Massachusetts Budgetary Woes for 2024-25 and Psychedelic Initiative Update

On January 8, 2024, Governor Healey informed the state Legislature of significant budget cuts that affect our patients and how we deliver psychiatric care to them. To close an anticipated $1 billion budget gap, effective immediately, $375 million will be in spending cuts. This represents 0.6% of the state’s $56 billion budget for the current fiscal year. While there will be no change in eligibility for Mass Health, most of the cuts, $294 million, target MassHealth, the state’s Medicaid and Children’s Health Insurance Program. The cuts will come from reimbursement rates paid to physicians treating patients in the system and are also the result of savings from people enrolled in state-subsidized health insurance using fewer services than expected.

As noted in the Worcester Telegram & Gazette (January 8, 2024) also being cut are services to families and in the mental health field:

- Commonwealth Care Trust Fund: $50 million
- Community Residential Services: $35 million
- Transitional Aid to Families with Dependent Children Grant: $13 million
- Center-based childcare rate increase: $12 million
- Community Day and Work: $13 million
- Behavioral Health Supports: $5 million
- Housing Services and Counseling: $5 million
- Massachusetts State Scholarship Program: $4 million

These programs were targeted, "due to lower-than-anticipated use, the presence of sufficient funding or rollover funds to accommodate anticipated use, and revenue sources from other agencies or programs. None of the programs will lose 100% of their funding." Additional funds needed to make up the deficit will come from new non-tax revenues earned on investments.

Why now? Since July, revenue has not met the anticipated benchmarks that the FY 24 budget was built on. Six months into the fiscal year the lack of revenue amounts to $750 million dollars. In Massachusetts we must have a balanced budget by years end. The Governor facing slowing revenue numbers as well as the increased Emergency Assistance cost of almost a billion dollars made necessary adjustments to revenue projections and spending for the remaining six months. On January 24th the Governor will file her FY 25 budget. The consensus revenue number for the FY 25 budget will show little revenue growth so we may very well see further cuts to MassHealth and cuts to DMH. The Executive Office of Health and Human Services (EOHHS) secretariat represents almost fifty percent of the state budget which means it shoulders a great percentage of reductions. Most in the State House believe that this will be a mild dip in revenues and since the budget process takes about seven months to complete they are constantly updating the revenues.

Psychedelic Initiative Update

With collaborative efforts from Nassir Ghaemi, MD, MPS President-elect and Lisa Simoni, MPS Legislative Consultant, we have assembled a workgroup to develop MPS position on the Massachusetts Initiative Petition for a Law Relative to the Regulation and Tax of Natural Psychedelics V.A. This petition has gathered 96,277 signatures, second only to the number collected for the decoupling of the MCAS as a Massachusetts high school graduation requirement! Lawmakers have three options for each proposed question: approve it as drafted, suggest a substitute version, or take no action. If they do not act by May 1st, the two campaigns will need to collect another 12,429 signatures and file them with local officials by June 19, then the secretary of state’s office by July 3. Measures that clear that hurdle and withstand any potential court challenges will go before voters at the Nov. 5, 2024 statewide election. The next step is for the Secretary of State to file.
RESIDENT FELLOW MEMBER CORNER
Lily Millen, D.O.

Addressing the Drug Affordability Crisis: Florida’s SAP Authorization

In January 2024, Florida achieved a significant milestone by getting one step closer to becoming the first state in the nation to import less costly prescription drugs from Canada. That is one way to ring in the New Year.

In the U.S., the soaring costs of prescription medications are a pressing concern, placing a substantial financial burden on individuals and impacting their access to essential healthcare. For years, Americans have paid significantly more for prescription medications compared to their counterparts in other developed nations. The struggle to afford medications has led to a myriad of challenges, with a substantial portion of the population reporting difficulties in meeting prescription expenses.

Against this backdrop, the recent move by Florida to gain approval for its drug importation program holds paramount significance. The initiative is poised to address the broader issue of drug affordability, potentially serving as a model for other states grappling with similar challenges.

What is Florida SAP-ping?

On January 5, 2024, the U.S. Food and Drug Administration (FDA) authorized Florida’s Agency for Health Care Administration’s (FAHCA) drug importation program under Section 804 of the Federal Food, Drug, and Cosmetic Act (FDCA).

Spearheaded by Republican Gov. Ron DeSantis, Florida’s proposal is the first approved by the FDA. This marks the initial step in the Section 804 importation program and sets the stage for potentially importing more affordable prescription drugs from Canada.

Florida filed its SAP proposal the following month. Florida’s engagement in the SAP program faced legal hurdles, with a suit against the FDA and HHS in 2022. However, by January 2024, the FDA approved the state’s SAP proposal, marking a significant step in drug importation. With Florida’s recent approval under Section 804 comes many considerations surrounding drug eligibility, shedding light on the intricacies inherent in its initiative.

SAP Exclusion: Navigating Drug Eligibility

While the FDA grants FAHCA a two-year license for its importation program, not all Canadian drugs are eligible. Prescription drugs legally sold in Canada and the U.S. are suitable for appropriate labeling. However, specific categories remain ineligible, including:

- Controlled substances
- Biologic products
- Infused drugs (including percutaneous dialy sis solutions)
- Drugs injected during surgery
- Intravenously, intrathecally, or intracutaneously injected drugs
- Drugs subject to a risk evaluation and mitigation strategy (REMS)
- Drugs not subject to specific provisions of the Drug Supply Chain Security Act

Florida’s SAP authorization is anticipated to save Florida up to $180 million in the first year of its operation. Initially, the program will provide prescription medications to individuals with chronic health conditions, including mental illness. These drugs will be accessible to individuals under the care of the Agency for Persons with Disabilities, the Department of Children and Families, the Department of Corrections, and the Department of Health. The program will then expand to include imported prescriptions for Medicaid members statewide.

