

The Honorable Delegate Shane Pendergrass
Chair, House Health & Government Operations Committee

February 5, 2020

Dear Delegate Pendergrass,

I am writing this letter in support of House Bill 317, 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 relationship to the patient. It is also the Psychiatric Nurse Practitioner, who with many patients has participated in the Emergency Petition, getting the patient transferred to the hospital Emergency Room, and making the determination to admit the patient into the hospital psychiatry units using an Involuntary Certificate. The Psychiatric Nurse Practitioner is already expertly handling the entire course of the patient's care, but currently by law cannot support the involuntary retention of the patient, until this House Bill 317 gets passed into law.

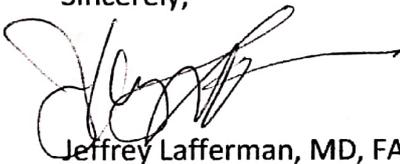
Besides the proficiency argument as above, that the Psychiatric Nurse Practitioner is capable of making expert and effective clinical decisions in the entire care of the patient, I also have a strong opinion that this new role will add to the efficiency of care. Currently, as a group of providers, we divide our work based on medical need and provider availability. Using only a Psychiatrist in the involuntary admission process has been cumbersome and inefficient. We can work better, smarter, and more efficiently if Psychiatric Nurse Practitioners can be involved in

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