

MPS NEWS

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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 MPS Council will meet next by videoconference on April 14 at 8 PM . All members welcome!

President's Column

COVID-19: the 5 R's

This is my last column as president of the Maryland Psychiatric Society . . . a month ago, along with most of you, I knew there was risk of disruption from COVID-19 but had little clue of the rate at which the virus – and our response to it - would increase and come to dominate our daily lives. I had intended to focus this column the challenges and opportunities ahead for Maryland psychiatry (see my last two columns interviewing four of Maryland's most senior leaders in our field). That agenda remains important, but it is now part of a new reality which is testing us on the individual and community level in every way. While my following remarks may not apply to all of you personally or professionally (many of you are already far ahead, leading local and state-wide efforts to address anxiety, preserve access, and support each other), they represent a distillation of what I have seen "rise to the top" in the discourse about COVID-19 thus far. I have affectionately dubbed them "the 5 R's".

Routine

For most of us the crisis has thrown our routines (work, school, leisure, chores, etc.) into disarray. The process of readjustment, with shifting expectations, suddenly limited options and the constant rebalancing needed between, work, home and extended family, has been daunting. New routines require negotiations of time, space and activity (shared and independent) with those you interact with and depend on. How to cope? Now, more than ever, the basics of rest, diet, personal and spiritual fulfillment and social interaction (albeit remotely) are the glue that will keep us energized, optimistic, and able partners in our col-

lective way forward. And of course, keep it all flexible as changing circumstances dictate.

Resources

While the pandemic is forcing us to find new sources of information, cleaning supplies and inspiration, we are also navigating our way through vast new arrays of misinformation, distraction and inefficiency. Our current systems for essential product distribution, food delivery, health care guidance, and basic communication are being challenged by new systems (think of the sudden shift to telehealth delivery of health services) many of which will create new opportunities going forward. How to keep track? For each integral area of your (new) life, compiling a list of your key trusted sources can be helpful and empowering. This is also a time when redundancy is not a bad thing as you never know when a back-up may be needed (I'm keeping my land-line for now). [Elsewhere in this newsletter is a list of links to various information resources that you may find useful.]

Relaxation

The anxiety induced by the multi-layered threats posed by the COVID-19 crisis, whether we acknowledge it or not, is palpable and overwhelming. Media reports amplify this at times to questionable levels (adding to the anxiety) but the root cause for fear is valid: medical risk to self and those we love is present and we still lack the basic information needed to make the kinds of decisions we are used to. How to make time? The ability to decompress in a healthy way is essential for your well-being, adds to your resilience, and benefits those you interact with. This is best done every day (maybe even several times) rather than waiting for the right moment to arrive. At risk of belaboring the obvious, remember the rejuvenat-

(Continued)

ing properties of sunlight and fresh air (even if you don't live on or near a beach).

Responsibility

We as physicians are expected to guide our patients and our communities as a matter of course. This obligation becomes even greater in times of peril (think of the credibility of individual members of the Coronavirus Task Force). We are all afraid but by our example, and our authority, we can inspire others while continuing to do the job of health care that needs to be done. How do we inspire? Thinking of the role models we have "acquired" over our personal and professional lives is especially valuable – especially if there is a pithy quote to remember and share with others (example: "Courage is not the absence of fear, but rather the assessment that something else is more important than fear." - Franklin Roosevelt). Another source of inspiration is the idea of "integrity" – to paraphrase an expert on this topic, we use this term to refer to a person's character (as in are they trustworthy?) but it is also the primary predictor of what values we appeal to when forced to make difficult, and perhaps unpopular, choices.

Resilience

A great gift we can give each other is support, confidence, respect and space to reach for a goal without a guarantee of success. In better times this might seem overly optimistic, but it has real truth when things seem dire – daunting odds are overcome and people become inspired to sacrifice in ways to serve the common good. How best to accomplish this? Here again, role models are important – consider the hardship that others (not just the famous but especially those much less fortunate than us) have overcome and are facing now. It is a good time to practice mindfulness, CBT and visualization and focus on our better selves ("be the change you want to see"). With the help of virtual support and less travel time we have an unprecedented opportunity to work together to raise the tide and lift all our boats.

So, in closing, Godspeed to you all, and may the year ahead bring new opportunities to help and heal ourselves, our families, our patients, our communities and the world.

Marsden H. McGuire, M.D., M.B.A.

IMPORTANT MPS UPDATE

MPS staff are working from home, maintaining normal office hours and covering the office phones remotely. Since there will be a delay in responding to voice messages and snail mail, we encourage members to email Heidi or Meagan directly or send a general message to mps@mdpsych.org so we can assist you.

We are continually updating our website with resources for the COVID-19 emergency. www.mdpsych.org

Date Changes for MPS Events

- **Annual Dinner Meeting** – New date is **October 8**, everything else is unchanged. MPS officers will begin their new positions this month even though the official installation is postponed.
- **Impact of Gun Violence CME** – New date **TBD**

Congratulations to MPS Paper of the Year Winners!

The annual MPS Academic Psychiatry Committee "[best paper](#)" award recognizes outstanding papers authored by young psychiatrists that are published or in press in the immediately preceding year. The selection subcommittee reviewed several submissions of excellent papers. Congratulations to this year's winners who will receive cash prizes and be recognized at the October 8th annual meeting:

Resident/Fellow:

Jooyoung Lee, M.D.

[Search trends preceding increases in suicide: A cross-correlation study of monthly Google search volume and suicide rate using transfer function models](#)

Early Career Psychiatrist (ECP) – two winners this year:

Paul Nestadt, M.D.