However, before imports begin, the state must clarify several FDA requirements along the SAP pathway. While Florida takes a significant stride towards affordable prescription drugs through the SAP, understanding the origins and exclusivity of the SAP pathway sheds light on the complexities and considerations involved in this initiative.

SIP Program Development: Unveiling the Origins

The SIP journey began in 2000, when Congress added Section 804 to the FDCA, empowering the Department of Health and Human Services (HHS) to regulate prescription drug imports. By 2003, Section 804 amendments exclusively allowed imports from Canada.

In October 2020, the FDA issued a pivotal final rule enabling any state or indigenous tribes to propose bulk importation of certain prescription drugs from Canada, provided it saves costs without compromising safety.

In February 2021, Florida filed its SIP proposal following the FDA’s engagement in the SIP program faced legal hurdles, with a suit against the FDA and HHS in 2022. However, by January 2024, the FDA approved the state’s SIP proposal, marking a significant step in drug importation. With Florida’s recent approval under Section 804 comes many considerations surrounding drug eligibility, shedding light on the intricacies inherent in its initiative.

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Course Overview

We are pleased to offer our 14th annual two-day Master Class in Psychopharmacology uniquely designed for clinicians, clinical researchers and trainees in psychiatry. Presentations will focus on treatment of difficult patients as well as emerging research that points to potential new medications and new treatment strategies. We will emphasize the diagnostic and therapeutic role of early development and family history, childhood, aging, genetics, blood and imaging testing, medical and hormonal assessment. Treatment of substance abuse, trauma, and use of new drugs as well as helpful drug combinations and dosing strategies will be included.

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- Physician Assistants
- Trainers in psychology, psychiatry medicine and other mental health professions.
The Order is a multi-specialty practice serving the Bowdoin-Geneva community. We provide comprehensive care in Salem, MA about 15 miles north of Boston. Salem Hospital is part of the prestigious Mass General Brigham health care system, and the Department of Psychiatry is closely aligned with Massachusetts General Hospital (MGH).

The position is based in the outpatient department, providing care for children and adolescents and collaborating with primary care providers and psychotherapists. In addition to direct care the physician will have a role in the Massachusetts Child Psychiatry Access Program (MC-PAP), providing consultation to pediatricians as well as evaluations of their patients. Salem Hospital provides a full spectrum of psychiatric care, including a 10-bed child and adolescent inpatient unit, adolescent partial hospitalization program, child and adolescent ED consults, as well as similar services for adults. Inpatient care is provided at the Epstein Center for Behavioral Health, a spectacular, newly renovated facility that provides unique outdoor recreational space for patients. We have a vibrant educational program, and teaching opportunities and an academic appointment are available. Physicians in the department enjoy a collegial and supportive practice environment.

Compensation is very competitive. The call schedule is very reasonable and requires no in-house coverage. Salem is located on the North Shore of Massachusetts, only 15 miles north of Boston. This region features all the advantages of proximity to a wonderful metropolitan area.

Interested candidates should forward their CV to Louis Caligiuri, Executive Director of Physician Recruiting at lcaligiuri@partners.org.

Salem Hospital, a member of Mass General Brigham, is an affirmative action/equal opportunity employer. Minorities and women are strongly encouraged to apply. The position is eligible to participate in the federal Public Service Loan Forgiveness Program.

AMBULATORY PSYCHIATRY POSITION

Salem Hospital, a member of Mass General Brigham, is a 650-bed tertiary care teaching affiliated with Harvard Medical School, is recruiting for a part time ambulatory psychiatrist to provide general psychiatry and psycho-pharmacology services at our flagship community health center in Dorchester. The successful candidate for this position may be considered for a Harvard Medical School appointment at the rank of Instructor or Assistant Professor. Part-Time, commensurate with experience, academic and teaching contributions.

The Bowdoin Street Health Center is a multi-specialty practice serving the Bowdoin-Geneva community. We provide comprehensive primary care and behavioral health services, and are staffed by 12 medical providers as well as five clinical social workers and two part-time psychiatrists. Our behavioral health department is highly collaborative and is very committed to meeting patient need. In addition, the behavioral health department is fully integrated within the health center as a whole and there is ample opportunity for close collaboration with the primary care providers.

Founded in Boston’s Dorchester neighborhood in 1972 by community residents, Bowdoin Street Health Center remains focused on providing outstanding medical care while maintaining a tradition of working with residents to identify and meet their unique health needs. The mission of the health center is to provide excellent, compassionate care to our patients and support the health of the entire community.

Recognizing how social and economic factors in the community can also influence an individual’s health status, Bowdoin Street actively engages with community organizations and public entities to prevent violence improve access to healthy, affordable foods and promote wellness through exercise and stress reduction.

For more information on the health center please visit our Web Site:

http://www.bidmc.org/CentersandDepartments/Departments/CommunityHealthCenters/BowdoinStreetHealthCenter.aspx

Applications are made online at www.hmfmphysicians.org/careers.

As Florida’s move to import cheaper drugs from Canada under the SIP has garnished attention, it is essential to acknowledge the opposition and concerns raised. Critics, including the Canadian government and pharmaceutical industry representatives, express apprehensions about potential threats with the importation of prescription drugs from Canada.

While the U.S. remains a country without pharmaceutical drug pricing regulations or single-payer strategies, patients and providers grapple with the persisting challenge of expensive prescription drugs. As Florida’s SIP progresses through the FDA review process and states like North Dakota, Texas, and Wisconsin have enacted laws for drug importation programs, As of January 2024, Massachusetts had not legislation enacted for a state drug importation program.

Unraveling Opposition: The SIP Program and Its Critics

Current SIP participants in Florida’s state drug importation program face a battle of drug importation. As the SIP unfolds, it becomes crucial to weigh these concerns against the intended benefits and navigate the tricky realm of drug importation policies.

