

MPS NEWS

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Editor: Meagan Floyd

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Deadline for articles is the 15th of the month preceding publication. Please email heidi@mdpsych.org.
MPS News Design & Layout
Jora Hritz

President's Column

Collective Voices

As we begin a fresh year filled with revitalized enthusiasm and hope, I extend my heartfelt gratitude to each and every one of you for your support and dedication to the Maryland Psychiatric Society (MPS). At the core of our society, active membership stands as the vital foundation upon which our work depends. As such, it is imperative that we continue to prioritize membership engagement and involvement. This month, I would like to draw your attention to the importance of active participation within our society, particularly through [our committees](#).

Committees are the backbone of the MPS, offering a structure to tackle relevant issues, spearhead meaningful initiatives, and influence the trajectory of our profession. I am immensely grateful to all our committee chairs and members, both seasoned and new, for their invaluable contributions and tireless dedication to advancing our collective mission. In the past year, our committees have tackled various challenges head-on, from addressing systemic racial discrimination within our profession to gun violence prevention to position statements on cannabis use and behavioral health integration.

I would like to extend special recognition to the Legislative Committee, the [APA Assembly Delegation](#), the [Academic Psychiatry Committee](#), the Distinguished Fellowship Committee, the Ethics Committee, the [Editorial Advisory Board](#), the Community Psychiatry and Diversity Coalition, the Program and CME Committee, the new Subspecialty Committee, the Nominations and Elections

Committee, and the Membership & Recruitment Committee for their exemplary work and commitment. Moving forward, I **encourage each and every one of you to consider getting involved** with our committees. Whether you are an early career psychiatrist, a seasoned practitioner, or somewhere in between, there is a place for you to make a difference and contribute to the collective success of our society.

Furthermore, I invite you to participate in our ongoing efforts to gather feedback and improve our services. The [annual survey is now open](#) for responses, providing a valuable opportunity for you to share your thoughts and suggestions. Additionally, member update forms will be sent out soon, allowing us to ensure that your membership information is accurate and up to date.

As we strive to enhance our impact and reach, we are actively working towards establishing closer partnerships with other local general medical and psychiatry specialty organizations. By collaborating with these esteemed partners, we aim to amplify our collective voice and effect positive change on a broader scale.

By actively engaging with MPS, you play a crucial role in shaping the future of our profession. Together, we can create a vibrant and inclusive community that supports the growth and well-being of all its members.

Thank you for your continued support, and I look forward to the journey ahead.

Warm regards,

*Theodora Balis, MD
President*

The MPS Council will meet by videoconference on June 11 at 7:30 PM. All members welcome!

2024-2025 MPS Committee Chairs

Academic Psychiatry

Matthew E. Peters, M.D., Co-Chair (410) 955-6114
Traci J. Speed, M.D., Ph.D. Co-Chair (410) 550-7985

Enhances collaboration between the MPS and the academic community, focuses on its needs and highlights its accomplishments via annual paper and poster contests.

APA Assembly Delegation

Annette L. Hanson, M.D., Co-Chair (410) 724-3149
Elias K. Shaya, M.D., Co-Chair (443) 444-4540
Brian Zimnitzky, M.D., Co-Chair (443) 603-1344

This group of MPS members serving in the APA Assembly is co-chaired by MPS's Assembly Reps. It coordinates MPS representation in the APA and is a forum for MPS members with concerns they would like APA to address.

Community Psychiatry & Diversity Coalition

Theodora G. Balis, M.D., Co-Chair (410) 469-5238
Ann L. Hackman, M.D., Co-Chair (410) 328-2564

Advocates for integrating the elements of diversity into the MPS by acting as a liaison to other community organizations with related interests, both clinically and academically. In addition, it represents the MPS on issues related to community psychiatry, including the proper use and role of psychiatrists in public settings and the quality of psychiatric care for patients. There is a recovery focus on under-served individuals with serious mental illness.

Distinguished Fellowship

Karen L. Swartz, M.D., Chair (410) 955-5212

Selects the MPS nominees for APA Distinguished Fellow in accordance with APA guidelines. Committee members must be Distinguished Fellows or Distinguished Life Fellows.

Editorial Advisory Board

Bruce A. Hershfield, M.D., Editor (410) 771-4575

Responsible to the Council for supervising and advising the Editor of *The Maryland Psychiatrist* regarding policies, article selections, and general management of the publication.

Ethics

Joanna D. Brandt, M.D., Co-Chair (410) 321-1525
Ronald F. Means, M.D., Co-Chair (410) 724-3000

Reviews ethical dilemmas in psychiatric practice and provides leadership and guidance to members. Also responsible for investigating ethical complaints against members. It is constitutionally limited to ten members, two of whom must be past presidents.

Legislative

Cynthia Major Lewis, M.D., Co-Chair (410) 995-3861
Michael A. Young, M.D., Co-Chair (410) 938-3891

Pursues the interests of the membership in all mental health matters, initiating and responding to proposed state legislation as well as proposed regulations affecting psychiatry. Liaison with our lobbyist, other MPS committees, MedChi, and other patient and professional advocacy groups is integral to this work, much of which occurs during the legislative session from early January to early April each year. Members critique bills and can testify in Annapolis on bills the committee feels are most important.

Membership & Recruitment

Adefolake Akinsanya, M.D., Co-Chair (410) 938-3000
Ronald Means, M.D., Co-Chair (410) 724-3000

Recruits and evaluates applicants for membership, in accordance with MPS and APA policy. Also considers special member requests, works on recruitment, including outreach to area residency training programs, and carries out retention efforts.