[Prevalence of long gun use in Maryland firearm suicides](#)

T. Avi Gerstenblith, M.D.

[Trichotillomania comorbidity in a sample enriched for familial obsessive-compulsive disorder](#)

MPS Poster Competition Winners

This year the MPS Academic Psychiatry Committee's poster competition for Resident-Fellow Members had several outstanding entries. The committee worked with a score sheet to identify the top three posters, which will be on display at the October 8th annual dinner meeting. All three winners will receive a cash prize. Congratulations to the following members who are this year's winners:

First Place: Mark Kvarta, M.D., Ph.D.

Accounting for Effects of Lifetime, Current, and Community Stressors on Depressive Symptoms in Genetics Studies of Depression

Finalist: Raina Aggarwal, M.D.

Interdisciplinary Disagreements Resulting in Suboptimal Treatment of New Onset, Florid Psychosis

Finalist: Rachel Dillinger, M.D.

Addressing the stigma surrounding serious mental illness in youth: A brief intervention

March 10 Council Highlights

Support for MPS Strategic Priorities

Dr. McGuire reviewed steps regarding MPS priorities since the last meeting:

•**Financial Enhancement: 1-Vendor Opportunities** The mailing resulted in new ads for March *MPS News*, and new exhibitors for the Annual Dinner and April CME event. **2-Advocacy Fund Solicitation** The postcards to 777 non-members were a losing proposition, but did help with general awareness.

•**Membership Growth: Recruitment** Membership applications are in process. Several are awaiting dues payments, and some have been approved. Dr. McGuire urged members to continue their recruitment efforts. Council suggested including non-members in Advocacy Day as a recruiting tool.

•**Membership Engagement: Leadership Development** Dr. Ehrenreich has spoken with about half of the Committee Chairs regarding 2020-21 appointments. Council suggested connecting with Graduating Residents via a MPS presentation on ECP member benefits in May at both Hopkins and Maryland. Fellows could be included. Possibly give an incentive to renew.

Executive Committee Report

•Dr. McGuire reported that he received no response from APA Counsel Colleen Coyle to his email request that APA and WPS respond to our MOU revisions so a final product is in place prior to the Spring 2020 APA Assembly. Dr. Zimnitzky agreed to reach out to Ms. Coyle to clarify.

•Several non-member and WPS-member psychiatrists are focused on HB1461, the NP Medical Director bill. The MPS has had difficulty establishing a unified presence for psychiatry.

•Robert Herman, M.D. has agreed to chair the Maryland Psychiatric Political Action Committee.

•Dr. Daviss stepped down as head of the Health Policy Advisory Group due to his new position, and the MPS is still looking for a replacement.

•The MPS nominated Mark Kvara, M.D., Ph.D., PGY-3 resident at University of Maryland-Sheppard Pratt, and Karen Dionesotes, M.D., PGY-1 resident at Johns Hopkins, for the APA Area 3 RFM Merit Award.

Secretary-Treasurer's Report

•Dr. Ashley noted that the annual statements were reviewed, not audited, by Norman Feldman, CPA, PA.

•Total assets are up \$49K from last year, due mainly to more cash from MPS billing its own dues.

•Total Support and Revenue is up \$12K over 2018 largely due to more interest and investment gains. Dues, advertising and meetings are 60%, 17% and 13% of MPS income respectively.

•Total expenses are up \$24K; the change in net assets is

down \$12K from 2018.

•Operations resulted in a \$39K increase in cash, mainly from more prepaid dues.

•Total income is \$12K higher than budget, total expenses are \$2K under budget and the \$1K surplus is \$14K better than budget.

2019 ended in the black only because of a large gain in MPS reserve funds. Compared to 2018, the statement of financial position is significantly impacted by MPS billing its own 2020 membership dues. More cash had come in by the end of 2019 since members paid the MPS directly.

Dr. Ashley presented the Form 990 for Council consideration and approval. After asking for questions or comments and receiving none, the financial report as well as the Form 990 were approved unanimously.

Executive Director's Report

•In Ms. Bunes's absence, Ms. Floyd said the MPS used the APA Engage system to send an email alert on a NP involuntary admissions bill to 702 members and 330 non-members, which motivated 135 psychiatrists to send messages to legislators.

•The Election Buddy system was used to send 2020 voting information to members (paper versions were sent to members without email). Feedback so far has been positive.

•With voting online this year, MPS also distributed 2020-2021 Member Opportunities electronically via a Google form. Members can review a list and indicate which volunteer options are of interest without having to return a paper form.

Legislative Committee Report

In Dr. Hanson's absence, Dr. Palmer reported that the MPS reviewed 3% of all legislation introduced. MPS provided oral testimony on two nurse practitioner scope of practice bills, the involuntary commitment bill and the outpatient mental health center bill, and also for the assisted suicide bill. (WPS/SMPS did not testify this year.) See [page 7](#) for more details.

Membership Committee Report

Dr. Waddington presented the 2020 dues drop list to Council and encouraged members to reach out to their colleagues on the list and urge them to remain members. The deadline to pay MPS and APA dues is March 31st. Council felt there is still some confusion regarding the APA/MPS separate billing.

New Business

•Sign on letter regarding funding for public health research into firearm morbidity and mortality—The American Academy of Pediatrics is organizing this letter in support of \$50 million in funding shared between the CDC and NIH. Last

year Congress provided funding for this purpose for the first time in decades. APA has signed on and extended the opportunity to potentially interested DBs. Council voted unanimously to sign on to the letter. [Please click to read the final letters addressed to the [House](#) and the [Senate](#).]

COVID-19 Planning: Upcoming Meetings/Office Closure

- After much discussion Council voted to postpone the MPS Annual Dinner due to the pandemic. The Executive Committee will explore options and bring information back to the April meeting.
- April 15th CME Activity: MedChi has suspended all in person meetings until May 13th so this joint activity will be postponed, most likely until summer or fall.
- Council discussed the possibility of moving all MPS meetings to teleconference for the foreseeable future.
- Council noted that it is acceptable for staff to work from home and cover office tasks as needed.

