

MPS NEWS

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

Design & Layout: Meagan Floyd

President's Column

Welcoming the New Year

Best wishes to you all in the festive season and in the New Year. This time of year in mental health has its challenges. As we support patients and navigate towards the end of the year, we must remember to also take good care of ourselves. At the MPS, we are here for you, and here to support one another. It is my hope that as we connect with family and friends, there is true enjoyment and relaxation which will allow batteries to be recharged for the coming year.

Early in 2023, our new governor will be installed, and the General Assembly will begin its 90-day session with several new legislators. This means that the MPS will be reaching out in Annapolis and continuing its mission of education and advocacy. On February 9, we will have our first in person Advocacy Day since the pandemic started. On Advocacy Day, members may join the executive committee and our lobbyists to meet with delegates in the House and Senate to discuss upcoming mental health

legislation. These conversations are critical: as experts in our field, we provide ongoing education about psychiatry, and the context in which it is practiced. We make our services known to law makers and those sponsoring bills who have the ability to include us and consult with us as the process unfolds. Consider looking up your district, packing your business cards, and joining us!

There is hope for the coming year that the public health emergency will be declared over! While we welcome the end of the pandemic, it also may mean the end of some flexibilities. All the more reason to stay connected, as the MPS will keep you up-to-date.

Stay safe and well!

Warmly,

Jess Merkel-Keller, M.D.

988 in Maryland

Maryland's 8 Lifeline (988) Call Centers

1. **Frederick County Hotline**
2. **EveryMind**
3. **Community Crisis Services**
4. **Grassroots Crisis Intervention Service**
5. **Baltimore Co. Crisis Response**
6. **Baltimore Crisis Response**
7. **Life Crisis Center**
8. **Eastern Shore Crisis Response**



The MPS Council will meet by videoconference on January 10th at 7:30 PM. All members welcome!

MPS Best Paper Awards

To recognize outstanding scholarship by young psychiatrists in Maryland, the MPS established annual "best paper" awards in 2013. Previous winners are listed [here](#). The Academic Psychiatry Committee is currently soliciting nominations for the 2022 Paper of the Year Award in two categories:

Best Paper by an Early Career Psychiatrist Member (ECP):

Eligible psychiatrists are ECP members who are first authors of papers published or in press in 2022. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2023.

Best Paper by a Resident-Fellow Member (RFM):

Eligible psychiatrists are Resident-Fellow members who are first authors of papers that were written, in press, and/or published in 2022. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2023.

Best Paper by a Medical Student Member (MSM):

Eligible students are Medical Student Members who are first authors of papers that were written, in press, and/or published in 2022. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2023.

Scholarly work of all kinds (e.g., scientific reports, reviews, case reports) will be considered. If you would like to nominate a paper and author, please email the paper to either of the co-chairs below by **January 31**. Please include a brief explanation of why you believe the work is worthy of special recognition.

*Matthew Peters, M.D. mpeter42@jhmi.edu
Traci Speed, M.D., Ph.D. speed@jhmi.edu
Academic Psychiatry Committee Co-Chairs*

Poster Contest for Residents & Fellows

The MPS poster competition for our Resident-Fellow Members will be held again this year, with all entries displayed at our annual meeting in April 2023! Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the meeting. Two finalists will also be selected and will receive **\$100 each** in addition to complimentary tickets.

The winners in past years are listed [here](#). Please [click here](#) for complete details about the process and requirements. **The deadline to enter is January 31**. Electronic copies of posters are due **February 10**. For more information, or to apply [please click here](#).

LAST CALL: Nominations for Anti-Stigma Advocacy Award

The [Maryland Foundation for Psychiatry](#) presents an annual award to recognize a worthy piece published in a major newspaper that accomplishes one or more of the following:

- Shares with the public their experience with mental illness in themselves, a family member, or in the community.
- Helps others to overcome their inability to talk about mental illness or their own mental illness.
- Imparts particularly insightful observations on the general subject of mental illness.

The article should be published during the period from January 15, 2022 to January 15, 2023. A Maryland author and/or newspaper is preferred. [Click here](#) for past winners and published articles.

The award carries a \$500 prize, which is given at the Maryland Psychiatric Society annual meeting in April. Please send nominations to mfp@mdpsych.org by **January 16, 2023**.

The MFP is organized for educational and charitable purposes. For more information, please visit the [website](#).

MPS ADVOCACY DAY IN ANNAPOLIS

On February 9th from 8:30AM—1PM, we invite all MPS members to [join us in Annapolis](#) to meet with House and Senate leadership to discuss current and future legislation affecting psychiatry and mental health in Maryland. There are many new legislators this year! MPS lobbyists help with talking points and protocol. Contact Meagan Floyd (410-625-0232) or [email](#).

What Happens When the PHE Ends?

Since March 2020, psychiatrists have been practicing under flexibilities granted by state and federal governments to ensure access to care during the Public Health Emergency (PHE). APA members are invited to participate in a webinar on **Wednesday January 11 at 1 PM** that will describe the changes that will take place once the PHE ends and how psychiatrists can continue to practice in a way that meets their patients' needs. [Register here](#).

CMS has provided some clarity around what the telehealth landscape could look like post-PHE. The APA has summarized the particulars [here](#).

Maryland News

2023 MedChi Legislative Agenda

MedChi intends to tackle a wide range of objectives for the 2023 General Assembly Session that are in line with serving as Maryland's foremost advocate and resource for physicians, their patients, and the public health.