Subspecialty

Vittoria DeLucia, M.D. (301) 785-9473

The MPS Subspecialties Committee acts as a liaison with psychiatric subspecialty organizations, including Maryland and regional affiliates of the [American Academy of Addiction Psychiatry](#), the [American Academy of Child and Adolescent Psychiatry](#), the [Academy of Consultation-Liaison Psychiatry](#), the [American Academy of Psychiatry and the Law](#), and the [American Association for Geriatric Psychiatry](#).

Program & Continuing Medical Education

Joshua J. Chiappelli, M.D., Co-Chair (410) 328-6735
Paul Nestadt, M.D., Co-Chair (410) 955-6114

Plans MPS scientific programs and ensures that they qualify for CME credit.

Committee Sign-Ups!

ALL members are invited to step up with MPS and make a difference in how psychiatry is practiced in Maryland

The MPS offers multiple ways for members to be involved, including volunteering for [committees](#), joining an [email interest group](#) and other ways that members request.

Engage with us to represent psychiatry. This is your chance to have a say! Your energy and ideas can help the MPS effectively focus on issues that are important to you! Participation from members is essential to accomplishing our goals. To review the options and sign up, [please click here](#).

MPS Sends Letters Regarding Funding Cuts

In May the MPS Executive Committee sent two letters to Laura Herrera Scott, MD, Secretary of Health, regarding the state's recent decision to cut funding for psychiatry residency training at the University of Maryland and to withdraw state support for the continuation of research initiatives by the Maryland Psychiatric Research Center and the Spring Grove Hospital Center.

The letter addressing the [funding cuts for the University of Maryland Psychiatry Residency program](#) noted, "Your office's recent decision to cut funding for psychiatry residency training at the University of Maryland starting this July is a decision that will have detrimental effects on the well-being of our community" and continued, "there is already a shortage of psychiatrists both in our state and across the United States. By cutting funding for psychiatry residency training, we are exacerbating an already dire situation and depriving our community of much-needed mental health professionals." For several years, medical organizations, including the American Psychiatric Association (APA) and the American Medical Association (AMA), have supported federal legislation to increase Graduate Medical Education (GME) slots to address workforce shortages. The fact that the Maryland Department of Health (MDH) would work against this effort by eliminating funding for positions is deeply concerning. Doing so also counters the administration's purported prioritization of improved behavioral healthcare access to the citizens of Maryland.

The letter highlighting the state's decision to [withdraw support for the Maryland Psychiatric Research Center](#) stated that "suspension of these research activities not only raises ethical concerns but also deprives patients of valuable treatment options and the autonomy to make informed decisions about their care. It is imperative that we continue to advocate for the rights of patients to access innovative treatments and participate in research studies that have the potential to transform lives. Patients have the right to choose their course of treatment. The denial of the choice to participate in a research study denies them this choice." The importance of maintaining a supportive environment for safe and ethical research cannot be overstated. It is through these endeavors that psychiatry can offer promising treatment options to those who need them most, while upholding the highest standards of patient care and respect for individual rights.

By targeting psychiatry and other vulnerable and stigmatized health issues like pediatric HIV, the state's decisions impact vulnerable Marylanders and further widen existing health disparities. This is particularly troubling at a time when we are facing a behavioral health epidemic compounded by the ongoing challenges of the COVID-19 pandemic. These decisions show a concerning pattern of de-funding of psychiatric services in Maryland.

2024 MPS Member Survey

The annual MPS member check in on a variety of topics has been sent via email and USPS. Please respond to help guide how MPS committees, Council and staff will work for you in the coming year.

INCENTIVE: Three respondents who complete the entire survey and provide their names will be chosen at random for a **\$100 credit** that can be applied toward MPS dues or an MPS event.

[CLICK HERE](#) to start – this should take less than 5 minutes!

Member Update Forms

Your member update form was sent in late May via USPS, along with your Annual Survey. The MPS membership directory will be published in late Summer. Please ensure that your information on file with MPS is up to date. If you opt in, this data is also used for the online Find a Psychiatrist and the telephone patient referral service. Please indicate all insurance plans where you participate in-network. You can also log in to your member account on the MPS website to directly enter updates. **The deadline for directory changes is August 10th.**

Special Member Rate for MPS Directory Ad

MPS members can advertise their practice, new office location, specialty, new book, etc. for a special members-only rate of \$100 for 1/3 page in the directory. The 2024-2025 directory will be out in fall 2024, so order soon!

For details, email Jora at jhritz@mdpsych.org.

Are you a General Member? Become an APA Fellow!

Are you ready to take the next step in your career? Fellows of the APA (FAPA) are part of a select group dedicated to shaping the role of psychiatry in our healthcare system. Fellow status is an honor that enhances professional credentials and reflects dedication to the psychiatric profession. Dues rates stay the same. **The deadline is September 1.** Visit the [APA website](#) for more details and instructions for how to apply.

Attention Graduating Residents

Congratulations! As you prepare to move on from your residency training program, please complete the [APA membership advancement form](#). This lets us know if you are continuing in a fellowship or advancing to practice. As a General Member, you can access additional benefits, including [resources](#) for early career psychiatrists. Your MPS dues will remain the same! The [form](#) takes less than 5 minutes to complete.

