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### Support

#### SB 576 – Health Occupations – Nurse Practitioners – Certifications of Competency and Incapacity

February 11, 2020

EHEA Committee members:

The Nurse practitioner is a well-positioned independently licensed health care professional who is trained to provide comprehensive biopsychosocial assessments for patients across the lifespan to evaluate decisional capacity and recommendation of guardianship of disabled persons. We seek to add Nurse Practitioners as authorized health care providers, along with our physician colleagues, for the evaluation of capacity and for guardianship of disabled persons.

Rural areas are disproportionately affected by health care providers shortages. In my area, Southern Maryland, there are both primary care and mental health care provider shortages. Nurse Practitioners are the health professionals who are increasing access to care. As a solo provider practice, I am relied on by my community to provide comprehensive psychiatric treatment and collaborative care with medical providers, community agencies, hospitals, laboratories, pharmacies and most importantly the patient's support system.

In Summer of 2019, a family of a patient whom I have provided care for the past 7 years came to me in desperation. The patient, a male in his early 30's who lives with Schizophrenia, had stopped taking his medications for several months. He traveled across the United States to California in a psychotic episode, was involuntarily committed in the mid-west for 6 weeks, stabilized and brought home to Maryland by his parents. Upon return, he was effectively homeless, living in hotels, being kicked out of 2 local hotels due to his symptomatic behaviors, including paranoia and delusional thinking.

His parents helped to manage his finances as his representative payee with social security, which I had helped the family apply for the year before. He had been unemployed for 2 years despite having 2 bachelor's degrees, one in Computer Science and an IQ of which we all would be envious - sheer brilliance touched by fire. He was too disorganized and paranoid to live at home. His parents visited every other day, begged him to take medication and return to my care. He was refusing treatment, lost in a psychotic fugue.

One day, the parents came to my office, fresh from a consult with an attorney, full of determination and gusto to get their son back on track. The patient's father, a former Navy officer, delivered the plan, as outlined by the attorney, they would like to proceed with guardianship for their son to get him treatment. The feared for his life, both by suicide and by victimization. In fact, they feared the latter, more than the former. The father declared, "the attorney said you can sign a paper for guardianship for the courts to review, and we want you to do that". I had to tell the parents that despite being the most consistent and trusted provider for their son, that the law dictates 2 physicians or a physician and psychologist or licensed professional social worker are authorized to sign for guardianship. The father was confused, "But you are his health care provider, you know him better than anyone else, what do you mean you can't sign for it. That doesn't make any sense." The family left frustrated and feeling more hopeless with having to find other providers in our community which is both a mental health and primary care shortage area, in addition, then to actual get a face to face with his son for the evaluation.

During this delay, the patient ended up committing a non-violent crime, was arrested, found incompetent to stand trial and is currently admitted to a state psychiatric hospital. Think of where he might be now had his parents been able to access guardianship in a timely fashion. Now think of how much of our taxpayer money is going to

spend to keep this person in institutional care, when the underlying problem is that of serious chronic mental illness, which can be managed in community.

Despite being the health care provider who has treated the patient for the past 7 years, each time returning to my outpatient care from multiple hospitalizations, involuntary commitments and jail time, who held the trust and respect of his family and the patient, I was not able to offer my professional opinion.

There is an assumption in the professional and lay communities that the independently licensed nurse practitioner is not only well qualified but authorized to make a professional judgement regarding capacity and guardianship. They believe this because of the comprehensive care we already routinely provide and as one of the most trusted professions in public opinion. This is because Nurse Practitioners can safely, effectively, and efficiently execute these evaluations, in collaboration with our physician colleagues to improve access to care and decrease costs for our Maryland residents.

Please contact me, Dr. Elaine Crain, MAAPC's President, (410-703-0556, TheMAAPC@gmail.com) or Lorraine Diana, our Legislative Chair (301-980-8004), for any information you may need about Nurse Practitioners or SB 576. MAAPC is represented in Annapolis by John Favazza (jfavazza@maniscanning.com, 410-263-7882).

I ask you to support SB 576, allowing nurse practitioners to be one of the health care providers authorized to sign, along with our physician colleagues, to evaluate decisional capacity and guardianship of disabled persons.

Respectfully,

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Adult Psychiatric Nurse Practitioner  
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#### Other information

- Nurse Practitioners routinely assess capacity with the informed consent process including the ability to appreciate, understand, reason and exercise choice. Nurse Practitioners are able to assess, diagnosis, order and interpret laboratory, and prescribe treatments. They can evaluate both medical and psychiatric conditions.
- The certificate of disability requires the health professional to evaluate the disabled person for both physical and mental health, cognitive functions, instrumental activities of daily living such as managing finances effectively, managing transportation needs, and managing medications. It requires the professional to opine regarding need for institutional care, the ability to manage property and person. These assessments are routine during the course of evaluation for a nurse practitioner.