ENSURE TIMELY DELIVERY OF HEALTH CARE AND PAYMENT

- Advocate for initiatives that streamline and reform utilization management policies (i.e., prior authorization and step therapy laws) in both the commercial market and in Medicaid to reduce administrative burdens and increase transparency.
- Ensure that physicians and other health care practitioners are not inappropriately excluded from participating on insurance panels.
- Advocate that the Fiscal Year 2024 Medicaid budget maintain E&M reimbursement rates to 100% of Medicare to support physician participation in the program.
- Work with relevant stakeholders to create fair and appropriate policies and procedures for Medicaid payment seizures.

PROTECT ACCESS TO PHYSICIAN SERVICES AND THE PRACTICE OF MEDICINE

- Oppose policies that would adversely affect patient care by inappropriately expanding the scope of practice of non-physician providers beyond their education and training, including the ability to diagnose, treat, prescribe medications and/or manage medical disorders
- Seek State funding for the MD Loan Assistance Repayment Program, which provides loan repayment to primary care physicians working in underserved areas
- Fight initiatives to weaken Maryland's current medical liability environment and jeopardize Maryland's Total Cost of Care Model, including increasing the "cap" on damages in medical malpractice cases or diminishing immunity protections.
- Ensure that actions of the Board and its staff during the disciplinary process are transparent and that the laws governing the Board provide for accountability including the adoption of a requirement that the physician complaint form include a penalty of perjury for false allegations.

ADDRESS BEHAVIORAL HEALTH TREATMENT AND RECOVERY NEEDS

- Advocate for expansion of Maryland's crisis treatment centers throughout the State and addressing access to care barriers for behavioral health services.
- Support innovative approaches to addressing the opioid crisis, such as the establishment of a pilot supervised injection facility.
- Support the continued establishment of partnerships between police and mental health professionals to ensure the appropriate response to individuals in a behavioral health crisis.

STRENGTHEN PUBLIC HEALTH INITIATIVES

- Continue to support health equity initiatives that address health disparities and the social determinants of health.

- Support policies to increase access for all Marylanders (regardless of immigration status) to free or low-cost health care plans through initiatives that automatically enroll individuals in coverage and/or provide subsidies to improve affordability.
- Advocate for public health and safety initiatives including improving child immunization rates; developing enhanced health education programs; developing health workforce mentorship programs; prohibiting the sale of flavored tobacco products; ensuring equitable access to public transportation; and supporting the development of evidenced-based occupational safety regulations for heat-related illness.

The complete 2023 Legislative Agenda can be found [here](#).

ePrescribing Required for CDS

The Maryland law requiring electronic prescribing of controlled dangerous substances (CDS) includes exceptions in addition to a waiver for prescribers under certain scenarios, including economic hardship, technological limitations, and other circumstances. The MPS has just been informed by the [Office of Controlled Substances Administration](#) that the calendar year waiver is available again for 2023. All waivers previously approved apply to the 2022 calendar year only, even though other expiration dates may have been noted in the past. **Please [click here](#) to request an electronic prescribing waiver for 2023.**

CMS has established an exception to its electronic prescribing mandate for those who prescribe up to 100 Part D CDS prescriptions annually. The [2020 Maryland law](#) applies to **all** CDS prescriptions written in the state, with several exceptions including when "the prescription is issued by a health practitioner who writes a low volume of prescriptions for controlled dangerous substances, as determined by the Maryland Health Care Commission." The quantity corresponding to low volume has not been established and there is no timeline available for when we will know that quantity.

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 provider self-care and the care they provide by addressing the pandemic, social justice issues, and other stressors. **CME credits are free.** Recordings are archived on the BHA/MedChi [webinar page](#). The programs run from **5 to 6 PM**:

January 12: [Reinforcing Effective Self-Concept Versus Self-Sabotaging](#) LaTanya Eggleston, MA

Maryland News

Maryland PDL Effective January 1

Maryland Medicaid's Office of Pharmacy Services announced that the Preferred Drug List is being updated for 2023. Some of the branded drugs are preferred over generics, including a few in the classes of anticonvulsants, antidepressants, and stimulants, and some OUD treatments. Please refer to [Advisory #246 for details](#)

MPS Again Requests No Change to Involuntary Admission Regulations

In the November 4 *Maryland Register*, the Maryland Department of Health published its amended proposal to change Regulations .04 and .08 under **COMAR 10.21.01 Involuntary Admission to Inpatient Mental Health Facilities**.

Although MDH broadened the proposed language slightly, the MPS continued its [earlier objection](#) to the attempt to define "danger" for purposes of emergency psychiatric evaluation and involuntary admission to a facility. Maryland's *existing* dangerousness standard accommodates a range of gray area situations involving serious risk to the individual or others. MPS asserted that the [proposed regulation](#) does not provide a comprehensive solution, and may exacerbate the very problems it aims to address.

[Click here to view the MPS comments.](#)

Maryland Medicaid Parity Enforcement Report

Maryland Medicaid issued its 2022 Mental Health Parity and Addiction Equity Act ([MHPAEA enforcement report](#)) in early October. MHPAEA requires parity in the treatment limitations and financial requirements for mental health and substance use disorder (MH/SUD) benefits, as compared to medical/surgical benefits.

MDH found no new parity violations but acknowledged that it has not reviewed reimbursement rate setting practices and did not have a final response on the service limitations for MH and SUD benefits, which federal regulators identified as a violation in 2021. Extensive information, including reports by Medicaid provider, is included – please notify MPS of any concerns via email to mps@mdpsych.org.