Support for Medical Students

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

Maternal Mental Health Task Force

The U.S. Department of Health and Human Services (HHS) [announced the release](#) of a national strategy with recommendations developed by the [Task Force on Maternal Mental Health](#), a subcommittee of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Advisory Committee for Women's Services, to address the urgent public health crisis of maternal mental health and substance use issues. The [Report to Congress \(PDF | 2.1 MB\)](#) and accompanying [National Strategy to Improve Maternal Mental Health Care \(PDF | 3.6 MB\)](#) are part of broader federal efforts to address women's overall health, and maternal health in particular, across the nation, consistent with the [White House Blueprint for Addressing the Maternal Health Crisis \(PDF | 913 KB\)](#) and the [White House Initiative on Women's Health Research](#). The national strategy is a living document that will be regularly updated by the task force. The federal government will consider the strategy as it continues addressing the maternal mental health crisis.

PRMS' Network Newsletter

From risk management and claims advice to risk alerts, PRMS news, and events, this quarterly newsletter shares relevant news, useful tips, and important updates in the field of psychiatry to help keep your members, their patients, and their practices safe. Articles in the fifth issue of "Hoot, What, Where" from PRMS cover topics ranging from patient safety tips to crossing therapeutic boundaries. The PDF of the current issue can also be found on their website [here](#).

HIPAA: Emailing, Texting, and Personal Devices

In this 90-minute webinar on "2024 HIPAA - Emailing, Texting, and Personal Devices - New Guidance (myths vs realities)" the speaker will be going into detail regarding practice or business information technology and how it relates to the HIPAA/HITECH Security Rule and securing PHI in transmission. Areas covered will be texting, email, encryption, medical messaging, voice data, personal devices, and risk factors. [Click here](#) for more information.

Climate Change and Behavioral Health

In recent years, weather-related disasters have grown more frequent and intense and the climate more variable. These trends have greater and longer-lasting effects on some populations than others. Work in disaster behavioral health (DBH) now includes accounting for climate-related disasters and related issues, such as disparities, geographic vulnerabilities, and climatological trends.

This *Supplemental Research Bulletin* from SAMHSA reviews the mental health and substance use-related (behavioral health) effects of climate-related disasters on individuals and communities. It explores the connections between extreme weather and behavioral health issues and conditions and ways to foster resilience in impacted communities. [Download Climate Change and Behavioral Health](#).

Expand Your MPS Engagement

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 mpps@mdpsych.org.

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!

Engage with Digital Options

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



New AMA Report on Physician Compensation

A new [Policy Research Perspective](#) (PDF) uses AMA's nationally representative Physician Practice Benchmark Survey to provide a detailed look at how physicians were compensated by their practices from 2012 to 2022. The percentage of physicians paid by a combination of two or more methods increased from 48.2% in 2012 to 61.0% in 2022 due to an increase in the percentage of physicians who received more than half their compensation from salary combined with at least one other method, namely bonus. The report also examines differences across physician employment status, physician specialty and practice ownership.

Recognize an MPS Member!

Anyone can request that MPS publicize a member's accomplishment or good work, such as great clinical care for a particular patient, publication of research, etc. Members are encouraged to submit their own or others' activities for MPS publication to mps@mdpsych.org. Don't be modest! We want to celebrate all the rich contributions that our members are making to the profession.



Advertise Position Openings and Office Space with MPS!

The MPS offers timely ads in [MPS News](#) (includes online post), [The Maryland Psychiatrist](#) and the MPS [home page](#). [Click here](#) for ad rates. Please help MPS generate non-dues income by using MPS ads to connect with psychiatrists.

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.

Transfer

Hiroe I. Hu, D.O.

Reinstatement

Jonathan Holt, M.D.
Kamal Bhatia, M.D.

Member Shoutouts

Congratulations to **Eric Strain, M.D.** who is the recipient of the Nathan B. Eddy Award, one of the highest honors in the field, which recognizes outstanding research efforts that have advanced knowledge of drug dependence. He played a major role in helping establish buprenorphine as a viable treatment for OUD and has made extensive efforts since its approval to help train providers in its implementation and support its expansion for patients.

Robert Herman, M.D. received the President's Distinguished Alumni Award at his undergraduate college, Purchase College. You can see the award and [watch his speech here](#). Congrats Dr. Herman!

Kudos to **Harsh K. Trivedi, M.D., MBA**, President and CEO of Sheppard Pratt, who was recognized as a healthcare leader on the [Daily Records's 2024 Health Care Power List](#). Read more about [Dr. Trivedi's work here](#).

Member Publications

Justine Larson, M.D, M.P.H. was the consulting editor of Child and Adolescent Psychiatric Clinics of North America Journal's latest issue, "[Supporting the Mental Health of Migrant Children, Youth, and Families](#)." The publication analyzes the effects of immigration on children and how to best address and provide care for the trauma that these children face.

In the March issue of Psychiatric Clinics of North America Journal, **Harsh K. Trivedi, M.D. MBA** was the consulting editor of "[Sleep Disorders in Children and Adolescents](#)" which reviews the necessity of sleep in children and adolescents and how to address pediatric insomnia and sleep disturbances.

Members Out & About

Ben Israel, M.D. was quoted in [Trauma-Informed Approach Enhances Substance Use Disorder Care, Appeals to Payers](#) discussing SAMHSA's definition of trauma regarding the "three Es": an event or series of events, the experience of those events, and long-lasting adverse effects of those events... The article also looks at a [recent publication from Dr. Israel](#) that examines harm reduction principles used for treating patients with opioid use disorder and trauma-related disorders.

In April, **Hannah Pauling, M.D.** and **Mark Mazer, M.D.** attended the [2024 American Academy of Child and Adolescent Psychiatry's Legislative Conference](#) in Washington DC. They advocated for the integration of pediatric behavioral health care across a wide range of child-facing systems and for the recruitment and retention of a diverse, evidence-informed pediatric mental health workforce.



