

MPS NEWS

Volume 39, Number 1

Editor: Meagan Floyd

May 2025

In This Issue

[MPS Election Results](#) p. 2
[Free NAMI Conference Tickets](#) p. 2
[2024 MPS Annual Report](#) p. 3
[MOORE Equity 5K MPS Team](#) p. 3
[April 8 Council Minutes](#) p. 4
[MPS Urges Funding](#) p. 4
[MPS Legislative Recap](#) p. 5-7
[Maryland News](#) p. 8-10
[MHAMD Session Summary](#) p. 8
[Member Accomplishments](#) p. 11
[Climate Corner](#) p. 11
[APA News](#) p. 12-13
[APA March BOT Highlights](#) p. 12
[Medicare Updates](#) p. 13
[Wonodi Award Donations](#) p. 14
In Every Issue
[Classifieds](#) p. 14

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

President's Column

A United Psychiatric Front

First, I'd like to start by thanking Dr. Balis for her leadership over the past year. Dr. Balis set out to strengthen the voice of psychiatry in Maryland by engaging partner organizations. She was successful in reinforcing our connections with existing partners and establishing new ones. Over the next year, we will make sure to continue this work and expand further. I also want to take a step back to work on strengthening our internal connections amongst psychiatrists in the state. I have had the opportunity to train and work at many Baltimore-area institutions since starting my career in 2002. In all these places, I have seen great people doing great work. I have also seen failures that should be expected in healthcare organizations. What has been most disheartening though is our failures in communicating and collaborating across institutions. Even worse, it has been difficult to hear disparaging comments about work being done elsewhere.

In the upcoming year, we must be a united psychiatric front because the stakes are high. Our research is threatened, our treatments criticized, and the overall impact of our work minimized. We must present with a united voice to protect our ability to provide quality care for vulnerable populations, including marginalized minority groups, immigrants, veterans and LGBTQ patients who have already had their care affected. As plans are being made to reduce federal dollars that will impact our ability to provide care to the most ill patients who need crisis services, assertive community treatment or other wrap-around services, we must come together to voice our concerns. As we face

potential cuts to Medicaid that will have catastrophic impacts on our patients who are disproportionately more reliant upon Medicaid than other patient groups, we must be clear in our messaging.

In addition to advocating together to protect our ability to provide quality care, I would also ask that we unite to protect efforts around Diversity Equity and Inclusion (DEI). As the first Black president of MPS, I was initially proud of the achievement but then a little saddened by the fact that MPS had to wait until 2025 to have its first Black president. I know that awareness of and efforts around DEI played a role in me becoming president. In recent years, discussions about DEI led us to reflect on our failures to see and address the lack of diversity in MPS. We have made efforts and changes to address that problem. I suspect that someone even realized that there had never been a Black president and noted that I could be it. This awareness allowed people to reach out to encourage and educate me about MPS and strengthen my connection to the organization. If these efforts seem forced or contrived, I argue that historically these subtle efforts happen all the time with majority populations, but the impact is discounted.

As psychiatrists, I hope that we all can agree that diversity in our workforce strengthens our ability to provide culturally competent care to our diverse patient body. It enhances our clinical skills and has been shown to improve patient outcomes. Even if diversity is not top of mind, as mental health clinicians, we should fight against exclusion and inequity. We know the mental health impacts of both

Continues on next page

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

President's Column Continued

and should prioritize minimizing those impacts. As a result, as one of the many things that we need to advocate to protect in the upcoming year, I would ask that we work together to continue to ensure that DEI efforts are part of that agenda. Along with the Executive Committee, I will help to lead the charge, and I guarantee you, being Black will not make me less capable of putting out any fires that might arise or less capable of steering our plane.

In the next year, we will ask for your active participation, which I know will be an imposition. We might ask you to review legislation, do a lecture, mentor a trainee, answer a subspecialty question, provide testimony or just come to an event. Most importantly, I ask that you continue to provide quality, effective care, during which you provide education, indirectly creating more advocates in the patients we see. Whenever there might be an opportunity to say or do more, please extend yourself, and we will do our best to guide you towards those opportunities.

Ronald Means, M.D.
MPS President

Call for Volunteers!

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. MPS President Ronald Means, M.D., will appoint FY26 committees next month so please sign up NOW!

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](#).

Member Update Forms

Your member update form will be sent this month 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.**

Election Results

Congratulations to the members indicated by (*) who were elected to MPS positions for FY26! They are listed with other voting members of the MPS Council (board of directors). The new terms began after the April MPS annual meeting.

Officers

President: *Ronald F. Means, M.D.
President-Elect: * Tyler Hightower, M.D.
Secretary-Treasurer: *Michael Young, M.D.
Council Chair: Theodora Balis, M.D.

Councilors

Benedicto R. Borja, M.D.
*Mary Cutler, M.D.
Mark S. Komrad, M.D.
*Stephanie Knight, M.D.
Cynthia Major Lewis, M.D.
Rachna S. Raisinghani, M.D.
*Taylor Scott, M.D.
*Traci J. Speed, M.D., Ph.D.

Early Career Psychiatrist Councilor

*Melissa Lavoie, M.D.

Resident-Fellow Member Councilor

*Matthew Brandt, M.D.

Past Presidents

Carol Vidal, M.D., Ph.D.
Jessica V. Merkel-Keller, M.D.

APA Assembly Representatives

*Adefolake Akinsanya, M.D.
Elias K. Shaya, M.D.
Brian Zimnitzky, M.D.

MedChi Delegate

Enrique I. Oviedo, M.D.

MedChi Delegate Alternate

Michael Young, M.D.

Nominations and Elections Committee:

*Mark Ehrenreich, M.D.
*Carol Vidal, M.D., Ph.D, MPH

A total of 149 ballots were cast this year, with a participation rate of 20%.

FREE NAMI Maryland Conference Registration

MPS has received 3 free registrations to NAMI Maryland's 43rd Annual Conference on June 6th and 7th. The conference is virtual and more details on the event [can be found here](#). If you are interested in attending, please email jhritz@mdpsych.org to receive your free registration. Tickets will be distributed on a first come first serve basis.

2024 Maryland Psychiatric Society Annual Report

Financial

2024 total income of \$346K was \$21K over budget. The change in net assets is a \$757 surplus, down from \$112K in 2023, when the office was sold. Interest and investment income contributed positively to both years. Total expenses are \$345K, which is \$500 under budget. The largest variance is \$14K over for the unexpected work on the LAC Board and MPS database. The final \$757 surplus is \$21K better than the \$20K deficit that was budgeted. The MPS is very well positioned going forward. The staff transition continues in 2024 and early 2025. Member retention as well as advertising and other vendor funding are priorities for continued financial success.

Membership

2024 concluded with 798 active members. Promotion of reduced Semi-retired and Retired dues levels continued.

