Hemsley support SB 541
Uploaded by: Appleby, Dr. Tonya
Position: FAV

February 7, 2020

To Whom It May Concern,

As a Licensed Clinical Professional Counselor who attempts to locate inpatient psychiatric placement for patients who present to the emergency department in an acute mental health crisis I have witnessed significant delays based on the lack of inpatient beds and psychiatrists in Maryland. This is particularly challenging in the case of involuntary patients when a psychiatrist isn't available to perform the initial psychiatric evaluation within the first 24 hours of admission as current regulations dictate. These delays result in a lack of resources for all patients in need of emergency treatment and can be alleviated by allowing psychiatric nurse practitioners to perform the initial psychiatric evaluation and testify at hearing on behalf of their patients. The Maryland Board of Nursing indicates psychiatric nurse practitioners are educated, licensed and capable of performing the initial psychiatric evaluation on involuntary patients as they currently do on voluntary patients. As a means to reduce emergency department boarding and increase access to care I ask you vote in favor of HB 317 and SB 541.

Sincerely,

SM Hemsley, LCPC

Stacy Hemsley

Dr Lafferman support SB 541
Uploaded by: Bode, Dr. Claire
Position: FAV

February 5, 2020

To Whom It May Concern:

I am writing this letter in support of Senate Bill SB541/2020, Mental Health-Involuntary Admissions-Procedures, specifically the addition of Psychiatric Nurse Practitioners (NP-PMH) to join with physicians in the ability to assess involuntary patients within 24 hours of admission and testify at Administrative Hearings for the retention of an involuntary patient.

From my perspective, I run a psychiatric practice, Windrush Behavioral Health and have myself and my staff working in psychiatric hospitals. We are one of several practices that do work inpatient, however I would say that most psychiatrists do outpatient office based work, and my practice is in the minority in this regard. None the less, I have extensive experience working in inpatient psychiatry, both clinically and administratively. Administratively, I am the Medical Director of Windrush that includes five psychiatrists and multiple NPs in community hospital inpatient psychiatry settings in Baltimore City and Baltimore County.

My support for Psychiatric Nurse Practitioners in the involuntary admission process is based on my experience with many involuntary patient scenarios. Psychiatric Nurse Practitioners have the experience of handling very difficult patients with great expertise, giving relief through excellent care. In many cases, the Psychiatric Nurse Practitioner is the provider with the best knowledge and relation[redacted]

the involuntary admission process, using each provider's strengths and experience, not regulation, to assign care.

Lastly, I object to the arguments by other Psychiatrists that Psychiatric Nurse Practitioners are not up to the job. That is just not true and has been demonstrated in multiple clinical cases in many inpatient settings that Psychiatric Nurse Practitioners are safe and effective providers. I believe that instead of having a turf battle, we should work together, using our different skills and personal experiences to better care for our patients.

In summary, I am in support of House Bill 317, adding Psychiatric Nurse Practitioners to the Involuntary Admission Procedures. Thank you for taking the time to read my input into this matter. For that I am immensely grateful. If I can be of any further assistance in this matter, please do not hesitate to email me, jlafferman@windrushbehavioralhealth.com or call 443-286-3026.

Sincerely,

Jeffrey Lafferman, MD, FAPA
5016 Kemp Road
Reisterstown, MD 21136

Via Suppport Letter SB 541
Uploaded by: Bode, Dr. Claire
Position: FAV

February 17, 2020

ATTN: Senator Delores Kelley, Chair, Senate Finance Committee

Dear Senator Kelley and Finance Committee Members

I'm writing this letter in support of SB 541 *Health - Involuntary Admissions - Procedures*. I testified last year in support of this important legislation. This year with renewed effort and tremendous sponsorship from advocacy organizations, inpatient psychiatrists, and emergency room physicians we are requesting your favorable vote.

The Public Defenders would have you believe that they have not banned psychiatric nurse practitioners from testifying. I have personally been asked to leave the hearing and not offer testimony to the care that I've given a patient. Instead, a psychiatrist unknown to the patient conducted a brief interview and utilized my notes for the administrative law hearing. As a Doctorally prepared psychiatric nurse practitioner, I am fully capable of completing the initial evaluation for an involuntarily admitted patient and offer testimony during administrative law hearings.

Changing this law would allow for an increased number of clinicians to initiate treatment and ensure patient safety. Please vote in favor of this bill.

Sincerely,

Kamala D. Via, DNP, CRNP-PMH

AARPMD_FAV_SB 541
Uploaded by: Bresnahan, Tammy
Position: FAV

AARP® Real Possibilities
Maryland

200 St. Paul Place, #2510 | Baltimore, MD 21202
1-866-542-8163 | Fax: 410-895-0269 | TTY: 1-877-434-7598
aarp.org/md | mdaarp@aarp.org | twitter: @aarpmaryland
facebook.com/aarpmd

SB 541 Mental Health - Involuntary Admissions – Procedures
SUPPORT
Senate Finance Committee
February 18, 2020

Good Afternoon Chairwoman Kelley and Members of the Senate Finance Committee. I am Tammy Bresnahan; I am the Associate State Director for Advocacy for AARP Maryland. AARP Maryland has over 900,000 members in Maryland and its members overwhelmingly support **SB 541 Mental Health - Involuntary Admissions – Procedures.** We thank Senator Eckardt for sponsoring this bill.

SB 541 authorizes a facility or Veterans' Administration (VA) hospital to take an individual admitted into confinement on observation status. The individual must be examined by a physician, psychologist, or psychiatric nurse practitioner within 24 hours. If the individual does not meet the requirements for involuntary admission, the individual must either be voluntarily admitted or released with an aftercare plan. An individual confined on observation status is entitled to the same rights as other mentally ill individuals in facilities and the same protections for the confidentiality of medical records. Regulations adopted by the Secretary of Health regarding hearing procedures must require that the hearing officer at a hearing for involuntary admission receive testimony from the physician, psychologist, or psychiatric nurse practitioner who examined the confined individual.

It is not unreasonable but AARP members want and expect reliable access to quality health care and mental health services not only for themselves but for their families as well. They want to know it is a top priority for lawmakers. That is why we continue to support efforts to modernize state nursing laws so as to adopt full practice authority.

With the shortage of Mental Health Providers, the inability of Advanced Practice Registered Nurses (APRNs) and Psychiatric Mental Health (PMH)-APRNs to perform the same evaluations as other providers creates an unnecessary delay in services to those in need of mental health services and increases the total cost of these services.

Further improvements in access to care and a significant reduction in cost could be realized with the addition of APRNs to the list of providers who are eligible to perform:

- Capability/Capacity Evaluations
- Evaluations for a Certificate of Competency: Guardianship of a Disabled Person
- Involuntary Admission Assessments.

AARP Maryland advocates to break down the barriers that prevent nurse practitioners from using all their expertise in caring for patients. These barriers often delay care to consumers, especially in rural and urban undeserved areas where few physicians are available.