Empowering Providers to Save Patient’s Money

As Florida’s SIP progresses through the FDA review process and while the U.S. remains a country without pharmaceutical drug pricing regulations or single-payer strategies, patients and providers grapple with the persisting challenge of expensive prescription medications. So, how can providers help?

Providers can initiate conversations about prescription expenses to address patients’ nonadherence due to cost. Understanding patients’ difficulties and incentivizing patients to work with their doctors to develop cost-saving strategies can help.

(continued from page 2)
these petitions with the legislature. Once it is filed and referred to a committee it is a piece of legislation and will require a public hearing. Timing on that is unclear right now since the petitions are still in the Secretary of States office. MPS will present our formal position at that time.

John A. Frumon, MD, DLFAPA
President, Massachusetts Psychiatric Society

RESIDENT FELLOW MEMBER CORNER

During visits, while providers review medications, they can offer prescribing trials when appropriate, and consider strategies like extended prescriptions (i.e., 90-day supplies), less costly substitutions, and discount programs. Online resources such as GoodRx® provide real-time cost comparisons for drug prices across various pharmacies. These platforms empower patients and providers to make informed decisions based on affordability.

Patients may also benefit from more extensive assistance navigating insurance plans and accessing pharmaceutical assistance programs. Often, case management or social work services are well-versed in these areas. However, this resource may only be available for some providers.

In Massachusetts, the Service the Health Insurance Needs of Everyone (SHINE) Program offers free health insurance and counseling to all state residents with Medicare and their caregivers. The SHINE Program is available for some providers.

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References
Mass General Brigham
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Inpatient Attending Psychiatrist
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The Department of Psychiatry at Brigham and Women’s Faulkner Hospital (BWFH) is seeking a full time Inpatient Attending Psychiatrist. BWFH has a well-recognized, Massachusetts Department of Mental Health licensed, 24 bed adult inpatient psychiatry unit. The unit provides care to a diverse cultural and diagnostic population, some with medical comorbidities, that enter treatment primarily through the Emergency Departments of BWFH and Brigham and Women’s Hospital. This is a unique opportunity to lead one of three dynamic multidisciplinary treatment teams with a case load of 8-10 patients with significant teaching responsibilities, as BWFH is a major teaching site for the Brigham Psychiatry Residency Training Program and Harvard Medical School students. Academic rank at Harvard Medical School will be commensurate with experience, training and achievements. Previous clinical experience in an inpatient setting is highly desirable. ABPN board eligibility or certification is required.

If interested, please send CV to: Office of Academic and Faculty Affairs, Department of Psychiatry, Brigham and Women’s Hospital, 75 Francis St., Boston, MA 02115; bwhpsychiatryfacultyaffairs@partners.org

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Our residency program trains 7 residents per year, including general psychiatry and specialty tracks for combined adult and child psychiatry and combined psychiatry and neurology. We offer fellowships in Addiction, Adult Developmental Disabilities, Child and Adolescent, Forensic Psychiatry, and Neuropsychiatry.

Diversity, equity, and inclusion are integral to the commitment of the Department and University. Accordingly, the Department seeks qualified candidates who can contribute to racial equity, diversity and inclusion through service, mentorship, teaching and scholarship. Candidates from historically underrepresented group(s) in higher education and medicine are encouraged to apply. Candidates who possess personal characteristics that might be considered as diversifying elements among the clinical team and the larger psychiatry faculty at UMass Chan are invited to identify themselves during the application process.

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- Full-Time Psychiatrist, Worcester Recovery Center and Hospital (WRCH) - inpatient position
- Full-Time Clinical Psychologist, Student Counseling Service, UMass Chan Medical School
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- Geriatric Researcher, Psychologist/Psychiatrist, UMass Chan Medical School

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If interested, please send CV and Cover Letter to:
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DEPARTMENT OF PSYCHIATRY – SALEM HOSPITAL

In affiliation with MASSACHUSETTS GENERAL HOSPITAL

Job opening for Consultation-Liaison Psychiatrist

The Department of Psychiatry at Mass General Salem Hospital has an outstanding opportunity for a Consultation-Liaison (CL) psychiatrist. While completion of a CL or psychometrics fellowship is preferred, this position is also open to other candidates who have demonstrated interest and experience in consultation-liaison psychiatry. The CL psychiatrist will work with the Director of CL and a multidisciplinary team to provide high quality psychiatry and addictions consultation. The scope of the service includes the medical-surgical floors and the Emergency Department.

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Salem is located on the North Shore of Massachusetts, only 15 miles north of Boston. This region features all the advantages of proximity to a wonderful metropolitan area.

Interested individuals should send their CV and letter of interest to Louis Caligiuri, Executive Director of Physician Recruiting at lcaligiuri@partners.org.

Salem Hospital is an affirmative action/equal opportunity employer. Minorities and women are strongly encouraged to apply. The position is eligible to participate in the federal Public Service Loan Forgiveness Program.
**Massachusetts Psychiatric Society’s 2024 Risk Avoidance & Risk Management Conference**

**Program Overview**
The Massachusetts Psychiatric Society is pleased to present the 2024 Risk Avoidance and Risk Management Conference. This is the annual risk management conference with a successful record spanning decades. The conference focuses on actual issues faced by practicing psychiatrists. It will increase understanding of the various roles of psychiatrists interfacing with the law and appreciate the challenges of psychiatrists in court. Each year faculty review timely and relevant risk management issues in conjunction with other invited local experts. We utilize several didactic lectures with significant time for questions raised by conference attendees. This year, topics addressed will include: Dr. Philip Candilis discussing practical ethics for psychiatrists in clinical practice; Dr. Thomas Gutheil reviewing major issues relevant to general risk management and focusing participation in risk management questions; Dr. Ronald Schouten discussing the practice of threat assessment and management and its lessons for psychiatric clinicians, Dr. Jeffrey Kerner discussing practical risk management guidance for outpatient psychiatric practice; Attorney Charles (David) Cash providing guidance on issues related to infirmity, disability, retirement and practice closure; Dr. James Ellison presenting issues related to aging, cognitive changes and disorders, and implications for practicing clinicians in facing their own and their colleagues capacity for continued practice and end of career considerations.