MPS Signs Onto SB 460 Workgroup Comment Letter

Last month the MPS, along with 16 other organizations, signed onto a letter drafted by The Legal Action Center (LAC) and members of The Maryland Parity Coalition providing comments on the Maryland Insurance Administration's (MIA) draft proposal for a consumer assistance program. The LAC and The Maryland Parity Coalition developed and advocated for the Consumer Health Access Program ([SB 460](#)).

The letter expressed disappointment that the SB 460 Workgroup has not focused on several issues the Coalition asked them to consider in June. Resolution of these issues could have fine-tuned and strengthened the program that passed the Senate and received funding in Governor Hogan's FY 2023 supplemental budget.

The letter noted appreciation for the MIA's willingness to present an alternative framework for assisting Marylanders obtain coverage of and access to mental health and substance use disorder services through public and private insurance. While the MIA's framework would adopt several CHAP features, its structure cannot achieve CHAP's fundamental vision and operation. That vision is a fully independent, consumer-centric program that implements best practices for education and outreach, individual client assistance and representation, and systemic reform.

The MIA's apparent goal is to retain at its core the state's existing consumer assistance services of the MIA, Maryland Health Benefit Exchange and HEAU. Each of these entities plays an important role in the state's health insurance education, enrollment and appeal processes and would continue to do so, under SB 460. Yet together they do not constitute a "consumer assistance program" that is equipped to promptly address the barriers that individuals with MH and SUDs face. Even with enhanced resources, reliance on a government agency-focused model will not do enough to help individuals and their families receive non-stigmatizing assistance and achieve their singular goal of identifying and accessing MH and SUD services as quickly as possible via insurance. Nor will it serve the broader goal of having an independent entity perform the sentinel function of identifying and resolving system-wide barriers. For these reasons, The Coalition's letter did not support the MIA's current proposal and noted they would oppose a bill that puts forth this model.

The letter continued to outline additional recommendations and comments. [Click here](#) to read the letter in its entirety.

Maryland News

MHCC Cybersecurity Preparedness Questionnaire

The Maryland Health Care Commission [Cybersecurity Preparedness Self-Assessment Questionnaire](#) is designed to help health care practices and clinics identify potential gaps in cybersecurity and prioritize areas for improvement. The questionnaire was developed in collaboration with stakeholders and is intended to raise awareness and help evolve approaches to cybersecurity. It includes select elements from [the National Institute of Standards and Technology \(NIST\) Cybersecurity Framework \(CSF\)](#) and consists of self-evaluation statements grouped by people processes, policies, and technology that align with the NIST CSF.

Opioid Restitution Fund Advisory Council

The next meeting of the Maryland Opioid Restitution Fund Advisory Council will be held virtually on **January 9 at 1 PM**. The Council was [created](#) via 2022 legislation to provide recommendations regarding the use of monetary awards to the State of Maryland from legal settlements with prescription opioid manufacturers and distributors. Meeting agendas, links, minutes, etc. are available on the [website](#). For questions regarding the Advisory Council, email Help.OOCC@Maryland.gov.

New Laws Taking Effect January 1

HB 820: Health Insurance – Pediatric Autoimmune Neuropsychiatric Disorders – Modification of Coverage Requirements: Removing a requirement that rituximab be approved by the federal Food and Drug Administration to be subject to a requirement on certain insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for the treatment of certain pediatric autoimmune neuropsychiatric disorders; etc.

General Assembly to Convene January 11

The Maryland General Assembly, including at least 50 newly elected legislators out of a total of 188 Senators and Delegates, will start the 90-day session on Wednesday January 11. The coming year is expected to be busier than usual and the MPS Legislative Committee has already been working on bill drafts.

As a member of the Behavioral Health Coalition, MPS is also involved with the Coalition's 2023 [Behavioral Health Crisis Prevention Platform](#). More to follow in the coming months.

Open Enrollment Window Closing Soon

[Maryland Health Connection](#) is open for enrollment in private health plans through January 15 for coverage beginning on **February 1**. (If you're eligible, you can apply for Medicaid any time of year. If you are already enrolled in Medicaid, you will receive a notice before your benefits end.) Use the [Get an Estimate](#) tool to get started or [Find your local navigator](#) for in-person or virtual assistance.

Reminder: Receive Out-of-Network Services

Request Authorization to Receive Out-of-Network Services for Mental Health & Substance Use Disorders

The Maryland Insurance Administration held a program for consumers to explain how to use the new provisions of the balance billing law that takes effect January 2023. [Click here for the slides](#).

Out-of-Network Consumer Education Resources

Beginning January 2023, Marylanders with state-regulated private health insurance plans ([click for info](#) on state-regulated plans) can get mental health and substance use disorder treatment from a provider who is not in their plan's provider network without paying high out-of-pocket costs if a network provider is not available. To help educate the public about the new requirements, the Legal Action Center has developed tools that are available on their [website](#).

The Maryland Insurance Administration has posted each carrier's procedure for requesting approval for non-participating provider services on its [website](#).