Vision Mission Values

- The Executive Committee continued to support MPS [Goals for Addressing Structural Racism and Inclusion](#)
- Data for member demographics was compiled for leadership and member categories.

Scientific Programs and Meetings

- The April annual meeting was held in person in Baltimore. Over 100 people attended. We reviewed the year in Maryland psychiatry, and recognized Paper of the Year, poster competition and Lifetime of Service winners, and other member achievements.
- CME Programs included:
 - Virtual CME on college mental health
 - Virtual CME featuring updates surrounding psychopharmacology
 - Virtual CME on the Maryland Physician Health Program
- [Committee](#) and Council meetings were held virtually, except for the Committee Chairs meeting, which was held in person.
- In person practice and career fair in person networking event was held in Baltimore.
- Largely successful, in person trivia night for residents and fellows was hosted in Baltimore.

Government Relations and Advocacy

- In 2024 the General Assembly introduced over 2 500 bills and Joint Resolutions. Mental health was a stated concern of those in leadership in Annapolis. As such, the MPS Legislative Committee was very engaged and active. MPS reviewed over 90 pieces of legislation, including the cross-filed bills, and actively worked 68 bills.
- Other major advocacy efforts focused on prior authorization, parity, step therapy and more. [See details.](#)

Outreach and Member Engagement

- [Publications](#): The annual MPS Membership Directory

was mailed to all members. Monthly [MPS News](#) and two issues of [The Maryland Psychiatrist](#) were emailed and posted online.

- [Listserv](#): Popular way for members to quickly ask each other questions, share resources and ideas.
- [Website](#): With a login, members can update their profiles, pay dues, and view the online member directory. Also, an opt-in [Find a Psychiatrist](#) tool, practice resources, and advocacy information.
- [Social Media Accounts](#): [Facebook](#), [Instagram](#), [Twitter](#), and [LinkedIn](#).
- [Interest Groups](#): [10 email groups](#) facilitate member connections around sub-specialty areas.
- [Referral Service](#) remains strong via the MPS website, and also telephone as needed.

2025 MPS Member Survey

The annual MPS member check in on a variety of topics will be 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!



Join the MPS MOORE Equity in Mental Health 5K Team!

We want you! [Registration is now open](#) for the fifth annual APA & APAF MOORE Equity in Mental Health 5K Run, Walk, & Roll. Join some of your fellow MPS members on Saturday, July 19, in Wheaton, Maryland to take part in this fun family event! [Please click here](#) to donate to the MPS team or to join our team and take part in the event either onsite or remotely. Everyone is welcome! Donations support the [APA & APAF MOORE Equity in Mental Health Community Grants Program](#), which provides funding to nonprofit organizations addressing mental health inequities for youth of color. If you're interested in joining the MPS team to participate in this fun event, please email mps@mdpsych.org.

April 8th MPS Council Highlights

Membership Committee Report

Ms. Floyd and Dr. Akinsanya presented the Membership Committee report. They reported that the Membership Committee, along with MPS staff worked very diligently to reduce the number of members at risk of being dropped for unpaid APA/MPS dues. The APA and MPS drop cycle concluded on March 31st. Despite many efforts by the Membership Committee, Council members and staff 57 members were dropped for non-payment of MPS and/or APA dues. MPS staff have developed an exit survey to send to dropped members, and they will continue to reach out to those dropped and encourage them to reinstate their membership. Council next reviewed a request for dues relief. After some discussion, the waiver was approved.

Executive Committee Report

Dr. Balis noted that the MPS Executive Committee will meet with WPS leadership to review the MOU arrangement sometime after the new officers are in place, but before the September 1 date specified. In planning for the change of officers, Dr. Means has finalized committee chairs for the 20245-26 officer year. Staff continues to solicit committee members for 2025-26, and Dr. Balis urged Council to encourage their colleagues to become more active within MPS. She reported that the MPS Distinguished Fellowship Committee identified 19 members who have been encouraged to apply this year. She also noted that the MPS Signed on to a 2025 Gun Violence Prevention Appropriations appeal to Congress, and the Executive Committee is EC is planning to meet with Alyssa Lord, Deputy Secretary for Behavioral Health at the Maryland Department of Health and the Medical Director of Carelone. MPS staff will begin to distribute a monthly advocacy alert eblast to be sent to all members. This is a three-month trial in response to comments/concerns from members. Council reviewed and approved the 2024 MPS Annual Report. Finally, she reminded Council to attend the MPS Annual Dinner, to be held in person April 24th in Towson.

Secretary-Treasurer's Report

Dr. Hightower presented the Secretary-Treasurer's Report to Council. She noted that MPS total assets are \$549K (down \$10K from \$558K), with \$544K current assets (down \$12K from \$557K) and \$4K net book value of fixed assets (up from \$2K). MPS has \$92K less cash. In addition to the net loss, the change in cash mainly stems from \$70K being transferred to the investment reserve. Membership dues receivable of \$9K (the same as last year) are mostly what members still owe for 2025 payment plans, as well as for 2025 dues billed very recently. Liabilities of \$186K are up \$6K.

Membership dues income is \$8K less than budget. Ad income is \$5.6K under budget, across all subcategories. Annual meeting support is \$3K worse than budget but anticipated to increase in April. Miscellaneous income is also short of budget by \$1.6K. Total income of \$65K is \$18K

worse than budget to date. On the expense side, we are tracking close to budget overall with a total of \$83K. The first quarter loss is \$18K more than budget.

Total Income of \$65K is down \$29K compared to \$95K as of 3/31/24. Dues account for \$14K of that, because of a much larger drop list than last year. Total expenses are down \$13K, with \$3K of that from database/website costs and \$9K from due to continued staff transition. The \$18K loss is \$16K worse than the loss at this time last year.

The first quarter statements illustrate the impact that a large drop list and slow ad sales have on the MPS bottom line. We are hopeful that the second quarter will see a return to numbers close to budgeted amounts.

Nominations and Elections Committee Report

Dr. Hackman presented the results of the 2025 MPS election, which highlight continued effort and success with diversity and inclusion. See [page 2](#) for election results. This is the fifth year of electronic voting for MPS elections. A total of 149 ballots were cast by 20% of the voting membership. While the electronic ballot continues to facilitate member participation in elections (and reduces MPS expenses and staff time), we welcome suggestions as to how we can return to earlier levels.

Farewell to Outgoing Council Members

Dr. Vidal noted that this is the last Council meeting for Drs. Jayaram, Spitzer, Hanson, Ashley & Paulding whose terms end with this meeting. She thanked them for their exemplary service. She said that at the June Council meeting, MPS officers will have changed, and Dr. Balis will chair.

