to prescribe self-administered medication to a qualified individual to bring about the individual's death. The Senate Judicial Proceedings Committee sent the legislation to the Senate floor with [extensive amendments](#). Ultimately, the End-of-Life Options Act failed in the Senate after a rare and dramatic deadlock vote on the second reader that saw one Senator refuse to cast the deciding ballot.

Decriminalization of Attempted Suicide

[Senate Bill 935/House Bill 77](#) will take effect October 1, 2019 and states that the act of attempting to commit suicide may not form the basis of a criminal charge against the person who attempted to commit suicide. The person who attempts suicide may still be charged with other crime(s) that may arise during his/her attempt. MPS supported the bill, arguing that this common law crime has not and will not prevent suicide or suicide attempts.

Nurse Practitioners as Medical Directors for Outpatient Mental Health Centers

In Maryland, an outpatient mental health center as a condition of licensure must employ a medical director who (1) is a psychiatrist; (2) has overall responsibility for clinical services; and (3) is on-site for at least 20 hours per week. Additionally, an outpatient mental health center must provide regularly scheduled outpatient mental health treatment services in a community-based setting, including, at a minimum, medication management and individual, group, and family therapy. Citing the shortage of psychiatrists, especially in rural areas, [Senate Bill 944/House Bill 1122](#) passed, which requires the COMAR regulations governing behavioral health programs to include a provision authorizing a psychiatric nurse practitioner to serve as a medical director of an accredited outpatient mental health center, either onsite or through the use of telehealth. MPS and MedChi both opposed this legislation to no avail. The bill takes effect on October 1, 2019.

(Continued on next page)

Maryland News

Medical Directors of Outpatient Mental Health Presence Though Telehealth

[Senate Bill 178/House Bill 570](#), requires regulations governing behavioral health programs to include a provision authorizing an outpatient mental health center to satisfy any regulatory requirement that the medical director, a psychiatrist under current law until October 1st, be on site using telehealth by the director. This bill takes effect on October 1, 2019.

Behavioral Health Disorders - Short-Term Insurance

The Governor has already signed [Senate Bill 28](#), introduced at the request of the Maryland Insurance Administration (MIA), which alters the definition of "health benefit plan" to ensure that the State's mental health parity law applies to short-term limited duration insurance. The General Assembly must take the next step as presented in SB 28 to ensure that even if consumers do purchase short-term limited duration insurance plans, those plans will have the same level of mental health and substance use disorder benefits as any other plan sold in the state. SB 28 will become effective on October 1, 2019.

Prior Authorization Requirements

[House Bill 751](#) addresses the shortfalls related to prior authorization. First and foremost, HB 751 applies to an insurer, non-profit health service plan, or health maintenance organization that provides coverage for prescription drugs through a pharmacy benefit, including coverage provided through a pharmacy benefits manager (PBM) or a private review agent; the bill does not apply to a Medicaid managed care organization. Under the bill, if an entity requires a prior authorization for a prescription drug, the prior authorization request must allow a provider to indicate whether the prescription is for a chronic condition. The bill takes effect on January 1, 2020, and applies to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after that date.

Medicaid Financial Carve-In for Behavioral Health Services

[Senate Bill 482/House Bill 846](#) attempted to move the current system of Medicaid behavioral health funding out of the Administrative Service Organization (ASO) and into Managed Care Organizations (MCOs). While MPS strongly supports the concept of integrated care at the heart of this bill, MPS opposed the passage of this legislation. In the end, the bill's sponsors withdrew their legislation in order to further study the issue.

In closing, the MPS Legislative Committee stayed very busy this year reviewing bills every Wednesday evening to develop positions that represent the best interests of psychiatrists across the state. The committee was especially helpful in amending "bad" bills to make them more palatable in practice. [Click here](#) for a complete list of the bills that the MPS considered. With the help of MPS' lobbying team at Harris Jones & Malone, MPS conducted numerous in-person meetings with legislators, drafted testimony, offered oral testimony at bill hearings, and in the end had a very meaningful impact on health care policy in Maryland.