MPS Member Publication: Dr. Ryznar

Elizabeth Ryznar, MD published a new book entitled *Landmark Papers in Psychiatry*. The [book](#) describes the evolution of psychiatric knowledge by summarizing over 100 landmark papers in the field and placing their scientific contributions within a historical context. Major areas covered included diagnosis and conceptualization of mental disorders, epidemiology, pathogenesis, pharmacotherapy, psychosocial treatments, brain stimulation, and ethics. This is a great resource for anyone who wants to understand the challenges, inspirations, and insights from the past in order to understand and address new and ongoing challenges in the field.

MPS RFMs Win Area 3 Merit Awards

Congratulations to two MPS Resident-Fellow Members who have just been selected for Area 3 awards:

Karen Dionesotes, M.D.

Johns Hopkins Residency Program

Mark Kvarta, M.D., Ph.D.

UMD/Sheppard Pratt Psychiatry Residency

The awards are given annually for Scientific contributions to national or international congresses/conferences, Clinical leadership accomplishments, Clinical leadership in psychiatric practice at the MPS level and within Area 3 and/or Community Services Projects. Winners each receive a \$500 prize in addition to recognition.

2020-2021 MPS Member Opportunities

Engage, Network, and Make a Difference in How Psychiatry is Practiced in Maryland

The annual MPS leadership cycle begins again this month! **Mark Ehrenreich, M.D.** will begin as MPS President on April 23 and one of his first responsibilities is appointing MPS committees for the coming year. While we are all adjusting to the coronavirus realities, forging closer ties with colleagues via MPS participation can help expand your support network.

The MPS offers multiple ways for members to be involved, including volunteering for [committees](#), joining an email "[interest group](#)" and other ways that we haven't imagined yet. This is your organization representing your profession. Here is your chance to help shape it!

Your energy and ideas can help the MPS effectively focus on issues that are important to you! Participation from members is essential to accomplishing MPS goals. To review the participation opportunities available to members and sign up for those of interest, [click here](#).

Time is Running Out!
Renew Your 2020
Membership THIS MONTH!

If you haven't already, please pay your 2020 MPS dues now. Dues notices have been sent periodically since October. We want to help members remain in good standing! Please [contact the MPS](#) with questions, or to discuss dues relief options or payment arrangements.

Membership

The following individuals have applied for membership with the MPS. 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.

Jolie Carter-Diaz, M.D.
T. Avi Gerstenblith, M.D.

Transfer In

Mansoor Malik, M.D.

Reinstatement

Enrique Oviedo, M.D.
Charles Robinson, MD

Latest Resources for Maryland Psychiatrists During COVID-19 Emergency

Telehealth

- Use of telehealth has been expanded during the state of emergency to cover previously unacceptable platforms. Requirements for **audio-only** telehealth calls with medical assistance or behavioral health service recipients are found in [Executive Order 20-03-20-01](#).
- [BHA FAQs \(March 26, 2020\): COVID-19 and Telehealth](#)
- [Maryland Board of Physicians updated telehealth FAQs](#)
- [BHA Follow-up Guidance on Telehealth Services \(March 24, 2020\)](#)
- Optum Maryland [requirements for audio-only telehealth Behavioral Health services](#). For other Optum provider alerts, [click here](#).
- [CareFirst Telemedicine Guidelines](#)
- [FSMB: Latest State Licensing Board Changes in Response to COVID-19](#)
- [PRMS Telepsychiatry Checklist](#) – includes coronavirus updates (click for [more PRMS resources](#))
- Sample telehealth consent forms: [ATA](#), [Massachusetts](#), [Upper Midwest](#), [Colorado](#).
- [HHS – No penalties for infractions of HIPAA telehealth rules during the pandemic](#)
- Telehealth platforms – Although non-HIPAA compliant platforms are currently allowed, members may want to consider HIPAA compliant platforms that can be used beyond the pandemic. Although the MPS makes no endorsement, some members use the free, compliant [doxy.me](#) platform.
- [DEA COVID-19 Information Page](#) – authorizes CDS prescribing during the emergency via 2-way AV telemedicine for patients not previously examined in person
- [Remote MoCA testing](#)
- Free [Telepsychiatry in the Era of COVID-19](#) webinar
- Free to members [Telepsychiatry and Risk Management Considerations](#)
- For more telehealth information, see APA's [Resources on Telepsychiatry and COVID-19 page](#).

Maryland

- [Governor Hogan's other Executive Orders](#)
- [MedChi Coronavirus Resource Center](#) – includes COVID-19 testing sites in Maryland, telehealth coding/billing guide, and more
- [County Mental Health Crisis Services during COVID-19](#)
- [Maryland Responds Medical Reserve Corps](#) online volunteer registration

General

- [Prescribers may order clozapine without an absolute neutrophil count reported within the specified timeframes](#)
- [SAMHSA guidance, including OTPs and Take Home OUD med quantities](#)
- The [Coronavirus Preparedness and Response Supplemental Appropriations Act](#) waives geographic and originating site **Medicare** telehealth reimbursement restrictions for mental health services. [CMS guidance](#) allows patients to be seen via live videoconferencing **in their homes**, regardless of geographic location. [Click here](#) for telehealth codes.
- [Accelerated and Advance Medicare payments](#)
- [Medicare Provider Enrollment Relief](#)
- [National Center for PTSD](#) – managing anxiety for providers and health care workers
- [MGH Psychiatry COVID-19 Mental Health Resources](#) (continually updated)
- [Center for the Study of Traumatic Stress Coronavirus Resources](#)
- [CMS Coronavirus Toolkit](#)
- [AMA Senior Physician COVID-19 Resource Guide](#) - returning to practice
- [AMA Code of Medical Ethics: Guidance in a pandemic](#)
- Resources for psychiatrists, patients & families, and health care/community leaders [APA Coronavirus Information Hub](#).