Key General Assembly Dates

The Maryland General Assembly will convene at noon on January 11. Several key dates of interest include:

- January 18: Inauguration of the Governor and Lieutenant Governor
- January 20: Final date for Governor to introduce budget bill and capital budget bill
- February 6: Any House bills introduced after this date will be referred to the House Rules and Executive Nominations Committee
- February 10: Any Senate bills introduced after this date will be referred to the Senate Rules Committee
- March 20: Opposite Chamber Bill Crossover Date - Each Chamber must send to other Chamber those bills it intends to pass favorably Opposite Chamber bills received after this date subject to referral to Rules Committees
- April 3: Budget bill to be passed by both Chambers
- April 10: Adjournment "Sine Die"

Maryland News

Trained Military Assistance Provider Program Launched

Last month, MDH fully launched the Trained Military Assistance Provider (TMAP) Program, a new initiative to reduce suicides and increase lethal-means safety for service members and veterans that was first piloted in 10 Maryland primary care practices. Developed by the Maryland Governor's Challenge to Prevent Suicide Among Service Members, Veterans and their Families, **TMAP training is free to all Maryland-based primary care staff.** Participants are trained on mental health, suicide risk assessment and intervention. The curriculum helps providers better understand military and veteran culture and create a safety plan in a military-culturally competent way. Led by Maryland's Commitment to Veterans, a division within BHA, TMAP offers 3.5 hours of online training, over 10 self-paced courses.

Maryland is home to approximately 350,000 veterans, 30,000 active-duty service members and 18,000 reservists/national guard members, according to the Maryland Department of Veterans Affairs. [Click here](#) for more information.

Deaf and Hard of Hearing Virtual Stakeholder Meetings

The Maryland Behavioral Health Administration's Behavioral Health Equity Workgroup Policy and Procedures subcommittee is reviewing policies and best practices in providing services to individuals who are Deaf and Hard of Hearing. The subcommittee aims to implement policies that support access to quality services for all Marylanders regardless of age, culture, disability, gender identity, ethnicity, race, or religious and/or sexual orientation. The Policy and Procedures subcommittee will host five regional stakeholder meetings in January and early February to share information on Public Behavioral Health System services available and to obtain input from stakeholders on how to enhance public behavioral services for individuals who are deaf and hard of hearing in Maryland. Please [click here](#) for dates, locations, and registration links.

Member Publication

Congratulations to first author **Michael Bray, M.D.**, co-authors **Barry Bryant, M.D.** and **Will Tobolowsky, M.D.**, and senior author **Matt Peters, M.D.** on a [new paper](#) published in *Alzheimer's and Dementia* about the impact of traumatic brain injury on the development of early signs of dementia, particularly those involving neuropsychiatric symptoms.

Interstate Telehealth Study

A Maryland Health Care Commission (MHCC) study is underway regarding matters related to interstate telehealth presented in [House Bill 670, Maryland Health Care Commission - Study on Expansion of Interstate Telehealth \(2022\)](#). The Maryland Board of Physicians [requested amendments](#) to the bill and the sponsors elected to withdraw it and request that MHCC complete a study. In June 2022, Westat was competitively selected to conduct research and participate in an MHCC convened stakeholder workgroup. A final report detailing study findings, recommendations, and supporting rationale is due to the Health Government Operations Committee by December 1, 2023.

Beginning January 2023, MHCC will convene an Interstate Telehealth Workgroup of stakeholders that may be affected by or have an effect on expanded interstate telehealth practice. The purpose of the workgroup is to discuss challenges and identify approaches that improve Marylanders' access to telehealth services from out-of-state practitioners while ensuring protections for patients and an adequate supply of Maryland practitioners. The workgroup will deliberate on the following in addition to other policy matters identified:

- How can issues related to health insurance coverage and medical liability associated with delivery of telehealth services by out-of-state practitioners be addressed;
- Are interstate health compacts sufficient for expanding the use of interstate telehealth;
- Can practitioner requirements for Maryland licensure be altered to further the availability of telehealth services while ensuring protections for patients; and
- How can Maryland promote the broader availability of telehealth while minimizing the impact on Maryland, including practitioners supply and demand?

Please [click here](#) for more information.

An [AMA news post](#) notes that many state medical boards are considering a related FSMB policy that facilitates continuity of care for patients who are temporarily in another state.

MPS Members Out & About

Nicole Leistikow, M.D. had a piece, "[Sleep can help new moms avoid depression. Partners need to do more.](#)" published in the December 9 *Washington Post*.

Paul Nestadt, M.D. was featured on the [December 12 WBALTV Maryland Peace of Mind](#) interview about holiday blues and seasonal affective disorder. He was also interviewed for a [November 12 Afro News article](#) about suicide prevention.

New MPS Collaborative Care Model Interest Group

A new MPS Interest Group focused on the [Collaborative Care Model](#) (CoCM) in Maryland, enables members to work together on workflow, quality, and outcomes for integrated care. Steve Daviss, M.D. facilitates the group facilitator, which is **open to all MPS members**.

The [Collaborative Care Model](#) (CoCM) is an integrated care approach that helps primary care practitioners (PCPs) better manage people with mild and moderate psychiatric problems. The initial challenge in getting started with CoCM is finding PCPs interested in using the model. And PCPs have trouble finding psychiatrists who want to do CoCM. MPS has added "Collaborative Care Model (CoCM) Consulting" to the areas of interest in the [Find-a-Psychiatrist](#) tool to make it easier for practices to find psychiatrists who are trained in and use the model. The Interest Group will focus on the matchmaker role as an early initiative.

Virtual MPS CoCM Interest Group meetings are held the **second Monday of the month from 7 to 8 PM**. To join, please email heidi@mdpsych.org.