*Thomas R. Tompsett Jr., Esq.
Harris Jones & Malone*

New Bills Signed Into Law

[SB 521](#) Veteran Suicide Prevention - Comprehensive Action Plan. **Effective Date: October 1, 2019**

[SB 568](#) Child Abuse and Neglect - Failure to Report. **Effective Date: October 1, 2019**

[SB 28](#) Coverage Requirements for Behavioral Health Disorders - Short-Term Limited Duration Insurance. **Effective Date: October 1, 2019**

Tort Reform Measures Protected in 2019

After killing a bill on the final night of the 2018 Session that would have completely repealed the 20% Rule, MedChi, the Maryland Hospital Association and Med Mutual were asked by Speaker Busch to try to reach a compromise with the trial lawyers that retains the Rule, but fixes certain issues with its application. These talks continued through the final week of the 2019 Session when agreement was reached. As agreed, [Senate Bill 773 Health Care Malpractice Qualified Expert – Qualification](#) (passed) defines the term "professional activities," increases the amount of time one can spend as an expert from 20% to 25%, provides for the time period during which the 25% is computed, establishes that once the expert is qualified in the case they remain qualified, and sets rules for when and whether the case can be re-filed if the expert is determined to not comply with the Rule.

As a result of the agreement on the qualified expert, no other bill related to medical malpractice passed this Session, including:

- Senate Bill 813 Personal Injury or Wrongful Death – Non-Economic Damages (failed), which would have raised the cap based on the number of beneficiaries in wrongful death cases, in some cases by as much as 300% of the existing cap.
- House Bill 1323/Senate Bill 784 Civil Actions – Health Care Malpractice Claims (Life Care Act 2019) (failed), which would have specified the method by which an award or a verdict for future medical expenses must be calculated.
- Senate Bill 322 Medical Malpractice – Notice of Intent to File Claim (failed), which would have required a claimant to send a health care provider written notice of the claimant's intent to file a medical injury claim against the health care provider at least 90 days before filing the claim.
- Senate Bill 323 Medical Malpractice – Discovery (failed), which sought to clarify that the discovery available as to the basis of a certificate of a qualified expert in a health care malpractice action includes a deposition of the attesting expert.

See the full 2019 MedChi Sine Die report [here](#).

*Gene M. Ransom III CEO
MedChi, The Maryland State Medical Society*

Maryland News

2019 PDMP Legislation

[Senate Bill 195](#)/House Bill 25: Public Health – Prescription Drug Monitoring Program – Revisions (passed) is a reintroduction of the House version of legislation considered in 2018. While most of the changes were acceptable, MedChi remained opposed to allowing direct referral of cases to the Office of Controlled Substance Administration (OCSA) without prior review by the Technical Advisory Committee (TAC). MedChi, in conjunction with the Maryland Hospital Association, Maryland Dental Society, and the Maryland Nurses Association worked with MDH to determine how best to enhance the PDMP without creating a chilling effect on legitimate prescribing. Ultimately, the parties agreed to retain TAC involvement in all cases that the PDMP is considering for referral to the OCSA for further investigation. Other amendments require inclusion of additional data in the PDMP's annual report on the number of prescribers and dispensers identified for further outreach and education as well as referral for further investigation. The bill also directs the PDMP to continue to work with the TAC to improve its data analysis.

[House Bill 466](#): Prescription Drug Monitoring Program – Program Evaluation (passed) reflects recommendations of the Department of Legislative Services, most importantly, removing the July 1, 2019 termination date to allow the PDMP to operate in perpetuity. This bill was signed into law on April 30th by Governor Hogan.