Maryland Department of Health

- [MDH – update on confirmed cases in Maryland](#)
- [MDH Advisory waiving health insurers' time restrictions on prescription refills](#)
- [MDH COVID-19 #1 – expansion of Medicaid to permit telehealth to the home](#)
- [MHCC – Broadening Access to Telehealth during a Public Health Emergency](#) includes info on private insurance
- [BHA COVID 19 web page](#)
- To ask questions about BHA procedures during the emergency, use their [COVID-19 FAQ Submission Form](#).

Maryland Insurance Administration

- [Deductibles, co-pays and other cost-sharing waived to control spread of COVID-19](#)
- [Maryland Health Connection special enrollment period](#) for uninsured Marylanders **ends April 15**. The Medicaid renewal deadline has been extended to April 30.
- [COVID-19 Health Insurance FAQs](#)

Latest Resources for Maryland Psychiatrists During COVID-19 Emergency

Other COVID-19 Updates & Information

- The MPS Annual Dinner Meeting has been postponed to October 8. Those who purchased tickets for April 2 will automatically be registered for this event unless they [notify MPS](#) to apply a credit instead.
- In lieu of its 2020 Annual Meeting in April, APA is working with speakers to develop [APA On Demand 2020](#). For more information on Annual Meeting refunds, MOC and more, visit the [FAQ page](#).
- The Maryland Insurance Administration [is encouraging](#) health insurers and HMOs to extend premium payment dates and grace periods during the pandemic.
- [CDC advice on stress and coping](#)
- [CDC communicating during a public health crisis](#)
- [Coronavirus.gov](#)
- [MY PANDEMIC STORY](#) – A Guided Activity Workbook for the World's Children, Families, Teachers and Caregivers

CARES Act for Physicians

While the newly enacted "Coronavirus Aid, Relief, and Economic Security Act" (CARES Act) has many benefits for the general public, in [his article](#) MedChi CEO Gene Ransom highlights provisions that will benefit physicians and physician practices. He also credits the "amazing work of organized medicine led by the American Medical Association to make this act much more physician friendly than it was when it began." Various provisions of interest to physicians include:

- Small business loans
- Financial support for hospitals, physicians, and others
- Emergency loans
- United States Public Health Service Modernization
- Limitation on liability for volunteer health care professionals during COVID-19 emergency

Please [click here](#) for details about the provisions.

From [March 30 MedChi News](#)

For a general update on the CARES Act passed by Congress on March 27, including amounts for several types of Maryland-specific grant funding that are included in the Act, please visit the [Harris Jones & Malone website](#).

We are continually updating the [MPS website](#) with new COVID-19 information.

PRMS Coverage for COVID-19 Volunteers

Recognizing the increased need for mental health counseling and services due to the COVID-19 crisis, PRMS professional liability insurance covers rendering of psychiatric services as a volunteer in the state where you are licensed. Volunteer hours will not count against total practice hours. For more information, contact clientservices@prms.com or 800-245-3333 and ask to speak with an account advisor.

Federal Coronavirus Relief Funds

- [AMA - What the \\$2 trillion coronavirus relief plan means for doctors](#)
- [APA – Mental Health Provisions in COVID-19 Stimulus](#)

APA Resources for COVID-19

Free Webinar Recordings

- [Telepsychiatry in the Era of COVID-19](#) covers which tele-mental health platform to use, licensure, issues around consent, online prescribing, billing and payments, and special situations.
- [Managing the Mental Health Effects of COVID-19](#) outlines how psychiatrists can support patients, communicate with family members and children, and be a resource to other providers during the COVID-19 outbreak.

[Working Remotely During COVID-19](#) The Center for Workplace Mental Health has a new employer resource on maintaining mental health and well-being while working remotely, what to do if you have a mental health condition, and tips for managers and HR professionals on staying connected and supporting employees during this challenging time.

[Practice Management HelpLine](#) APA members have access to APA's Practice Management HelpLine to assist with practice management needs. Help is available on how to manage day-to-day practice operations during the pandemic, including telehealth, coding, documentation, reimbursement, contracting with managed care companies, Medicare, Medicaid, and more.

[Free Clinician-to-Clinician Consult](#) Any mental health professional can submit questions about COVID-19 and bipolar disorder, major depression, and schizophrenia. Within a day, receive evidence-based guidance from SMI Adviser's team of national experts. Ask about medications, resources for families, telehealth options, etc. This is a completely CONFIDENTIAL and FREE service for all mental health professionals.

Maryland News

2020 General Assembly Review

During the 2020 Session over 2800 bills were introduced by Maryland legislators, of which the MPS reviewed about 100. The MPS supported 19 bills, opposed 12 bills, offered amendments on 7 bills and followed 11 others. MPS provided oral testimony three bills; on two scope of practice bills and the physician assisted suicide bill.

For the first time since the Civil War, the Maryland General Assembly adjourned early on March 18th, nearly three weeks before its official end date, due to the coronavirus. Maryland's 188 lawmakers passed about 500 bills in a matter of days. The next opportunity to finish work will be a special session tentatively slated for the last week in May. The Senate president said it would be officially called to respond to the coronavirus.

The ensuing synopsis highlights some of the proposed legislation MPS worked this session. For a complete, detailed version of this report, including bill descriptions [please click here](#).

Also, worth noting was [HB 1208](#), which passed and was amended to capture mental health in response to COVID-19.

Bills MPS Opposed

[SB 541/HB 317](#): Mental Health - Involuntary Admissions – Procedures: This was one of MPS's biggest fights this session. Both bills died in committee.

[SB 502](#): Telehealth - Delivery of Mental Health Services: Bill was heavily amended because of COVID-19 and passed.