**Program Objectives**
At the conclusion of this activity, participants should be able to:
- Utilize risk reduction tools and strategies in daily practice
- Appreciate liabilities and risk management issues related to boundaries issues and ethical issues
- Understand the practice of threat assessment and management and adopt practical perspectives for clinical practice
- Review practical strategies for risk management in outpatient psychiatric practice
- Appreciate issues related to cognitive and productivity/capacity changes related to aging and their implications for practice for clinicians
- Understand liability issues related to practice interruption related to disability and illness, as well
- Learn best practice approaches to managing retirement and practice closure

**REGISTRATION FEE**

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Please note the link for the conference will be sent on March 8.
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• Understand liability issues related to practice interruption related to disability and illness, as well
• Learn best practice approaches to managing retirement and practice closure
• Review practical strategies for risk management in outpatient psychiatric practice

Program Schedule

8:30-8:40 a.m.   Welcome and Introduction
Matthew Lahaie, MD, JD

8:40-9:45 a.m.   Professionalism and Self-Care: The Weakest Link
Philip J. Candilis, MD, DFAPA

9:45-10:45 a.m.   Risk Management Fundamentals for Psychiatrist
Thomas Gutheil, MD

10:45-11:00 a.m.   BREAK

11:00-12:00 p.m.   Introduction to Threat Assessment & Management
Ronald Schouten, MD, JD, CTM, DLFAPA

12:00-12:30 p.m.    Food for Thought: Risk Management Guidance for Outpatient Psychiatric Practice
Jeffrey Kerner, MD

12:30-1:00 p.m.    LUNCH BREAK

1:00-2:00 p.m.    Late Life Medical Practitioners: Clinician Performance & Age-Based Testing
James M. Ellison, MD, MPH

2:00-3:00 p.m.    Disability, Emergency, & Retirement: Guidance for Suspending and Exiting Psychiatric Practice
Charles D. Cash, JD, LLM

3:00-3:30 p.m.    Top Practice Points of the Day – Questions & Answers
Matthew Lahaie, MD, JD

3:30 p.m.                   Wrap Up
Matthew Lahaie, MD, JD

Questions?
Call (781) 237-8100, 8 a.m.–4 p.m. Monday thru Friday

Registration Fee

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Ambulatory Psychiatrist

Our vibrant Department of Psychiatry is seeking academic psychiatrists for outpatient faculty positions at Brigham and Women’s Hospital. The department has numerous specialty programs in Women’s Mental Health, Neuropsychiatry, Geriatrics, and Addictions, as well as multiple primary care-based community practices, and provides care to a diverse, medically co-morbid population. BWH is a major teaching site for the Brigham/Harvard Residency Training Program.

The successful candidate will be exceptionally knowledgeable at complex diagnostic assessment, psychopharmacologic management, focused psychotherapy and collaboration with other medical and behavioral health providers. Research, scholarship, and the ability to inspire trainees and participate in care innovation are highly desirable.

Academic rank at Harvard Medical School will be commensurate with experience, training and achievements.

If interested, please send CV and Cover Letter to:
Office of Academic and Faculty Affairs, Department of Psychiatry, Brigham and Women’s Hospital, 75 Francis St., Boston, MA 02115; bwhpsychiatryfacultyaffairs@partners.org

Employment Conditions:
https://www.massgen Brigham.org/For-MedicalProfessionalsEmploymentConditions.aspx

HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Our vibrant Department of Psychiatry at Salem Hospital is seeking an assistant/associate professor of psychiatry. The department has been the hub of psychiatric care on the North Shore since 1961. Salem Hospital is a 120-bed inpatient facility that includes two adult units, one child and adolescent unit, and one geriatric unit, all fully part of the Medical Center and available to take patients from the emergency department and medical floors. There are also 3 outpatient sites, a separate partial hospital program for adults and for adolescents, and a team of psychiatric crisis clinicians in the emergency department 24 hours/day, 7 days/week.

Qualified candidates will receive a clinical appointment at Mass General Brigham Salem Hospital and have an opportunity for a Tufts Medical School faculty appointment. There are multiple opportunities for teaching on-site, including medical students, Physicians Assistant students, Nurse Practitioner students, and medical residents.

Salaries are extremely competitive. Evening and weekend call are very reasonable, and provide significant additional compensation.

Salem Hospital is an affirmative action/equal opportunity employer. Minorities and women are strongly encouraged to apply. The position is eligible to participate in the federal Public Service Loan Forgiveness Program.

DEPARTMENT OF PSYCHIATRY – SALEM HOSPITAL
In affiliation with MASSACHUSETTS GENERAL HOSPITAL

Job opening for Consultation-Liaison Psychiatrist

The Department of Psychiatry at Mass General Brigham Salem Hospital has an outstanding opportunity for a Consultation-Liaison (CL) psychiatrist. While completion of a CL or psychosomatics fellowship is preferred, this position is also open to other candidates with demonstrated interest and experience in consultation-liaison psychiatry. The CL psychiatrist will work with the Director of CL and a multidisciplinary team to provide high quality psychiatry and addictions consultation. The scope of the service includes the medical-surgical floors and the Emergency Department.