MARYLAND
PSYCHIATRIC
SOCIETY'S

**DAY AT THE BALLPARK!
SUNDAY AUGUST 25**

@1:35 PM

ORIOLES PARK AT CAMDEN YARDS

Enjoy an afternoon of baseball and an
all-inclusive food selection!

HOT DOGS ● POPCORN ● PEANUTS ● FROZEN TREATS
AND MORE!

**CLICK HERE
FOR FREE RFM
AND ECP
TICKETS!**

**ALL OTHER
MEMBERS CLICK
HERE FOR
DISCOUNTED
TICKETS AT
JUST \$40!**



Limited tickets available!

email JHritz@mdpsych.org with
any questions



Maryland News

Bills of Interest Signed into Law

Last month Governor Moore signed the following bills into law. For a complete list of all bills signed in May [please click here](#).

[HB 576/SB453](#): Mental Health – Assisted Outpatient Treatment Programs - Authorizing each county to establish an assisted outpatient treatment program; requiring the Maryland Department of Health, on or before July 1, 2026, to establish an assisted outpatient treatment program in a county that does not opt to establish a program; and requiring the Office of the Public Defender to provide representation in assisted outpatient treatment proceedings. Effective date July 1, 2025.

[HB 583/SB75](#): Center for Firearm Violence Prevention and Intervention – Establishment - Establishing the Center for Firearm Violence Prevention and Intervention in the Maryland Department of Health to reduce firearm violence, harm from firearm violence, and misuse of firearms in the State by partnering with federal, State, and local agencies and affected communities to implement a public health approach to firearm violence reduction; requiring the Center to submit a preliminary State Plan for a Public Health Approach to Reducing Firearm Violence to the Governor and General Assembly on or before May 1, 2025. Effective date October 1, 2024.

[HB 204/SB165](#): Education – Coaches – Mental Health Training - Requiring the State Department of Education to develop guidelines for public schools and the Maryland Higher Education Commission to develop guidelines for public institutions of higher education to train coaches to recognize indicators of mental illness and behavioral distress in students who participate in athletic programs in public schools and public institutions of higher education; requiring public schools and public institutions that offer athletic programs to provide a certain training to coaches; etc. Effective date July 1, 2024.

[HB149](#): Medical Records – Destruction – Notice and Retrieval - Extending the time period from 5 to 7 years during which a health care provider is prohibited from destroying medical records and laboratory and X-ray reports; requiring that the notice required to be provided regarding the destruction of medical records be made to the last known e-mail address of the patient or the parent or guardian of a minor; requiring a health care provider to make a medical record available for retrieval by a patient or a parent or guardian of a minor within a certain time period and at a certain location; etc. Effective date October 1, 2024.

[HB933/SB974](#): Behavioral Health Crisis Response Services – 9-8-8 Trust Fund Fees - Establishing a 9-8-8 fee to be paid by each subscriber to switched local exchange access service,

commercial mobile radio service, or other 9-8-8-accessible service; establishing a prepaid wireless 9-8-8 fee to be paid on certain retail transactions; requiring the Comptroller to deposit the 9-8-8 fees and the prepaid wireless 9-8-8 fees in the 9-8-8 Trust Fund; and requiring the Comptroller to adopt procedures for auditing fee collection and remittance by telephone companies and commercial mobile radio service providers. Effective date October 1, 2024.

[HB548/SB1009](#): Task Force on Responsible Use of Natural Psychedelic Substances - Establishing the Task Force on Responsible Use of Natural Psychedelic Substances to study and make recommendations related to the use of natural psychedelic substances; and requiring the Task Force to submit a report of its findings and recommendations to the Governor and the General Assembly on or before July 31, 2025. Effective date July 1, 2024.

[HB1155/SB1071](#): Hospitals - Opioid Overdose and Opioid-Related Emergency Medical Conditions – Treatment - Requiring hospitals to establish and maintain certain protocols and capacity related to the treatment of patients who are being treated for an opioid-related overdose or opioid-related emergency medical condition; requiring hospitals to make a referral for patients who are diagnosed with opioid use disorder or administered or prescribed medication for opioid use disorder to an appropriate provider to voluntarily continue treatment in the community and work with peer support professionals for a certain purpose; etc. Effective date January 1, 2025.

[SB991](#): Behavioral Health - Language Assistance Services Pilot Program - Establishing the Language Assistance Services Pilot Program in the Behavioral Health Administration to provide grants to local behavioral health authorities to reimburse behavioral health providers for language assistance services for children with limited English proficiency accessing and receiving behavioral health services and for parents and legal guardians coordinating the provision of behavioral health services and making health care decisions regarding the services on behalf of a child; etc. Effective date July 1, 2024.

[HB932/SB791](#): Health Insurance - Utilization Review – Revisions - Altering and establishing requirements and prohibitions related to health insurance utilization review; altering requirements related to internal grievance procedures and adverse decision procedures; altering certain reporting requirements on health insurance carriers relating to adverse decisions; and establishing requirements on health insurance carriers and health care providers relating to the provision of patient benefit information. Effective date July 1, 2024.

Maryland News

April MedChi House of Delegates Highlights

There were a few resolutions initially introduced at the Fall '23 HOD meeting that required revision and were reintroduced (and approved) at the Spring HOD. The one resolution which may be of interest to MPS members was *Resolution 2-24 – Youth Vaping Prevention* which outlined the rising rates of vaping amongst youth, how flavor and flavor variety is one of the main drivers of vaping, and the possible negative effects it can have on physical health. Through this resolution MedChi supports the inclusion of all forms of e-cigarettes in the language and implementation of relevant nicotine-based policies and regulations by the Food and Drug Administration or other regulatory agencies.