[SB 296](#): Child Abuse or Neglect – Statute of Limitation: Bill passed the Senate but was not heard in the House, bill failed.

[SB 611/HB 782](#): Consent - Mental Health Access Initiative: Bill passed the Senate with Amendments, but neither bill moved in the House, ultimately the bill failed.

[HB 639](#): Public Health - Health Care Professionals - Cultural Competency Coursework or Training: Bill was withdrawn by sponsor.

[SB 519](#): Public Health - Behavioral Health Programs and Health Care Facilities - Safety Plan: Bill did not receive a vote from its assigned Committee, thus the bill failed.

[SB 520](#): Opioid Treatment Services - Limitation on Licenses: Bill passed the Senate with Amendments, but did not move in the House, ultimately the bill failed.

[SB 521](#): Behavioral Health - Opioid Treatment Services Programs - Medical Director: Bill did not receive a vote from its assigned Committee, and thus failed.

[HB 1516](#): Washington County - Opioid-Associated Disease

Prevention and Outreach Program - Prohibition on Establishment: Bill did not receive a vote from its assigned Committee and failed.

[SB 701/HB 643](#): End-of-Life Options Act: The Senate had a hearing on the bill, but it was not voted out of the Judicial Proceedings Committee. The House was waiting on the Senate to move the bill and did not vote, thus this bill failed.

[HB 26](#): Students - Lawful Absences - Mental Illness: Bill withdrawn by sponsor.

MPS Support

[SB 453/HB 374](#): Maryland Department of Health – Children With Mental Disorders – List of Available Services: Bill passed the Senate with Amendments, but did not move in the House, so the bill failed.

[SB 1015/HB 1504](#): Task Force to Study Access to Mental Health Care in Higher Education: Neither the Senate nor the House voted on this bill in Committee, bill failed.

[SB 565/HB 736](#): Police Officers - Mental Health - Employee Assistance Programs: The House bill passed the House with amendments but did not get a vote in the Senate along with its cross-file, bill failed.

[SB 545/HB 656](#): Pharmacists – Administration of Self-Administered Medications and Maintenance Injectable Medications: The House bill passed the House with amendments, but did not get a vote in the Senate along with its cross-file - bill failed

[SB 305/HB 607](#): Public Safety - Crisis Intervention Team Center of Excellence: **Bill passed**

[SB 454/HB 1470](#): First Responders - Mandatory Mental Health Training: Neither bill received a vote in their committee of origin - bill failed.

[HB 1461](#): Behavioral Health Programs – Outpatient Mental Health Centers – Medical and Clinical Directors: This was a priority bill for MPS that was very contentious. A middle ground could not be found and so the bill did not receive a vote from the committee of origin - bill failed.

[SB 441/HB 332](#): Mental Health – Confidentiality of Medical Records and Emergency Facilities List (**both bills passed with amendments**)

[HB 262](#): Criminal Procedure - Examination of Defendant by Maryland Department of Health - Access to Judicial Records: **Bill passed**

Maryland News

[HB 1121](#): Maryland Mental Health and Substance Use Disorder Registry and Referral System: **Bill passed**

[SB 904/HB 1515](#): Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members and Veterans – Establishment: Neither bill received a vote in their committee of origin - bill failed.

[SB 475/HB 447](#): Health Insurance - Pediatric Autoimmune Neuropsychiatric Disorders – Coverage: **Bill passed in an amended form.**

[SB 637](#): Children – Therapeutic Child Care Program – Funding: Bill passed the Senate but did not receive a hearing in the House - bill failed.

[SB 334/HB 455](#): Health Insurance – Mental Health Benefits and Substance Use Disorder Benefits – Reports on Nonquantitative Treatment Limitations and Data: **Bill passed but was heavily amended.**

[SB 324](#): Veterans - Behavioral Health Services - Mental Health First Aid: Bill passed the Senate but did not get a hearing or a vote in the House, bill failed.

MPS Support with Amendments

[SB 166/HB 512](#): Drugs and Devices - Electronic Prescriptions - Controlled Dangerous Substances: Bill passed with Amendments, however MPS's amendment did not get on the final version of the bill. The committee and the MDH vowed to get our issue resolved through regulations. If that does not happen, the subcommittee in the House will introduce a bill on MPS's behalf next year to get the DoD carve out.

[HB 1476](#): Independent Oversight and Review Board for Health Care of Inmates in State Correctional Facilities – Establishment: Bill did not receive a committee vote and died in the House.

[SB 789](#): Public Health - Maryland Suicide Fatality Review Committee: Bill did not receive a committee vote and died in the Senate.

[HB 666](#): Workgroup on Screening Related to Adverse Childhood Experiences: Bill did not receive a committee vote and died in the House.

[SB 106](#): Health Care Facilities - Certificate of Need - Exception for State-Owned Facilities: This departmental bill did not receive a committee vote and died in the Senate.

Maryland Request for Section 1135 Waiver

On March 26, CMS [notified](#) the Maryland Department of Health that it had granted portions of its request to waive or modify certain federal Medicaid, the Children's Health Insurance Program (CHIP) and Medicare requirements that pose issues or challenges during the **coronavirus emergency**. These involve prior authorization, screening, hearings, provider enrollment, provision of services in alternative settings and state plan amendments. Please see the link above for details.

2020 Research Award for Residents and Fellows

The Southern Psychiatric Association (SPA) offers an annual award for an original manuscript concerning basic or clinical research, or a scholarly review of literature, on a topic pertinent to psychiatry. Only Psychiatric Residents and Fellows enrolled in approved U.S. graduate education programs who have not completed their residency or fellowship by June 30, 2020 are eligible.