MPS Urges Funding

The MPS, and over 450 national, state, and local medical, public health, and research organizations signed onto a gun violence prevention research funding letter that was sent to both Senate and House offices. The letter stressed support for \$35 million for the Centers for Disease Control, \$25 million for the National Institute of Health, and \$1 million for the National Institute of Justice for firearm morbidity and mortality prevention research as part of FY 2026 appropriations. This research is critical for developing a comprehensive, evidence-based approach to reducing firearm-related violence, including suicides, violent crime, and accidental shootings.

MPS Legislative Recap

The Maryland General Assembly (MGA) convened its 447th 90-day Legislative Session (the Session) at noon on Wednesday, January 8th, and adjourned at 11:59 pm on April 7th. The MPS Legislative Committee meticulously assessed seventy-nine (79) distinct pieces of legislation, excluding cross files, and actively advocated on thirty-six (36) bills. Below is a summary of the bills that include our priority bill that almost made it to the finish line, bills that successfully passed both chambers and are now under final consideration by the Governor, and two (2) bills that we successfully defeated.

Prohibited Possession of Firearms - Assisted Outpatient Treatment Respondents

In 2024, the MGA passed the Assisted Outpatient Treatment (AOT) law to address the needs of individuals with serious mental illnesses who are unable to seek treatment voluntarily. This law provides for court-ordered, community-based treatment to prevent hospitalization, incarceration, or harm to themselves or others. Regrettably, the law missed an important component which was to prevent individuals from having firearm access while in court-ordered AOT programs. Resolving this oversight was the Session priority of MPS and WPS.

We were able to secure Delegate N. Scott Phillips (D – Baltimore County) and Senator Shaneka Henson (D – Anne Arundel County) to sponsor House Bill 592/Senate Bill 509 which prohibits a person from possessing a regulated firearm, rifle, or shotgun if the person is currently a respondent subject to a court order to comply with an AOT program. Under the legislation, if an individual is subject to this court order, the court must promptly report specified information to the National Instant Criminal Background Check System (NICS). This must be done through a secure portal approved by the Department of Public Safety and Correctional Services that has to include the date of a court determination or finding and the name and identifying information of a person: (1) determined to not be criminally responsible; (2) found to be incompetent to stand trial; or (3) found to be in need of the protection of a guardian. A mental healthcare facility is required to similarly report to NICS: (1) the name and identifying information of a person admitted or committed to the facility; (2) the date of admission or commitment; (3) and the name of the facility to which the person was admitted or committed. House Bill 592 successfully passed out of the House with no amendments. While the bill made it on the voting list in the Judicial Proceedings Committee (JPR) in the final days leading up to *sine die*, certain JPR members and the Office of the Public Defender voiced concerns with the bill in its current form. Prior to JPR's voting session, Senator Henson attempted to make amendments to the bill, which ultimately made it more difficult for JPR to take action on the legislation. As such, the bill failed to move out of JPR to

the Senate floor for final passage. We hope to work with the MGA and stakeholders during this summer and fall to increase our chances of passing this important piece of legislation during the 2026 legislative session.

Destruction of Medical Records

Delegate Jesse Pippy (R – Frederick County) introduced House Bill 1510, which requires that a notice about the destruction of a medical record or laboratory or x-ray report be sent by first-class mail or e-mail, rather than both methods. Current law requires a health care provider to keep patient records for 7 years, and for minor patients, 7 years after the patient turns 18. Additionally, current law states a health care facility that knowingly violates these provisions is subject to an administrative fine of up to \$10,000 for all violations cited in a single day. House Bill 1510 passed both chambers and takes effect October 1, 2025.

Health Insurance – Access to Nonparticipating Providers – Referrals, Additional Assistance, and Coverage

Senator Malcolm Augustine (D – Prince George's County) and Delegate Sheree Sample-Hughes (D – Dorchester and Wicomico Counties) introduced Senate Bill 902/House Bill 11 which, as amended, specifies that a health insurance carrier must ensure that mental health and substance use disorder (SUD) services are provided for the duration of the treatment plan at no greater cost to the covered individual than if a participating provider provided the services. Furthermore, if a member cannot access mental health or SUD services through the referral procedure, the carrier must assist the member in identifying and arranging coverage for mental health or SUD services with a nonparticipating specialist or nonphysician specialist. The provision requiring the Maryland Health Care Commission to set rates for nonparticipating providers was removed. The bill's provisions repealing the termination date take effect June 1, 2025; provisions regarding referral procedures take effect January 1, 2026, and apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after that date.

Preserve Telehealth Access Act of 2025

Senator Pamela Beidle (D – Anne Arundel County) and Delegate Joseline Pena-Melnyk (D – Prince George's and Anne Arundel Counties) introduced Senate Bill 372/House Bill 869 which permanently authorizes audio-only telehealth on the same basis and at the same rate as if the healthcare service were delivered in person by the healthcare provider. This provision was initially set to expire on June 30, 2025. The bill also repeals the prohibition on healthcare practitioners prescribing a Schedule II opiate for the treatment of pain through telehealth, provided there is an established practitioner-patient relationship. Lastly, the MHCC is required to submit a report on telehealth every

[Continues on next page](#)

MPS Legislative Recap

four years and report any findings or recommendations to the Governor and the MGA related to these developments. This legislation takes effect June 1, 2025.

Maryland Behavioral Health Crisis Response System – Integration of 9-8-8 Suicide and Crisis Lifeline Network and Outcome Evaluations

Senator Malcolm Augustine (D – Prince George’s County) and Delegate Jennifer White Holland (D – Baltimore County) introduced Senate Bill 900/House Bill 1146 which requires the Maryland Behavioral Health Crisis Response System to establish a State 9-8-8 Suicide and Crisis Lifeline in each jurisdiction, replacing the existing crisis communication centers. The system will coordinate with the national 9-8-8 network to provide support services like suicide prevention, crisis intervention, referrals to additional resources, mobile crisis teams, and crisis stabilization centers. The bill requires evaluation and reporting of outcomes from these services, including data on crisis resolution, response times, and service usage, with annual public reporting. This legislation takes effect July 1, 2025.

Public Health – Pediatric Hospital Overstay Patients

Senator Pamela Beidle (D – Anne Arundel County) and Delegate Joseline Pena-Melnyk (D – Prince George’s and Anne Arundel Counties) introduced Senate Bill 696/House Bill 962 which requires MDH, in coordination with the Department of Human Services, to ensure that pediatric hospital overstay patients (youth under age 22 who remain hospitalized more than 48 hours after being medically cleared) are transferred to and treated in the least restrictive setting when clinically appropriate and feasible. These overstays occur due to gaps in community-based and residential services, highlighting the need for improved placement options. To support this, each agency must establish a pediatric hospital overstay coordinator responsible for advocating for patients, coordinating care across systems, reviewing policy barriers, and maintaining data. The bill also creates a Workgroup on Children in Unlicensed Settings and Pediatric Hospital Overstays, staffed by the State Council on Child Abuse and Neglect, which must assess the scope of the issue, develop a plan to expand licensed placement options and submit findings and recommendations to the Governor and MGA by October 1, 2025. The Governor may include funding in the Fiscal Year 2026 budget for five additional beds at the John L. Gildner Regional Institute for Children and Adolescents. Additionally, the bill clarifies that Maryland’s Mental Health and Substance Use Disorder Registry and Referral System includes both private and public inpatient and outpatient services. The bill generally takes effect July 1, 2025; however, workgroup provisions take effect June 1, 2025.