From the 2019 [MedChi Sine Die report](#)

Bill on Insurance Formulary Changes

A Fall House of Delegates Resolution was the impetus for introduction of [House Bill 435](#)/Senate Bill 405: Health Insurance – Prescription Drugs – Formulary Changes (passed). As amended, the bill builds on Maryland's existing process for when a beneficiary needs a drug that is not on the formulary. If a carrier either removes a drug from the formulary or moves a drug to a higher cost tier, the beneficiary may be able to continue on the drug with the original cost sharing if the prescriber states that there is no equivalent drug in the formulary or in a lower tier. In addition, if the carrier moves a drug from the formulary or shifts it to a higher cost sharing tier, the carrier must give both the beneficiary taking the drug and the prescriber at least 30-days' notice before implementing the change. The notice must include the process for requesting an exemption. MedChi was also successful in strengthening Maryland's prior authorization laws to provide greater continuity of care for patients and transparency.

From the 2019 [MedChi Sine Die report](#)

General Assembly Approves Two Major Health Care Bills

[House Bill 768](#) will create the nation's first **Prescription Drug Affordability Board** with the authority to establish maximum costs to be paid by state and local governments for certain high-cost medications. A Prescription Drug Affordability Stakeholder Council will also be appointed. The Board will report findings and recommendations to the General Assembly by December 31, 2020. Beginning December 31, 2020, the Board will also submit to an annual report that includes price trends for prescription drugs, the number of drugs that were subject to review, and any recommendations the Board may have on further legislation needed to make prescription drugs more affordable. The legislation establishes a process for setting upper payments limits. It also includes language that requires the Board and the State Designated Health Information Exchange to study how the Exchange can provide de-identified provider and patient data to the Board.

[House Bill 814](#)/Senate Bill 802. the Maryland **Easy Enrollment Health Insurance Program**, also a first of its kind nationally, will allow Marylanders to begin the process of enrolling in health insurance by checking a box on their annual state income tax returns. Specifically, an individual will indicate on their tax return whether the individual (or a dependent) lacked minimum essential coverage at the time the tax return is filed. If the return indicates an uninsured individual wants assistance, the Comptroller will forward the information to the Exchange to determine if the individual is eligible for Medicaid. If the individual is eligible, the Exchange will contact the individual and ask them to pick an MCO plan. If the individual does not choose a plan, the State will pick one and enroll them in it. If the Exchange determines that an individual does not qualify for Medicaid, the Exchange will determine the individual's eligibility for other insurance affordability programs or other insurance options and notify the individual.

2018 Annual Report on Homelessness

The [Interagency Council on Homelessness](#) (ICH), staffed by the Department of Housing and Community Development (DHCD), develops the Annual Report on Homelessness in accordance with Housing and Community Development Article § 4-2101. This report outlines the work of the ICH and its affiliated State agencies, trends in homelessness, and policy recommendations to the Joint Legislative Committee on Ending Homelessness. The table on page 14 indicates a 26% reduction in Safe Haven funding for temporary housing for those living on the street with severe mental illness, who have been unable or unwilling to participate in supportive services. [Click here](#) to view the full report.

From April 1 NAMI Maryland News

Maryland News

Dr. Bright Reappointed to Medicaid Pharmacy Committee

MPS member **Kim Leah Bright, M.D.** has been reappointed to the [Maryland Medicaid Pharmacy and Therapeutics \(P&T\) Committee](#) as of May 1, 2019. The P&T Committee has twelve members: five physicians practicing, licensed and residing in Maryland (one must be a psychiatrist), five pharmacists (one with expertise with mental health drugs), and two consumer representatives. They meet twice a year to consider PDL changes and to decide which drugs require prior authorization under the Medicaid program.

Coalition Letter on Medicaid Parity

On March 28, the Maryland Department of Health (MDH) submitted its [final report](#) to the Centers for Medicare & Medicaid Services on the Maryland Medicaid program's compliance with the Mental Health Parity and Addiction Equity Act (Parity). The Maryland Parity at 10 Coalition sent a [letter](#) last month raising concerns about the Department's analysis and general conclusion of Parity compliance. MDH has not presented the information and analysis that is required under CMS's Parity toolkit. The Coalition requested a meeting to discuss concerns, including ensuring compliance for utilization management and reimbursement.

