

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)

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