Education – Youth Suicide Prevention School Program – Revisions

Senator Bryan Simonaire (R – Anne Arundel County) introduced Senate Bill 310 which expands the educational programs authorized under the Youth Suicide Prevention School Program to include classroom instruction designed to increase pupils’ awareness of the relationship between gambling and youth suicide. The bill also expands the findings and declarations of the MGA to include that (1) youth suicide often exists in combination with other problems, including gambling addiction, and (2) that a suicide prevention program for young people should promote recognizing student behavioral health issues, recognizing students experiencing trauma or violence out of school, and referring students to behavioral health services. This legislation takes effect July 1, 2025.

Public Safety - Law Enforcement Agencies - Peer Support Programs

Senator Jeff Waldstreicher (D – Montgomery County) and Delegate Jon Cardin (D – Baltimore County) introduced Senate Bill 326/House Bill 309 which prohibits, with specified exceptions, the disclosure of the contents of any written or oral communication regarding a peer support interaction by a “peer support specialist” or a peer support program participant. A peer support specialist must inform the peer support program participant in writing of the bill’s confidentiality provisions before the initial peer support interaction with a peer support program participant. This legislation takes effect October 1, 2025.

Behavioral Health Advisory Council and the Commission on Behavioral Health Care Treatment and Access - Plan to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements

Senator Malcolm Augustine and Delegate Jamila Woods (both D - Prince George’s County) introduced Senate Bill 790/House Bill 1083 which requires the Behavioral Health Advisory Council and the Commission on Behavioral Health Care Treatment and Access (through its workgroup on youth behavioral health, individuals with developmental disabilities, and individuals with complex behavioral health needs) to provide recommendations to implement the federal Centers for Medicare and Medicaid Services’ State Health Official letter #24-005: Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment Requirements. By January 1, 2026, the Maryland Department of Health must submit a report of its findings and recommendations to the MGA. This legislation takes effect July 1, 2025.

Behavioral Health Crisis Response Grant Program - Funding

Senator Shelly Hettleman (D – Baltimore County) and Delegate Jessica Feldmark (D –Howard County) introduced

[*Continues on next page*](#)

MPS Legislative Recap

Senate Bill 599/House Bill 1049, which reestablishes a funding mandate for a three-year period. Accordingly, the Governor must include \$5.0 million in the operating budget for the Behavioral Health Crisis Response Grant Program from fiscal 2027 through 2029. This legislation takes effect July 1, 2025.

Cannabis - Sale and Distribution - Tetrahydrocannabinol Offenses

Senate Bill 214/House Bill 12 is departmental legislation introduced at the request of the Alcohol, Tobacco, and Cannabis Commission (ATCC). This bill seeks to give the ATCC additional enforcement authority over establishments selling tetrahydrocannabinol (THC) products that meet the "intoxicating products" definition in Maryland. With the proliferation of these products growing in Maryland, this bill passed easily and takes effect on July 1, 2025.

Maryland Department of Health - Forensic Review Board - Established

Senator Malcolm Augustine (D – Prince George's County) and Delegate Lorig Charkoudian (D-Montgomery County) introduced Senate Bill 43/House Bill 32 which requires the Maryland Department of Health (MDH) to establish a forensic review board at each facility that has persons committed as not criminally responsible. The boards are responsible for reviewing and determining whether to recommend to the court that a committed person is eligible for discharge or conditional release, with or without proposed conditions. A board may make recommendations relating to the release or rehabilitation of a committed person. MDH must adopt regulations to implement the bill. This legislation takes effect on October 1, 2025, and incorporates MPS/WPS amendments.

End-of-Life Option Act (The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)

Senator Will Smith (D – Montgomery County) and Delegate Terri Hill (D – Howard County) reintroduced Senate Bill 926/House Bill 1328, aiming to legalize the option for terminally ill individuals in the State to request and obtain self-administered medication from a licensed attending physician to bring about their death.

The bill defines "aid-in-dying" as the medical practice where a physician prescribes medication to a qualified individual to end their life. A "qualified individual" must be an adult resident of the State with a terminal illness and the capacity to self-administer medication. The process involves an initial oral request followed by a written one, signed by the individual and two witnesses, with specific rules on witness eligibility. Moreover, there are mandatory waiting periods between requests, with at least one required to be made privately with the attending physician.

Following the request, the attending physician must verify the individual's eligibility, ensure informed decision-making, and confirm voluntariness. Proof of residency can be established through various means, including official documentation or the physician's knowledge. The physician must also provide comprehensive information about the individual's medical condition, prognosis, risks, alternatives, and available treatments. Additionally, consultation with a second physician is required to validate the diagnosis and prognosis, with a mental health assessment mandated if necessary.

Upon approval, the attending physician may dispense the prescribed medication or facilitate its dispensation by a pharmacist with the individual's consent. Ancillary medications for comfort may also be provided as needed.

Stringent documentation requirements are outlined, with records pertaining to aid-in-dying exempt from subpoena or discovery except under specified regulations. Legal safeguards protect individuals and healthcare providers acting in good faith from civil, criminal, and professional repercussions. The bill explicitly states that aid-in-dying is distinct from suicide or euthanasia and has no impact on insurance policies or contracts.

Finally, healthcare facilities retain the right to establish their policies on aid-in-dying participation, with physicians maintaining the freedom to opt out. Penalties are imposed for any falsification, coercion, or destruction of aid-in-dying requests.

There was a vigorous two-and-a-half-hour debate in a joint House hearing with the Health and Government Operations and Judiciary Committees. The Senate hearing in the Judicial Proceedings Committee was canceled by the sponsor. This legislation failed for a lack of action by both the House and Senate committees, which aligned with MPS/WPS opposition.

State Board of Physicians – Naturopathic Doctors – Prescriptive Authority and Administration of Medication

Delegate Bonnie Cullison (D – Montgomery County) introduced House Bill 867 which would have proposed several changes related to naturopaths - eliminate the current Naturopathic Formulary Council within the Board of Physicians, allow naturopaths to administer natural medicines via intramuscular, subcutaneous, and intravenous routes, and allow the prescribing of "prescription drugs," including Schedule III, IV, and V controlled dangerous substances. This legislation failed for lack of action by the House Health and Government Operations Committee which aligned with MPS/WPS opposition.