Note: This group will not discuss fees or any other issues that could be considered anticompetitive.

2023 MPS Dues Notices

If you haven't already, please pay your 2023 dues:

- Mail your check made payable to "MPS" to 1101 St Paul Street, Ste 305, Baltimore, MD 21202 - **OR-**
- Pay online using a debit or credit card or Paypal account at [this link](#) or via your MPS [member account](#).
- Payment plan options are available at [this link](#).

If you have questions or concerns please email mps@mdpsych.org or call the MPS office at 410.625.0232. Thanks for your continued support of the Maryland Psychiatric Society!

MPS Membership

Transfers Into Maryland

Kahlil A. Johnson, M.D.
Tuna Hasoglu, M.D.
Jesse J. Wilson, D.O.

Expand Your MPS Engagement in 2023!

With the start of a new year, some MPS members may be looking to get more from their membership in the Maryland Psychiatric Society. Following are some of the offerings that are available and relatively easy to begin.

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.

Join the MPS Listserv

Join the online MPS community to quickly and easily share information with other MPS psychiatrists who participate. To join, click [here](#). You will need to wait for membership approval and will be notified by email. If you have any problems, please email mps@mdpsych.org.

Curbside Conversations Resource

Over 20 topic areas with limited participation are available! [Curbside Conversations](#) facilitates member connections related to specific practice areas. Members with in-depth knowledge chat informally with other members seeking information. The discussions are not formal consultations, but rather a collegial resource offered voluntarily to others in the MPS community.

Enhance your Credentials

Apply for Fellow or Distinguished Fellow status later this year. Visit the [APA website](#) for details and a link to [apply](#).

Engage with Digital Options

To stay informed, visit the [MPS website](#) regularly and follow us on [Facebook](#), [Instagram](#), [Twitter](#), and [LinkedIn](#).

MPS Interest Groups: [Interest Groups](#) are a way to connect with other psychiatrists around areas of mutual interest. Most communication occurs over email, but other options are possible. MPS members can opt in indefinitely to receive information and the opportunity to share news, ideas and concerns with participating members. Be sure to check out our new Collaborative Care Model interest group!

Other possibilities coming in March include voting in the MPS election or serving on a [committee](#). Watch your email for details.



November AMA House of Delegates Highlights

On Friday November 11th until Tuesday November 15th, Delegates representing State and Specialty Societies from across the country gathered in Honolulu, HI at the Hawai'i Convention Center for the American Medical Association (AMA) Interim Meeting. For a full recap of the meeting, please visit the AMA [highlights page](#) or [full proceedings](#).

The Maryland Delegation is made up of physician delegates elected through MedChi ([The Maryland State Medical Society](#)), as well as physicians in Maryland on other delegations such as through their specialty society. The Section Council on Psychiatry is made up of physician delegates through [APA](#) (including myself as the Resident Fellow Member [RFM] Delegate), [AAGP](#), [AACAP](#), [AAPL](#), [AAP](#), & [ACLP](#) whereas the Psychiatry Delegation includes the Section Council and psychiatrists on other state delegations.

The meeting started with AMA President, Dr. Jack Resneck (Dermatology, California), sharing what the AMA is doing to fix the healthcare system. He stated that telling physicians "to be more resilient, do a little more yoga, and to enjoy a free dinner from the hospital CEO isn't going to heal the burnout. While wellness has its place, to focus solely on resilience is to blame the victim... We need to fix what's broken—and it's not the doctor". In addition to a week of policy discussions, [education sessions](#) were also provided throughout the week, some of which were recorded in advance. Notable sessions included "Addressing Misinformation and Misconceptions: Caring for Patients with Persistent Symptoms Attributed to Lyme Disease", "Finding Opportunities to Promote Equity in Health Care", and "Criminalization of Pregnancy".

The Section Council on Psychiatry or components within the Council brought forth the following resolutions:

- Amending AMA policy H-185.974 on expanding parity protections and coverage of mental health and substance use disorders to support federal legislation, standards, policies and funding that enforce and expand parity and non-discrimination protections, and that require Medicare coverage of all levels of mental health and substance use disorder care, as well as support for insurance plans to implement a compliance program to demonstrate compliance with state and federal mental health parity laws (Res 216, adopted)
- Consent for Sexual and Reproductive Healthcare (Policies E-2.2.2 And E-2.2.3 Reaffirmed in lieu of Res 007)

MedChi was a cosponsor on late resolution 1001, "Urgent AMA Assistance to Puerto Rico and Florida and a Long-Range Project for Puerto Rico", res 308 "Paid Family / Medical Leave in Medicine", and Res 602 "Finding Cities for Future AMA Conventions/Meetings".