Salem Hospital is unique in its breadth of psychiatric services a general hospital setting. The Epstein Center for Behavioral Health is a 120-bed inpatient facility that includes two adult units, one child and adolescent unit, and one geriatric unit, all fully part of the Medical Center and available to take patients from the emergency department and medical floors. There are also 3 outpatient sites, a separate partial hospital program for adults and for adolescents, and a team of psychiatric crisis clinicians in the emergency department 24 hours/day.

Qualified candidates will receive a clinical appointment at Mass General Brigham Salem Hospital and have an opportunity for a Tufts Medical School faculty appointment. There are multiple opportunities for teaching on-site, including medical students, Physicians Assistant students, Nurse Practitioner students, and medical residents.

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What’s Going on at MPS…

Renew Your Membership for 2024

As a friendly reminder, it’s time to renew your membership for 2024. If you have any questions about your dues, please email or call Mayuri Patel at mpatel@mms.org (781-237-8100 x1) or Sheneka Wilkins at swilkins@psych.org (202-559-3066).

MPH Chapter President Opportunity

MPH is looking for a member to volunteer to become president of the western Mass Chapter, WMPS.

We are looking for someone enthusiastic to plan meetings for WMPS, which are typically held on the third Wednesday of each month. Most meetings have been held virtually over the past few years but in person is an option as well – be it in hospital meeting space, a local venue, private practice meeting space, etc. You will not be left to your own devices and will have full support from MPH staff and leadership. As president of WMPS, you will also be a voting member of MPH Council and invited to all Council meetings.

Please do not hesitate to email Mayuri Patel at mpatel@mms.org as soon as possible if you are interested. In the interim, WMPS members will be invited to join monthly virtual meetings of our SE/MA chapter. Of course, our goal is to have a new president in place as soon as possible so we can re-energize the WMPS chapter.

MPH Member Emails – Reminder……

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UMass Memorial Health and the University of Massachusetts Chan Medical School currently have openings within the Department of Psychiatry.

The Department of Psychiatry is a national leader in addiction, biological, child and adolescent, and public sector, psychiatry, neuropsychiatry, psychosocial rehabilitation, and women’s mental health. We integrate our clinical, research, teaching and community partnership activities to help individuals transform their lives through recovery from mental illness and addiction. We are the largest provider of psychiatric services in central Massachusetts, with over 400 faculty members and 12 hospitals and community mental health centers in varied settings across the state.

Our residency program trains 7 residents per year, including general psychiatry and specialty tracks for combined adult and child psychiatry and combined psychiatry and neurology. We offer fellowships in Addiction, Adult Developmental Disabilities, Child and Adolescent, Forensic Psychiatry, and Neuropsychiatry.

Diversity, equity, and inclusion are integral to the commitment of the Department and University. Accordingly, the Department seeks qualified candidates who can contribute to racial equity, diversity and inclusion through service, mentorship, teaching and scholarship. Candidates from historically underrepresented group(s) in higher education and medicine are encouraged to apply. Candidates who possess personal characteristics that might be considered as diversifying elements among the clinical team and the larger psychiatry faculty at UMass Chan are invited to identify themselves during the application process.

UMass Chan Medical School

Facility Medical Director (Cape Cod and Islands Mental Health Center, Pocasset, MA) - Provides administrative and clinical oversight for the DMH-operated and contracted state hospital and community support programs.

Facility Medical Director (Brookton Hospital, Brockton, MA) - Provides administrative and clinical oversight for the DMH-operated and contracted state hospital and community support programs.

Facility Behavioral Health Director (Brookton Hospital, Brockton, MA) - Board-certified psychiatric-mental health nurse practitioner (PMHNP-BC)

Full-Time and Part-Time Psychiatrists, Brockton Multi Service Center, Brockton, MA - inpatient positions

Full-Time Psychiatrist, Worcester Recovery Center and Hospital (WRCH) - inpatient position

Full-Time Clinical Psychologist, Student Counseling Service, UMass Chan Medical School

Full-Time Researcher, Implementation Science and Practice Advances Research Center (iSPARC), UMass Chan Medical School

Geriatric Researcher, Psychologist/Psychiatrist, UMass Chan Medical School

Interested applicants should apply directly at https://academicjobsonline.org/ajo/UMASSMED/Psych (J-1 and H-1B candidates are welcome to apply)

For more information about the Department of Psychiatry: https://www.umassmed.edu/psychiatry/dop/

As the leading employer in the Worcester area, we seek talent and ideas from individuals of varied backgrounds and viewpoints.

For more information about the Department of Psychiatry: https://www.umassmed.edu/psychiatry/dop/
Inpatient Attending Psychiatrist

BRIGHAM AND WOMEN’S

FAULKNER HOSPITAL

The Department of Psychiatry at Brigham and Women’s Faulkner Hospital (BWFH) is seeking a full time Inpatient Attending Psychiatrist. BWFH has a well-recognized, Massachusetts Department of Mental Health licensed, 24 bed adult inpatient psychiatry unit. The unit provides care to a diverse cultural and diagnostic population, some with medical comorbidities, that enter treatment primarily through the Emergency Departments of BWFH and Brigham and Women’s Hospital. This is a unique opportunity to lead one of three dynamic multidisciplinary treatment teams with a case load of 8-10 patients with significant teaching responsibilities, as BWFH is a major teaching site for the Brigham Psychiatry Residency Training Program and Harvard Medical School students. Academic rank at Harvard Medical School will be commensurate with experience, training and achievements. Previous clinical experience in an inpatient setting is highly desirable. ABPN board eligibility or certification is required.

If interested, please send CV to: Office of Academic and Faculty Affairs, Department of Psychiatry, Brigham and Women’s Hospital, 75 Francis St., Boston, MA 02115; bwhpsychiatryfacultyaffairs@partners.org

Employment Conditions:

https://www.massgeneralbrigham.org/en/about/careers/employment-conditions

EEO Statement

Harvard Medical School and Brigham and Women’s Hospital are equal opportunity/affirmative action employers with strong institutional commitments to diversity in their faculty. Women and minority candidates are particularly encouraged to apply.