WINNER RECEIVES:

- \$500 Honorarium
- Invitation to Present Winning Paper at 2020 Annual Meeting (**September 9-12 in Baltimore**)
- Travel expenses up to \$1000
- Recognition for Award Winner's Training Program
- Assistance in Submitting Paper for Publication in an appropriate medical journal, if needed

WHAT TO SUBMIT: An original and Six (6) copies of the completed manuscript (15 pages maximum). The manuscript must be typewritten, double-spaced, and include enough information that indicates that a 30- to 40-minute presentation could be derived from the manuscript. Include your contact information including residency program, email, phone, and mailing address.

The abstract should be no longer than two pages, and **MUST** include: Introduction, Purpose, Methods, Results, Discussion/Conclusions and at least 3 references. All submissions must be original, not previously published.

DEADLINE: May 15, 2020

SEND SUBMISSIONS TO:

Southern Psychiatric Association
Attention: Janet Bryan
6501 North Charles Street
Baltimore, Maryland 21204
Email: jbryan@sheppardpratt.org

More final 2020 session reports of note

- [MedChi Legislative Newsletter 'Sine Die Edition' \(March 19, 2020\)](#)
- [Mental Health Association of Maryland End of Session Summary and Bill list](#)
- [Harris Jones & Malone 2020 Legislative Wrap-Up](#)

Medicare Updates

CMS Loosens Telehealth Restrictions

On March 17, CMS [announced](#) that Medicare patients seeking mental health services can be seen using live videoconferencing in their homes. The new policy is intended to protect patient health and slow the transmission of COVID-19. Medicare coverage now includes three types of virtual services: Medicare telehealth visits, virtual check-ins, and e-visits. The temporary rules apply to all Medicare providers.

Building on its prior action, on March 30 CMS [announced](#) it now allows more than 80 additional services to be furnished via telehealth. During the public health emergencies, individuals can use interactive apps with audio and video capabilities to visit with their clinician for an even broader range of services. **Providers also can evaluate beneficiaries who have audio phones only.**

Providers can bill for telehealth visits at the same rate as in-person visits. Telehealth visits include emergency department visits, initial nursing facility and discharge visits, home visits, and therapy services, which must be provided by a clinician that is allowed to provide telehealth. **New as well as established patients now may have a telehealth visit with their provider.**

CMS is allowing telehealth to fulfill many face-to-face visit requirements for clinicians to see their patients in inpatient rehabilitation facilities, hospice and home health. Clinicians can provide remote patient monitoring services to patients with acute and chronic conditions, and can be provided for patients with only one disease. In addition, **CMS is allowing physicians to supervise their clinical staff using virtual technologies when appropriate, instead of requiring in-person presence.**

When conducting telemedicine, health care professionals should use the same CPT codes as they use for in-person services, but with the Place of Service (POS) code 02 to indicate the care was provided via telemedicine. Please consult [APA's Telepsychiatry Toolkit](#), which contains more than 60 pages of guidance. More info is on the [APA website](#). Members should email questions about telehealth to practicemanagement@psych.org.

Member Spotlight Opportunity

Have you recently worked on an exciting research project? Reached a milestone in your career and want to share it with other MPS members? Have some good advice for younger psychiatrists who are just starting their careers? Submit a short article and photo through this [Google Form](#) to showcase your experiences with the MPS community.

Expedited Medicare Payments Available

On March 28, CMS [announced](#) accelerated and advance Medicare payments based on historical payments to all Medicare Part A and Part B providers throughout the country. These expedited payments provide financial relief to health care providers and suppliers impacted by the COVID-19 emergency. To qualify for accelerated or advance payments, the provider or supplier must:

- Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/supplier's request form,
- Not be in bankruptcy,
- Not be under active medical review or program integrity investigation, and
- Not have any outstanding delinquent Medicare overpayments.

Requests are processed immediately with anticipation of payment within seven days. [Click here](#) for a fact sheet on the expedited payment process and how to submit a request.

Billing for Telehealth During PHE

When billing for non-traditional telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), use the Place of Service (POS) that would have applied in the absence of a PHE, along with modifier 95, indicating that the service rendered was actually performed via telehealth. CMS does not require the "CR" modifier on telehealth services.

Traditional Medicare telehealth claims should include designated POS code 02-Telehealth, to indicate the service was furnished from a distant site. There is no change to the facility/non-facility payment differential based on POS. Claims with POS code 02 will pay at the facility rate.

CMS Relief from Quality Reporting

As of March 22, CMS is granting exceptions from reporting requirements and extensions for clinicians participating in Medicare quality reporting programs, including 2019 MIPS data. For deadlines in April and May 2020, submission of data will be optional. MIPS eligible clinicians who have not submitted any MIPS data by April 30 will qualify for the automatic extreme and uncontrollable circumstances policy and will receive a neutral payment adjustment for the 2021 MIPS payment year. [Click here](#) for a copy of the press release. For a complete and updated list of CMS actions, and other information specific to CMS, please visit the [Current Emergencies Webpage](#).

HHS Finalizes Rules to Give Patients More Control of Their Health Data

Last month, the Department of Health and Human Services (HHS) [announced](#) two transformative final rules that will give patients safe, secure access to their health data to help them make informed healthcare decisions and better manage their care. The rules, implementing interoperability and patient access provisions of the bipartisan 21st Century Cures Act (Cures Act) and supporting Trump's MyHealthEData initiative, require public and private entities to share health information between patients and other parties while keeping that information private and secure.

The [ONC Final Rule](#) identifies necessary activities that are not information blocking while establishing new rules to prevent "information blocking" practices (e.g., anti-competitive behaviors) by healthcare providers, certified health IT developers, health information exchanges, and health information networks. Providers using certified health IT can communicate about health IT usability, user experience, interoperability, and security including (with limitations) screenshots and video. Electronic health records must provide the clinical data necessary, including core data classes and elements, to promote new business models of care. This rule advances common data through the U.S. Core Data for Interoperability (USCDI), a standardized set of health data classes and elements for nationwide, interoperable health information exchange. The USCDI includes "clinical notes," allergies, and medications among other clinical data, to help improve information flow and understanding. It also includes demographic data to support patient matching across care settings. The rule establishes secure, standards-based application programming interface (API) requirements to enable patients to access and control their electronic health information. Patients will be able to securely and easily obtain and use their electronic health information from their provider's medical record for free, using the smartphone app of their choice.