The status quo is failing too many Marylanders to be considered a viable option with the shortages of health care practiconers. In light of the evidence, national recommendations, expert health policy and health care endorsements, and the patient and health system benefits, the only question left is: why not take every opportunity to put patients first and remove red tape for Maryland.

AARP believes that high-quality; patient-centered health care for all will require remodeling many aspects of the health care system, especially nursing. Nurses should be able to practice to full extent of their education and training.

AARP members demand policy solutions and legislation that would fully realize nurses' potential contribution to a patient-centered, transformed health care system in the following areas:

- **Removing Barriers to Practice and Care**: Modernize outdated policies (public and private) and change state and federal laws and regulations to allow nurses to practice to the full extent of their education and training.
- **Patient-Centered Transformed Health Care System**: Advances and contributions to the research, advocacy and communications strategies through the national network of professional and health care related stakeholders.

For these reasons AARP Maryland respectfully request a favorable report on SB 541. For questions or additional information, please feel free to contact Tammy Bresnahan, Director of Advocacy at tbresnahan@aarp.org or by calling 410-302-8451.

NPAM_fav_sb541
Uploaded by: Burgholzer, Dr. Jill
Position: FAV

UNIVERSITY of MARYLAND
ST. JOSEPH MEDICAL CENTER

Mental Health - Involuntary Admissions – Procedures
HB 0317/ SB 541

February 18, 2020
Position: Support

I am writing in strong support of House Bill 0317 and Senate Bill 541. I have worked in mental health for the past 34 years in both voluntary and involuntary units, as a nurse, a nurse manager and director. Currently I am Director of Nursing in both Emergency Medicine and Psychiatry at University of Maryland, St. Joseph Medical Center which is a 250 bed hospital. I am also a consultant to Centers for Medicare and Medicaid Services since 2002, visiting psychiatric hospitals across the country to ensure they provide adequate nursing and medical staff and document according to the conditions of participation. We frequently have mental health patients who are held in our emergency department awaiting involuntary admission. It's not uncommon to see 10-15 patients or more per day who have mental health issues.

Passage of HB0317 & SB541 would greatly assist in ensuring patients receive excellent care as well as improving our ability to transfer involuntary mental health patients from our emergency department to inpatient care. Many hospitals have Mental Health Nurse Practitioners as inpatient providers as well as covering on call hours with responsibility for admitting patients referred from external hospitals, as Psychiatrists are hard to find especially in our rural jurisdictions. If this bill does not pass, hospitals will be unable to immediately accept patients for care from our local emergency departments. Mental health patients requiring an inpatient stay typically wait up to 17 hours in our emergency department for a facility to accept them for admission. Despite the public defender's claim that there is no delay for beds, seventeen hours is a long time to be in an emergency department and is not the best place for care to be provided to our mental health patients. Our involuntary patients tend to wait longer for inpatient beds. For each patient who waits 17 hours, we are unable to care for up to 4 medically ill patients who come to the emergency department. Additionally, the longer patients stay in an emergency department setting, the higher likelihood that emergency department staff are injured, especially by patients who are involuntary.

It is true that hospitals are communicating to the public defender's office every patient who is certified. At our hospital the public defender has full access to our medical record as soon as we know that the patient is certified. This came to fruition because patients were languishing in our emergency departments for greater than 36 hours, the time frame by which we needed to notify the state that a patient is awaiting admission. That was part of our certification process and was changed to address the lack of immediate bed availability in the state.

CMS requires that a psychiatrist leads the treatment team, there is no requirement that a psychiatrist is on site 24h per day. There is oversight of care in our psychiatric departments by a psychiatrist; they typically attend our treatment team meetings and are involved in the overall running of our units. Mental Health NPs have been given full practice authority since 2015 from the state of Maryland. Mental Health NPs were given authority from the state to complete certification for an involuntary patient. Mental Health NPs provide evaluations, daily assessments, medication changes, and communicate regularly with the patient and the treatment team. These

bills allow for the person who is permitted to care for the patient, to speak on behalf of the patient's needs as assessed by the entire treatment team.

Patients are released from the hospital at the earliest possible time. Certified patients who no longer meet criteria, are discharged either immediately or on a 3-day-notice as required by state law. We have no reason to keep patients in the hospital who do not need care, do not want care, and are not an imminent risk to their own safety or the safety of the public. No patient is kept in the hospital if they are capable of being discharged. No patient is held to court hearing if they are capable of being released from the hospital prior to a hearing being held. No provider wants the risk of a patient harming themselves or harming someone else in the community on their conscience nor on their insurance claims. The rights of our healthy citizens are just as important as the rights of our mental health patients.

Finally, to address an issue the public defender brought up during the house bill hearing. Every mental health patient who comes through an emergency department is seen by a medical provider who medically clears them and refers for psychiatric evaluation if needed. In addition, every patient who is admitted to our psychiatric hospitals has a medical examination for a medical history and physical within 24 hours of admission by someone who is fully qualified to make a differential medical diagnosis. This is a CMS and Joint Commission requirement. The medical needs of the patients cannot be attended to by a Psychologist, who can attest to certification, this is not in their scope of practice. A nurse practitioner was first a nurse and always a nurse, with medical training. If patients are medically at risk, the history and physical completed by the medical provider (not psychiatric provider), will determine that. No psychiatric unit will hold a patient who is medically ill if they need acute medical care and if the unit has the capability the medical treatment will begin as soon as it is determined.

Mental Health Nurse Practitioners are nurses first and they often have extensive mental health experience. These were the nurses caring for our mental health patients day to day on our inpatient units who are our best and brightest with the capacity to complete a rigorous graduate program and successful achievement of passing scores on national testing. They know the patient best, and can report and support the requirements of certifications.

For these reasons, I support House Bill 0317 & Senate Bill 541

Respectfully submitted,

Grace Serafini, RN MS PMHCNS-BC

Director of Nursing, Emergency Department & Psychiatry
University of Maryland, St Joseph Medical Center

Consultant to CMS, Ascellon Corporation

NPAM_FAV_SB541
Uploaded by: Burgholzer, Dr. Jill
Position: FAV

JILL BURGHOLZER
1158 Hull Street
Baltimore, MD 21230
(410) 215-5030
jillburgholzer@gmail.com

February 17, 2020

Greetings Senator Kelley and Committee,

I am a doctorally prepared psychiatric nurse practitioner with privileges at six hospitals in Maryland. Due to the shortage of psychiatrists there are many times when I am the sole provider on the inpatient psychiatric unit at these facilities. On a regular basis I have to delay admission or turn away involuntary patients who presented to the emergency department when there was not a psychiatrist on duty within the 24 hour timeframe. Many times I had a bed available, in their home community hospital, which makes this situation even more senseless. I have also had a public defender object to me providing testimony on a patient who I had cared for during their inpatient hospitalization because I was a nurse practitioner and not a psychiatrist.

On behalf of these vulnerable citizens, please support SB 541.