During the President's report, [House Bill 806/Senate Bill 167 – Physician Assistant \(PA\) Modernization Act of 2024](#) was reviewed. Briefly, the agreement between a PA and a physician has been revised and is now called a 'Collaboration Agreement' instead of a 'Delegation Agreement'.

During the meeting there was discussion about Advanced Practice Providers (NPs, PAs) misrepresenting themselves as physicians. Members are encouraged to file a complaint if misrepresentation is identified. The procedure is as follows:

In Maryland, reporting a nurse practitioner (NP) who is misrepresenting themselves as a physician involves notifying the Maryland Board of Nursing and the Maryland Board of Physicians.

Here's how you can proceed:

- Document the Misrepresentation:** Gather any evidence of the NP claiming to be a physician. This could include advertisements, written communications, or firsthand accounts.
- Maryland Board of Nursing:** Contact the Maryland Board of Nursing to report the incident. You can file a complaint online through their website or contact them directly for guidance on how to proceed.
 - Website: [Maryland Board of Nursing](#)
 - Phone: (410) 585-1900
 - Email: mbon.complaintsinvestigations@maryland.gov
- Maryland Board of Physicians:** Since this involves the unauthorized practice of medicine, you should also report the incident to the Maryland Board of Physicians. They too offer an online complaint form and additional contact methods for reporting.
 - Website: [Maryland Board of Physicians](#)
 - Phone: (410) 764-4777
 - Online Complaint Form: [File a Complaint](#)
- Provide Details:** When filing a complaint, be as detailed as possible. Include your evidence, the context of the misrepresentation, and any other relevant information.
- Follow Up:** After submitting your complaint, keep track

of any correspondence and be prepared to provide further information if required by the boards during their investigation.

*Enrique Oviedo, M.D.
MPS MedChi Delegate*

Maryland Medicaid Prescriber Alert

Effective July 1, 2024, Maryland Medicaid will deny all pharmacy claims that do not include the National Provider Identifier (NPI) of a prescribing practitioner who is actively enrolled with Maryland Medicaid. This is in accordance with Section 6401 of the Affordable Care Act and Code of Federal Regulations section 42 CFR § 455.410(b). This federal rule requires all Ordering, Referring, and Prescribing (ORP) practitioners be enrolled with the Maryland Medicaid program. ORP-only enrollment is an option for prescribers who do not wish to sign a full Provider Agreement or render Medicaid-billable services. If a provider does not wish to enroll with Maryland Medicaid, they transition any of Medicaid-covered patients to the care of participating Medicaid Providers to ensure continuity of care.

- **Verify Enrollment:** Providers can check their enrollment status with the [Provider Verification System \(PVS\)](#).
- **Enroll:** Individual practitioners should submit their applications as fully participating or ORP-only providers at [ePREP Portal](#). For enrollment training and resources [click here](#).
- **Unenrolled Prescribers:** A list of unenrolled prescribers is posted on the [MDH website](#). This list identifies the name, credentials, and National Provider Identifier (NPI) of known practitioners who are not enrolled with Maryland Medicaid and recently prescribed medications to Maryland Medicaid recipients. This list will be updated monthly. Any practitioner on the list should enroll immediately to enable their patients to access their Medicaid-covered prescriptions.

With 30 days away from full implementation it is imperative that practitioners enroll promptly to ensure that patients can continue to receive their Medicaid covered medications. Please direct any questions about ORP enrollment policy to mdh.rxenroll@maryland.gov.

Final Crisis Regulations Posted

Last month, the [BHA and Medicaid final regulations](#) for Mobile Crisis Teams and Behavioral Health Crisis Stabilization Centers were posted in The Maryland Register. During the posted comment periods the MPS submitted several letters. If you have any questions on the final regulations, please reach out to bha.regulation@maryland.gov.

Maryland News

COMAR Revisions: Quiet Rooms & Restraints

MDH is considering revision of the state regulation on the use of quiet rooms and restraints. The draft regulations have not been posted yet but are expected to be up on the web site by June 1st. Be sure [watch this site](#) for the proposed wording: Once the regulations are posted you can attend the virtual public hearing or submit comments using the link below. Please note you must register in advance for the public hearing.

Public Meeting: OHCQ is hosting a public meeting to hear stakeholder informal comments on COMAR 10.21.12 & 10.21.13 on Tuesday, June 4, 2024, from 1:00 PM – 2:00 PM. This is a virtual meeting.

Registration Link: Please register for the meeting [using this link](#). OHCQ is required to have an official list of participants for the promulgation process. The meeting link will be provided to registrants prior to the virtual meeting.

Written Comments: To submit your informal comments ahead of time, or if you are unable to participate in the meeting but wish to comment on the regulations, [please use this link](#).

Draft Regulations: The draft regulations will be posted on the OHCQ website as soon as possible the week of May 28, 2024 and will serve as a starting point. Please review the marked up draft regulations prior to the meeting and be prepared to discuss your informal comments on June 4 at 1:00 PM.

Reminders from the Maryland Insurance Administration

Appeals and Grievance

If someone is denied insurance coverage for medically necessary care or emergency services, you can contact the Maryland Insurance Administration 24/7, 365 days a year for immediate help for physical care as well as mental health and substance use disorder care. Call 1-800-492-6116. For more information about 24/7 services and how to get help for all health claim denials [click here](#).