The [CMS Final Rule](#) requires health plans in Medicare Advantage, Medicaid, CHIP and through the federal Exchanges to share claims data electronically with patients. The first step toward interoperability was launching Medicare Blue Button 2.0 in 2018, which enables beneficiaries to securely connect their Medicare Part A, Part B and Part D claims and encounter data to apps and other tools. Currently, 55 organizations have applications in production. Beginning January 1, 2021, Medicare Advantage, Medicaid, CHIP, and, for plan years beginning on or after January 1, 2021, plans on the federal Exchanges must share claims and other health information with patients in a safe, secure, understandable, user-friendly electronic format through the Patient Access API. The Patient Access API will allow patients to access their data through any third party application they choose and could also be used to integrate a health plan's information to a patient's electronic health record (EHR). Pa-

tients can take this information with them as they move from plan to plan, and provider to provider.

To further advance innovation, the CMS final rule establishes a new Condition of Participation (CoP) for all Medicare and Medicaid participating hospitals, requiring them to send electronic notifications to another healthcare facility or community provider or practitioner when a patient is admitted, discharged, or transferred. These notifications can facilitate better care coordination and improve patient outcomes by allowing a receiving provider, facility, or practitioner to reach out to the patient and deliver appropriate follow-up care. To further improve coordination of care, CMS is requiring states to send enrollee data daily beginning April 1, 2022 for beneficiaries enrolled in both Medicare and Medicaid to ensure beneficiaries are getting access to appropriate services and that services are billed appropriately.

For more information, see the [CMS fact sheet](#). **A national call will be held from 2 to 3:30 PM on April 7 – [click here](#) to register.**

The AMA is reviewing the new rules, paying special attention to policies aimed at creating efficiencies in data exchange, reduction in physician burden, and patient control over and access to their data, particularly in the following areas:

- Privacy controls that require apps to be transparent about what data is being collected and how the app developers intend to use it, and security safeguards for patients using apps to access health information
- Rules that prohibit vendors from charging excessive fees, including "gag clauses" that prevent physicians from publicizing problems with their EHRs
- A usage-based fee structure to limit EHR vendor fees and prevent physicians from incurring costs for exchanging health data that complies with federal requirements
- Programming tools to improve physician and patient access to health information
- More stringent requirements on EHR testing and usability
- Limiting unnecessary and inappropriate access to EHR data from insurers and other non-clinical entities
- More clarity and a reduction in the complexity of information blocking exceptions for physicians
- Less aggressive and separate EHR implementation timelines for vendors and physicians

APA News & Information

March APA Board of Trustees Meeting Highlights

[This is an unofficial summary.]

Dr. Schwartz established a **COVID-19** Task Force to coordinate efforts during this unprecedented time. APA will not hold its 2020 annual meeting but is planning an online educational product.

APA provided feedback to CMS regarding eliminating **Medicare supervision and licensure requirements** that are more stringent than other applicable federal or state laws, potentially reducing supervision for APRNs and PAs. APA opposed this idea and requested a study of its impact and recommended an approach that incentivizes a team-based approach, improves access to care for all patients, improves quality of care by standardizing training for APRNs and PAs nationally, and addresses inequities in reimbursement for supervision of psychiatric trainees.

After the *Washington Post* reported that confidential **mental health records** of children in ORR custody were being used in immigration proceedings, APA and NAMI jointly wrote to the Department of Health and Human Services and the Department of Homeland Security expressing concern that this violates the Flores Settlement and medical ethics and must be stopped. APA's ethics committee also gave an opinion that sharing the notes with the government is unethical.

In response to changes in state laws and national pharmacy chain policies, APA updated its **electronic prescribing** website with new resources for determining whether your state is affected by the changes and selecting an electronic prescribing tool. The page can be used with APA electronic health record FAQs to inform a decision on a full EHR suite solution.

The Ad Hoc Work Group on Continuing Care Guidelines was formed to develop standards for continued care of patients in acute hospitals and agreed to expand its scope to include inpatient rehabilitation/detoxification for addiction and partial hospitalization. The group noted that APA has no public position or statements on level of care (LOC) criteria. As a result, they developed a draft position that the Board voted to move through the approval process with relevant councils addressing the following recommendations:

- Develop tools that incorporate the principles in the position statement and standardize LOC criteria to ensure fidelity across settings and compliance with relevant laws and regulations.
- Formulate and promulgate education and training materials for the principles in the position statement.
- Establish collaborative efforts with organizations that have developed LOC criteria, such as the American Association of

Community Psychiatrists, to strengthen and build on their efforts.

- Identify opportunities to pilot the evaluation of LOC criteria in collaboration with clinicians and payers.
- Establish a workgroup to develop criteria for triggers that would identify when individual cases require prior authorization and/or concurrent review.

The IPS Vision Work Group presented two concepts based on data gathered from focus groups, meeting evaluations, and survey data. The Board voted to hold a fall meeting in 2021 entitled the "The Mental Health Services Conference," a multidisciplinary conference focused on serious mental illness (SMI). This meeting would build on the success of the 2019 PEPPNET pre-conference in New York City and would be a gathering point for clinicians working in community settings. It would also identify a partner organization to share in the costs, profits, and planning of this interprofessional meeting.