Additional resolutions passed related to mental health, including but not limited to:

- Opposition to Requirements for Gender-Based Treatments for Athletes (BOT 1)

- Restricting Derogatory and Stigmatizing Language of ICD-10 Codes (Res 015)
- Elimination of Seasonal Time Changes and Establishment of Permanent Standard Time (210)
- Illicit Drug Use Harm Reduction Strategies (211)
- Screening and Approval Process for the Over-the-Counter Sale of Substances with Addictive Potential (218)
- Extend Telemedicine to Out of State Enrolled College Students to Avoid Emergency Room and Inpatient Psychiatric Hospitalizations when in Crisis (220)
- Allocate Opioid Funds to Train More Addiction Treatment Physicians (222)
- Older Adults and the 988 Suicide and Crisis Lifeline (908)
- Decreasing Gun Violence and Suicide in Seniors (909)
- Referral of Supporting and Funding Sobering Centers (913)
- Decreasing Youth Access to E-cigarettes (919)
- Expanding Transplant Evaluation Criteria to Include Patients that May Not Satisfy Center-Specific Sobriety Requirements (928)
- Addressing Longitudinal Health Care Needs of Children in Foster Care (930)

Additional general resolutions on various topics passed, many of which are aligned with AMA's [Strategic Plan](#) to Embed Racial Justice & Advance Health Equity, including but not limited to:

- Terms and Language in Policies Adopted to Protect Populations from Discrimination and Harassment (BOT 12)
- Assessing the Humanitarian Impact of Sanctions (002/006)
- Indigenous Data Sovereignty (003)
- Encouraging Medical Schools to Sponsor Pathway Programs to Medicine for Underrepresented Groups (305)
- Reducing the Burden of Incarceration on Public Health (902)
- Immigration Status is a Public Health Issue (904)
- Minimal Age of Juvenile Justice Jurisdiction in the United States (905)
- Pulse Oximetry in Patients with Pigmented Skin (915)

In the public health crisis that is the post-Dobbs era, [multiple resolutions passed](#) to protect the rights of physicians and pregnant people:

- Preserving Access to Reproductive Health Services (BOT 4)
- Amendment to Opinion 4.2.7, "Abortion" (CEJA 02)
- Support for Physicians Practicing Evidence-Based Medicine in a Post-Dobbs Era (008)
- Opposition to Criminalization of and Civil Liability for Pregnancy Loss (223)
- Access to Methotrexate Based on Clinical Decisions (227)
- Expanding Support for Access to Abortion Care (229/231)
- Increased Health Privacy on Mobile Apps in Light of Roe v Wade (230)
- Support for GME Training in Reproductive Services (317)

(Continued on next page)

(AMA House of Delegates Highlights Continued)

In the continued public health crisis that is gun violence, multiple resolutions passed including:

- Further Action to Respond to the Gun Violence Public Health Crisis (BOT 02)
- A National Strategy for Collaborative Engagement, Study, and Solutions to Reduce the Role of Illegal Firearms in Firearm Related Injury (907)
- Firearm Injury and Death Research and Prevention (921)
- Physician Education and Intervention to Improve Patient Firearm Safety (923)

Candidates for elections at the A23 Annual Meeting were announced. For a list of all candidates and positions, please view [here](#).

If you have questions about the meeting or topics that you would like to see the AMA address, please don't hesitate to reach out: kdiones1@jhu.edu

*Karen Dionesotes, M.D., M.P.H.
PGY-4, Psychiatry, Johns Hopkins Medicine
APA RFM Delegate to AMA HOD*

PRMS Risk Management Self-Audit for Psychiatrists

[Click here](#) for list of 10 risk management questions for psychiatrists to consider as 2022 closes, along with PRMS' risk management thoughts and resources.

SAMHSA Proposal Would Expand Access to OUD Treatment

SAMHSA is proposing to update federal regulations by allowing take home doses of methadone and the use of telehealth in initiating buprenorphine at opioid treatment programs (OTPs). This would continue COVID-19 public health emergency flexibilities and could help reduce overdose deaths. SAMHSA's proposed changes also would update several requirements related to OTPs. The proposal is viewable in full at <https://public-inspection.federalregister.gov/2022-27193.pdf>. Public comments are being accepted until **February 14** at the same link.

SAMHSA Prevention Day January 30

SAMHSA's 19th Prevention Day will be Monday, January 30 at the Gaylord National Resort & Convention Center in Oxon Hill, Maryland. Please [click here](#) for information or to register.

Medicare Updates

Check Your Initial 2023 MIPS Eligibility

Use the [QPP Participation Status Tool](#) to check your initial 2023 MIPS eligibility status. Enter your 10-digit National Provider Identifier (NPI) to find out whether you need to participate in MIPS in 2023. Also review your final 2022 MIPS eligibility, which may have changed based on claims volume later in the year.

MIPS Data Validation to Begin

CMS has contracted with Guidehouse to conduct data validation and audits of MIPS eligible clinicians to confirm the accuracy and completeness of 2019, 2020, and 2021 MIPS results. Regulation requires clinicians to comply with providing data as requested by CMS. If you are selected, you will receive a request for information from Guidehouse via the email address MIPS_DVA@guidehouse.com. You will have 45 to provide the requested information. Failure to respond could result in a payment adjustment and may also increase the possibility that you will be selected for future audits.

TMS Treatment of Adults

Novitas local coverage determination L34998 Transcranial Magnetic Stimulation (TMS) in the Treatment of Adults with Major Depressive Disorder is in effect for Medicare services performed **on or after December 11**. Please [click here](#) for full coverage guidance details and [click here](#) for billing and coding details.

Thank You!

The following members paid additional MPS dues for 2023 even though they qualify for reduced dues because of their Rule of 95 life status. **We appreciate your support of the Maryland Psychiatric Society!**

Virginia L. Ashley, M.D.
Joanna D. Brandt, M.D.
Lawrence P. Costello, M.D.
Mark Ehrenreich, M.D.
David Gonzalez-Cawley, M.D.
David Goodman, M.D.
Jesse M. Hellman, M.D.
Lisa S. Hovermale, M.D.
Jemima Kankam, M.D.
Mercedes Rizo, M.D.
Elias K. Shaya, M.D.
Daniel D. Storch, M.D.
Robin Weiss, M.D.

