

MPS NEWS

Volume 36, Number 1

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May 2022

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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 by
videoconference on
June 14 at 7:30 PM.
All members welcome!**

President's Column

The Giving Tree

Pathologists are described as 'the doctor's doctor.' Psychiatrists have become 'the caregiver's caregiver,' helping not only our own patients but many colleagues in healthcare who have needed an expert in cognitive and emotional life. As psychiatrists, we are able to deploy both 'high-tech' and 'high-touch' interventions as we help our patients heal, which speaks both to our training and our humanity.

The last two years have fueled societal fear, uncertainty, and doubt in the form of a pandemic, with ripple effects on productivity and workforce redefinition, and now, a war. As a country, we have looked inwardly and examined the need for social change. As a result, we have initiated critical discussions regarding race, and have begun taking steps to address divides.

Mental health needs have escalated. Demand outstrips supply continually, and we are asked to do more with less. Midlevel providers and physician extenders have entered the practice arena, and the laws surrounding telehealth are ever evolving. As psychiatrists, there are ongoing concerns over parity, and as physicians, there are concerns regarding Medical Aid In Dying (MAID). We have a lot on our plates!

During the past two years, I have had more colleagues in the medical community and hospital staff, in particular, seeking my personal guidance, needing to talk, or inquiring about mental health resources for loved ones or friends. 'Care for the caregiver,' has become a critical topic. But what about us? Mental health pro-

professionals are at the nexus of intervening in a critical role to support healthcare colleagues, but we are simultaneously spreading ourselves even thinner. I have witnessed numerous heroic and selfless acts on the part of colleagues, but also witnessed giving trees turn into stumps.

How can we maintain ourselves as enzymes in a critical reaction of healing without being used up like reagents? We need to continue to be good to one another, which starts with remembering to be good to ourselves. Recognizing our own limits and asking for help is a strength. Saying 'yes' to a request means helping someone. Saying 'no' to a request means we are able to say 'yes' in the future because we have not lived beyond our limits.

The Maryland Psychiatric Society is here for all of us. Allow the MPS to support you as a Maryland psychiatrist, and do not lose sight of the fact that we need to support one another as individuals. Professional relationships turn into friendships. Now is the time to get involved -- if you are thinking about it -- or to stay connected if you are already part of the fabric. The MPS membership base grew last year. Let's welcome the new faces. Consider joining a committee or an interest group, come to a Council meeting, join the listserv, write for *The Maryland Psychiatrist*. You are not alone. Our collective voice makes us strong, and when we are strong, you are strong. We need one another. We need YOU.

*Jessica V. Merkel-Keller, M.D., Msc
2022-2023 MPS President*

2022 MPS Election Results

Results of the election highlight our continued efforts and success in diversifying:

President Elect: *(One-year term)*

Carol Vidal, M.D., Ph.D., M.P.H.

Secretary-Treasurer: *(One-year term)*

Theodora G. Balis, M.D.

Councilor: *(Two-year term)*

- Benedicto R. Borja, M.D.
- Kim L. Bright, M.D.
- Catherine L. Harrison-Restelli, M.D.
- Samuel L. Williams, III, M.D., M.B.A.

Resident-Fellow Member Councilor: *(One-year term)*

Karen Dionesotes, M.D., M.P.H.

APA Assembly Representative: *(Three-year term)*

Annette L. Hanson, M.D.

Nominations & Elections Committee: *(Three-year term)*

Mark J. Ehrenreich, M.D.

Geetha Jayaram, M.D.

This third year of electronic voting continues to facilitate member engagement and reduce expenses and staff time. A total of **216 ballots were cast** and participation increased to 30% from 27% in 2021. This contrasts with 18% of voting members when paper ballots were mailed.

*Ann Hackman, M.D., Chair
Nominations and Elections Committee*

988 Is Coming

Starting **July 16**, everyone in the U.S. can dial 988 to access the National Suicide Prevention Lifeline, which will connect callers to local crisis centers across the country. 988 is not just easy to remember, it's a direct connection to compassionate, accessible care and support for anyone experiencing mental health-related distress – whether that is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. People can also dial 988 if they are worried about a loved one who may need crisis support. The new 988 access number is one of several initiatives underway to strengthen and transform crisis care.

To assist the transition to the 988 three-digit dialing code in July, HHS awarded \$1,972,989 to the Maryland Department of Health out of almost \$105 million total distributed nationwide. States and territories are expected to use the funds to improve response rates, increase capacity to meet future demand, and ensure calls initiated in their states or territories are first routed to local, regional, or state crisis call centers. Recipients may also use the funds to build the workforce necessary for local text and chat response.

Thank You 30 or More Year Life Members

The APA ended its Rule of 95 this year and instituted a 30-year Life Designation in its place. Due to the dual membership requirement, the MPS is implementing the same change in 2022. Since this is the first year, many members have over 30 years of membership but had not reached 95 as of 2021. They are included with the members being recognized here.

The MPS expresses immense gratitude to the following members for their steadfast support of organized psychiatry. MPS and APA have been proud and privileged to have these members for 30 or more years. Their loyalty serves as a symbol of their dedication to our profession and excellence as psychiatrists. Thank you for your sustaining membership and we look forward to continuing our work together in the years to come.