Maryland News

MHAMD 2025 Session Summary and Final Bill List

The 447th session of the Maryland General Assembly ended last month. Legislative efforts this year were overshadowed by the need to balance a \$3 billion structural budget deficit amid unprecedented levels of uncertainty at the federal level. Nevertheless, MHAMD and their coalition partners were successful in preserving and expanding mental health and substance use funding, services and protections.

[Their recently released report](#) outlined the results of their advocacy during the 2025 legislative session, including budgetary and legislative action that:

- Ensures \$100 million annually for **school mental health services** in jurisdictions across the state
 - Provides \$20 million in FY25 and \$24 million in FY26 to fully fund **Maryland 988**
 - Ensures the continuation of state planning related to the expansion of **Certified Community Behavioral Health Clinics (CCBHC)**
 - Preserves \$8.5 million in **foster care funding** intended to prevent inappropriate youth hospital overstays and placement in hotels
 - Strengthens the **behavioral health workforce** by entering Maryland into the Interstate Social Work Licensure Compact
 - Promotes equity in access to behavioral health care by ensuring continued coverage for **audio-only telehealth** services
 - Prevents **balance billing** of commercially insured individuals forced to go out-of-network for behavioral health care
 - Maintains funding for **behavioral health crisis response services** – including youth-specific crisis services – and ensures that the continued development of Maryland’s crisis response system is data-driven by establishing new outcome measurement and reporting standards
- Addresses a range of unmet **infant and early childhood mental health** needs, including issues related to the diagnosis and treatment of very young Marylanders

Please refer to the [MHAMD 2025 Session Summary](#) for an in-depth review of these and other legislative and budgetary outcomes. You can also view their [final bill list here](#). Continued uncertainty at the federal level requires us to remain vigilant and ready to mobilize at a moment's notice. Keep watching the [MHAMD policy pages](#) for more information and opportunities to get involved

MedChi General Assembly Sine Die Report

The Maryland General Assembly began the 447th Session at noon on Wednesday, January 8th, and concluded its legislative work at midnight on Monday, April 7th. The challenges of this Session included, but were not limited to, an unprecedented \$3.3 billion deficit and uncertain federal policies and their effect on Maryland. Despite these challenges, MedChi had a successful Session, including preserving Medicaid Evaluation and Management (E&M) payment rates at current funding levels, receiving \$3 million in funding for the Physicians’ Loan Assistance Repayment Program (LARP), and maintaining \$15 million in grants for cancer research by Statewide Academic Health Centers.

MedChi also successfully opposed legislation that would have repealed the cap on non-economic damages in non-medical malpractice negligence cases (*House Bill 113/Senate Bill 584*) and that would have allowed naturopaths to prescribe prescription drugs and controlled dangerous substances, including opioids (*House Bill 867*). In addition, MedChi continued its fight to strengthen laws related to utilization review and prior authorization policies used by health insurance carriers by providing the Maryland Insurance Commissioner with greater enforcement authority, increasing consumer transparency related to denials of care (*House Bill 848/Senate Bill 474*), and establishing guardrails around the use of artificial intelligence (*House Bill 820*).

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

Physician Compensation CME

Maryland physicians earn less on average than physicians nationally. Join Baltimore County Medical Association on May 7th at 6PM for a Virtual CME Co-sponsored by Maryland Academy of Family Physicians, titled, "[Physician Compensation: Why Is Maryland so Low and What Is the Impact?](#)"

- Maryland has few major insurance players with a number of smaller companies.
- Our state's Medicare Waiver (the only one in the country), has provided a stable hospital system, but physicians were left out until MDPCP and EQIP.
- Wide pay gaps exist between male and female physicians in Maryland.
- Employed earn less than physicians who own their practices.

[Join](#) Baltimore County Medical Association, Maryland Academy of Family Physicians, & the MedChi Council on Economics for this first of three panels exploring factors, impact, and solutions to low physician compensation in our state.

Maryland News

MedChi Working with Members in BCBS Class Action Suit

Blue Cross Blue Shield (BCBS) recently agreed to a \$2.8 billion settlement to resolve allegations of anticompetitive practices that negatively impacted healthcare providers. The lawsuit, initiated in 2012, claimed that BCBS suppressed competition by allocating exclusive service areas, leading to reduced reimbursements and increased costs for providers. The settlement fund is designated to compensate healthcare providers for these alleged practices.

Eligible parties can recover compensation for reduced reimbursements during the claim period—July 24, 2008, to October 4, 2024. You may be eligible to participate if you or your organization provided healthcare services and submitted claims to BCBS during the claim period and/or experienced reimbursement payments that may have been impacted by BCBS's practices.

The settlement aims to address these antitrust violations and promote fair competition within the healthcare industry. It is expected to bring changes to how Blue Cross Blue Shield operates, potentially leading to more competitive pricing and improved services for providers and patients. For more information on resources available to you and/or your organization, contact: claims@medchi.org

MedChi News

Upcoming Training Opportunities

Please see the upcoming training opportunities from the Maryland Addiction Consultation Service (MACS) below.

An Overview of Treatment for Substance Use Disorders During Pregnancy

Tuesday, May 6, 2025 (12–1 pm), presented by Christopher Welsh, MD [Register here.](#)

Approaches to Substance Use and Substance Use Disorders in Youth

Thursday, May 8, 2025 (12–1 pm) presented by Marc Fishman, MD [Register here.](#)

Opioid Use Disorder Treatment Integrated With Primary Care

Thursday, June 12, 2025 (12–1:30 pm) Presented by Michael Fingerhood, MD [Register here.](#)

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.

Maryland Summit for Change

[Summit for CHANGE on June 12th in Annapolis](#), where mental health champions from all backgrounds—professionals, caregivers, community advocates, and passionate individuals—will come together to share knowledge, build skills, and make a difference. This year's summit is built on six founding principles:

1. **Connection:** Building meaningful relationships across Maryland
2. **Hope:** Sharing stories of recovery and resilience
3. **Advocacy:** Empowering voices for mental health awareness and change
4. **Navigation:** Providing tools to access resources and support
5. **Growth:** Fostering personal and community development
6. **Education:** Sharing knowledge that breaks stigma and builds understanding

Join for a day of learning, collaboration, and action and create lasting change in mental health awareness and support.

MHCC Virtual Health Care AI Symposium Series

The Maryland Health Care Commission (MHCC) is planning a virtual Health Care Artificial Intelligence (AI) Symposium. Hear from researchers, providers, health information technologists, legal advisors, and data privacy and security experts supporting the integration of AI in clinical settings. Presentations will cover a range of subjects on AI risk management, from cybersecurity to algorithmic bias, data integrity, and transparency, as well as key considerations from conceptualization and development of AI technologies to ensure successful implementation. Presentations will soon be available to view on-demand. To be notified, please register [by clicking here](#).

New MPS Interest Group: Join Now!

The MPS is excited to launch its newest interest group, "Climate, Environment and Disaster Psychiatry." To be added please email mps@mdpsych.org. Be sure to check out all our current [MPS Committees](#) and [Interest Groups](#), we're always looking for more members to participate!