Innovations in Health Care Delivery

The Maryland Hospital Association (MHA) is asking for help in capturing and sharing the health care innovations that are happening across Maryland. The MHA launched a new website, [Innovations for Better Health](#), to showcase the innovations that put Maryland on the leading edge of care delivery transformation. The site demonstrates how health care providers are working together to make care more preventative, personalized, and productive. It includes a searchable database and an opportunity to submit a case study of your own. Innovations for Better Health can be used to:

- Give providers and community organizations innovations to consider
- Identify initiatives that are candidates for additional investment
- Bring together community partners that can amplify transformation efforts

For more information or to submit your innovations, [click here](#), or contact [Erin Dorrien](#), MHA Director of Policy.

MedChi House of Delegates Meeting Highlights

MedChi's Spring House of Delegates Meeting on April 28 featured Carefirst CEO Brian Pieninck and HSCRC Deputy Director Chris Peterson for vigorous discussions of payment models and total cost of care. Payment issues and other administrative burdens continue to impact medical practice. The House of Delegates adopted several resolutions, a few of which are:

- Initiating a study on physician compensation disparities;
- A comprehensive approach to addressing gender disparities in medicine and a commitment to pay equity
- Establishing improved guidelines for medical cannabis dispensary education, training, and resource; and
- Supporting increased training for Buprenorphine practitioners.

We also honored Lex Smith, M.D. with a Memorial Resolution. MedChi's Fall House of Delegates Meeting on November 2 will include AMA President (and psychiatrist) Patrice Harris, M.D. Please [click here](#) for more information.

*Elias K. Shaya, M.D.
MedChi Delegate*

Maryland Individual Health Insurance Market Study

With funding from CMS, the Maryland Insurance Administration (MIA) will conduct a market research study to identify barriers to purchasing health insurance coverage and, for those who do purchase health insurance coverage, barriers to utilizing essential health benefits for people in low income, rural and underserved areas in the State. Interested parties are invited to provide comments at the following public meetings where representatives from the MIA and the Maryland Health Benefit Exchange will give an overview of the study, hear stakeholder testimony, and answer questions. Volunteers are needed for surveys and focus groups. Potential volunteers are encouraged to attend one of the meetings or use the conference call numbers to participate.

May 2 1 - 3 PM at Hagerstown Community College

May 7 1 - 3 PM at MIA in Baltimore

May 15 1 - 3 PM at Talbot County Free Library

For more information visit the [MIA website](#).

Maryland News

Call for Nominations

Virginia I. Jones Alzheimer's Disease and Related Disorders Council

Applications are being accepted for appointment to the Virginia I. Jones [Alzheimer's Disease and Related Disorders Council](#), which is co-staffed by the Maryland Department of Health (MDH) and the Maryland Department of Aging (MDOA). Its membership will change effective July 1 as a result of [Senate Bill 522](#) passing in the 2019 legislative session.

The Council consists of 21 members including members of the General Assembly, representatives from MDH and MDOA, representatives of the Alzheimer's Association, family caregivers, health and human service professionals, researchers, and an elder law attorney. It meets quarterly at the Spring Grove Hospital Center in Catonsville, normally on Wednesdays from 1-3 PM. Members are expected to participate in Council workgroups and related activities throughout the year.

Applications are being accepted for the following seats which are appointed by the Governor:

- Seven Health Care Professionals with Relevant Professional Experience;
- Three Human Service Professionals with Relevant Professional Experience;
- One Elder Law Attorney with Relevant Professional Experience;
- Two Research Professionals with Relevant Professional Experience; and
- Two Family Caregivers of Individuals with Alzheimer's Disease or a Related Disorder.

To be considered, applicants must submit an online application via the [Governor's Appointments Office](#) **no later than Friday, May 17**. Please contact Kim Bennardi, Administrator, MDH's Office of Appointments and Executive Nominations at Kim.Bennardi@Maryland.gov or 410-767-4049 with questions.