Insurance Complaints

If you would like to file an insurance complaint, please visit the Maryland Insurance Administration's [online portal](#). The Maryland Insurance Administration can also be reached at 1-800-492-6116.

MIA Mental Health Parity Regulations Updates

The Maryland Insurance Administration has updated the template reporting forms, instructions, and data supplements for the mental health parity reporting requirements that were previously posted for public comment on April 15, 2024. They can be found on the [For Insurers page](#), under the tab "Mental Health and Substance Use Disorder NQTL Reports" on the MIA website.

The materials have been revised to provide clarification on various issues raised in the comments received. However, in consideration of the short time period between finalization of the template forms and the July 1 filing deadline, the Administration elected to minimize substantive changes to the data supplements and generally refrained from adding new data elements at this time.

In accordance with § 15-144(i)(2), the Administration may require carriers to complete data templates for an NQTL more frequently than every 2 years. The Administration intends to revise the data templates again in the next year to include additional data elements for the required in operation analysis that the Administration determines are necessary based on the reviews of the July 1, 2024 reports.

Prescription Drug Utilization Review Bulletin

Over the years, the Maryland General Assembly has enacted a substantial number of laws impacting prescription drug utilization review requirements. Maryland's step therapy law, § 15142 of the Insurance Article, was originally enacted in 2014, and has been amended multiple times since then, including amendments that went into effect on January 1, 2024. Additionally, the General Assembly enacted [House Bill 932 and Senate Bill 791](#) during the 2024 legislative session, effective January 1, 2025, which make significant changes to several different utilization review laws. Considering these recent legislative changes, the Maryland Insurance Administration [issued this bulletin](#) to clarify and explain the interplay between step therapy, prior authorization, and other utilization review protocols for prescription drugs.

MedChi Offers DEA Training

MedChi, together with CCO, is offering an online [DEA-compliant course](#) that fulfills the MATE Act's 8-hour substance use disorders training requirement for DEA certification renewal or application. This comprehensive, self-paced course is available on-demand in video or text formats. Course credit includes AMA PRA Category 1, AANP, AAPA, AAFP, and qualifies for MOC and MIPS. Secure a \$100 discount with the exclusive code MedChi100 at checkout.

Maryland News

Maryland's Medical History Museum Opens June 3

On Monday, June 3, 1799, in accordance with the organization's charter, the 101 Founders of the Medical & Chirurgical Faculty of the State of Maryland gathered for their first meeting. On Monday, June 3, 2024, exactly 225 years later, members and friends of the faculty, or MedChi as it's now known, will be gathering to celebrate their Founders, and all that they've accomplished over the past two and a quarter century. Please join MedChi on the anniversary of their first meeting, and the opening of Phase III of the [MedChi Museum of Maryland Medical History](#).

MedChi has long been in possession of a collection of antique books, portraits, medical instruments, and ephemera. Among the numerous and fascinating items is a surgeon's case (with the original ivory medicinal jars!) that belonged to the physician who treated Napoleon. Other items that are now part of the permanent collection include scientific instruments; a medical ledger dating back to 1798, and the original medical textbooks belonging to Upton Scott, one of MedChi's original founders and its first president. In addition to the permanent collection, a temporary exhibition titled "The History of Urology at War" will be on full display at the time of opening, courtesy of The American Urological Association. Future exhibitions are in the works and will represent the variety and breadth of specialties practiced by our members. This is an area of cultural growth not only for MedChi but for the community at large.

MPS members are welcome to attend the [museum opening](#) on Monday, June 3rd at 5:00 PM. While the event is free and open to the public, reservations in advance are recommended. [Click here](#) to reserve your spot.

MedChi News

MHCC/MedChi Summer Summit

The Maryland Healthcare Commission and MedChi are hosting a Summer Summit titled [Mental Health Collaborative Care Models: Navigating Key Tasks and Roles](#) on Friday, June 14, 2024 from 12:00PM-1:30PM via Zoom. To program will recognize approaches for crafting an effective treatment strategy, define the roles of primary care and mental health specialists, and troubleshoot model challenges through instructive cases. MPS Member **Idris Leppla, M.D.** will be one of the presenters. [Register here](#) and contact [Melanie Cavaliere](#) with any questions.

MACS Prescriber Survey

As part of an ongoing effort to understand the landscape of buprenorphine access, the [Maryland Addiction Consultation Service \(MACS\)](#) is surveying prescribers across the state. MACS provides free support to prescribers and their practices in addressing the needs of their patients with substance use disorders and chronic pain management. [Click here to complete their short questionnaire](#).

Buprenorphine & Pain Fact Sheet

Maryland Addiction Consultation Service (MACS) has developed a [fact sheet](#) addressing the use of buprenorphine as a treatment for chronic pain. See the document attached to learn more. MACS provides support to Maryland prescribers and their practices, pharmacists, and healthcare teams in addressing the needs of patients with substance use disorders and chronic pain management. The MACS team of addiction medicine specialists provides expert guidance through free consultation, education, and technical assistance services. Learn more at www.marylandmacs.org.