APA News & Information

December APA BOT Highlights

Following is a summary of the APA Board of Trustees meeting December 10-11, 2022.

- Incredible liaisons established with other World psychiatric associations. Increase in interest and support from the Ukrainian psychiatric association with a forthcoming meeting in Romania. Both the President Rebecca Brendel and Saul Levin were at these meetings. Dr. Brendel also updated Congress on the importance of the collaborative care model.
- Fiscal status: Great revenue generation and good reserves for covering 2 years of expenses. Better income than industry benchmark for assets.
- Great Internet and social media presence- better than any other comparable institution such as Am. Psychological Assn, or NAMI etc. This has resulted due to the new Public Relations efforts.
- In person meetings to increase cost coming out of the pandemic.
- Books and journals to bring in 43% of revenue for publications, as opposed to 50% in 2022.
- The revenue analysis of the Foundation shows a stable financial situation.
- MUR groups- definition, percentages, and more attention to bridging gaps and raising equity among those not just under represented but also not adequately recognized in order to advance equity.
- How does the future of psychiatry look? A discussion and plan is ongoing.
- Planning under way to address the APA's policy and strategic plan to develop standards of care and advocacy goals.
- Items that are critical: DSM and psychiatric diagnosis (that is the premier area of expertise for psychiatry as opposed to other professional groups).
- Valid, reliable and readily usable tools contemplated at the point of care by anyone who is a care provider.
- Psychpro- data shows the difference in quality of outcomes? More to be reviewed.
- Payment reform- training environment that promotes the practice of psychiatry discussed.
- Suggestions for the implementation of collaborative care models and financing models for a full system of care discussed.
- Healthy and vibrant discussion on systems of care, payment systems, and guiding the younger generation, training them to be team leaders.

Please [email me](#) with any questions or concerns.

Area 3 Trustee Geetha Jayaram, M.D.

Vote in APA Election January 3-31

[Click here](#) for information on candidates and be sure to participate in selecting upcoming APA leadership by casting your ballot.

HHS Proposed Rule to Modify Confidentiality Protections

Substance use disorder (SUD) patient treatment records have specific confidentiality protections under 42 CFR Part 2. The HHS proposed changes represent an effort to piece together existing privacy rules outlined by HIPAA, 42 CFR part 2 and the recently passed CARES Act. The APA supports the proposed rule because it will align the use and disclosure of Part 2 treatment records with HIPAA requirements by:

- 1) permitting a single patient's consent for all future uses and disclosures
- 2) establishing new patient rights to obtain an accounting of disclosures of Part 2 records
- 3) creating a new HHS enforcement authority
- 4) updating breach notification requirements to HHS and affected patients, and
- 5) prohibiting part 2 programs from taking action against patients.

The APA Division of Policy, Programs, and Partnerships plans to submit comments in the Federal Register in January.

[Brooke Trainum](#), APA Director, Practice Policy

Please [click here](#) for the press release, including links to the proposal and a fact sheet. Public comments are due by **January 31**.

FREE January APA Course of the Month

Psychopharmacology Master Class: The Art of Psychopharmacology: This course will explore evidence-based practice, addressing the science of the art of psychopharmacology, the importance of the doctor-patient relationship, the importance of a patient-centered evaluation, how a deeper understanding of the patient may help guide prescribing decisions, as well as common errors in prescribing. [Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

APA Legislative Advocacy Group

[Sign up to join the Legislative Advocacy Group](#) on **APA Communities**, a message board where APA will post topics and stay connected about important legislation. This board will go live the first week of 2023!

APA News & Information

Mental Health Provisions in Federal Spending Package

The APA announced support for several provisions in the end-of-year omnibus bill that will promote access to care for people with mental health (MH) and substance use disorders (SUDs). At the same time, APA is concerned that Congress restored only 2.5% of a 4.5% Medicare payment cut for 2023 and urged Congress to revisit this challenge in the new year. H.R. 2617 incorporates several APA-backed measures, including:

Workforce Equity Investments: adding 100 new graduate medical education slots specifically for psychiatry or psychiatry subspecialties.

Collaborative Care Model: grants and technical assistance to primary care practices to implement the evidence-based Collaborative Care Model for early intervention and prevention of MH/SUDs.

Telehealth: extends current public health emergency Medicare telehealth flexibilities and delays the in-person requirement for telehealth services for mental health until December 31, 2024.

Health Equity: increases authorization and funding for SAMHSA Minority Fellowship Program and programs to improve maternal health.

MH/SUD Funding: increases funding for critical MH/SUD programs under SAMHSA, CDC, and NIH, including the National Institute on Minority Health and Health Disparities.

Parity Compliance: eliminates the parity opt-out for non-federal governmental health plans and funds state insurance departments to enforce and ensure compliance with the MH parity law.

Congratulations!

With MPS recommendation, the APA has advanced the membership status of the following MPS members.

New APA Distinguished Fellows

This status reflects exceptional abilities, talents, and contributions to the psychiatric profession.

Joseph Bienvenu, M.D., Ph.D.
Jennifer Coughlin, M.D.
Carol Vidal, M.D., Ph.D, MPH
Samuel Williams III, M.D., MBA
Michael Young, M.D., MS

New APA Fellows

Khalid El Sayed, M.D.
Jason Emejuru, M.D.
Joyce Harrison, M.D.
Brian Lerner, M.D.
Russell Margolis, M.D.
Chinenye Onyemaechi, M.D.
Arthi Parwani, M.D.
Amanda Square, M.D.
Aurelio Zerla, M.D.
Xian Zhang, M.D., Ph.D.