Sincerely,

Jill Burgholzer, DNP, CRNP-PMH, FNP

MNA_FAV_SB 541
Uploaded by: Faulkner, Rachael
Position: FAV

Committee: **Senate Finance Committee**

Bill Number: **Senate Bill 541**

Title: **Mental Health – Involuntary Admissions – Procedures**

Hearing Date: **February 18, 2020**

Position: **Support**

The Maryland Nurses Association (MNA) supports *Senate Bill 541 – Mental Health – Involuntary Admissions – Procedures.* This bill sets requirements in statute for the observation and discharge of individuals with mental disorders following an involuntary admission.

Currently, the Behavioral Health Administration has regulations under COMAR 10.21.01.07, which requires a psychiatrist to examine an individual confined to observation statues within 24 hours of an involuntary admission. MNA fully supports this bill as it would codify into law the 24-hour examination requirement, while also specifying that a psychiatric nurse practitioner can conduct the examination.

Considering the nationwide shortage of psychiatrists along with existing law that permits psychiatric nurse practitioners to examine and provide certification for an involuntary admission, this bill is a common sense approach to ensuring that individuals who are involuntarily admitted receive an examination as soon as possible to determine the most appropriate treatment setting.[i]

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

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[i] §10–615 of the Health-General Article – Involuntary Admissions – Certificates.

NPAM_FAV_SB541
Uploaded by: Francis, Lorna
Position: FAV

February 7, 2020

Senator Delores Kelley, Chair, Senate Finance Committee
Delegate Shane Pendergrass, Chair Health & Government Operations

Dear Senator Kelley and Delegate Pendergrass,

I am writing in support of House Bill 317 & Senate Bill 541, Mental Health – Involuntary Admission – Procedures.

Currently, psychiatric nurse practitioners are not allowed to complete the initial evaluation for involuntarily admitted patients or offer testimony during administrative law hearings. Psychiatric nurse practitioners are fully capable of assessing an involuntarily admitted patient and offer detailed testimony of patient care during administrative law hearings. This change would allow for an increased number of clinicians to initiate treatment and ensure patient safety.

Please vote in favor of these bills.

Sincerely,

Lynn Magsamen
LMSW

February 7, 2020

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Delegate Shane Pendergrass, Chair Health & Government Operations

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Please vote in favor of these bills.

Sincerely,

Melanie Harris, LCSW-C

psy_fav_sb541
Uploaded by: Francis, Lorna
Position: FAV

February 7, 2020

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Delegate Shane Pendergrass, Chair Health & Government Operations

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Please vote in favor of these bills.

Sincerely,

Geeta Sharma
Psychiatrist

February 7, 2020

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Delegate Shane Pendergrass, Chair Health & Government Operations

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Please vote in favor of these bills.

Sincerely,

Emmanuel Oni
Psychiatrist

February 7, 2020

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Delegate Shane Pendergrass, Chair Health & Government Operations

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Please vote in favor of these bills.

Sincerely,

P. Caraballo MD

Patricia Caraballo Osorio
Psychiatrist

MPS_FAV_SB541
Uploaded by: Hanson, Dr. Annette
Position: FAV

February 18, 2020

The Honorable Delores G. Kelley
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

RE: Support – SB 541: Mental Health - Involuntary Admissions - Procedures

Dear Chairman Kelley and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) is a state medical organization whose physician members specialize in the diagnosis, treatment, and prevention of mental illnesses including substance use disorders. Formed more than sixty years ago to support the needs of psychiatrists and their patients, MPS works to ensure available, accessible and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branch of the American Psychiatric Association covering the state of Maryland excluding the D.C. suburbs, MPS represents over 700 psychiatrists as well as physicians currently in psychiatric training.

MPS opposes Senate Bill 317 (SB 541) for it would imprudently authorize a sole psychologist or psychiatric nurse practitioner (PNP) instead of a psychiatrist to conduct the psychiatric examination that is required within 24 hours of an individual's involuntary commitment to an inpatient psychiatric facility, conduct the psychiatric examination required within 48 hours of the same individual's involuntary commitment hearing, and then allow the psychologist or PNP to testify as an expert witness at the involuntary commitment hearing before an Administrative Law Judge who determines the individual's continued admission. As the following explains, the decision to curtail an individual's liberty through involuntary admission must be predicated on the soundest evaluations and observations, which from MPS's perspective can only be provided by a psychiatrist.

To begin, SB 541 ignores the purposefully rigorous application process that begins an involuntary admission in the first place. MD Code, Health - General § 10-615 requires among other things two accompanying certificates based on personal examination of the individual to be signed by 1 physician and 1 psychologist, 2 physicians, or 1 physician and 1 PNP. Notice that the common denominator for involuntary admission certification is the presence of at least one physician. The question becomes, why would we abandon this prudent approach once an individual is actually confined? Yet SB 541 does just that.

With an individual's liberty in the balance, current law requires that within 24 hours of an individual's involuntary confinement, a psychiatrist must examine that individual. This is the beginning of the "observation period," the time when the patient's diagnosis is clarified and the psychiatrist determines whether the patient is safe for discharge. During the observation period the psychiatrist clarifies the individual's diagnosis that led to a commitment by conducting a physical examination, by ordering and interpreting laboratory tests, by reviewing and summarizing medical records, and by interviewing collateral historians. All of this information is ultimately presented at a civil commitment hearing before an Administrative Law Judge, but would have been unavailable to the individual who merely signed the civil certificates in the emergency department. This is why current law rightfully mandates that the person who testifies at a civil commitment hearing is the treating inpatient psychiatrist rather than the emergency room physician or psychiatric evaluator who signed the certificates.

Furthermore, the accuracies of the medical examinations post confinement are paramount and are rightfully imparted to a psychiatrist who is a physician first, and not a PNP or psychologist. While a PNPs and psychologists are both vital components of the care team, expanding their scope to evaluate patients for continued involuntary confinement without physician involvement and testifying as an expert the hearings that ultimately determine the individual's liberty is dangerous to patient safety and runs counter to our shared values.

Unfortunately, neither PNPs, with their comparatively limited medical training, nor psychologists, with no medical training, have the ability to perform differential diagnoses, which is the process of differentiating between two or more conditions, which share similar signs or symptoms. This is of the utmost importance in cases of involuntary admission as physical illnesses can sometimes present as mental illness and it cannot be the policy of this State to involuntary commit the physically ill due to an inadequate medical evaluation that labels the individual as mentally ill. Physicians spend years learning differential diagnoses, pharmacology, and honing their medical skills. This is a critical component of expertise for psychiatrists and other physicians, who under current Maryland law must be at least one part of the health care team credentialing an involuntary commitment.

In the end, procedures for involuntary admissions should always be designed to minimize adverse impacts on patients and expanding involuntary confinement evaluation authority to those with no or insufficient medical training would expose patients to safety risks through inadequate evaluations. SB 541 could theoretically remove all psychiatrist involvement in the involuntary admission process, leaving a psychologist or PNP to testify regarding the results of a physical examination he didn't conduct, the results of

tests he was not legally authorized to order or interpret, or the need for pharmacologic treatment he was not legally allowed to prescribe.