From [April 22 MedChi News](#)

Natalie M. LaPrade Medical Cannabis Commission

Effective October 1, 2019, the Natalie M. LaPrade Medical Cannabis Commission will be updated in accordance with House Bill 2 which was signed into law in 2018. This legislation changes the makeup of the Commission and revises the requirements for membership. A copy is [available here](#).

The Governor's Appointments Office is accepting applications for the following Commission seats (effective 10/1/19):

- Two licensed non-certified providers who are physicians, dentists, podiatrist, nurse practitioners or nurse midwives.
- One nurse or other health care provider experience in hospice, nominated by a State hospice trade association.
- One pharmacist licensed in the State, nominated by a State research institution or trade association; and
- One scientist who has experience in the science of cannabis, nominated by a State research institution
- Four members with substantial experience:
 - As an executive with fiduciary responsibilities for a large organization or foundation;
 - In an academic field relating to health, agriculture, finance, or addiction treatment; or
 - As a professional in a profession relating to health, agriculture, finance, or addiction treatment.

[This document](#) includes important information on additional requirements for applicants, the Commission's duties, time commitment, and other relevant information. This information should be thoroughly reviewed by interested individuals prior to submission of an application. Interested applicants must submit an application [here](#) by **June 30**.

From MedChi's [Medical Cannabis webpage](#)

Redmer Reappointed as Insurance Commissioner

The Maryland Insurance Administration [announced](#) last month that Al Redmer, Jr. will continue to serve as Insurance Commissioner, overseeing the independent agency's 266 employees and a \$31 million annual budget through May 31, 2022. He served previously from 2003 to 2005 and again from 2015 to present. Commissioner Redmer also sits on the Board of the Maryland Health Benefit Exchange. During forty years in the insurance business, he managed Redmer Insurance Group, LLC, and owned Redmer Financial Group. During his 13 years in the General Assembly representing Baltimore County, Commissioner Redmer served two years as House Minority Leader. Nationally, he is a board member at the National Insurance Producer Registry and represents the state's interests as an active member of the National Association of Insurance Commissioners. He was recently re-elected to serve on the [URAC](#) board.

Membership Notice

Parviz Sahandy, M.D. has been suspended from membership in the American Psychiatric Association and the Maryland Psychiatric Society for violations of Sections 1.1 and 2.1 of the *Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry*.

APA News & Information

May 2019 APA Assembly Preview

The Assembly will meet May 17-19 at the Moscone Center in San Francisco. A record number of Action Papers have been submitted for this meeting (49). Following are links to the Action Papers organized by Reference Committee:

- Reference Committee #1** [Advancing Psychiatric Care](#)
Reference Committee #2 [Advancing Psychiatric Knowledge and Research](#)
Reference Committee #3 [Education and Lifelong Learning](#)
Reference Committee #4 [Diversity and Health Disparities](#)
Reference Committee #5 [Membership and Organization](#)

In addition, the Assembly will consider various position statements, which are available in the [Assembly Reports Packet](#). Please note that position statements are not official policy of the APA until they are adopted by the Board of Trustees. Some in this link are updates to existing statements and some are new. Revisions are possible prior to Board consideration.

MPS members who have questions or concerns about any of the above should contact their Assembly Representatives:

Anne Hanson, M.D. annette.hanson@maryland.gov
 Elias Shaya, M.D. Elias.Shaya@medstar.net
 Brian Zimnitzky, M.D. drz@mdpsychiatry.com

APA Telepsychiatry Resources

Evaluating Telehealth Opportunities

Opportunities to work in telepsychiatry are increasing, but the jobs and organizations vary significantly. How can you identify a good opportunity? Steven Chan, M.D., offers some suggestions in the APA Telepsychiatry Blog to help psychiatrists navigate in this area. [Read the full post.](#)

Child & Adolescent Telepsychiatry Toolkit

APA, in partnership with the American Academy of Child & Adolescent Psychiatry, developed a [toolkit](#) to address the issues unique to practicing telepsychiatry with children and adolescents. The toolkit features a series of 19 videos from leading child and adolescent psychiatrists on history, setting up practice, reimbursement and legal issues.