Curtis Adams, M.D.	Terrye Mowatt, M.D.
Abdulhafiz Ahmed, M.D.	Paulo Negro, M.D.
Andrew Angelino, M.D.	Karin Neufeld, M.D., MPH
Donna Beitel, M.D.	Diane Ossip, M.D.
Oscar Bienvenu, M.D.	Manjiri Pansare, M.D.
Sharen Bisson, M.D.	Drew Pate, M.D.
Kim Bright, M.D.	Kimberly Pesaniello, M.D.
Steven Crawford, M.D.	Neal Ranen, M.D.
Johannes Dalmasy-Frouin, M.D.	Corvin Robinson, M.D.
Steven Daviss, M.D.	Erik Roskes, M.D.
Hinda Dubin, M.D.	Yusuke Sagawa, M.D.
Jamal Fawaz, M.D.	George Salmeron, M.D.
Victor Ferrans, M.D.	Neil Sandson, M.D.
Gregory Fey, M.D.	Joseph Schwartz, M.D.
Marc Fishman, M.D.	Jeffrey Soulen, M.D.
Stephen Goldberg, M.D.	Kenneth Stoller, M.D.
Angela Guarda, M.D.	Eric Strain, M.D.
Ann Hackman, M.D.	Patricia Sullivan, M.D.
Annette Hanson, M.D.	Karen Swartz, M.D.
Gayle Jordan-Randolph, M.D.	Donald Thompson, M.D.
Daniel Kakuska, M.D.	Elizabeth Tomar, M.D.
Sunil Khushalani, M.D.	Sally Waddington, M.D.
Michael Knable, D.O.	Kimberly Walker, M.D.
Archana Leon-Guerrero, M.D.	Kathryn Watt, M.D.
Joseph Liberto, M.D.	Elaine Weiner, M.D.
Dean MacKinnon, M.D.	Robert Wisner-Carlson, M.D.
Russell Margolis, M.D.	Brian Zimnitzky, M.D.
Louis Marino, M.D.	Edward Zuzarte, M.D.
Dinah Miller, M.D.	

Memorial Service for Kery Hummel

Sadly, former MPS Executive Director Kery Hummel passed away on March 9th. There will be a hybrid in-person and Zoom celebration of his life on May 28 at Christ Lutheran Church in LaVale, MD at 11 AM. The service may also be available on Zoom, please email mps@mdpsych.org for more information.

April 5 Council Highlights

Consent Agenda

Dr. Ehrenreich noted the Academic Psychiatry Committee report and expressed appreciation for the committee's hard work on the [paper](#) and [poster](#) awards this year.

Support for MPS Strategic Priorities

Dr. Ashley reported on efforts toward [MPS priorities](#) since the March Council meeting, including an advertiser contact plan and the Early Career Psychiatrist (ECP) virtual group. Dr. Flaherty said the ECP member group will kick off on May 12. A panel of attendings will share their experiences transitioning from residency and answer questions. Other meetings will focus on difficult cases and other topics.

Executive Committee Report

Dr. Ashley encouraged colleagues to become more active via the 2022-23 MPS [call for volunteers](#). The Distinguished Fellowship Committee identified 13 members who will be invited to apply this year. She noted that MPS [commented](#) on proposed regulations for pharmacists to administer maintenance injectables. In addition, MPS [added CoCM](#) to the [Find-a-Psychiatrist](#) tool on the website to facilitate collaborative care in Maryland by serving as a matchmaker between members and PCPs. She requested that Council review the [2021 MPS Annual Report](#).

Secretary-Treasurer's Report

Dr. Vidal discussed the first quarter 2022 financial statements, which Council voted unanimously to accept.

- The Statement of Financial Position shows total assets of \$460K, up \$17K, liabilities of \$185K, up \$13K, and net assets of \$275K.
- The Statement of Activities vs. Budget includes total income of \$72K, \$6K under budget. Member dues drops are offset by new member dues. Homepage ads and package offer income were not budgeted. Meeting income is less than projected because there was no spring CME, the virtual annual meeting will be free, and trivia night was not held. Expenses of \$78K are \$12K under budget overall. The \$6K loss is \$6K better than budget.
- The Statement of Activities vs. 2021 shows total Income up \$9K, including dues, ads, and annual meeting support. Valiant member retention efforts are a factor. Total expenses are up \$7K because of timing differences and more IT support. The \$6K loss is \$2K better than this time last year.
- The Statement of Cash Flows shows operating cash flow increased by \$15K since January 1. After a \$1500 investment in homepage ads on the MPS website, there was a net \$13K increase in cash.