For these reasons, MPS respectfully asks the committee to preserve current Maryland law requiring at least one physician to be involved with involuntary commitment, confinement, and hearing process and oppose SB 541. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett, Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Legislative Action Committee for the Maryland Psychiatric Society

Dr Lafferman_FAV_SB541
Uploaded by: Lafferman, Dr. Jeffrey
Position: FAV

February 5, 2020

To Whom It May Concern:

I am writing this letter in support of Senate Bill SB541/2020, Mental Health-Involuntary Admissions-Procedures, specifically the addition of Psychiatric Nurse Practitioners (NP-PMH) to join with physicians in the ability to assess involuntary patients within 24 hours of admission and testify at Administrative Hearings for the retention of an involuntary patient.

From my perspective, I run a psychiatric practice, Windrush Behavioral Health and have myself and my staff working in psychiatric hospitals. We are one of several practices that do work inpatient, however I would say that most psychiatrists do outpatient office based work, and my practice is in the minority in this regard. None the less, I have extensive experience working in inpatient psychiatry, both clinically and administratively. Administratively, I am the Medical Director of Windrush that includes five psychiatrists and multiple NPs in community hospital inpatient psychiatry settings in Baltimore City and Baltimore County.

My support for Psychiatric Nurse Practitioners in the involuntary admission process is based on my experience with many involuntary patient scenarios. Psychiatric Nurse Practitioners have the experience of handling very difficult patients with great expertise, giving relief through excellent care. In many cases, the Psychiatric Nurse Practitioner is the provider with the best knowledge and relation[redacted]

the involuntary admission process, using each provider's strengths and experience, not regulation, to assign care.

Lastly, I object to the arguments by other Psychiatrists that Psychiatric Nurse Practitioners are not up to the job. That is just not true and has been demonstrated in multiple clinical cases in many inpatient settings that Psychiatric Nurse Practitioners are safe and effective providers. I believe that instead of having a turf battle, we should work together, using our different skills and personal experiences to better care for our patients.

In summary, I am in support of House Bill 317, adding Psychiatric Nurse Practitioners to the Involuntary Admission Procedures. Thank you for taking the time to read my input into this matter. For that I am immensely grateful. If I can be of any further assistance in this matter, please do not hesitate to email me, jlafferman@windrushbehavioralhealth.com or call 443-286-3026.

Sincerely,

Jeffrey Lafferman, MD, FAPA
5016 Kemp Road
Reisterstown, MD 21136

Maniago Support SB 541
Uploaded by: LeMireux, Jeanine
Position: FAV

February 10, 2020

Dear Sir or Madam,

I am writing in strong support of House Bill 317 and Senate Bill 541.

These bills will work to reduce emergency department crowding and to increase access to care and quality of care for patients in need of involuntary mental health hospitalization in Maryland. As an emergency department physician who lives and practices in rural Maryland, I see first-hand the significant delays in care that patients in mental health crisis often suffer. Delays in the ability to admit patients to a psychiatric bed on an involuntary basis in Maryland result in poor care for the psychiatric patient in question and have a ripple effect on all patients seeking emergency care due to an increase in emergency department crowding.

House Bill 317 and Senate Bill 541 designate psychiatric nurse practitioners, in addition to psychiatrists, as professionals qualified to perform the initial psychiatric examination which is required within 24 hours of an involuntary admission to an inpatient psychiatric unit. There are times when a psychiatric nurse practitioner is the sole specialty provider for an inpatient psychiatry unit. These two bills will allow patients who require involuntary psychiatric admission to be admitted to that unit during those times. Currently, the patient has to wait in the emergency department until a psychiatrist is available.

I have been told that some have argued against this change, arguing that these delays are not a problem and arguing that psychiatric nurse practitioners might miss medical disorders that mimic psychiatric disorders causing a patient to be held on an a psychiatric unit involuntarily without cause. I do not think that these arguments are valid. The delays are real, and I can assure you from first-hand experience that patients suffer these delays on a regular basis. There is a shortage of psychiatrists that is *especially acute in rural areas*, and the delay until a psychiatrist is available to cover on the inpatient unit can be days. There are many times when a psychiatric nurse practitioner is covering the inpatient psychiatric unit on a weekend and a patient who needs involuntary psychiatric admission on a Friday needs to be held in the emergency department until the following Monday. Also, medical clearance of psychiatric patients and determining whether or not a patient's presenting symptoms are due to a medical or a psychiatric disorder involves cooperation between the emergency department practioner who is evaluating the patient in the emergency department and the psychiatric practioner who will be receiving the patient on the psychiatric unit. Psychiatric nurse practitioners are certainly competent at performing this evaluation. Furthermore, the initial psychiatric evaluation for a patient being admitted on an involuntary basis is the same initial psychiatric history and physical exam that psychiatric nurse practitioners are currently allowed to perform on patients being admitted on a voluntary basis. The Maryland Board of Nursing indicates this is within the scope of practice for psychiatric nurse practitioners.

House Bill 317 and Senate Bill 541 will [redacted]

required for this testimony, and in many cases the psychiatric nurse practitioner is the specialty provider who has been caring for the patient in question, not the psychiatrist. Allowing psychiatric nurse practitioners to testify at these hearings will allow the provider who knows the patient the best to be the one giving the testimony.

In summary, I hope you will vote "yes" to pass House Bill 317 and Senate Bill 541 to increase access to care and to improve the quality of care for psychiatric patients in our State.

Sincerely,

Eric M. Maniago, MD, FACEP
210 Prospect Bay Dr W
Grasonville, MD 21638

NPAM_FAV_SB541
Uploaded by: Morgan, Judy
Position: FAV

UNIVERSITY of MARYLAND
ST. JOSEPH MEDICAL CENTER

Mental Health - Involuntary Admissions – Procedures
HB 0317/ SB 541

February 18, 2020
Position: Support

I am writing in strong support of House Bill 0317 and Senate Bill 541. I have worked in mental health for the past 34 years in both voluntary and involuntary units, as a nurse, a nurse manager and director. Currently I am Director of Nursing in both Emergency Medicine and Psychiatry at University of Maryland, St. Joseph Medical Center which is a 250 bed hospital. I am also a consultant to Centers for Medicare and Medicaid Services since 2002, visiting psychiatric hospitals across the country to ensure they provide adequate nursing and medical staff and document according to the conditions of participation. We frequently have mental health patients who are held in our emergency department awaiting involuntary admission. It's not uncommon to see 10-15 patients or more per day who have mental health issues.

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bills allow for the person who is permitted to care for the patient, to speak on behalf of the patient's needs as assessed by the entire treatment team.

Patients are released from the hospital at the earliest possible time. Certified patients who no longer meet criteria, are discharged either immediately or on a 3-day-notice as required by state law. We have no reason to keep patients in the hospital who do not need care, do not want care, and are not an imminent risk to their own safety or the safety of the public. No patient is kept in the hospital if they are capable of being discharged. No patient is held to court hearing if they are capable of being released from the hospital prior to a hearing being held. No provider wants the risk of a patient harming themselves or harming someone else in the community on their conscience nor on their insurance claims. The rights of our healthy citizens are just as important as the rights of our mental health patients.