Also see the **CMS Booklet** on [Telehealth Services](#) (revised).

Free Members' Course of the Month

Each month, members have free access to an on-demand CME course on a popular topic. Click here to access the May course, [Identifying and Engaging Youth with Early Psychosis Utilizing Internet and Social Media Platforms.](#)

Medicare Updates

CMS Invites States to Test Integrated Care Models for Dually Eligible Individuals

CMS [announced](#) it will partner with states to test approaches that better serve those who are dually eligible for Medicare and Medicaid. Many of the 12 million dually eligible beneficiaries have complex healthcare issues, including multiple chronic conditions, and often have socioeconomic risk factors that can lead to poor outcomes. Approaches discussed in the State Medicaid Directors letter include:

- The Capitated Financial Alignment Model.** Through a joint contract with CMS, states and health plans, this creates a way to provide the full array of Medicare and Medicaid services for enrollees for a set capitated dollar amount.
- Managed Fee-for-Service Model.** This is a partnership between CMS and the participating state that allows states to share in Medicare savings from innovations where services are covered on a fee-for-service (FFS) basis.
- State-Specific Models.** CMS is open to partnering with states on testing new state-developed models to better serve dually eligible individuals and invites ideas, concept papers, and/or proposals.

The letter complements a [State Medicaid Director Letter CMS released in December 2018](#) that highlighted ten opportunities to improve care for dually eligible individuals, including using Medicare data to inform care coordination and program integrity initiatives, and reducing administrative burden for dually eligible individuals and the providers who serve them.

Review Your Open Payments Data

The [Open Payments](#) system is available for physicians and teaching hospitals to review and dispute data on payments or other transfers of value from pharmaceutical and medical device manufacturers that were reported to CMS for 2018. **This year's deadline to dispute is May 15.** Collection and reporting of these data are required under the Physician Payment Sunshine Act (PPSA), part of the Affordable Care Act. Click [here](#) for more information and resources.



Resources

A Practical Guide to Psychiatric Advance Directives

This 2019 SAMHSA [report](#) provides background and practical information for using psychiatric advance directives as a tool for self-directed care in psychiatric treatment, progress toward parity in mental health, and supporting crisis planning and the rights of persons who live with mental illness. Maryland has developed a [form](#) that is available on the National Resource Center on Psychiatric Advance Directives website.

SMIAdviser.org

SMI Adviser, a Clinical Support System for Serious Mental Illness (CSS-SMI), offers:

[Request a Consult](#)

Mental health professionals can submit questions and receive responses from experts in serious mental illness. This feature is available to ANY mental health clinician – psychiatrists, psychiatric nurses, social workers, psychologists, counselors, and peer specialists.

[Knowledge Base](#)

Browse an easy-to-use database of more than 100 clinical questions about serious mental illness. Find answers that enhance your practice and help you provide the best care.

After a School Tragedy...Readiness, Response, Recovery, & Resources

This [resource](#) is designed to help schools better support students and families in the aftermath of violence and trauma. It provides strategies to assist schools with readiness, response, and recovery to help a school community support resilience in the event of a tragedy. It offers places to turn for more resources and discusses terminology and concepts related to suicide and grief.

Engage with MPS as a Volunteer!

The MPS is offering new ways for members to participate in MPS endeavors. In order to meet members where they are in terms of interest and involvement, the [form](#) that was sent with the ballot includes several possibilities in addition to the usual committee service opportunities.

Your energy and ideas can help the MPS effectively focus on issues that are important to you! Here is how to let us know that you want to volunteer in the coming year:

- Return the signup form (see link above),
- Call the MPS office at (410) 625-0232, or
- Email mps@mdpsych.org.