The Presidential Task Force on Interprofessional Collaboration was charged with engaging stakeholders from mental health organizations to produce joint principles of effective collaboration to promote access to high-quality treatment for persons with serious mental illness. Organizations invited to develop the principles included American Academy of PAs, American Association of Nurse Practitioners, American Mental Health Counselors Association, Association for Behavioral and Cognitive Therapies, American Psychological Association, American Psychiatric Nurse Practitioners, College of Psychiatric and Neurologic Pharmacists, International Association of Peer Supporters, National Alliance on Mental Illness, and National Association of Social Workers. The group developed joint principles to be shared with each organization's leadership. The APA Board will review them in July.

The Ad Hoc Work Group on Strategic Finances will begin implementing the recommended budget adjustments contained in its report, including both expense reductions and revenue enhancements to be implemented between now and 2022. [This entails at least a \$2500 cut to the MPS budget in 2021 and beyond.] The Board may also pursue having the APA Foundation purchase three floors in the APA building.

On Capitol Hill, APA members advocated for legislation that would remove legal barriers to the delivery of telemedicine by psychiatrists, participated on a roundtable focused on pediatric mental health, and testified at a hearing on opioid-related legislation regarding ready access to Medicaid after incarceration,

(Continued on next page)

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(Continued from last page)

the need to enhance access to telemedicine mental health and SUD services, parity, and other issues.

At the state level, APA has assisted DBs in passing APA's parity compliance legislation, and on safety issues, including psychology prescribing legislation. APA is assisting the MPS effort to amend the law that authorizes psychiatric nurse practitioners to serve as medical directors of outpatient mental health centers.

Total APA membership reached 38,799 at the end of 2019, the highest level in 18 years.

The APA Foundation 2019 Impact Report is available at apafdn.org/impactreport.

Free Members' Course of the Month

Medical Cannabis: What Every Psychiatrist Should Know

This session describes the difference between "prescribing" a medication under federal law vs. "recommending" or "authorizing" medical cannabis under state law, the major medical and psychiatric conditions for which medical cannabis can be recommended, current scientific evidence, major side-effects, and potential public health consequences. Presented by **David Gorelick, M.D., Ph.D., DLFAPA, University of Maryland**, Kevin Hill, M.D., M.H.S., Beth Israel Deaconess Medical Center, Harvard Medical School, Arthur Williams, M.D., M.B.E., Columbia University, NY State Psychiatric Institute.

April APA Education Options

In lieu of APA's Annual Meeting, it will hold two virtual programs: the "APA Highlights" event on **Saturday and Sunday, April 25 and 26**, and [APA On Demand 2020](#). The programs will feature headline speakers, subject experts, and thought leaders, some of whom were slated to appear at the APA meeting in Philadelphia.

The APA Ethics Committee's online version of its "Ethics Dilemmas in Psychiatric Practice" will answer real questions from members. Please submit questions no later than **Friday, April 3** to apaethics@psych.org. APA on Demand offers 300+ hours of education.

Long-Acting Injectable Center of Excellence

SMI Adviser's [Long-Acting Injectable \(LAI\) Center of Excellence \(COE\)](#) provides FREE resources, education, consultation, tools and more on the use of LAIs. The COE aims to help increase and improve the use of LAIs in individuals with schizophrenia and bipolar disorder. It has tips on starting or switching, administration and monitoring, management of side effects, patient and family information and more.

Have You Published Lately?

The MPS would like to highlight recent journal articles published by its members. If you have published within the past year, please email the title, publication, date and preferably a link to mps@mdpsych.org. Please also include a photo and a sentence or two summary, if possible.

CLASSIFIEDS

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Psychiatrist: Jacksonville, FL: Military base setting. Fulltime position. Must be Board certified. Eligible candidates will have 3 years of experience within the last 5 years as a full-time psychiatrist or have graduated from a psychiatry residency program within the preceding 12 months. Comparable Salary offered along with paid vacation days, sick leave, medical benefits, paid holidays and 401k. Contact Andre Swann aswann@omvmedical.com or 301-270-9212.

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Documentary on Being a Psychiatrist

[Art of Storytelling: The Human Experience of Being a Psychiatrist](#)

is now available for viewing for free on YouTube.

Produced by the Southern California Psychiatric Society, it features the lives and work of 12 LA psychiatrists.

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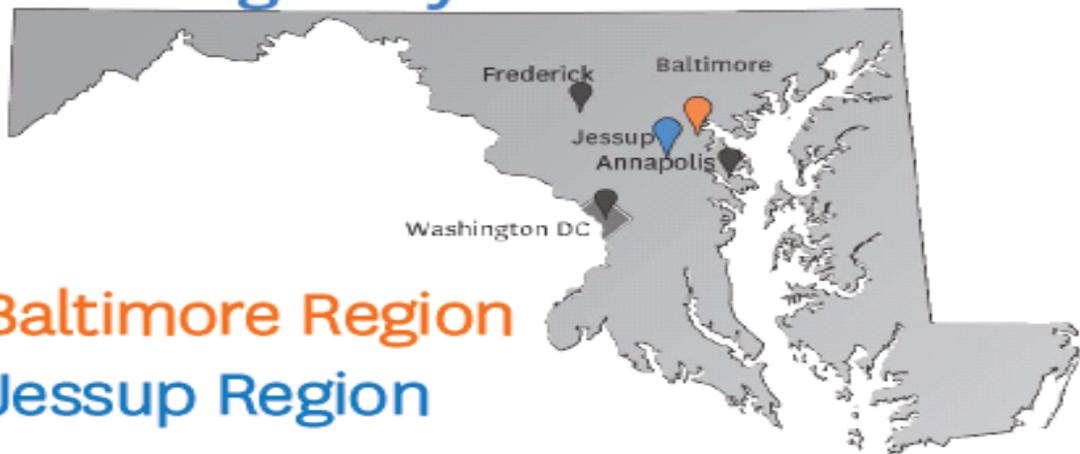
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