Finally, to address an issue the public defender brought up during the house bill hearing. Every mental health patient who comes through an emergency department is seen by a medical provider who medically clears them and refers for psychiatric evaluation if needed. In addition, every patient who is admitted to our psychiatric hospitals has a medical examination for a medical history and physical within 24 hours of admission by someone who is fully qualified to make a differential medical diagnosis. This is a CMS and Joint Commission requirement. The medical needs of the patients cannot be attended to by a Psychologist, who can attest to certification, this is not in their scope of practice. A nurse practitioner was first a nurse and always a nurse, with medical training. If patients are medically at risk, the history and physical completed by the medical provider (not psychiatric provider), will determine that. No psychiatric unit will hold a patient who is medically ill if they need acute medical care and if the unit has the capability the medical treatment will begin as soon as it is determined.

Mental Health Nurse Practitioners are nurses first and they often have extensive mental health experience. These were the nurses caring for our mental health patients day to day on our inpatient units who are our best and brightest with the capacity to complete a rigorous graduate program and successful achievement of passing scores on national testing. They know the patient best, and can report and support the requirements of certifications.

For these reasons, I support House Bill 0317 & Senate Bill 541

Respectfully submitted,

Grace Serafini, RN MS PMHCNS-BC

Director of Nursing, Emergency Department & Psychiatry
University of Maryland, St Joseph Medical Center

Consultant to CMS, Ascellon Corporation

NAPNAP Legislative support letter SB 541
Uploaded by: Ouelette, Sue
Position: FAV

Maryland Chesapeake Chapter NAPNAP

2/11/2020

The Honorable Larry Hogan
100 State Circle
Annapolis MD 21401

Dear Governor Hogan:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, I am writing to express our support of HB317/SB541 bill, the "Mental Health - Involuntary Admissions - Procedures".

The Maryland Chesapeake Chapter of NAPNAP believes this piece of legislation will play a vital role in protecting pediatric patients and improving access to care. Many of our pediatric patients, particularly adolescents are brought to the ED for urgent evaluation for psychiatric care. They may be brought in by parents, family members or an emergency petition.

Psychiatric Mental Health Nurse Practitioners (PMHNPs) are advance practice nurses (APRNs), are qualified by education, training and certification to conduct the involuntary admission evaluations, diagnose, develop treatment plans and to attest at administrative law hearings. Current COMAR allows PMHNPs to perform psychiatric admission history and physicals on voluntary patients only who are admitted to inpatient psychiatric units. However, COMAR requires a patient to be evaluated by a psychiatrist exclusively within 24 hours of an involuntary psychiatric admission.

In addition, PMHNPs are not specifically authorized to testify to the assessment and treatment they have provided to a patient during administrative law hearings even if they have been the sole care provider for that particular involuntary patient. Per current law only a psychiatrist can do so, even if that psychiatrist had not personally assessed, diagnosed and developed a treatment plan for the patient.

Passage of this bill will result in fewer patients being boarded in emergency rooms awaiting much needed treatment. It will also open up emergency room beds for those patients requiring other emergency care and provide for less delays in psychiatric treatment. The provider who cared for the patient will be in best position to provide insight into the patient's status and propensity for danger if released at hearing. This will also prevent unstable patients have been released during hearings due to this technicality. These will all ensure better outcomes for these patients.

For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their support to HB317/SB541 bill, the "Mental Health - Involuntary Admissions - Procedures".

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The members of Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners are committed to improving the health and advocating for of Maryland's pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact Brigit VanGraafeiland, the Chesapeake Chapter President at 410-502-3254 or bvangra1@jhu.edu.

Sincerely,

Brigit VanGraafeiland DNP, CRNP, FAAN ASSISTANT PROFESSOR
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter President
Director of Fuld Program

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SJ-NUR-P2_20200217_124756
Uploaded by: Ouelette, Sue
Position: FAV

UNIVERSITY of MARYLAND
ST. JOSEPH MEDICAL CENTER

Mental Health - Involuntary Admissions – Procedures
HB 0317/ SB 541

February 18, 2020
Position: Support

I am writing in strong support of House Bill 0317 and Senate Bill 541. I have worked in mental health for the past 34 years in both voluntary and involuntary units, as a nurse, a nurse manager and director. Currently I am Director of Nursing in both Emergency Medicine and Psychiatry at University of Maryland, St. Joseph Medical Center which is a 250 bed hospital. I am also a consultant to Centers for Medicare and Medicaid Services since 2002, visiting psychiatric hospitals across the country to ensure they provide adequate nursing and medical staff and document according to the conditions of participation. We frequently have mental health patients who are held in our emergency department awaiting involuntary admission. It's not uncommon to see 10-15 patients or more per day who have mental health issues.

Passage of HB0317 & SB541 would greatly assist in ensuring patients receive excellent care as well as improving our ability to transfer involuntary mental health patients from our emergency department to inpatient care. Many hospitals have Mental Health Nurse Practitioners as inpatient providers as well as covering on call hours with responsibility for admitting patients referred from external hospitals, as Psychiatrists are hard to find especially in our rural jurisdictions. If this bill does not pass, hospitals will be unable to immediately accept patients for care from our local emergency departments. Mental health patients requiring an inpatient stay typically wait up to 17 hours in our emergency department for a facility to accept them for admission. Despite the public defender's claim that there is no delay for beds, seventeen hours is a long time to be in an emergency department and is not the best place for care to be provided to our mental health patients. Our involuntary patients tend to wait longer for inpatient beds. For each patient who waits 17 hours, we are unable to care for up to 4 medically ill patients who come to the emergency department. Additionally, the longer patients stay in an emergency department setting, the higher likelihood that emergency department staff are injured, especially by patients who are involuntary.

It is true that hospitals are communicating to the public defender's office every patient who is certified. At our hospital the public defender has full access to our medical record as soon as we know that the patient is certified. This came to fruition because patients were languishing in our emergency departments for greater than 36 hours, the time frame by which we needed to notify the state that a patient is awaiting admission. That was part of our certification process and was changed to address the lack of immediate bed availability in the state.

CMS requires that a psychiatrist leads the treatment team, there is no requirement that a psychiatrist is on site 24h per day. There is oversight of care in our psychiatric departments by a psychiatrist; they typically attend our treatment team meetings and are involved in the overall running of our units. Mental Health NPs have been given full practice authority since 2015 from the state of Maryland. Mental Health NPs were given authority from the state to complete certification for an involuntary patient. Mental Health NPs provide evaluations, daily assessments, medication changes, and communicate regularly with the patient and the treatment team. These

bills allow for the person who is permitted to care for the patient, to speak on behalf of the patient's needs as assessed by the entire treatment team.