Legislative Committee Report

Dr. Hanson said that there were only a few days left in the legislative session. Some bills supported by the MPS have passed: suicide fatality reviews (kudos to Dr. Nestadt for his

efforts), health insurance coverage for non-participating behavioral health providers, and allowing electronic transmission and storage of emergency petitions. Despite MPS support and extensive work on amendments, the pilot Assisted Outpatient Treatment program in Frederick County did not pass, nor did a bill on firearm storage. The MPS and WPS prior authorization legislation [SB688](#), introduced by Senator Ready, did not progress because of insurance industry opposition. Revisions to the dangerousness definition for civil commitment did not pass but changes may be implemented via regulations instead. The bill to authorize clinical nurse specialists (CNS) to prescribe without limitations or supervision also failed, as did bills authorizing telehealth by behavioral health providers licensed out of state, allowing individuals who are EP'd to be transported to a hospital of choice rather than the nearest emergency facility, and authorizing LCSW-Cs to serve as expert witnesses, including for sanity evaluations. See the MPS [website](#) for more information on priority bills. Dr. Ehrenreich expressed appreciation for the hard work of the Legislative Committee this year.

Membership and Recruitment Committee Report

Dr. Lacap reported that after a robust retention effort by the MPS Membership Committee, leadership, and staff, MPS dropped 26 members. This number is substantially less than the list of at-risk members shared at the March meeting, however it represents a loss of almost \$7K in dues. MPS/APA dues drops were processed on April 1. The reinstatement period has begun, and we will encourage these members to rejoin. Council voted unanimously to accept the report. Dr. Ehrenreich thanked the Membership Committee for its exceptional work this year.

Nominations and Elections Committee Report

Dr. Hackman announced the 2022 MPS election results [[see page 2](#)].

New Business

Council considered an invitation from Maryland-DC Society of Addiction Medicine (MDDCSAM) Public Policy Committee Chair Joseph Adams, M.D. to collaborate on a joint public health policy statement on adult-use cannabis regulation in view of the November referendum. The Maryland Public Health Association would be the third participating organization. He shared a MDDCSAM letter of information on SB833 calling for a public health regulatory framework to reduce harms of increased cannabis use disorder and counterbalance the powerful industry that will develop similar to the tobacco and alcohol industries. Dr. Traci Speed's current research would be useful in developing the statement. Dr. David Gorelick's role as Journal of Cannabis Research Editor suggests he would also be helpful. Dr. Oviedo volunteered to follow up with Dr. Adams as he is a member of MDDCSAM as well as the MedChi Public Health Committee. Council voted unanimously to approve a motion that the MPS develop a

(Continued on next page)

(Council continued)

joint statement with these groups warning about the public health risks of legalized cannabis.

Farewell to Outgoing Council Members, Change of Officers

Dr. Ehrenreich thanked Drs. Coughlin, Nestadt & Triplett whose terms on Council ended and said he hopes they will continue participating actively with the MPS. He noted that this is his last meeting as Council Chair and said that Dr. Ashley will take over the gavel at the June meeting when the new Executive Committee will be in place.

PHE Extended

HHS [announced](#) an extension of the Public Health Emergency due to the coronavirus for another 90 days effective April 16.

MPS Membership

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

Bushra Rizwan, M.D.

Reinstatements

Mohamed A. Kamel Elsayed, MD, MS
 Jason Emejuru, M.D.
 Jian-Min Zhang, M.D.

2021 Maryland Psychiatric Society Annual Report

Financial

After a small loss last year, 2021 ended \$2K in the black despite the pandemic forcing MPS to hold virtual events. Sharing lobbyist expenses with WPS made the difference. Total Assets \$435K, Total Liabilities \$164K, and Net Assets (equity) \$281K. Income (\$291K) - Expenses (\$288K) = \$2K Surplus.

Membership

2021 concluded with 780 members, up 40 mainly due to 27 more Resident-Fellow Members and 16 Medical Student Members (a new dues-free category in 2021). MPS added a third year of graduated dues for new GMs to ease the transition for early career members. Along with APA, the MPS discontinued the Rule of 95 lifer status, which was replaced by retired and semi-retired dues rates. Recruitment activity: the Hopkins residency program added a group invoice which helped greatly.

Vision Mission Values

- [Council approved updates for these guiding statements on March 11](#)
- [Initial MPS Committee Goals for Addressing Structural Racism and Inclusion](#)

Scientific Programs and Meetings

- The April annual meeting was virtual due to COVID-19. We reviewed the year in Maryland psychiatry, and recognized Paper of the Year, poster competition and Lifetime of Service winners, and other member achievements via an interactive Zoom event.
- Virtual CMEs: [Impact of Racism in Maryland Psychiatry](#), and Psychiatry and Legal Interventions.
- [Committee](#) and Council meetings were held virtually; Trivia Night and Career & Practice Night were not held due to zoom fatigue.

Government Relations and Advocacy

- Over 2300 bills were introduced, of which MPS reviewed over 90 and submitted testimony on 57. A major telehealth bill that MPS supported was passed along with bills addressing involuntary commitment. Due to the coronavirus, public access was limited, and Advocacy Day was not held but a virtual Advocacy Workshop for members was a success.
- [MPS Endorses AAPA Statement on Atlanta-Area Mass Shooting](#)
- Appealed to state and federal officials on a range of issues, e.g., network adequacy, telehealth, parity compliance reporting, Medicaid rates, etc. for a total of [17 advocacy initiatives](#) in 2021.