NAMI Maryland's Annual Meeting

NAMI Maryland's in-person Annual Meeting and Program Awards will be taking place on [Saturday, June 15th, 2024](#) at the Gary J. Arthur Community Center. The NAMI Maryland Annual Meeting will feature Program Awards to celebrate our outstanding NAMI State Trainers, light refreshments, and a meet-and-greet with NAMI Maryland Board and Staff. The Annual Meeting will celebrate NAMI's accomplishments in serving the community and will share how NAMI Maryland will move forward to ensure everyone continues to receive the support they need. [Click here](#) for more

MDH and Carelon Behavioral Health for Virtual Town Hall

MDH is pleased to announce an opportunity to learn more about the upcoming Public Behavioral Health System Administrative Service Organization Vendor Change. Providers will meet the Carelon Behavioral Health Leadership team via webinar, and learn about the implementation timeline, as well as what you can expect and what is expected of you as a Maryland Medicaid provider. [Please click here](#) to view the full transmittal which includes dates, times, and registration links for the Town Hall

APA News & Information

May APA Assembly Report

The May Assembly meeting in New York included updates regarding APA administration, financial issues, and advocacy efforts. This column summarizes each of these areas.

Dr. Marketa Wills begins her role as CEO on June 1st. The new APA president, Dr. Ramaswamy Viswanathan, announced that the theme of his presidency will be the promotion of lifestyles for physical and mental health. Area 3 was recognized, once again, for having the highest percentage of voters in the recent election.

The financial status of the APA remains a concern. In 2023 the organization had a final net loss of \$5.2 million. Revenue from the 2024 annual meeting was expected to fall short of the budget due to decreased sponsorship and lower attendance. All Area meetings will be virtual since there is no money to support in-person meetings. Two million dollars was cut from the staffing budget and attempts are being made to rent out unused office space in APA headquarters.

The APA Foundation celebrated the fiftieth anniversary of SAMSHA fellowships and has expanded fellowship offerings in child and correctional psychiatry.

Advocacy efforts continue at both the state and Congressional level related to promotion of collaborative care and other practice issues such as mental health parity and maternal mental health.

The APA continues to meet with the new head of the ABPN to address issues related to maintenance of certification, although no specific outcomes were identified.

The APA contracted with Synergy Consulting to observe Area meetings and Assembly meetings to improve communication and DEI efforts. The company has provided individual coaching sessions and will submit a full report to the APA administration soon.

This Assembly session reviewed 22 position statements and 18 action papers.

The action papers which passed out of the Assembly covered a wide range of topics. One paper will require the APA to create a resource document for members to educate them about the clinical and legal aspects of working with non-physicians. Another would encourage the APA to promote standardized personal safety training for residents and education about kratom for all members. Another paper would require the APA to encourage the FDA to review the need for continued black box warnings on SSRIs, and to create a position statement for training in psychiatry for primary care physicians in internal medicine, ob-gyn, and family medicine. Finally, the APA will be required to work

with the AMA and other organizations to advance policies to bill for prior authorization and to provide education on options for billing for this time.

Very few papers failed to pass. A paper that would require the inclusion of medical marijuana in prescribing databases turned out to be surprisingly controversial but was ultimately voted down as premature. Similarly, a paper that would have required the APA to use the phrase "medical aid -in-dying" instead of "assisted suicide" failed to receive support in the reference committee and was not voted on by the Assembly.

*Anne Handson, MD
Eliás Shaya, MD
Brian Zimnitzky, MD*

Ramaswamy Viswanathan, MD Becomes APA President

Ramaswamy Viswanathan, M.D., Dr.Med.Sc., a longtime advocate for mental health, medical educator, and clinician-researcher, began his term as APA President at the conclusion of the 2024 Annual Meeting. Dr. Viswanathan currently serves as interim chair of psychiatry at the State University of New York (SUNY) Downstate Health Sciences University, where he also directs the Consultation-Liaison Psychiatry Service and its Fellowship Program. His research has focused on communication, medical ethics, and treatment adherence, but also extends to substance use, HIV, innovations in psychotherapy, and more.

As the 2024-2025 APA President, Dr. Viswanathan's priorities are to:

- Focus on lifestyle interventions for positive mental and physical health through a holistic approach to wellness, including exercise, nutrition, sleep, social connectedness, stress reduction, and avoidance of risky behaviors. They will be promoted in conjunction with other treatment modalities such as psychotherapy, pharmacotherapy and neural stimulation.
- Promote education, research, appropriate use of technology including AI.
- Address practice burden, workforce issues, diversity, equity, and inclusion.
- Continue his existing legislative push for parity in mental health and access to care.

Elevate the voice of psychiatry in America on issues such as the youth mental health crisis, social determinants of health and climate change.

APA News & Information

APA 2024 Mental Health Poll Results

The 2024 results of the [APA annual mental health poll](#) show that U.S. adults are feeling increasingly anxious. In 2024, 43% of adults say they feel more anxious than they did the previous year, up from 37% in 2023 and 32% in 2022. Adults are particularly anxious about current events (70%) — especially the economy (77%), the 2024 U.S. election (73%), and gun violence (69%).

Americans perceive broad impacts of untreated mental illness: 83% of adults say it negatively impacts families and 65% say it negatively impacts the U.S. economy. Also, 71% of adults feel that children and teens have more mental health problems than they did 10 years ago. That said, more than half of adults (55%) think there is less mental health stigma than 10 years ago.

The poll was conducted in April 2024, among a sample of more than 2,200 adults.

MOORE Equity 5K

The Fourth Annual APA MOORE Equity in Mental Health 5k will be held in-person in Maryland at Wheaton Regional Park and virtually across the country on Saturday, July 20. Participation will help bring more awareness to mental health inequities facing young people of color and honor mental health equity advocate Bebe Moore Campbell. Registration is free. [LEARN MORE AND REGISTER](#)

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.](#)



CLIMATE CORNER

The start of summer presents a timely opportunity to learn how rising temperatures impact mental health. This will be a three-part series: June provides an overview of human factors driving extreme heat events, July addresses why our patient population is at increased risk of heat-related illness and death, and August summarizes the public mental health impacts of rising temperatures.