Congratulations to all on reaching this milestone!

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

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.

OFFICE SPACE AVAILABLE

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

Ellicott City: Daily/Part-time/Full-time: Following CDC guidelines, Telehealth and in person. Includes Wi-Fi, copier, fax, staff kitchen, handicapped access. Convenient to route #'s: 40, 29, 32, 70 & 695. Contact Dr. Mike Boyle 410-206-6070 or 410-465-2500.

Calling All Residents & Fellows!



Join us on **Wednesday February 1 from 6-9 PM** at HomeSlyce Pizza Bar in Baltimore for a **FREE**, fun evening featuring music, great food and open bar. Teams of residents and fellows will vie for cash prizes. For fun we will throw in a team from the MPS leadership to find out who comes out on top!

The trivia portion of the evening will be run by Charm City Trivia. This event is open to members & non-members.

[MORE INFORMATION & RSVP HERE!](#)



Program Director

MedStar Health, which has one of the largest non-profit physician health groups in the nation, is pleased to announce that we will be creating a community-focused Psychiatry residency based in Baltimore, Maryland. We are recruiting for a program director to plan and lead this exciting new program. In collaboration with the Department of Psychiatry of the Georgetown University School of Medicine, the program will offer an emphasis on clinical community training with the benefit of an academic partnership with one of the nation's most prominent medical schools.

We are seeking an energetic and creative psychiatrist who will provide outstanding leadership and vision for this program. The program director will also be expected to provide clinical care at one of the two core locations for the program, MedStar Franklin Square Medical Center and MedStar Harbor Hospital. Required qualifications include expertise in psychiatric education and at least three years of administrative leadership. The program director will have a faculty appointment at the Georgetown University School of Medicine with rank based on experience and qualifications.

MedStar Medical Group is the integrated provider organization for MedStar Health, one of the nation's most recognized, respected, and comprehensive health systems. We engage with our communities through more than 300 sites of care across Maryland and the Washington, D.C., region with 2500 physicians across our hospitals and multispecialty clinics.

Be a part of a nationally recognized health system and the largest provider of health services in the Baltimore/Washington region. Enjoy a rich career and a quality of life unique to the mid-Atlantic region, which features a mix of urban, suburban, and rural communities. With a lower cost of living than other large cities on the East Coast, housing in the Baltimore area is quite affordable. The region offers many highly-rated opportunities for primary, secondary and higher education.

EOE. Candidates must be board certified or eligible and eligible for license in Maryland. Must be sensitive to the needs of underrepresented minority populations.

To apply for a position, please send your CV and a letter of interest to:

Steve Epstein, MD Physician Executive Director,
MedStar Behavioral Health Professor and Chair,
Department of Psychiatry
MedStar Georgetown University Hospital and Georgetown University School of Medicine
c/o MBH Recruitment at MBHrecruitment@gunet.georgetown.edu



Make more than a living. Make a difference.

At Kennedy Krieger Institute, we believe in turning disabilities into abilities, the impossible into the possible, and hopes into realities. Join our team and see what makes us so special.

Now Hiring for a Child/Adolescent Psychiatrist

This part-time position is with our K-8 program at Kennedy Krieger School Programs' Fairmount Campus in East Baltimore, serving students ages 5-14.

Responsibilities include providing psychiatric evaluations and direct medication management for students, classroom observation, individual meetings with students, communication with parents, and communication with the school team and medical director. Attendance at team meetings may take place, as needed and as the schedule permits. Workdays and hours are negotiable. Supervision will be provided by the medical director.

Qualifications: BE/BC in Child and Adolescent Psychiatry

Enjoy a supportive work environment where children and families are at the heart of all we do.

For more info or to apply, please visit: [KennedyKrieger.org/Psychiatry](https://www.kennedykrieger.org/psychiatry)

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Kennedy Krieger Institute

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SHEPPARD PRATT IS SEEKING PSYCHIATRISTS TO WORK ACROSS MARYLAND IN A VARIETY OF TREATMENT SETTINGS, INCLUDING OUR NEW STATE-OF-THE-ART BALTIMORE/WASHINGTON CAMPUS.

CURRENT OPENINGS INCLUDE:

Emergency & Crisis Services Medical Director

Addictions Medical Director

Residential Psychiatrist: The Retreat, The LifeLaunch

Inpatient Unit Chief: Trauma Disorders

Inpatient & Day Hospital Staff Psychiatrists: General Adult, Child & Adolescent, Geriatrics

Outpatient Psychiatrists

REQUIREMENTS

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

WHY SHEPPARD PRATT?

- Physician-led organization
- Generous compensation package with comprehensive benefits, including medical, dental, vision, and life insurance; an extensive wellness program; and ample leave
- A network of the brightest minds in psychiatry
- Grand rounds, free CME opportunities
- State-of-the-art research and technology
- Cross-discipline collaboration

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

About Sheppard Pratt

Consistently ranked as one of the top ten psychiatric hospitals by *U.S. News & World Report*, Sheppard Pratt is the nation's largest private, nonprofit provider of mental health, substance use, special education, developmental disability, and social services. We employ more than 95 doctors who all share a passion for providing the best care to those we serve. Visit sheppardpratt.org to learn more about our services. EOE.



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