Outreach and Member Engagement

- **Publications:** The annual MPS Membership Directory was mailed to all members. Monthly [MPS News](#) and three issues of [The Maryland Psychiatrist](#) were emailed and posted online.
- **Listserv:** Popular way for members to quickly ask each other questions, share resources and ideas.
- **Website:** With a login, members can update their profiles, pay dues, register for events, and view the online membership directory. Also online are an opt-in [Find a Psychiatrist](#) tool, and a wealth of practice resources, news, and advocacy information.
- **Social Media Accounts:** [Facebook](#), [Instagram](#), [Twitter](#), and [LinkedIn](#).
- **Interest Groups:** [10 email groups](#) facilitate member connections around sub-specialty areas.
- **Telephone referral service** was impacted by reduced office hours due to COVID.

Maryland News

2022 Legislative Wrap Up

The 444th Legislative Session of the Maryland General Assembly adjourned on April 11, 2022, in a more traditional in person fashion with parties, a balloon drop, and other fanfare. This session, members of the Maryland General Assembly introduced 2,495 bills and 19 Joint Resolutions, 2 Senate Simple Resolutions, and 1 House Simple Resolution. The MPS Legislative Committee was very engaged once again in the General Assembly session. We reviewed 104 pieces of legislation, and actively worked 58 of those bills. Please see below for some of the highlights.

Clinical Nurse Specialist Prescribing Authority Citing a need for more nurses in the field, especially during the ongoing labor shortage and pandemic, [Senate Bill 513/House Bill 276](#) was introduced to authorize a "clinical nurse specialist" (CNS) to prescribe independently. MPS members provided both oral and written testimony, executed a successful grass roots campaign and offered multiple letters of information to Committee members. **The Senate bill passed the House but failed to progress beyond the House Health & Government Operations Committee.**

The Maryland Suicide Fatality Review Committee was established by [Senate Bill 94/House Bill 48](#). It will review suicide deaths; make determinations regarding issues related to individuals at risk for suicide, specifically trends, risk factors, current best practices in prevention, lapses in systemic responses, and barriers to safety and well-being. It will report at least annually to the Governor and the General Assembly. The MPS has been pushing for this bill for three straight sessions and it was truly wonderful to see this cross the finish line. **The law takes effect on October 1, 2022.**

9-8-8: Suicide Prevention Lifeline responds to federal action to designate 9-8-8 as the three-digit dialing code for the National Suicide Prevention Lifeline. [Senate Bill 241/House Bill 293](#) creates the framework for our state and provides funding to ensure 9-8-8 is available to all Marylanders. The Maryland Department of Health must designate 9-8-8 as the State's behavioral health crisis hotline by July 16, 2022. **The bill takes effect July 1, 2022** [See [page 2](#) for more info.]

Petitions for Emergency Evaluation – Electronic Record: [Senate Bill 2/House Bill 32](#), will authorize a petition for emergency evaluation to be provided as an "electronic record" and transmitted and received electronically. Under this new legislation, a peace officer may use an emergency petition in the form of an electronic record that is transmitted and received electronically, and an emergency facility must accept an emergency evaluatee if the petition is properly executed. The Fiscal Note provided by the Department of Legislative Services mentions that the procedural change is expected to expedite the ability of local law enforcement to receive and serve emergency petitions. **The bill becomes effective October 1, 2022.**

Pharmacy Benefit Managers – Regulation: The 2022 Legislative Session, once again, saw the introduction of a significant package of legislation aimed at regulating pharmacy benefit managers (PBMs) operating in the State. Sponsored by a bipartisan coalition of legislators, bills were introduced to set parameters around how PBMs operate. Due to objections from the PBMs and the insurance carriers and legislator concerns about costs, all the PBM bills failed to progress in either the Senate or House. However, support is mounting for additional PBM regulation from patient advocates and healthcare providers, setting the stage for potential interim work on the matter and future legislation.

MPS also introduced legislation in this space, [Senate Bill 688](#). Unfortunately, the PBMs and insurance carriers strenuously opposed the bill. The Maryland Insurance Administration, however, was helpful to our cause and gave us positive feedback on how we may be able to address some of these issues under currently law and where we should amend the law in the future. MPS will work with the MIA and other stakeholders in the interim to reintroduce legislation on this topic that can hopefully withstand the dissent of the opposition.

Juvenile Substance Use Disorder Treatment - Network Adequacy: [House Bill 971](#) This bill requires the Maryland Department of Health and the Behavioral Health Administration to ensure that the specialty mental health system has an adequate network of providers available to provide alcohol and drug abuse treatment for children younger than age 18. The bill would require a review of the medical assistance's provider directory to ensure that it is accurate and large enough to provide substance use disorder treatment for juveniles. The State has made similar efforts for adult mental health access but is now pivoting to meet the needs of a different population. **The bill becomes effective October 1, 2022.**

To read the complete legislative wrap up please [visit our website](#). For additional information, including the MPS positions on bills, [please click here](#).