Maryland News

Addressing & Managing Pediatric Mental Health: CME Event

Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP) is pleased to partner with the Maryland Academy of Physician Assistants to offer an in-person, complimentary CME/CEU training event for primary care, urgent care, emergency medicine, and mental health providers and care teams working with children and families on Maryland's Eastern Shore. A light breakfast and lunch will be provided, as well as opportunities for providers to meet and network. Join us on May 3rd from 8:30am-2:00pm! [Register here!](#)

Share Your Insights on Buprenorphine Access

Maryland Addiction Consultation Service ([MACS](#)) is actively working to understand the landscape of buprenorphine access in Maryland. To inform you of this important work, they are surveying prescribers across the state! We strongly encourage you to contribute your expertise by completing a [brief, voluntary survey](#). Your participation will directly contribute to their efforts. The survey closes on May 7th, 2025

ABA Treatment Plan & Telehealth Checklist Reminder

Maryland Medicaid [ABA Treatment Plan Requirements](#) can be easily found on Carelon's website under [ABA Guides and Forms](#). The Telehealth Readiness Checklist is built into the [Treatment Plan Guide with Instructions](#). For more information related to ABA services, providers can review the [ABA Provider Manual](#).

MIA Help on Health Claim Denials

When insurance coverage for medically necessary care or emergency services is denied, contact the Maryland Insurance Administration (MIA) 24/7, 365 days a year for immediate help with physical as well as mental health and substance use disorder care. Dial 1-800-492-6116. For more information, visit the [MIA website](#).

Special Presentation with Deputy Secretary of Behavioral Health

NAMI Maryland will host a special presentation from Deputy Secretary of Behavioral Health in Maryland, Alyssa S. Lord with important information on "The State of Behavioral Health in Maryland."

Alongside Deputy Secretary Lord will be her directors, including:

- Brendan Welsh, Division Director, Prevention and Promotion
- Dr. Syncia Sabain, Director of Treatment and Recovery, BHA
- Laura Torres, Director - Primary Behavioral Health/Early Intervention
- Rachel Talley, M.D., Chief Medical Officer, BHA, MDH
- Tanya Schwartz, Director, Urgent and Acute

Please join for [this special presentation being held on May 13th, 2025, from 12 pm - 1 pm](#). This session will not be recorded, so you must attend the live presentation to hear the information that this very special group will be sharing with behavioral health stakeholders.

PRMS Case of the Quarter

This quarter's sample case study highlights best practices in actual scenarios encountered through PRMS' extensive experience in litigation and claims management, on the topic of deadlines and why they matter. Current and past cases can also found on our website [here](#). Specific names and references have been altered to protect clients' interests. This discussion is for informational and education purposes only and should not be relied upon as legal advice.

AMA Survey: Continuing Challenges Due to Cyberattack

The AMA has heard that some practices are still experiencing challenges related to the Change Healthcare cybersecurity attack. They are hearing about issues related to Optum's strict measures for repayment/recoupment of loans as well as practices receiving rejections for not meeting UnitedHealthcare's (UHC) timely filing deadlines. Please click here to take their brief survey: <https://www.surveymonkey.com/r/HQNQTMTC>

Member Publications

Brian Lee, M.D., Ph.D., Russel Margolis, M.D., and Akira Sawa, M.D. co-authored "[Protein aggregation identified in olfactory neuronal cells is associated with cognitive impairments in a subset of living schizophrenia patients](#)" published in *Molecular Psychiatry*. They examine neuronal cells from living patients with schizophrenia and found a subset of those with the illness had evidence of abnormal protein clumping.

Thomas Franklin, M.D. co-wrote an article published in *Behavioral Health News* titled "[When Outpatient Psychiatric Care Is Not Enough](#)" which discusses the purpose of intensive psychological treatments, their utility when routine outpatient care has not achieved meaningful recovery, and the added benefits of treatment in a therapeutic community

Member Shoutouts

Jonathan Shepherd, M.D. was recently recognized as a *Mental Health Champion* by the American Psychiatric Association for his outstanding work and advocacy in the field of mental health. Read about his impactful contributions [here](#). Congratulations on this honor!

Out & About

David Gorelick, M.D., Ph.D. was quoted in "[Study shows more schizophrenia linked to cannabis disorder after legalization](#)" published by *Consumer Affairs*. He discusses a study that shows schizophrenia diagnoses related to cannabis use disorder increased in Canada after adult-use (nonmedical) cannabis was legalized. He points out that the findings may not be applicable to those without severe cannabis use disorder, which is the majority of all cannabis users.

Sarah Collica, M.D. recently traveled to Palermo, Italy to implement the [Adolescent Depression Awareness Program \(ADAP\)](#) internationally where she received positive feedback from students and local professors. Congratulations on the success of expanding this important program!

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 or text 410-625-0232.

CLIMATE CORNER

This will be my last Climate Corner column for now. I appreciate the opportunity to discuss how planetary issues such as air pollution, global warming, climate change, and microplastics impact the brain. I also encouraged you to make small changes to address these problems by making small changes at home or at work. Because many of these problems occur at the societal level, civic engagement is also important. In January, February, and March, I highlighted several pieces of legislation under consideration at the Maryland General Assembly. Unfortunately, none of them passed, despite endorsement from multiple physician and public health groups (with the exception of the RENEW Act ([SB0149](#), [HB 128](#)), which passed in an amended form; instead of imposing a one-time fee as initially proposed, the amended version mandates the State Comptroller's Office to lead a study to quantify the cost-impacts of climate change). Many of these bills will likely be introduced next year, so please stay in contact with your state representatives to let them know how important it is to address climate change, air pollution, and plastics from a health perspective.

If you would like to stay involved, please join the new MPS Interest Group ([email Jora](#) to sign up). MPS's Community Psychiatry & Diversity will be hosting a climate-focused CME program in the coming months with three notable speakers. Keep an out for additional details. There is also a larger APA [Caucus on Climate Change and Mental Health](#). I am also available via email at Elizabeth.Ryznar.MD@gmail.com. Please join me in continuing to fight for our rights to have clean air and clean water. After all, there is no brain health without planetary health.

Elizabeth Ryznar MD MSc
elizabeth.ryznar@sheppardpratt.org

[Curbside Conversations](#) is a listing of MPS members with expertise in specific areas who facilitate informal chats with fellow members seeking information. These are not formal consultations but a collegial resource offered voluntarily to the MPS community. Contact information for experts is available to MPS **members only** via email to mps@mdpsych.org.

APA News & Information

APA March BOT Meeting Highlights

The information below constitutes unofficial highlights of the meeting and is subject to change. It is not meeting minutes. Meeting minutes are prepared after each meeting and approved by the Board at their next meeting before becoming official.