Patients are released from the hospital at the earliest possible time. Certified patients who no longer meet criteria, are discharged either immediately or on a 3-day-notice as required by state law. We have no reason to keep patients in the hospital who do not need care, do not want care, and are not an imminent risk to their own safety or the safety of the public. No patient is kept in the hospital if they are capable of being discharged. No patient is held to court hearing if they are capable of being released from the hospital prior to a hearing being held. No provider wants the risk of a patient harming themselves or harming someone else in the community on their conscience nor on their insurance claims. The rights of our healthy citizens are just as important as the rights of our mental health patients.

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For these reasons, I support House Bill 0317 & Senate Bill 541

Respectfully submitted,

Grace Serafini, RN MS PMHCNS-BC

Director of Nursing, Emergency Department & Psychiatry
University of Maryland, St Joseph Medical Center

Consultant to CMS, Ascellon Corporation

PSY_FAV_SB541
Uploaded by: Selway, Dr. Janet
Position: FAV

February 7, 2020

Senator Delores Kelley, Chair, Senate Finance Committee
Delegate Shane Pendergrass, Chair Health & Government Operations

Dear Senator Kelley and Delegate Pendergrass,

I am writing in support of House Bill 317 & Senate Bill 541, Mental Health – Involuntary Admission – Procedures.

Psychiatric nurse practitioners are fully capable of completing the initial evaluation for an involuntarily admitted patient and offer testimony during administrative law hearings. This change would allow for an increased number of clinicians to initiate treatment and ensure patient safety.

Please vote in favor of these bills.

Sincerely,

Geeta Sharma
Psychiatrist

February 7, 2020

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Sincerely,

Emmanuel Oni
Psychiatrist

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Sincerely,

P. Caraballo MD

Patricia Caraballo Osorio
Psychiatrist

Senator Eckardt_FAV_SB0541
Uploaded by: Senator Eckardt, Senator Eckardt
Position: FAV

Addie C. Eckardt
Legislative District 37
Caroline, Dorchester, Talbot,
and Wicomico Counties

Budget and Taxation Committee

Health and Human Services
Subcommittee

Joint Committees
Administrative, Executive,
and Legislative Review

Audit

Children, Youth, and Families

Fair Practices and
State Personnel Oversight

Pensions

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

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410-221-6561

Testimony for Senate Bill 541
Mental Health - Involuntary Admissions - Procedures
Finance Committee
February 18, 2020

Madam Chair Kelley and Members of the Committee:

Thank you for the opportunity to present Senate Bill 541 - Mental Health - Involuntary Admissions – Procedures. This proposed legislation would allow psychiatric nurse practitioners to perform the initial examination of involuntary patients, as well as allow psychiatric nurse practitioners to testify at the subsequent hearing. The acute shortage of psychiatrists across the State and the Eastern Shore necessitates this bill.

Allowing psychiatric nurse practitioners to complete these duties will expedite treatment. Psychiatric nurse practitioners are already able to perform the same examinations of voluntary patients. Due to current laws, however, some involuntary patients are turned away and released because of the lack of psychiatrists.

Under this bill, examination of the involuntarily admitted individual is required within 24 hours, however a psychiatric nurse practitioner would be authorized to make this examination. The nurse practitioner may also testify at the involuntary admission administrative hearing within 10 days.

This legislation addresses the growing need for behavioral health services and the shortage of psychiatrists. For these reasons, I respectfully ask for a favorable report of Senate Bill 541. Thank you.

Best Regards,

Senator Addie Eckardt

NPAM_FAV_SB541
Uploaded by: Serafini, Grace
Position: FAV

Maryland Chesapeake Chapter NAPNAP

2/11/2020

The Honorable Larry Hogan
100 State Circle
Annapolis MD 21401

Dear Governor Hogan:

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In addition, PMHNPs are not specifically authorized to testify to the assessment and treatment they have provided to a patient during administrative law hearings even if they have been the sole care provider for that particular involuntary patient. Per current law only a psychiatrist can do so, even if that psychiatrist had not personally assessed, diagnosed and developed a treatment plan for the patient.

Passage of this bill will result in fewer patients being boarded in emergency rooms awaiting much needed treatment. It will also open up emergency room beds for those patients requiring other emergency care and provide for less delays in psychiatric treatment. The provider who cared for the patient will be in best position to provide insight into the patient's status and propensity for danger if released at hearing. This will also prevent unstable patients have been released during hearings due to this technicality. These will all ensure better outcomes for these patients.

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Sincerely,

Brigit VanGraafeiland DNP, CRNP, FAAN ASSISTANT PROFESSOR
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter President
Director of Fuld Program

Johns Hopkins School of Nursing
525 N. Wolfe Street, Baltimore, MD 21205
P. 410-502-3254
E. bvangra1@jhu.edu

Joanne Connors_FWA_SB541
Uploaded by: Connors, Joanne
Position: FWA

From: **Evelyn Burton** burtonev@comcast.net
Subject: 3 writtenTestimonies
Date: February 18, 2020 at 8:18 AM
To: Patricia Ranney pranney3@comcast.net

Hi Pat,
Attached are the three written testimonies to submit.
The email addresses are as follows:
SARDAA burtonev@comcast.net
TAC: muhammads@treatmentadvocacycenter.org
Joanne Connors: jconnors78@gmail.com

Don't forget to sign me up for oral testimony for SARDAA

Thanks so much!!
Evelyn

Testimony for SB541
Date: Feb. 18, 2020
From: Joanne Connors, Silver Spring, Montgomery County
Position: **SUPPORT WITH AMENDMENTS**

I am a person who lives with schizophrenia, however when I am on medicine you would never know it. I work full time as a business analyst, exercise, go to book clubs, fix-up my house just like you. However, when I am off medicine or on an inadequate dose, I become quite ill and loose insight that I have a serious illness. Then I refuse treatment and hospitalization. When involuntarily hospitalized and taking medication, within 24 hours, I realize I need the medication. I tell this story because **I am a firm believer that being involuntarily hospitalized is the compassionate thing to do for someone with schizophrenia, not releasing them to remain psychotic because of some arbitrary 24 hour requirement for evaluation by a psychiatrist instead of a psychiatric nurse practitioner, when both can treat and prescribe life-saving medication.**

A couple years after first falling ill, I stopped my medicine. It took three involuntary hospitalizations over a two-year period for me to be committed and given medication involuntarily, that brought me back to reality. **I almost committed suicide numerous times.** Two years of my life were wasted. **I lost my son, my job, my savings, and my dignity during those two years.**

I COULDN'T CARE LESS ABOUT MY CIVIL RIGHTS. The last thing I and my family need when I am ill, is some lawyer coming in to get me released over some legal technicality, when what I need is to stay in the hospital and get treatment. And believe me, when I am ill I would ask the lawyer to do it. But if I were healthy, I would not. I want my medical treatment as soon as possible and letting me out without providing it is doing a disservice to me and the community.