Psychiatry faces legislative and regulatory opportunities and threats in our state. The MPS works for you by advocating with lawmakers and the executive branch. To sustain government affairs activities and legal counsel for our role as the voice of psychiatry, we need financial support from all Maryland psychiatrists. **Every contributor, every member strengthens our collective position!**

To support the MPS over and above your membership

1. Visit: <https://mdpsych.org/contact-us/>
2. Click on the yellow "Pay Now" button
3. Enter your credit card information

Maryland News

Bills Signed Into Law

SB 2/HB32: Mental Health Law – Petitions for Emergency Evaluation – Electronic Record: Authorizing a petition for emergency evaluation to be in the form of an electronic record and transmitted and received electronically. Effective Date: October 1, 2022.

SB 94/HB 48: Public Health - Maryland Suicide Fatality Review Committee: Establishing the Maryland Suicide Fatality Review Committee; providing that a person has immunity from liability for actions related to the Committee; providing for sharing of information with and confidentiality of information obtained by the Committee; exempting Committee meetings from the Open Meetings Act; and prohibiting certain persons from testifying in any proceeding about details of a Committee meeting. Effective Date: October 1, 2022.

SB323/HB578: Public Health - Medications to Treat an Opioid Use Disorder - Preferred and Nonpreferred Medications: Requiring the Maryland Department of Health to adopt a reporting system, analyze patterns of prescribing medications, conduct outreach, and identify certain barriers related to prescribing medications to treat an opioid use disorder; requiring the Department to report to the Governor and the General Assembly on its findings by October 1, 2023, and each October 1 thereafter; and requiring the Department to submit a report with a certain initial analysis by October 1, 2022. Effective Date: July 1, 2022.

SB241/HB293: Behavioral Health Crisis Response Services - 9-8-8 Trust Fund: Establishing the 9-8-8 Trust Fund to provide reimbursement for costs associated with designating and maintaining 9-8-8 as the universal telephone number for a national suicide prevention and mental health crisis hotline; requiring the Maryland Department of Health to designate 9-8-8 as the primary phone number for the State's behavioral health crisis hotline; requiring the Department by December 1 each year to report on expenditures and additional services provided by the funding; etc. Effective Date: July 1, 2022.

SB196: Maryland Department of Health - Overdose Report: Extending the termination date for certain provisions of law requiring the Secretary of Health to examine and report on fatal overdoses involving opioids and other controlled substances; and altering the requirements relating to the examination and report. Effective Date: July 1, 2022.

SB200: Public Health - Prescription Drug Monitoring Program - Naloxone Medication Data: Altering the requirements of the Prescription Drug Monitoring Program to require the Program to monitor the dispensing of naloxone medication by all prescribers and dispensers in the State and to require dispensers to report naloxone medication data to the Program. Effective Date: October 1, 2022.

Implicit Bias Training Required for License Renewal

The Maryland Board of Physicians posted a [notice](#) implementing the [new law](#) effective April 1, 2022 that requires all renewing licensees to complete an implicit bias training program approved by the Cultural and Linguistic Health Care Professional Competency Program. Licensees whose last name begins with A-L and expires 9/30/2022 must complete one course of the program as a condition of license renewal. Those whose last name begins with M-Z and expires 9/30/2023 have another year to complete the course. [Click here](#) for a list of approved training program courses.

A Pew Stateline [article](#) reported on the trend of requiring training to help health care providers understand that implicit bias is part of being human so they can begin to take steps to change the role that bias plays in health disparities.

MedChi House of Delegates Spring Meeting

The MedChi House of Delegates (HOD) will meet in person Sunday May 1 at the Hotel at Arundel Preserve. Enrique Oviedo, M.D. will attend as the Delegate representing MPS. Reports and presentations will be received and the HOD will vote on at least eight resolutions, including [one to strengthen patient privacy](#). For more information about the meeting, please [click here](#).

MedChi Session Wrap Up

MedChi is celebrating major wins during the 2022 Maryland General Assembly on behalf of physicians, patients, and public health. Maryland's Fiscal Year 2023 budget restores Medicaid reimbursement for evaluation and management codes to 100% of Medicare and allocates \$4.4 million for the Physician Loan Assistance Repayment Program. The Interstate Medical Licensure Compact will be extended to 2030. MedChi also managed to discourage legislation that would have allowed podiatrists to identify themselves as physicians. Review complete details in the [Final Report](#).

Maryland Telehealth Update

The Maryland Health Care Commission's study of telehealth in response to the 2021 law continues. By press time, the provider survey will be closed. A total of 80 telehealth users and non-users were interviewed; interviewees were identified based on demographics, including age, sex, race and ethnicity, income, educational level, insurance coverage, and language spoken. The claims analysis continues; private payers provided information on telehealth billing codes and modifiers for services delivered using audio-only and audio-visual technology. [Please click here](#) for more information.

Maryland News

BHA-MedChi Webinars

The Behavioral Health Administration and MedChi webinar series, *Helping the Helpers and Those They Serve*, is for behavioral health and medical providers of all disciplines in both community and hospital settings. They enhance health care worker self-care and the care they provide by addressing the pandemic, social justice issues, and other stressors. **CME credits are free.** Recordings and slides are archived on the BHA/MedChi [webinar page](#). Programs run **5 to 6 PM**:

May 12: [Enhancing Self-Care with Ethical Boundaries and Relationships in Health Care](#)

Vicki Enns, MMFT, RMFT. Moderator: TBD.