Although heat waves (defined as two or more successive days of abnormally hot weather) have always been a public health concern, climate change magnifies the risk: 2023 was the [warmest year](#) for the Planet since official record-keeping began in 1850, and Maryland along with most of the United States is [anticipated](#) to have higher than usual temperatures this summer as well. Recent research estimates that [37% of all heat-related deaths](#) can be attributable to climate change. The [Paris Agreement](#) set an international goal of limiting global warming to less than 2°C and ideally less than 1.5°C in order to minimize rising temperature and extreme weather events and to prevent triggering climate tipping points. Unfortunately, we are well on our way to overshooting the 1.5°C marker.

A second anthropogenic factor in heat-related health impacts is urbanization. Cities with lots of pavement and little shading or greenery can be up to 10 degrees hotter than surrounding areas; these so-called urban heat islands also tend to disproportionately affect low-income communities and communities of color, further exacerbating health inequities. These findings are replicable [locally](#), [nationally](#), and internationally. One [study](#) in *The Lancet* found that increasing a European city's tree coverage from 15% to 30% on average could lower temperatures by 0.4°C and prevent a third of premature deaths.

So, what can you do to address these overarching issues? As an individual, to decrease greenhouse gas emissions that cause climate change, you [can](#) switch to renewable sources of energy, purchase solar panels, use heat pumps for heating, or reduce your overall electricity use (by switching to energy efficient appliances and lightbulbs, lowering your thermostat, washing clothes in cold or warm water, or line-drying your clothes). To reduce the effects of urban heat islands, you can make [changes](#) to your own home like installing reflective roofs, planting trees and greenery, and switching to energy efficient appliances. Many of these home changes qualify for tax [incentives](#) in Maryland. You can also [volunteer](#) at tree plantings to help Maryland reach its goal of planting 5 million native trees by 2030 as a climate mitigation effort. As a citizen, you can call or email your local, state, and federal representatives to express your concern about the health impacts of climate change and extreme heat; you can find all of your legislators here: <https://www.usa.gov/elected-officials>.

Medicare Updates

2024 Physician Fee Schedule Final Rule

CMS issued the [CY 2024 Physician Fee Schedule \(PFS\)](#) final rule that announces policy changes for Medicare payments under the PFS and other Medicare Part B payment policy issues, including implementing sections of the Consolidated Appropriations Act (CAA), 2023, effective January 1, 2024:

- Recognizes Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs) as practitioners who may enroll with Medicare and bill independently for services furnished for the diagnosis and treatment of mental illnesses.
- Establishes new HCPCS codes for psychotherapy for crisis services (HCPCS codes G0017 and G0018) that are furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting). Payment for these psychotherapy for crisis services is equal to 150% of the fee schedule amount for services furnished in non-facility sites of service.

Ensuring Access to Medicaid Services

In April, the Centers for Medicare & Medicaid Services (CMS) issued two new sets of rules to advance the agency's efforts to improve access to care, quality and health outcomes, and better address health equity issues in Medicaid. The [Ensuring Access to Medicaid Services final rule](#) ("Medicaid Access Rule") applies to Medicaid enrollees in a fee-for-service (FFS) delivery system, and the [Medicaid and Children's Health Insurance Program \(CHIP\) Managed Care Access, Finance, and Quality final rule](#) ("Managed Care Access Rule") applies to Medicaid and CHIP enrollees in a managed care delivery system. When CMS initially proposed these changes in 2023, the Legal Action Center (LAC) submitted comments on several of the provisions that would improve access to substance use disorder (SUD) and mental health (MH) care for Medicaid enrollees. They commend CMS for its commitment to improving health outcomes and equity for this population and for prioritizing patient experiences, timely access to care, adequate reimbursement rates, transparency, and clear terminology. Click here to view a [chart](#) which summarizes the proposed rules, LAC's comments, and the final rules.

Member Spotlight Submissions

Recently worked on an exciting research project, reached a milestone in your career, or have advice for younger psychiatrists? Submit a short article and photo [here](#) to showcase your experiences. We will share your responses on social media and in our newsletter. If you have any questions please call 410-625-0232.

New CMS Publications

Part B Drug Payment Limits Overview: CMS published the [Part B Drug Payment Limits Overview \(PDF\)](#) to explain:

- Average sales price payment limit calculation
- Other Medicare Part B drug payment methodologies

[Resource of Health Equity-related Data Definitions, Standards, and Stratification Practices](#): CMS released a [resource document \(PDF\)](#) of health equity-related data definitions, standards, and stratification practices.

- [CMS Framework for Health Equity](#)
- [The Path Forward: Improving Data to Advance Health Equity Solutions \(PDF\)](#)

Psychotherapy for Crisis

Medicare pays for psychotherapy for crisis (currently billed using CPT codes 90839 and 90840). These services help reduce a patient's mental health crisis through an urgent assessment and history of a crisis state, a mental status exam, and a disposition (or what happens next for the patient). Psychotherapy for crisis services are appropriate for patients in high distress with life-threatening, complex problems that require immediate attention. See the links below for more information:

- [What's Covered?](#)
- [Who Can Furnish Psychotherapy for Crisis Services?](#)
- [Where Can I Currently Furnish Psychotherapy for Crisis Services?](#)
- [How Do I Bill for Psychotherapy for Crisis?](#)
- [Get More Information](#)

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The Maryland Psychiatric Society

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