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Please support:
**HB 278: HEALTH OCCUPATIONS – CLINICAL NURSE SPECIALISTS – PRESCRIBING
AUTHORITY.**

February 20, 2022

As a Psychiatric Nurse Practitioner in private practice in St. Mary's County, Maryland, I provide care in a federally identified provider shortage area for both primary care and mental health. There have been historic rises in demand for mental health services with acute provider shortages especially specialty areas such as child and adolescent psychiatric providers. In my community, there have been several high-profile suicides jumping from the Thomas Johnson Bridge which connects St. Mary's and Calvert Counties in Southern Maryland. There can be significant delays to be evaluated by a psychiatrist or Psychiatric Nurse Practitioner in many areas across the state, acutely so in St. Mary's County, where I practice. For example, our local VA clinic in Charlotte Hall, MD publishes its wait time on its website. As of the most recent listing (2/17/2023) there is a 94 day wait for new patient psychiatric evaluation appointment. Current providers caseloads are overly full, resulting in long wait lists or not accepting new patients. We must capture all help seeking behaviors in mental health urgently or the consequences can be fatal. We need help. We need the experienced licensed, educated, and trained Psychiatric Mental Health Clinical Nurse Specialist (PMH CNS) to be able to fulfil their scope of practice.

Psychiatric Mental Health Clinical Nurse Specialist (PMH CNS) have had independent practice since 1990, which included authority to manage psychopharmacological medications, but not prescribe them. This effectively stymies the course of treatment of patients under the care of PMH CNS. My colleagues will often have to refer a patient to my practice for evaluation and medication management, while maintaining the patient under their care for psychobiological interventions. In fact, the scope of practice for PMH CNS includes the ability to evaluate and manage psychobiological interventions independently and autonomously. COMAR 10.27.12.02.B.(08) defines "Psychobiological interventions" as interventions which integrate physiological and psychological dimensions of care and include a range of therapies from diet/nutrition regulation, hypnosis, and relaxation techniques to the use of pharmacologic agents." By authorizing CNS to have prescriptive authority, patients under the care of a CNS will have improved outcomes and timely treatment.

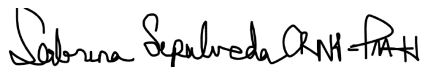
Data from the Maryland Opioid Operational Command Center reports in 2020, fatal overdoses increased by 17.7% annually (from 2,379 to 2,799). Thankfully, we are seeing a downward trend as in the 12 months ending in October 2022, there were 13.1% fewer fatal overdoses in Maryland compared to the previous 12 months (decreasing from 2,824 to 2,454). Maryland should allow CNSs prescriptive authority to increase the access to treatment for Opioid use disorder. In their 2011 "Future of Nursing" report, the Institute of Medicine (IOM) called to reduce practice restrictions for APRN, including removing barriers to prescriptive authority. The National Council of State Boards of Nursing (NCSBN) Advanced Practice Registered Nurse (APRN) Consensus model provides guidance for states to adopt uniform regulations of APRN roles. It aligns with the IOM for the removing barriers to prescriptive authority, which will benefit Maryland to capitalize on opportunities afforded by the 2018 SUPPORT ACT which federally granted CNSs the ability to safely and effectively treat opioid use disorder with buprenorphine for opioid use disorder.

Maintaining restrictions in prescriptive authority for CNSs makes no sense given the available CNS workforce and the present need. There are 188 PMH CNS currently licensed in the State of Maryland. By supporting CNS prescribing authority, this single initiative could increase the number of psychiatric prescribers more than any

other this year to increase the healthcare workforce. I urge you increase access to mental health care and increase the number of available buprenorphine providers for Maryland residents.

I urge you to support HB 278, allowing clinical nurse specialist prescribing authority.

Respectfully,

A handwritten signature in black ink that reads "Sabrina Sepulveda CRNP-PMH". The signature is fluid and cursive, with the initials "CRNP-PMH" written in a more structured, blocky font at the end.

Sabrina Sepulveda, CRNP-PMH
Owner, Harborside Behavioral Health, LLC