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JOHN MCKENNA
CEO
302-893-4262
JOHN.MCKENNA@UHSINC.COM

SAURABH GUPTA, MD
MEDICAL DIRECTOR
302- 892-4271
SAURABH.GUPTA@UHSINC.COM

100 ROCKFORD DRIVE · NEWARK, DELAWARE 19713

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

University of Maryland School of Medicine: Part time Practice Opportunity Department of Psychiatry PA Faculty Practice - The University of Maryland School of Medicine Department of Psychiatry is seeking a qualified part-time psychiatrist to work in our Faculty Group Practice. The Practice provides psychiatric evaluations and medication management for individuals 18 years and older and serves predominantly Faculty, Staff and their families on our campus. Opportunities to conduct fitness for duty and presurgical evaluations are available. In addition, our practice is expanding its use of telepsychiatry to allow greater flexibility in scheduling and greater access for those we serve. Please send CV to Louis Cohen MD at Lcohen@som.umaryland.edu All applicants are **required to apply online** at the UMB Taleo website at: <https://umb.taleo.net/careersection/jobdetail.ftl?job=19000016&lang=en>

UMB is an equal opportunity/affirmative action employer. All qualified applicants will receive consideration for employment without regard to sex, gender identity, sexual orientation, race, color, religion, national origin, disability, protected Veteran status, age, or any other characteristic protected by law or policy.

Psychiatrist – Full or part-time psychiatrist wanted for a well-established, reputable, growing private practice in Anne Arundel County, MD. Position includes premium office space, attractive compensation, comprehensive administrative support, professional freedom, and collegial interaction with a multi-disciplinary staff in a desirable location. Opportunity to become involved in the TMS program (Transcranial Magnetic Stimulation) if desired. For more information please visit www.spectrum-behavioral.com or call Scott E. Smith, Ph.D. at 410-757-2077 X 7102 or email to director@spectrum-behavioral.com.

White Marsh Psychiatric Associates, LLC (WMPA) is seeking an Adult and/or Child Psychiatrist to join our practice. WMPA is an established multi-disciplinary outpatient practice conveniently located off I-95 in White Marsh. We offer a collegial work environment with an excellent support staff, internal billing, and potential for profit sharing, WMPA has contracts with most major insurance carriers that facilitates excellent referral sources and quick caseload development. We are seeking full or part-time providers to join seventeen other professionals in a setting that values quality patient care and the freedom that comes from outpatient clinical practice. Please send your resume and cover letter to drfrank@whitemarshpsych.com and/or call Travis Frank, PsyD., President @ 410-931-9280.

AVAILABLE OFFICE SPACE

BETHESDA: Offices for rent in psychotherapy suite. Furnished space available for flexible blocks of time. Lots of amenities: free WiFi, beverages, color copier. Very friendly and professional clinicians. Contact Keith Miller: 202-360-9996 or keith@keithmillercounseling.com.

Ellicott City: Furnished and unfurnished offices available in mental health suite. Part time/full time. Ample parking. Handicapped accessible. Private staff bathrooms. Kitchen area and workroom with copier and fax. Opportunities for networking and referrals. Located close to Route #40, #29, #70 and 1-695. Contact Dr. Michael Boyle (410)-465-2500.

Ellicott City/Waverly Woods/Columbia: Near Rt. 70, Rt. 32 and Rt. 29. Office and Group Room are in a beautiful suite ready for immediate occupancy. Includes large fully furnished office with 2 windows, large beautifully decorated waiting room, receptionist/file room, 2 bathrooms, kitchen and a warm community of other therapists who cross refer. WiFi and fax available. Free ample parking. Contact Jenniferplassnig@gmail.com or 410-203-2411.

Special Member Rate for 2019 MPS Directory Ad

MPS members can advertise their practice, change in office location, specialty, new book, etc. for a special members-only rate of \$100 for 1/3 page in the directory. The 2019-2020 directory will be out early in the fall, so be sure to order soon!

For details, contact Meagan Floyd at the MPS office 410-625-0232 or mfloyd@mdpsych.org.