And I don't take the disservice to the community lightly. The second time I became psychotic, because of a medication change, it took me breaking the law to get involuntary hospitalization. Once again, 24 hours after taking medication, I agreed I needed it. Again, I lost my son, my job, my savings, and my dignity during those two years. **Waiting over 24 hours for an initial hospital evaluation and concern over evaluation by a psychiatrist or psychiatric nurse practitioner, is meaningless and arbitrary in the fight to get someone with schizophrenia treatment. I should never be let out of the hospital without receiving the treatment I need.**

In hindsight, it scares me what I might have done during these illnesses. The illness only gets worse as time goes by, if left untreated. With time, I get angrier and angrier because the world is telling me I am wrong when my brain insists imagined beliefs are right. Then I start to fight the world. I trespassed at my son's school and wrote a letter to the principal threatening the school if they didn't give me my son back. I believe there is

always a possibility I could have become violent if left untreated longer. **Denying someone hospital treatment because a psychiatrist is not available, when a psychiatric nurse practitioner can competently evaluate, treat and testify at a commitment hearing is not compassionate or medically prudent. It puts the safety of the person and the community at risk since the illness is progressing.**

I believe I have to take ownership of my illness and do what is right to keep me healthy. However, in a crisis treat me like it is the life-threatening illness schizophrenia is and realize that when I am psychotic, I am not of sound mind to make decisions for myself. **Please pass SB541 to increase access to involuntary inpatient treatment by expanding the role of psychiatric nurse practitioners, with an amendment prohibiting patient release by an ALJ because the technical requirements for an initial evaluation were not met.**

SARDAA_Evelyn Burton...41.pdf

TAC_Support with A...41.pdf

SocialWorkBoard_FWA_SB541
Uploaded by: Weinstein, Stanley
Position: FWA

Maryland
DEPARTMENT OF HEALTH
Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Board of Social Work Examiners
4201 Patterson Avenue, Suite 318
Baltimore, MD 21215
Phone: 410-764-4788 Fax: 410-358-2469
www.health.maryland.gov/bswe

2020 SESSION
POSITION PAPER

BILL NO: SB 541
COMMITTEE: Senate Finance
POSITION: Support with attached Amendments (SWA)

TITLE: – Mental Health – Involuntary Admissions – Procedures

BILL ANALYSIS: The purpose of this bill allows for Psychiatric Nurse Practitioners to join physicians and psychologists as licensed professionals who can examine an individual confined for observation in a hospital or facility within 24 hours to determine if the individual meets the criteria for involuntary admission.

POSITION AND RATIONALE: The Maryland Board of Social Work Examiners ("Board") supports the bill with the attached Board-approved amendments.

The Board supports SB 541 and recommends an amendment to permit Licensed Certified Social Workers -Clinical to also be allowed to perform similar examinations. Clinical social workers provide the majority of mental health services in the State of Maryland and this amendment would increase the trained workforce capable of providing such services.

The Board's proposed amendments to SB 541 are listed at the end of this position paper on page two. The Board respectfully requests a favorable report on SB 541 with the requested amendments.

For more information, please contact the Board's Executive Director, Dr. Stanley Weinstein, at 410-764-4722 or stanley.weinstein@maryland.gov.

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

Amendment No. 1

On page 1, lines 10-12, add new language:

"…requiring that certain regulations require that an impartial hearing officer receive testimony from a physician, psychologist, **licensed certified social worker-clinical,** or psychiatric nurse practitioner who examined the confined individual;

Amendment No. 2

On page 2, lines 20-24, add new language:

(2) (I) AN INDIVIDUAL CONFINED ON OBSERVATION STATUS SHALL BE EXAMINED WITHIN 24 HOURS OF THE CONFINEMENT BY A PHYSICIAN, PSYCHOLOGIST, LICENSED CERTIFIED SOCIAL WORKER-CLINICAL, OR PSYCHIATRIC NURSE PRACTITIONER.

(II) IF THE PHYSICIAN, PSYCHOLOGIST, LICENSED CERTIFIED SOCIAL WORKER-CLINICAL, OR PSYCHIATRIC NURSE PRACTITIONER PERFORMING THE EXAMINATION FINDS THAT THE INDIVIDUAL DOES NOT MEET THE REQUIREMENTS FOR ADMISSION UNDER THIS SECTION, THE INDIVIDUAL SHALL BE:

Amendment No. 3

On page 3, lines 20-21, add new language:

(2) THE REGULATIONS ADOPTED UNDER THIS SUBSECTION SHALL REQUIRE THAT THE IMPARTIAL HEARING OFFICER RECEIVE TESTIMONY FROM THE PHYSICIAN, PSYCHOLOGIST, LICENSED CERTIFIED SOCIAL WORKER-CLINICAL, OR PSYCHIATRIC NURSE PRACTITIONER WHO EXAMINED THE CONFINED INDIVIDUAL.

SB541_DisabilityRightsMD_Parsley
Uploaded by: Parsley, Luciene
Position: UNF

Disability Rights Maryland

Empowerment. Integration. Equality.

1500 Union Ave., Suite 2000, Baltimore, MD 21211
Phone: 410-727-6352 | Fax: 410-727-6389
www.DisabilityRightsMD.org

Disability Rights Maryland
Testimony before the Senate Finance Committee
February 18, 2020

Senate Bill 541 – Mental Health – Involuntary Admissions – Procedures: permitting a psychiatric nurse practitioner to perform the examination required within 24 hours of an individual who has been admitting involuntarily to a psychiatric ward for observation.

POSITION: OPPOSE

Disability Rights Maryland (DRM) is the federally-mandated Protection and Advocacy agency for the State of Maryland, charged with defending and advancing the rights of persons with disabilities. DRM advocates for systemic reforms and policies that improve services and supports for persons with psychiatric disabilities, and ensures that their rights are protected. DRM is here today to oppose Senate Bill 541, which would permit a psychologist, physician or psychiatric nurse practitioner to perform the examination required within 24 hours after an individual has been involuntarily admitted to a psychiatric ward for observation. Currently, this examination must be performed by a psychiatrist. To ensure that patients' civil rights and liberty interests are protected to the degree required by the Maryland and U.S. Constitutions, the current legal requirements should remain in place.

DRM maintains a presence in Maryland's public and private psychiatric units and hospitals and investigates complaints of abuse, neglect and rights violations on behalf of patients with psychiatric disabilities. DRM has had clients who were involuntarily admitted to a psychiatric ward after being certified by two emergency room physicians, only to be examined by a psychiatrist on the ward and diagnosed with a somatic health condition, such as a urinary tract infection (in the case of an elderly patient), a traumatic brain injury or a stroke, or dementia. DRM is extremely concerned that a psychologist or psychiatric nurse practitioner would not have the knowledge and training to reliably diagnose and distinguish between such somatic health conditions and mental illness requiring involuntary admission. While we note that many psychologists and psychiatric nurse practitioners are extremely skilled in working with patients with mental illness, there is simply no substitute for the services of a board-certified physician with a specialty in psychiatry for the initial 24-hour examination. The potential loss of liberty is simply too great in this instance. It is our understanding that this bill was proposed due to the scarcity of qualified psychiatrists in rural areas of the state. This should not be a reason we fail to provide Marylanders facing involuntary admission with the care and treatment they deserve. Hospitals can choose to offer greater compensation and benefits and otherwise improve job satisfaction to hire the psychiatrists they need and encourage medical students to enter the field of psychiatry. Such efforts would have a profound impact on Marylanders for the future, while continuing to protect their rights in the present.