Voice of the Members

Dr. Wills reported on member communications received directly from members and member leaders. Concerns were raised about the decision to discontinue in-person meetings for District Branch Executive Directors, citing potential negative impacts on their orientation to APA, relationships with District Branches, and staff interactions. Responses to relevant members reassured members of APA's commitment to District Branches and their strategic role, despite current cost constraints.

Dr. Wills also noted that the current U.S. political climate has raised concerns among members regarding relationships with Canadian members, civil liberties, climate change, diversity and health equity, research funding, and psychiatric medication availability. She affirmed that APA is actively listening, advocating on members' behalf, and encouraging members to participate in the APA's grassroots advocacy campaigns.

APA 2025 Goals and Revenue Generating Pilots

Dr. Wills outlined APA's 2025 goals, which are:

- Deliver Superior Member Experience by Deeply Understanding Our Members' Needs, Creating Valuable Offerings & Cultivating a Thriving Culture.
- Foster Our "OneAPA" Staff Culture Where Innovation and Purpose Thrive.
- Collaborate as "OneAPA" to Innovate and Power Our Future Growth.
- Elevate Program Excellence through Evidence-Based Insights.
- Drive Impact Through Efficient & Effective Operations.
- Secure a Thriving Future Through Disciplined Financial Stewardship.

Following the review of the APA's goals, Dr. Wills then shared five revenue-generating pilots aligned with APA's organizational mission and existing capabilities (three which are not budgeted and two were budgeted).

Policy Library Updates

In a follow up from the December Board of Trustees meeting, there were requests to create a communication plan around our [Policy on Member Requests for APA Public Statements](#), which highlights the multiple channels, audiences, and messaging used to broadly educate members on the new policy. In addition, Dr. Wills shared an update on amendments made to the Communities Rules, and provided an update on the revised [APA/APAF Social Media Guidelines](#).

Report of the Treasurer

Dr. Steve Koh, Treasurer, provided a financial update reflecting the 2024 year-end results. Three of the five key financial metrics met expectations (the exceptions were total revenue and net income).

The total revenue in 2024, was \$53.5M, which was \$2.5M lower than the year's budget of \$56M. The shortfall in total revenue was attributed primarily to lower conference revenue and below budget grant revenue. By contrast, total expenses were controlled ending the year at \$60.6M, which was \$0.5M below the budget of \$61.1M. Despite having achieved efficiencies in spending, it was not enough to offset the shortfall in revenue. Therefore, 2024 ended with a net loss of \$1.9M (after using the approved reserve spending). APA's portfolio investment gain was 12%, which outperformed the established industry composite benchmark of 9.9%. As a result, even after covering the net loss for the year, APA's net income for the year was \$4.5M.

Dr. Koh also provided an update on the early projections for the 2025 Annual Meeting. The projected revenue from the meeting is approximately \$500K below budget. In-person registrations are projected to reach 7,800 registrants (compared to a target of 8,800).

In addition, the CFO presented a proposal to increase membership dues on the recommendation of the Finance and Budget Committee. The Board approved this action that would add a 5% increase in membership dues across all dues categories beginning January 1, 2026.

Updates from the APA Assembly

The Speaker of the Assembly, shared an update on the recent activities of the Assembly and the Assembly Executive Committee (AEC). The Assembly continues its work related to DEIBA, with the assistance of Synergy Consulting, which includes the development of a DEIBA toolkit and best practices for the Area Councils to ensure there are standards in place for meetings, as well as a creation of an introductory training program titled "Culturally Informed Representation" for use during the Assembly onboarding process. The Assembly formed three work groups:

- *Accountable Representation Work Group*: responsible for examining District Branch, Allied Organization, and Section minimum requirements.
- *Term Limit Examination and Enforcement Work Group*: responsible for examining District Branch adoption of term limits within their bylaws.
- *Votes By Strength Modernization Work Group*: responsible for examining the limitations and potential inequities in the current weighted voting structure of the Assembly.

APA News & Information

Share Your Idea for the APA Diversity and Health Equity Newsletter

The American Psychiatric Association's Division of Diversity and Health Equity publishes a [quarterly newsletter](#) alongside member contributors. Articles are typically between 100-500 words and cover a variety of mental health topics of interest to members. Please submit your article ideas [through this form link](#). We appreciate your time and look forward to hearing from you!

Webinar on Maternal Mental Health Day

Join the APA on Tuesday, May 7 at 7:00 PM for a special World Maternal Mental Health Day [webinar](#) on the Protective Power of Cultural Postpartum Practices. This discussion will be moderated by Dr. Ludmila De Faria, who will be joined by an incredible panel of experts, including:

- Dr. Tinh Luong from Olive View-UCLA Medical Center
- Dr. Ndidiamaka Amutah-Onukagha from Tufts University Abigail Echo-Hawk (Pawnee), M.A. from the Seattle Indian Health Board

[Click here to 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.](#)

Mental Health Awareness Month

May is Mental Health Awareness Month. [Mental Health America](#) founded Mental Health month in 1949 and has led the effort every May to promote mental wellness nationwide. Find ways to spread the word about mental health awareness using MHA's [graphics and shareables](#) as well as sharing tools found in their [Mental Health Month Action Guide](#).

NAMI Maryland is recognizing the month with the theme "In Every Story, There's Strength." [Visit their campaign website](#) to find ways to support and join the cause.

You can also use [SAMHSA's toolkit](#) for resources and ways to get involved.

Children's Mental Health Awareness Week: May 4th – May 10th

The Children's Mental Health Awareness Campaign brings together nonprofits, schools, local business, and communities across Maryland, learn more about becoming a [Children's Mental Health Champion](#).

Medicare Updates

On Demand Learning

Novitas Solutions provides a wide array of on-demand resources. These resources are intended for you to participate in Medicare education at your own pace, on your schedule. New topics include dental services, behavioral health, and laboratory services.

Training Videos - Click and Play: Looking for help now? Novitas Solutions offers a variety of tutorials aimed at helping you navigate forms, billing, enrollment and much more.

Webinar Recordings: Missed a live webinar? No problem! Check out the recordings of recent webinars in the course listing provided. The webinar listing is refreshed monthly, so continue to monitor our Webinar Recordings page for additional recordings.

Open Payments: Review Your Data by May 15

Covered recipients: You have until May 15 to review and dispute your 2024 [Open Payments](#) data before CMS publishes the data in June. Review is voluntary but strongly encouraged.

Register in the Open Payments system to participate in review and dispute activities:

- [Covered Recipients Registration](#) overview
- [Physician & Non-Physician Practitioner Covered Recipient Registration](#) video (7:47)
- [Teaching Hospital Covered Recipient Registration](#) video (10:59)

If you have questions, contact the Open Payments Help Desk at openpayments@cms.hhs.gov or 855-326-8366 (TTY: 844-649-2766).

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.