Medical Director (Psychiatrist/Psychiatric Nurse Practitioner)

Jewish Community Services (JCS) is seeking a 20-hour/week Medical Director (Psychiatrist or Psychiatric Nurse Practitioner) to provide direct service and oversight of our State-licensed Outpatient Mental Health Center. The Medical Director provides consultation to agency medication providers and direction to mental health and substance abuse services.

The requirements for this position have recently changed, and practitioners may provide services off-site through telehealth.

Responsibilities include:

- Provision of medical oversight and administrative direction to subordinate medical staff.
- Provision of individualized medication management services based on clinical assessment.
- Completion of all relevant clinical documentation in accordance with Agency and professional standards using the Agency's electronic medical record system.

Benefits:

Health (@30 hrs/wk), Dental and Vision (20+ hrs/wk), Vacation and Sick Leave, Retirement matching

Requirements:

- Maryland licensure and Board Certification —
 - Psychiatrist – MD; Psychiatric Board Eligibility
 - Psychiatric Nurse Practitioner; RN; Psychiatric NP certification
- DEA certification
- Liability Insurance

Qualified Applicants should apply via: <http://bit.ly/PsychiatristJCS> (preferably). Or send to: Human Resources, Jewish Community Services, 5750 Park Heights Avenue Baltimore, MD 21215. Or fax resume to 443.200.6108. Cover letters can be sent to recruitment@jcsbaltimore.org EOE Employer. To learn more about Jewish Community Services, visit www.jcsbaltimore.org.

Addictions Psychiatrist at Mountain Manor Treatment Center Baltimore Immediate Opening – Full-Time

Maryland Treatment Centers has been providing comprehensive substance abuse and mental health treatment for over 30 years. With locations throughout central Maryland, MTC provides a full continuum of levels of care to clients who struggle with chemical dependency as well as co-occurring psychiatric disorders.

Our largest and most complex facility is Mountain Manor Treatment Center, a young adult / adult dual diagnosis/ substance abuse treatment facility in Baltimore City. We offer a full continuum of levels of care, including inpatient, partial hospitalization, intensive outpatient, outpatient, outpatient mental health clinic. We also house a special education secondary school. We are licensed by the Maryland Department of Health and Mental Hygiene and accredited by the Joint Commission.

The position features an opportunity to provide high quality mental health treatment featuring a collaborative, multi-disciplinary team approach, with mentorship and training by senior addiction psychiatrists. There are opportunities for research involvement if interested.

Required: Current Maryland license and DEA + waiver and Maryland CDS certification

Preferred: Experience in an inpatient setting and experience with substance abuse and dual diagnosis treatment

Competitive salary, malpractice insurance coverage. Full-time Benefits: 4 weeks PTO, 8 holidays, access to employee group health/dental/life, 401(k), supplemental insurance program. Contact: Craig Cutter, Corporate Director, Human Resources. Email: ccutter@marylandtreatment.org or call 240-409-7002.

www.mountainmanor.org



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- > Manageable workloads
- > Generous amount of paid time off + company paid holidays
- > ...and so much more!

For more information, please contact:

Jane Dierberger at 844.477.6420 or Jane@teamcenturion.com



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Rewarding Opportunities for Psychiatrists Across Maryland

Sheppard Pratt Health System is seeking psychiatrists to work in multiple Sheppard Pratt programs across Maryland.

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TRAUMA DISORDERS PSYCHIATRIST

Sheppard Pratt-Towson Campus
Baltimore County

SCHOOL PSYCHIATRIST - AUTISM FOCUS

Position serves multiple locations

CHILD & ADOLESCENT PSYCHIATRIST

Sheppard Pratt-Towson Campus
Baltimore County

ADULT PSYCHIATRIST

Sheppard Pratt-Towson Campus
Baltimore County

REQUIREMENTS

- Must be board-certified or board-eligible
- Must have a current license to practice in Maryland at the time of hire
- Individuals hired for inpatient, PHP, and residential school services participate in a call schedule

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For more information, please contact Kathleen Hilzendeger,
Director of Professional Services, at 410.938.3460 or khilzendeger@sheppardpratt.org.



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