For these reasons, DRM recommends that Senate Bill 541 be given an unfavorable report.

LATE - MPS_UNF_SB541
Uploaded by: Tompsett, Tommy
Position: UNF

Revised

February 18, 2020

The Honorable Delores G. Kelley
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

RE: Oppose – SB 541: Mental Health - Involuntary Admissions - Procedures

Dear Chairman Kelley and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) is a state medical organization whose physician members specialize in the diagnosis, treatment, and prevention of mental illnesses including substance use disorders. Formed more than sixty years ago to support the needs of psychiatrists and their patients, MPS works to ensure available, accessible and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branch of the American Psychiatric Association covering the state of Maryland excluding the D.C. suburbs, MPS represents over 700 psychiatrists as well as physicians currently in psychiatric training.

MPS opposes Senate Bill 317 (SB 541) for it would imprudently authorize a sole psychologist or psychiatric nurse practitioner (PNP) instead of a psychiatrist to conduct the psychiatric examination that is required within 24 hours of an individual's involuntary commitment to an inpatient psychiatric facility, conduct the psychiatric examination required within 48 hours of the same individual's involuntary commitment hearing, and then allow the psychologist or PNP to testify as an expert witness at the involuntary commitment hearing before an Administrative Law Judge who determines the individual's continued admission. As the following explains, the decision to curtail an individual's liberty through involuntary admission must be predicated on the soundest evaluations and observations, which from MPS's perspective can only be provided by a psychiatrist.

To begin, SB 541 ignores the purposefully rigorous application process that begins an involuntary admission in the first place. MD Code, Health - General § 10-615 requires among other things two accompanying certificates based on personal examination of the individual to be signed by 1 physician and 1 psychologist, 2 physicians, or 1 physician and 1 PNP. Notice that the common denominator for involuntary admission certification is the presence of at least one physician. The question becomes, why would we abandon this prudent approach once an individual is actually confined? Yet SB 541 does just that.

With an individual's liberty in the balance, current law requires that within 24 hours of an individual's involuntary confinement, a psychiatrist must examine that individual. This is the beginning of the "observation period," the time when the patient's diagnosis is clarified and the psychiatrist determines whether the patient is safe for discharge. During the observation period the psychiatrist clarifies the individual's diagnosis that led to a commitment by conducting a physical examination, by ordering and interpreting laboratory tests, by reviewing and summarizing medical records, and by interviewing collateral historians. All of this information is ultimately presented at a civil commitment hearing before an Administrative Law Judge, but would have been unavailable to the individual who merely signed the civil certificates in the emergency department. This is why current law rightfully mandates that the person who testifies at a civil commitment hearing is the treating inpatient psychiatrist rather than the emergency room physician or psychiatric evaluator who signed the certificates.

Furthermore, the accuracies of the medical examinations post confinement are paramount and are rightfully imparted to a psychiatrist who is a physician first, and not a PNP or psychologist. While a PNPs and psychologists are both vital components of the care team, expanding their scope to evaluate patients for continued involuntary confinement without physician involvement and testifying as an expert the hearings that ultimately determine the individual's liberty is dangerous to patient safety and runs counter to our shared values.

Unfortunately, neither PNPs, with their comparatively limited medical training, nor psychologists, with no medical training, have the ability to perform differential diagnoses, which is the process of differentiating between two or more conditions, which share similar signs or symptoms. This is of the utmost importance in cases of involuntary admission as physical illnesses can sometimes present as mental illness and it cannot be the policy of this State to involuntary commit the physically ill due to an inadequate medical evaluation that labels the individual as mentally ill. Physicians spend years learning differential diagnoses, pharmacology, and honing their medical skills. This is a critical component of expertise for psychiatrists and other physicians, who under current Maryland law must be at least one part of the health care team credentialing an involuntary commitment.

In the end, procedures for involuntary admissions should always be designed to minimize adverse impacts on patients and expanding involuntary confinement evaluation authority to those with no or insufficient medical training would expose patients to safety risks through inadequate evaluations. SB 541 could theoretically remove all psychiatrist involvement in the involuntary admission process, leaving a psychologist or PNP to testify regarding the results of a physical examination he didn't conduct, the results of

tests he was not legally authorized to order or interpret, or the need for pharmacologic treatment he was not legally allowed to prescribe.

For these reasons, MPS respectfully asks the committee to preserve current Maryland law requiring at least one physician to be involved with involuntary commitment, confinement, and hearing process and oppose SB 541. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett, Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Legislative Action Committee for the Maryland Psychiatric Society

MedChi_Steve Wise_UNF_SB0541
Uploaded by: Wise, Steve
Position: UNF

MedChi

The Maryland State Medical Society

1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915

1.800.492.1056

www.medchi.org

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Adelaide C. Eckardt

FROM: J. Steven Wise
Pamela Metz Kasemeyer
Danna L. Kauffman
Richard A. Tabuteau

DATE: February 18, 2020

RE: **OPPOSE** – Senate Bill 541 – *Mental Health – Involuntary Admissions – Procedures*

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **opposes** Senate Bill 541.

This legislation would allow a psychologist or psychiatric nurse practitioner to be the sole health professional who examines a patient within 24 hours of an involuntary commitment. This runs counter to the current law which requires that a physician be involved at all stages of the involuntary commitment process.

MedChi believes that when a person's liberty is at stake, the most highly trained and educated health care professional should be involved in determining whether the patient should be committed, and that is a physician. An inpatient psychiatric unit is an acute care unit analogous to a coronary care unit or intensive care unit. Currently, no policy allows a complex acutely ill patient's care to be managed from beginning to end without the involvement of a physician. From MedChi's perspective, people with serious brain diseases deserve the same standard of care as people with serious medical illnesses.

Psychologists and psychiatric nurse practitioners are valuable members of the health care team, but MedChi believes that decisions of this order require physician involvement.

For these reasons, MedChi opposes Senate Bill 541.

For more information call:
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Maryland
DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

February 18, 2020

The Honorable Delores G. Kelley, Chair
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 541 – Mental Health – Involuntary Admissions – Procedures - Letter of Information

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (the "Department") submits this letter of information for Senate Bill (SB) 541 – Mental Health - Involuntary Admissions - Procedures.

The Department already has the authority to promulgate regulations for involuntary admissions and the listed health occupations are within their scope of practice to conduct those evaluations. As such, the Department believes that this bill is unnecessary and is willing to engage stakeholders through the regulatory process to promulgate regulations based on the intent of this bill.

If you would have additional questions, please contact Director of Governmental Affairs, Webster Ye, at (410) 260-3190 or webster.ye@maryland.gov.

Sincerely,

Robert R. Neall
Secretary