CLASSIFIEDS

OFFICE SPACE AVAILABLE

Ellicott City for Mental Health Practitioners seeking a professional and inviting space. Amenities: Wi-Fi, copier, fax, waiting rooms, staff kitchen, adequate parking, and handicapped access. Available Full/Part time with a comfortable and friendly atmosphere with Active in-office Listserv for referrals and consultations (40-50 current members). Easily accessible via routes 40, 29, 32, 70, and 695. Contact: Dr. Mike Boyle at 410-206-6070, psycmike@gmail.com for more details.

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.

EMPLOYMENT OPPORTUNITIES

Consider a Career in Correctional Psychiatry

Centurion is proud to be the provider of mental and physical health services to the Maryland Department of Public Safety and Correctional Services. We are currently seeking Psychiatrists for onsite positions at correctional facilities in the following locations:

- **Hagerstown – Regional Chief Psychiatrist**
- **Baltimore – Part-Time Child/Adolescent Psychiatrist**
- **Baltimore – Full-Time Adult Psychiatrist**
- **Baltimore – Part-Time Adult Psychiatrist**
- **Westover – Full-Time Adult Psychiatrist**

These positions allow you the opportunity to spend time with your patients and make a tremendous difference, not only to them, but also to the communities to which they will return. Enjoy freedom from complex insurance and reimbursement hassles, as well as the opportunity to work as one cohesive team with our somatic health clinicians.

Centurion offers excellent compensation, comprehensive benefits, generous paid days off, and much more. For more information, please contact Kimberly St. John, Provider Recruiter, at kstjohn@teamcenturion.com or visit our website at www.teamcenturion.com

The Maryland Psychiatric Society

Ikwunga Wonodi Social Justice and Health Equity in Psychiatry Award

Recognizing Residents, Fellows, and Early-Career Psychiatrists who demonstrate distinction in advocating for equity in psychiatry.

Each year, recipients will receive \$500 to aid in work that supports underrepresented individuals seeking psychiatric care.

Contribute to the Dr. Ikwunga Wonodi Award



2024 Wonodi Award Donors

Up to \$99

Sue E. Kim M.D.
Chad J. Lennon M.D.
Vani Rao, M.D.

\$100 - \$249

Jodi Krumrine Bond M.D.
Tyler C. Hightower M.D., M.P.H.

\$250 - \$499

Theodora G. Balis M.D.
Sheppard Pratt Health System

\$500 - \$999

Steven R. Daviss M.D.

\$1000 and over

Join the MPS Listserv

MPS members are encouraged to join the listserv to easily share information with colleagues. An email message sent to the listserv goes to all members who have joined. Posts can be questions, information, thought-provoking articles and more. To join the listserv, please go to: <http://groups.google.com/group/mpslist> or email mps@mdpsych.org. The listserv is open to members only so you will have to wait for membership approval and will be notified by email. If you have any trouble, please call or text the MPS office at 410-625-0232.

SPECIAL OFFER

June Only

Homepage Ad on MPS Website

www.mdpsych.org

Included in offer

- 375px width x 250px height
- Ad image, to open website of your choice when clicked
- Based on monthly availability
- Monthly postings only—limit two spots per month

Only \$800 per month

Savings of
over \$600!

*Priority is given to package advertisers

Contact Us:

Phone: (443) 990-3280
Email: jhritz@mdpsych.org

The Maryland Psychiatric Society, Inc.
1211 Cathedral Street
Baltimore, Maryland 21201

HOW DOES KETAMINE WORK IN DEPRESSION?



JOIN A STUDY 1-877-646-3644

(1-877-MIND-NIH) TTY: 711

email: moodresearch@mail.nih.gov

This NIH research study is trying to better understand how ketamine (an FDA-approved anesthetic) works to provide rapid antidepressant effects and if taking perampanel (an FDA-approved epilepsy medication) with ketamine weakens or eliminates its antidepressant response.

The study is enrolling ages 18-70 with major depression who are free of serious medical conditions for up to 5 weeks as an inpatient and/or outpatient. Participants will be tapered off their psychiatric medications. Research procedures include:

- Blood draws, medical and psychological evaluations
- Brain scans (MRI & MEG), sleep studies, and/or TMS (transcranial magnetic stimulation)
- One low-dose ketamine infusion and perampanel and/or placebo
- Optional ketamine treatment at the end of the study

The study is conducted at the NIH Clinical Center in Bethesda, Maryland and enrolls eligible participants from across all 50 states. Participation is free. Compensation up to \$1,475 is provided. Travel arrangements are provided and costs are covered by NIMH (arrangements vary by distance).



NIH National Institute
of Mental Health

Protocol #19-M-0107; Carlos A. Zarate, M.D., Principal Investigator



PRACTICING TELEPSYCHIATRY?

As the practice of psychiatry intersects more with technology through the use of telemedicine, you can count on PRMS® to protect your practice. Our psychiatric professional liability policy includes coverage for telepsychiatry at no additional cost, as well as many other preeminent program benefits including:

- A national program with comprehensive coverage that can cover patients treated anywhere in the U.S.
- A nationwide defense network comprised of attorneys experienced in psychiatric litigation throughout the country
- A Risk Management Consultation Service helpline which allows you to speak directly with our knowledgeable team about all of your telepsychiatry-related questions (and all other topics)
- Access to hundreds of risk management resources from our in-house team of experts

JUSTIN POPE, JD
ASSOCIATE DIRECTOR, RISK MANAGEMENT



**When selecting a partner to protect you and your practice,
consider the program that puts psychiatrists first. Contact us today.**

More than an insurance policy

(800) 245-3333 | PRMS.com/Telepsychiatry | TheProgram@prms.com



Insurance coverage provided by Fair American Insurance and Reinsurance Company (FAIRCO), New York, NY (NAIC 35157). FAIRCO is an authorized carrier in California, ID number 3715-7. www.fairco.com. PRMS, The Psychiatrists' Program and the PRMS Owl are registered Trademarks of Transatlantic Holdings, Inc., a parent company of FAIRCO.

ENDLESS POSSIBILITIES for Psychiatrists at Sheppard Pratt

Applicants must be board certified or board eligible and have a current Maryland-issued license at the time of hire. Some positions require an on-call schedule.

Current openings Include:

Service Chief

Child and Adolescent Inpatient Setting | Towson, MD

Service Chief

Child and Adolescent Inpatient Setting | Elkridge, MD

Medical Director of Psychiatry

CalvertHealth - A Sheppard Pratt Partner | Prince Frederick, MD

Scan QR code to
see all openings



At Sheppard Pratt, you will be surrounded by a network of the brightest minds in psychiatry led by a bold vision to change lives. We offer:

- Robust resources to develop your career
- Cutting edge research and technology
- A generous compensation package with comprehensive benefits

For more information, scan the QR code or contact Kathleen Hilzendeger, Director of Professional Services, khilzendeger@sheppardpratt.org or 443-465-6142.

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.*