



POSITION ON PROPOSED LEGISLATION

BILL: SB 576 – Nurse Practitioners - Certifications of Competency and Incapacity

POSITION: OPPOSE

DATE: February 13, 2020

Altering Maryland’s current standards for involuntary psychiatric commitment to allow psychiatric nurse practitioners (PNPs) to perform initial inpatient examinations and to testify at hearings will lower quality and increase costs.

There is a significant difference in knowledge, training and experience between a psychiatrist and a psychiatric nurse practitioner.

Currently all inpatient psychiatric units must have a psychiatrist. A psychiatrist receives eight (8) years of post-graduate schooling and residency before he or she may practice. Even a newly minted psychiatrist will bring over 6,000 hours of clinical practice and 12,000 hours of residency experience with her.

A PNP will receive anywhere from one and one-half (1.5) to three (3) years of post-graduate schooling, which may be completed at an online university. A newly minted psychiatric nurse practitioner will bring between 500 to 1,500 hours of clinical practice. She will have no residency hours.

PNPs will receive about 13% of the training received by psychiatrists. There can be no comparison in knowledge, training and experience.¹ Marylanders with disabilities in acute psychiatric crisis are entitled to the highest standard of care.

Psychiatrists provide a “safety net” on triage diagnoses in the Emergency Department.

Marylanders who are unwillingly moved to an inpatient psychiatric unit often come in through local Emergency Departments (EDs).² After a basic evaluation, certificates for

¹ Combined lecture/clinical/residency hours. See attached table- *Degrees Required and Time to Completion*.

² The Office of the Public Defender’s Mental Health Division monitors length of ED stays for individuals brought in on Emergency Petitions. To the extent that Marylanders are being held in EDs it is for lack of specialized beds (juvenile/geriatric/co-occurring autism or intellectual disability) not due to a lack of inpatient psychiatrists.

involuntary admission are completed by ED physicians.³ The certificates, combined with an application for involuntary admission, provide the legal authority to move a person against his or her will to an inpatient psychiatric unit.

The current law mandates that a psychiatrist examine an individual within twenty-four (24) hours of admission to an inpatient unit.⁴ Psychiatrists bring knowledge, training and experience that can catch undiagnosed physical conditions that present as psychiatric illness. From the elderly man diagnosed with schizophrenia when he in fact has dementia, to the individual with a brain tumor causing delusions and hallucinations, the complexity of these situations benefit from examination by a psychiatrist.

Involuntary inpatient confinement is a significant deprivation of individual liberty with serious collateral consequences. Marylanders are entitled to evaluation by a psychiatrist before their liberty and civil rights are taken away.

Maryland currently requires that an involuntary admission hearing shall include in-person testimony from a psychiatrist/physician in a supervised psychiatric residency/psychologist who has examined the individual within the past forty-eight (48) hours.⁵ This is appropriate given the serious nature of confinement on an inpatient unit- where forcible injection of psychiatric medication, seclusion and restraint are possible. Psychiatric detainees have no choice as to whether and to what facility they are sent, or over the person providing treatment. Involuntary confinement has immigration, professional licensure and personal consequences (job loss, eviction, child custody). The existing law guarantees expert testimony at a level that can reach the clear and convincing burden of proof required in these cases.

Decisions about whether to confine or release a person alleged to be dangerous due to a mental illness should be made by the highest credentialed medical professionals.

Every day Marylanders present to EDs and are admitted to inpatient psychiatric units upon allegations of dangerous behavior- whether to themselves or others. This is where psychiatrists' years of clinical and residential experience prove most valuable. There is no more important decision than a person's right to freedom versus the safety of that individual and/or the community. The current law correctly places this weighty decision in the hands of medical professionals with tens of thousands of hours of training and experience.

Changing Maryland's current statutory scheme will be costly.

The trend across the United States is to require psychiatrist examination and testimony in the involuntary admission process. Only ten (10) states currently allow PNPs to perform initial

³ Md. Code Ann., Health-Genl. Art. (HG) Sec. 10-616(a)(1)(i) also permits a psychologist or psychiatric nurse practitioner to complete certificates for involuntary admission.

⁴ Code of Maryland Regulations (COMAR) 10.21.01.07C(1).

⁵ HG Sec. 10-632(d)(1), COMAR 10.21.01.09E(1)

examinations and/or testify at confinement hearings. Of the states that permit PNP involvement, seven (7) give detainees the right to request and receive an independent examination by a psychiatrist at state expense. In light of the civil liberties involved in these proceeding, due process will demand that Marylanders receive a similar option. The Maryland Office of the Public Defender's Mental Health Division represents over 600 psychiatric detainees every month. The cost of providing access to independent psychiatrists will be prohibitive.

Conclusion

Maryland's current involuntary admission laws provide vigorous protection of individual liberty and community interests. There are many challenges in the provision of psychiatric care. It is vital that we focus our limited resources on real problems. HB317 does not improve access to care for the mentally ill in the community, nor does it increase the number of inpatient beds. It only serves to reduce the access to psychiatrists of those being involuntarily admitted. HB317 is a solution in search of a problem.

For the forgoing reasons, the Maryland Office of the Public Defender opposes HB317.

	Undergraduate Degree	Entrance Exam	Post Graduate Schooling	Residency and Duration	Total Time For Completion
Nurse Practitioner	Standard 4 year BA/BS degree*	GRE and National Council Licensure Exam for Registered Nurses required for MSN programs	1.5-3 years, Master's Program (MSN) Can be completed at Online University	None	5.5-7 years
Psychiatrist	Standard 4 year BA/BS degree	Medical College Admission Test (MCAT)	4 year Doctoral Program (M.D. or D.O)	4 years	12 Years

MEDICAL/PROFESSIONAL SCHOOL AND RESIDENCY/POST-GRADUATE HOURS FOR COMPLETION

	Lecture Hours (Pre-Clinical Years)	Combined Hours (Clinical Years)	Residency Hours	Total Hours
Psychiatrist	2,700	6,000	12,000-13,000	20,700-21,700
Doctorate of Nursing Practice**	800-1,600	500-1,500	None	2,800-5350
Difference Between Psychiatrists and Nurse Practitioner Hours of Professional Training	1,100-1,900 more for Psychiatrists	4,500-5,500 more for Psychiatrists	12,000-13,000 more for Psychiatrists	15,350-18,900 more for Psychiatrists

*Although a four year degree is preferred, a BSN degree is recommended, alternate pathways exist for an RN without a bachelor's degree to some master's programs.

**Psychiatric Nurse Practitioners are not required to obtain a doctorate degree (DNP). Nurses who obtain a master's degree can take the psychiatric-mental health nurse practitioner exam administered by the American Nurses Credentialing Center.

Source: American Council of Science and Health October 2017