

Madame Chair, Madame Vice Chair, and esteemed members of the House Health and Government Committee,

My name is Jason Barth, Manager of Behavioral Health Services at Frederick Health Hospital (formerly Frederick Memorial). Frederick Health Hospital is an acute care general medical hospital with a full-scale inpatient behavioral health unit that admits involuntary patients and employs board certified psychiatrists and psychiatric nurse practitioners. I am here today representing our health system and the 250,000 residents of Frederick County in support of House Bill 317, which is a significant step toward advancing behavioral health care delivery in Maryland.

House Bill 317 will allow for a higher standard of care for our patients by appropriately expanding the scope of practice of Psychiatric Nurse Practitioners based on their training and experience, with the ultimate effect of reducing the total cost of behavioral health service delivery in Maryland. Current regulations and practice allow Psychiatric Nurse Practitioners to temporarily suspend a free citizen's civil rights through the Emergency Petition process, involuntarily admit individuals to inpatient behavioral health units, and function as the attending provider for the patient throughout their admission. Despite their extensive knowledge of the patient, they are not permitted to serve as the expert witness in the involuntary admission (IVA) hearing.

In current practice, the involuntary patient who has been primarily receiving care from a psychiatric nurse practitioner, on the very day of their administrative hearing, meets a new provider, who by regulation must be a board-certified psychiatrist with a medical doctorate degree. The patient's liberty and recovery process is based solely on the testimony of this doctor's single and brief assessment.

Psychiatric Nurse Practitioners have the responsibility of suspending civil liberties, enacting involuntary commitments, and attending to the medical and psychiatric needs of psychiatric patients, but at this time cannot testify on behalf of their patients' best interests: they are completely ignored in the involuntary admission hearing process. House Bill 317 will significantly enhance the leverage of psychiatric nurse practitioners' expertise, training, and patient familiarity toward the patients' recovery process and maintain the continuity of care we all seek.

Finally, involuntary admission hearings are not a billable service under any insurance, public or private; they represent pure expense. Current regulations require us to interrupt a physician's clinical day, pull them from their rounds, their patients, and force them to testify in a situation that places their license and reputations at risk: all for nothing. There is no remuneration for their efforts, nor does the patient receive more qualified representation in the involuntary commitment hearing.

This bill allows for the professional who has been providing care to the patient, who *best* knows the patient, and is *best* able to advocate for the *best* interests of the patient and his or her recovery to testify and be recognized by the administrative law process as an expert witness. This Bill will *decrease* the total cost of care for the patient, while simultaneously, increasing the quality of care.

Frederick Health is very much in support of quality care for our community, advancing the scope of care provided by superbly trained Psychiatric Nurse Practitioners, and of fiscal responsibility under Medicare's reduction of Total Cost of Care directives.

Esteemed members of the House Health and Government Committee, thank you for this opportunity for Frederick Health to share its support for House Bill 317.