May 26: [Water the Roots: Strengthen Your Resilience](#)

Catherine Gray, MSW, LCSW-C and Chalarra A. Sessoms, MSW, LCSW-C.

Moderator: Ann Hoyt, MSW, LCSW-C.

Optum Recoupment Update

Providers are strongly encouraged to work with their reconciliation managers on outstanding negative balances. Providers can access monthly claims history reports from Optum on request to maryland.provpymt@optum.com or to their reconciliation managers. Recoupment for state negative balance amounts has begun for all providers. Please [click here](#) for other Behavioral Health Administration updates.

Starting April 24, once a provider's negative balance in a specific account (State or Medicaid) has been reduced to zero (either through payments by the provider or by claims reduction) for a specific site ID, Optum MD will activate the auto-recovery function related to that account. Auto-recovery will recoup any future negative balances in that account as they arise by reducing incoming claims rather than by allowing balances to build up. Please [click here](#) for the latest Optum MD Provider Alert, which has more details.

New Provider Directory

The Maryland Department of Health and 211 Maryland [announced](#) that a new Behavioral Health Provider database launched on 211 Press 1 pressone.211md.org. It allows the public to search Mental Health and Substance Use Disorder providers by service type, geographic location, and other filter options. It does not appear to include individual practitioner names. Please [click here](#) for other Behavioral Health Administration updates.

Maryland Behavioral Health & Public Safety Center of Excellence Advisory Group

Governor Hogan issued an [Executive Order](#) in response to a recommendation by the Commission to Study Mental and Behavioral Health in Maryland that an advisory group collaborate with the Maryland Behavioral Health and Public Safety Center of Excellence to address individuals in the criminal justice system dealing with mental and behavioral health disorders. [Chapter 68](#) of the Laws of Maryland (2021) created the Center to act as a statewide clearinghouse for behavioral health treatment and diversion programs, develop a strategic plan to increase treatment and reduce detention of those with behavioral health disorders in the judicial system, and provide technical assistance to local governments' behavioral health support systems for those in the criminal justice system. The [Advisory Group](#) will:

- Inform the Center's action plan to diverting those with mental illness, intellectual, and developmental disabilities from criminal justice involvement to appropriate or necessary treatment
- Support the Center's Sequential Intercept Model as a planning tool to strategically inform legislation, policy, planning, and funding
- Advise on potential federal funding streams
- Advise on creation of repositories for best practices

BHA COVID Survey Results

Results of the Behavioral Health Administration's [fourth Provider COVID-19 Survey](#) are now available online. The focus of the survey series is effects of the pandemic on behavioral health service recipients. Among the findings of the fourth survey are:

- Anxiety, depression, and a sense of loneliness or social isolation continue to be prevalent among service recipients.
- Housing was reported as a concern or challenge more frequently with each survey, almost doubling from the first survey to the fourth survey
- Almost half of respondents provided at least half of their services via telehealth.

To access final reports for all four surveys, [click here](#).

Approaches to Co-Occurring Substance Use and Psychiatric Disorders in Youths

On **May 6 from 12:30 - 2:00 PM**, Maryland Addiction Consultation Service (MACS) Consultant Marc Fishman, M.D. will explore common patterns, diagnostic approaches, and treatments of common Co-Occurring Disorders in youths. Webinar registration is free and free CME credit is available. To register, click [here](#). For more information, [email Bridget Sweeney](mailto:Bridget.Sweeney@maryland.gov).

APA News & Information

Call for Applications for Psychiatric Services Achievement Awards

Since 1949, the APA Psychiatric Services Achievement Awards have recognized creative models of service delivery and innovative programs for persons with mental illness or disabilities. Programs that have made a significant contribution to the mental health field and provide an innovative model for others to follow should apply this year. Each award recipient will be presented with a monetary award, a plaque, recognition at the 2023 Annual Meeting, and coverage in two APA publications. Up to three awards are presented each year: Gold, Silver and Bronze. **Apply here by Friday July 29.** Nomination requirements, application, and more information are on the [APA's Awards website](#).

APA Annual Meeting & Assembly

The 2022 [APA annual meeting](#) will be May 21–25 in person in New Orleans. The APA Assembly will meet May 20-22. Among other business, the Assembly will consider Action Papers, including one on MOC (Strengthening Alternative Pathways for Maintaining Board Certification) and one for social determinants of health (Establishment of an Assembly Committee on Social Determinants of Mental Health). Jennifer Palmer, M.D. will substitute for Elias Shaya, M.D. as one of three Representatives from MPS at the Assembly meeting. The other Assembly Reps are Anne Hanson, M.D. and Brian Zimnitzky, M.D.

Launch of PsychPRO 2.0

The APA announced a next-generation technology platform for its PsychPRO mental health registry offering enhanced options for engaging with patients, tracking outcomes, and streamlined data collection for quality reporting. PsychPRO was created to enable psychiatrists to help lead national efforts to improve clinical research and the quality of care, ease administrative burdens on physicians, help them meet maintenance of certification (MOC) requirements and reduce overall mental health care delivery costs. [Click here](#) for the news release.