Congratulations to New APA Distinguished Fellows and Fellows

The following members were approved for the Distinguished Fellows and Fellows Status by the APA Board of Directors:

Distinguished Fellows:

Kevin Hill, MD
Madelyn Hicks, MD
Laura Safar, MD
Adeliza Olivero, MD

Fellows:

Wayne Brunell, MD
Norman Tabroff, MD
Umadevi Naidoo, MD
Sofia Matta, MD
David Perez, MD

Massachusetts Psychiatric Society Election 2024 – 2025

Below is the slate of candidates for the 2024/25 MPS election. We want to thank the MPS members who nominated candidates, and to the candidates who have agreed to run for office. We would also like to thank the Nominating Committee (Co-Chairs: Drs. Grace Chang, Nassir Ghaemi and committee members, Drs. Nitigna Desai, Steven Fischel, Marie Hobart, Neeta Sharma and Kimberly Yonkers) for their work on the committee.

According to the Massachusetts Psychiatric Society Bylaws, additional nominations to those listed below may be made by a petition signed by twenty-five (25) or more members eligible to vote. The nominating petitions must be filed with the MPS Secretary by March 25, 2024 and can be submitted via email to mps@mms.org.

Voting begins for the 2024/25 MPS election on April 1, 2024 at www.psychiatry-mps.org. Please log on to the MPS website as a member and click on the 2024 Ballot link on the home page to cast your votes. If you have trouble logging onto the website, please contact the MPS office at (781) 237-8100 or mps@mms.org. If you would like to opt-out of online voting, please contact the MPS office and we can mail you a paper ballot. Voting must be completed by the close of business on April 19, 2024.

President-Elect: (1 Position)

Jhilam Biswas, MD

Secretary: (1 Position)

Cristina Montalvo, MD, MBS

Councilors: (2 Positions)

Gabriel Felix, MD
Lily Millen, DO
Amam Saleh, MD

APA Representative: (2 Positions)

Sarah Palmer, MD
Sanya Virani, MD

Resident-Fellow Member (1 Position)

Isabella Mak, BS, MD
Brianna Rowan, MD

Nominating Committee (2 Positions)

Eric Lederman, MD
Daniel Morehead, MD
References
5. Florida Governor's Office. (2024). Florida becomes first in the nation to have Canadian drug importation program approved by FDA. https://www.flgov.com/2024/01/05/florida-becomes-first-in-the-nation-to-have-canadian-drug-importation-program-approved-by-fda/

RESIDENT FELLOW MEMBER CORNER

(continued from page 3) - RESIDENT FELLOW MEMBER

During visits, while providers review medications, they can offer prescribing trials when appropriate, and consider strategies like extended prescriptions (i.e., 90-day supplies), less costly substitu-
tions, and discount programs. Online resources such as GoodRx® provide real-time cost comparisons for drug prices across various pharmacies. These platforms empower patients and providers to make informed decisions based on affordability.

Patients may also benefit from more extensive assistance navigating insurance plans and accessing pharmaceutical assistance programs. Often, case management or social work services are well-versed in these areas. However, this resource may only be available for some providers.

In Massachusetts, the Service the Health Insurance Needs of Ev-
everyone (SHINE) Program offers free health insurance and coun-
selling to all state residents with Medicare and their caregivers. The National Alliance on Mental Illness (NAMI) provides links to nonprofit prescription assistance programs and access to local counseling to all state residents with Medicare and their caregivers.

The Epstein Center for Behavioral Health is a 120-bed inpatient facility established in affiliation with Massachusetts General Hospital (Mass General) that includes two adult units, one child and adolescent unit, and one geriatric unit, embedded in a full-service medical center. Each unit includes a team of social workers and a psychiatric Nurse Practitioner to support physicians, optimize workflow, and improve patient care.

Other clinical opportunities involve possibility of participating on the Consultation-Liaison service or in the Adult Outpatient Department.

DEPARTMENT OF PSYCHIATRY – SALEM HOSPITAL
A MASSACHUSETTS GENERAL BRIIGHAM FACILITY
ADULT INPATIENT PSYCHIATRIST POSITION

The Department of Psychiatry at Salem Hospital has an outstanding opportunity for a full-time or part-time BC/BE adult inpatient psychiatrist.

The Epstein Center for Behavioral Health is a 120-bed inpatient facility established in affiliation with Massachusetts General Hospital (Mass General) that includes two adult units, one child and adolescent unit, and one geriatric unit, embedded in a full-service medical center. Each unit includes a team of social workers and a psychiatric Nurse Practitioner to support physicians, optimize workflow, and improve patient care.

Other clinical opportunities involve possibility of participating on the Consultation-Liaison service or in the Adult Outpatient Department.

There are multiple opportunities for teaching on-site, and a Tufts Medical School faculty appointment is available for physicians who participates in medical student training. There are also educational and research opportunities at Mass General and Harvard Medical School for the appropriate interested candidate.

Salaries are extremely competitive. Evening and weekend call are very reasonable and provide significant additional compensation.

Salem is located on the North Shore of Massachusetts, only 15 miles north of Boston. This region features all the advantages of proximity to a wonderful metropolitan area.

Interested individuals should send their CV and letter of interest to Louise Caliguire, Executive Director of Physician Recruiting at lcaliguire@partners.org. Salem Hospital is an affirmative action/equal opportunity employer. Minorities and women are strongly encouraged to apply. Pre-employment drug screening is required. The position is eligible to participate in the federal Public Service Loan Forgiveness Program.
AMBULATORY PSYCHIATRY POSITION

Beth Israel Deaconess Medical Center, a 650-bed tertiary care teaching affiliated with Harvard Medical School, is recruiting for a part time ambulatory psychiatrist to provide general psychiatry and psycho-pharmacology services at our flagship community health center in Dorchester. The successful candidate for this position may be considered for a Harvard Medical School appointment at the rank of Instructor or Assistant Professor. Part-Time, commensurate with experience, achievements and contributions.