FREE APA Course of the Month

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

Interested in Collaborative Care?

APA members who are participating in collaborative care or have an interest in doing so are invited to join a new online community (Collaborative Care Community) to exchange information and ideas with other psychiatrists with similar interests. To join, send a request to SAN@psych.org.

To view an APA webinar entitled "Lessons Learned: The Health Plan Experience With Implementing Collaborative Care," click [here](#) and use the passcode 9ZbWu*LT.

APA Safe Prescribing Toolkit

With psychologist prescribing legislation in several states this year, APA commissioned polling, messaging, a website (www.saferprescribing.org) and graphic design to help District Branches oppose psychologist prescribing legislation while supporting real solutions to increasing access to mental health care. Several of the graphics and talking points can also be used to counter scope expansion attempts by other non-physicians. APA initiated polls of registered voters in ten target states in addition to a nationwide poll. 78% said that only those with a medical degree and state license to practice medicine should be allowed to prescribe psychiatric medications. Only 13% of those polled nationally thought that psychologists should lead patient care that includes prescribing.

Congrats to Dr. Gordon-Achebe!

Please celebrate with **Kim Gordon-Achebe, M.D.** as she receives the APA's [Jeanne Spurlock Minority Fellowship Achievement Award](#) at the APA Annual Meeting Diversity Leaders and Alumni Reception at **7 PM May 24**, in the Jefferson Ballroom at the Hilton New Orleans Riverside Hotel.

Video Series on Common Mental Health Disorders

This year, the APA is releasing a new series of videos on common mental health disorders, including anxiety, depression, knowing the signs of addiction, and the latest video on climate change and mental health. [Watch now.](#)

July 9 Moore Equity in Mental Health 5K

Save the date and get involved to address mental health inequities facing young people of color, while honoring mental health advocate Bebe Moore Campbell. Participate in the 5K in Washington, D.C on Saturday, July 9, when the APA will host an in-person 5K run, walk, and roll at Anacostia Park, or join us virtually! More information is coming soon.

APA News & Information

Are You Being Audited by Private Payers?

To shape its advocacy efforts, the APA wants to hear from members who are undergoing billing and coding audits by private payers. Please send an email describing your experience to APA's Practice Management Helpline at practicemanagement@psych.org. Include your name, contact information, and the payer conducting the audit. The Helpline is a free resource that assists APA members with practice management issues. [Learn more.](#)

PRMS Fact vs. Fiction Resource

You've been treating a 10-year-old patient for a number of months. He has always been brought in by his father, who has told you he is divorced from the mother, and that she is no longer involved in the patient's life. Out of the blue you get a call from the patient's mother who just found out that you are treating her son, and is upset about the medication you are prescribing. She demands a copy of the child's record. When you explain to her that the father had given consent for the medications, she tells you she and the father have joint decision-making authority for all medical care. She further tells you she wants to be involved in her son's care, but the father is preventing this. She offers to send you a copy of the custody order. You contact the father who assures you that he is the one with sole physical custody, and only he can consent to release of the record; he also tells you that nothing in the custody order changes that and there's no need for you to review the order. What do you think - fact or fiction?

ANSWER: Fiction! You need to see the custody order as it will likely spell out which parent(s) must consent to treatment, and who can access the patient's record. Typically, unless parental rights have been terminated, both parents can access treatment information, even a parent without custody. If parents disagree over consent to treatment and/or release of treatment information, and these issues are not addressed in the order, the parents should seek resolution from their attorneys. Psychiatrists treating minors may want to consider the following:

- When a new appointment is made for a new patient who is a minor, ask if the parents are divorced. If so, advise that a copy of the custody order will need to be brought to the first appointment. Without the order, the psychiatrist may not be able to see the patient because there is no proof that the parent bringing the minor has the legal authority to consent to treatment.
- Manage the expectations of all parties. Explain your process for keeping parents informed about their child's treatment.

National Prevention Week May 8-14

Prevention Week brings together communities and organizations to raise awareness about the importance of substance use prevention and positive mental health. SAMHSA's Prevention Day on Monday May 9 will be delivered virtually through an interactive online conference platform. The Daily Themes include:

May 9 - **Strengthening Community Resilience: Substance Misuse and Overdose Prevention**

May 10 - **Preventing Substance Use and Promoting Mental Health in Youth**

May 11 - **Preventing Suicide: Everyone Plays a Role**

May 12 - **The Talent Pipeline: Enhancing the Prevention Workforce**

May 13 - **Prevention is Everywhere: Highlighting Efforts Across Settings and Communities**

May 14 - **Celebrating Prevention Heroes**

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

National Mental Health Awareness Month Webinar Series

SAMHSA and HUD will present the following series of free webinars each Wednesday in May to observe National Mental Health Awareness Month:

May 4 at 1 PM [Mental Health 101 – Mental Health Issues in the Modern World](#) Access Code: 4670871#

May 11 at 1 PM [988 – What's on the Horizon](#) Access Code 8477433#

May 18 at 2 PM [Get Help – Reducing Stigma Associated with Mental Health](#) Access Code: 5955873#

May 25 at 2 PM [Now What? – Mental Health Issues in Post-COVID America](#) Access Code: 6268721#

Children's Mental Health Awareness Week

From **May 1-7**, School and Community Champions across the state will raise awareness and support for children's mental wellbeing. [Campaign resources](#) are available for download and can be shared via email or social media. Visit <https://www.childrensmentalhealthmatters.org/> to find out about the campaign, view the events calendar and more.

SAMHSA will host a webinar on **May 5 from 1-2 PM** to commemorate child and youth mental health and honor youth and family peer support. [Click here](#) to register.

Medicare Updates

Reminder to Review Open Payments Data

The [Open Payments Program](#) review, dispute and correction processes for physicians and hospitals end May 15.

Reporting entities have submitted data to the Open Payments system on payments or transfers of value made to physicians and teaching hospitals during 2021. CMS will publish the 2021 data and updates to previous program years in June 2022. [Click here](#) for FAQs. An [Open Payments Overview Video](#) provides details about what the program is, who is involved, and how the program operates. For questions, email openpayments@cms.hhs.gov or call 1-855-326-8366 M-F 8:30 AM to 7:30 PM.

Medicare Coverage for Cognitive Assessment

Medicare covers a separate visit for a cognitive assessment to evaluate cognitive function and help with care planning. Cognitive Assessment & Care Plan Services (CPT code 99483) typically start with a 50-minute face-to-face visit that includes a detailed history and patient exam, resulting in a written care plan. Any clinician eligible to report evaluation and management services can offer this service. Effective January 1, 2022, Medicare pays approximately \$283 (may be geographically adjusted) for these services when provided in an office setting. [Get details on coverage requirements and billing.](#)

MIPS Update

Due to COVID-19's impact on cost measures, CMS is reweighting the cost performance category from 20% to 0% for 2021. The 20% cost performance category weight will be redistributed to other performance categories. This reweighting is in addition to the extreme and uncontrollable circumstances (EUC) policies. Cost was already reweighted to 0% for all *individual* MIPS eligible clinicians. Cost will now be reweighted to 0% for all *groups and virtual groups*. **Clinicians don't need to take any action as a result of this decision.**

Commission to Study Mental and Behavioral Health in Maryland

The MBH Commission will meet on **May 10 from 4 to 6 PM**. [Click here](#) for the agenda, a link to the livestream for the meeting, and details for submitting testimony

Parity Resources

SAMHSA [announced](#) new resources that inform Americans of their rights under law to coverage for mental health benefits and help state insurance regulators and behavioral health staff better understand parity laws:

- ["Know Your Rights: Parity for Mental Health and Substance Use Disorder Benefits,"](#) an updated trifold explaining parity, detailing what it means to the consumer and protections the law provides.
- ["Understanding Parity: A Guide to Resources for Families and Caregivers,"](#) information and tools to help parents, family members and caregivers get behavioral health services for those in their care.
- ["The Essential Aspects of Parity: A Training Tool for Policymakers,"](#) an overview of mental health and substance use disorder parity for state regulators and behavioral health staff, and how to implement and comply with the federal parity law regarding employee-sponsored health plans and group and individual health insurance.

These updates follow a recent [report](#) produced by HHS and the Departments of Labor and Treasury stating that insurance companies are not doing enough to ensure that parity is reflected in their policies.

Olsen is New Director of Center for Substance Abuse Treatment

Maryland's Yngvild K. Olsen, MD, MPH, is the new [Director of the Center for Substance Abuse Treatment \(CSAT\)](#) at SAMHSA. Dr. Olsen will lead CSAT's efforts to promote community-based substance use disorder treatment, and recovery support services for individuals and families in every community across the country. She began her career as the Medical Director for the Johns Hopkins Hospital's outpatient substance use treatment services and subsequently served in various clinical and administrative roles in Maryland. She has also been a volunteer leader for several provider organizations, and has written and lectured extensively on substance use disorders and treatments.

Older Adult Mental Health Symposium

On **May 16**, join the [Older Adult Mental Health Awareness Day Symposium](#), a free virtual event with up to 4 CME credits that will empower professionals with the latest tools to improve the lives of older adults in their communities. The all-day symposium is sponsored by the National Council on Aging, U.S. Administration for Community Living, SAMHSA, Health Resources and Services Administration, and E4 Center of Excellence for Behavioral Health Disparities in Aging. [Click here](#) to register.

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Timonium Private Practice: Well-established, adult psychiatric office practice in search of an assistant (M.D. or PMH-CRNP) who may be interested in expanding his/her own practice, with the option to take the practice over within the upcoming 1-3 years. Inquiries may be placed at a.w.forrester@att.net.

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BETHESDA: Offices for rent in psychotherapy suite carefully following CDC guidelines for safe opening. Furnished and unfurnished space available. Flexible term. Free WiFi, beverages, color copier. Very friendly and professional clinicians. Contact Keith Miller: 202-360-9996 or keith@keithmillercounseling.com.

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