The Bowdoin Street Health Center is a multi-specialty practice serving the Bowdoin-Geneva community. We provide compassionate primary care and behavioral health services, and are staffed by 12 medical providers as well as five clinical social workers and two part time psychiatrists. Our behavioral health department is highly collaborative and is very committed to meeting patient need. In addition, the behavioral health department is fully integrated within the health center as a whole and is ample opportunity for close collaboration with the primary care providers.

Salem Hospital, a member of Mass General Brigham (MGB), is located in Salem, Massachusetts, 3 miles north of Boston. Salem Hospital is part of the prestigious Mass General Brigham Health care system, and the Department of Psychiatry is closely aligned with Massachusetts General Hospital (MGH). The position is based in the outpatient department, providing care for children and adolescents and collaborating with primary care providers and psychotherapists. In addition to direct care the physician will have a role in the Massachusetts Child Psychiatry Access Program (MC-PAP), providing consultation to pediatricians as well as evaluations of their patients. Salem Hospital provides a full spectrum of psychiatric care, including a 30-bed child and adolescent inpatient unit, adolescent partial hospitalization program, child and adolescent ED consults, as well as similar services for adults. Inpatient care is provided at the Epstein Center for Behavioral Health, a spectacular, newly renovated facility that provides unique outdoor recreational space for our patients. We have a vibrant educational program, and teaching opportunities and an academic appointment are available. Psychiatrists in the department enjoy a collegial and supportive practice environment.

Compensation is very competitive. The call schedule is very reasonable and requires no in-house coverage.

Salem is located on the North Shore of Massachusetts, only 15 miles north of Boston. This region features all the advantages of proximity to a wonderful metropolitan area.

Interested candidates should forward their CV to Louis Caliguri, Executive Director of Physician Recruiting at caliguri@partners.org.

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(continued from page 2) - RESIDENT FELLOW MEMBER

- with out affecting the container closure system (such as blister packs)
- Drug products cannot be repackaged without breaching the container closure system and introducing unnecessary adulteration, degradation, and fraud risks.

The SIP proposal must detail how drugs can be safely imported, addressing supply chain, transportation, storage, transport, contamination control, costs, and stability concerns. The proposal must also address supply chain integrity, security testing requirements, proper labeling, and tracking and tracing.

After FDA authorization, importers undergo a meticulous process, including a Pre-Import Request, examination, compliance testing, safety testing, and relabeling. Importers must also submit quarterly reports about cost savings and potential safety issues to the FDA.

Addressing the Prescription Affordability Crisis

Prescription drug cost in the U.S. remains a pressing issue, with Americans spending more than $471 billion on pharmaceuticals in 2022, according to the Centers for Disease Control and Prevention (CDC). This expenditure is a significant burden for individuals and families, particularly in low-income communities.

The federal government has taken steps to address prescription affordability. In 2021, President Biden signed an Executive Order to control drug costs and reduce out-of-pocket expenses for patients. This order included measures such as empowering the U.S. government to negotiate prices, requiring transparency in drug pricing, and incentivizing generic competition.

However, these efforts have been met with resistance from the pharmaceutical industry. Major pharmaceutical companies have employed tactics such as ‘pay for delay’ agreements and other lobbying efforts to influence healthcare policies. This has led to a challenging environment for new entrants in the pharmaceutical market, creating barriers to entry and increasing the cost of new drug development.

The Inflation Reduction Act of 2022 included provisions aimed at lowering the cost of prescription drugs and reducing the overall cost of healthcare. Under this act, the federal government can negotiate drug prices with pharmaceutical companies. This has the potential to reduce costs for patients and the government.

Despite these efforts, the issue of prescription affordability remains a significant challenge. Continued collaboration between the government, healthcare providers, and the pharmaceutical industry is necessary to ensure access to affordable medications.

Empowering Providers to Save Patient’s Money

As Florida’s SIP progresses through the FDA review process and while the U.S. remains a country without pharmaceutical drug pricing regulations or single-payer strategies, patients and providers grapple with the persisting challenge of expensive prescriptions. So, how can providers help?

Providers can initiate conversations about prescription expenses to address patients’ nonadherence due to cost. Understanding patients’ challenges, including cost barriers, can help identify potential solutions and promote adherence.

Drug manufacturers employ tactics such as ‘pay for delay’ agreements and other strategies to extend the patent life of their products. This can limit competition and drive up the cost of medications. Providers can advocate for policies that promote competition, such as allowing the importation of prescription drugs from Canada.

Canada offers a more affordable option for patients compared to the U.S. due to pharmaceutical competition strategies. In 2020, Canada’s overall prescription drug expenditures were $14.6 billion, significantly lower than the U.S. In the U.S., drug expenditures reached $833.1 billion in 2022, according to the Centers for Medicare and Medicaid Services.

While the Inflation Reduction Act in 2022 aimed to lower drug prices, the potential for real savings has yet to be realized. Continued advocacy and collaboration between the government, healthcare providers, and patients are essential to ensure access to affordable medications.

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In January 2024, Florida achieved a significant milestone by getting one step closer to becoming the first state in the nation to import less costly prescription drugs from Canada. That is one way to ring in the New Year. In the U.S., the soaring costs of prescription medications are a pressing concern, placing a substantial financial burden on individuals and impacting their access to essential healthcare. For years, Americans have paid significantly more for prescription medications compared to their counterparts in other developed nations. The struggle to afford medications has led to a myriad of challenges, with a substantial portion of the population reporting difficulties in meeting prescription expenses. Against this backdrop, the recent move by Florida to gain approval for its drug importation program holds paramount significance. The initiative is poised to address the broader issue of drug affordability, potentially serving as a model for other states grappling with similar challenges.

What is Florida SIP-ping?

On January 5, 2024, the U.S. Food and Drug Administration (FDA) authorized Florida’s Agency for Health Care Administration’s (FAHCA) drug importation program under Section 804 of the Federal Food, Drug, and Cosmetic Act (FDCA). Spearheaded by Republican Gov. Ron DeSantis, Florida’s proposal is the first approved by the FDA. This marks the initial step in the Section 804 importation program (SIP) and sets the stage for potentially importing more affordable prescription drugs from Canada.

The FAHCA anticipates saving Florida up to $180 million in the first year of importation. That is one way to ring in the New Year. Florida’s SIP journey began in 2000, when Congress added Section 804 to the FDCA, empowering the Department of Health and Human Services (HHS) to regulate prescription drug imports. By 2003, Section 804 amendments exclusively allowed imports from Canada. In October 2020, the FDA issued a pivotal final rule enabling any state or indigenous tribes to propose bulk importation of certain prescription drugs from Canada, provided it saves costs without compromising safety. Florida filed its SIP proposal the following month. Florida’s engagement in the SIP program faced legal hurdles, with a suit against the FDA and HHS in 2022. However, by January 2024, the FDA approved the state’s SIP proposal, marking a significant step in drug importation. With Florida’s recent approval under Section 804 comes many considerations surrounding drug eligibility, shedding light on the intricacies inherent in its initiative.

SIP Exclusivity: Navigating Drug Eligibility

While the FDA grants FAHCA a two-year license for its importation program, not all Canadian drugs are eligible. Prescription drugs legally sold in Canada and the U.S. are suitable for importation. However, specific categories remain ineligible, including:

- Controlled substances
- Biologic products
- Infused drugs (including peritoneal dialysis solutions)
- Drugs inhaled during surgery
- Intravenously, intraocularly, or intracerebrally injected drugs
- Drugs subject to a risk evaluation and mitigation strategy (REMS)
- Drugs not subject to specific provisions of the Drug Supply Chain Security Act

Addressing the Drug Affordability Crisis: Florida’s SIP Authorization

However, before imports begin, the state must clear several FDA requirements along the SIP pathway. While Florida takes a significant stride towards affordable prescription drugs through the SIP, understanding the origins and exclusivity of the SIP pathway sheds light on the complexities and considerations involved in this initiative.

SIP Program Development: Unveiling the Origins

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Addressing the Drug Affordability Crisis: Florida’s SIP Authorization

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On January 8, 2024, Governor Healy informed the state Legislature of significant budget cuts that affect our patients and how we deliver psychiatric care to them. To close an anticipated $1 billion budget gap, effective immediately, $375 million will be in spending cuts. This represents 0.6% of the state’s $56 billion budget for the current fiscal year. While there will be no change in eligibility for Mass Health, most of the cuts, $294 million, target Mass Health, the state’s Medicaid and Children’s Health Insurance Program. The cuts will come from reimbursement rates paid to physicians treating patients in the system and are also the result of savings from people enrolled in state-subsidized health insurance using fewer services than expected.

As noted in the Worcester Telegram & Gazette (January 8, 2024) also being cut are services to families and in the mental health field:

- Commonwealth Care Trust Fund: $50 million
- Community Residential Services: $35 million
- Transitional Aid to Families with Dependent Children Grant: $13 million
- Community Day and Work: $13 million
- Behavioral Health Supports: $5 million
- Housing Services and Counseling: $5 million
- Massachusetts State Scholarship Program: $4 million

These programs were targeted, “due to lower-than-anticipated use, the presence of sufficient funding or rollover funds to accommodate anticipated use, and revenue sources from other agencies or programs. None of the programs will lose 100% of their funding.” Additional funds needed to make up the deficit will come from new non-tax revenues earned on investments.

Why now? Since July, revenue has not met the anticipated benchmarks that the FY 24 budget was built on. Six months into the fiscal year the lack of revenue amounts to $750 million dollars. In Massachusetts we must have a balanced budget by years end. The Governor facing slowing revenue numbers as well as the increased Emergency Assistance cost of almost a billion dollars made necessary adjustments to revenue projections and spending for the remaining six months. On January 24th the Governor will file her FY 25 budget. The consensus revenue number for the FY 25 budget will show little revenue growth so we may very well see further cuts to MassHealth and cuts to DMH. The Executive Office of Health and Human Services (EOHHS) secretariat represents almost fifty percent of the state budget which means it shoulders a great percentage of reductions. Most in the State House believe that this will be a mild dip in revenues and since the budget process takes about seven months to complete they are constantly updating the revenues.

Psychiatric Initiative Update

With collaborative efforts from Nassir Ghaemi, MD, MPS President-elect and Lisa Simonetti, MPS Legislative Consultant, we have assembled a workgroup to develop MPS’ position on the Massachusetts Initiative Petition for a Law Relative to the Regulation and Tax of Natural Psychodelics V.A. This petition has gathered 96,277 signatures, second only to the number collected for the decoupling of the MCAS as a Massachusetts high school grade requirement! Lawmakers have three options for each proposed question: approve it as drafted, suggest a substitute version, or take no action. If they do not act by May 1st, the two campaigns will need to collect another 12,429 signatures and file them with local officials by June 19, then the secretary of state’s office by July 3. Measures that clear that hurdle and withstand any potential court challenges will go before voters at the Nov. 5, 2024 statewide election. The next step is for the Secretary of State to file

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Massachusetts Budgetary Woes for 2024-25 and Psychodelic Initiative Update

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