

February 10, 2020

Dear Sir or Madam,

I am writing in strong support of House Bill 317 and Senate Bill 541. I think that 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 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 provider who is evaluating the patient in the emergency department and the psychiatric provider 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 also allow psychiatric nurse practitioners, in addition to psychiatrists, to provide testimony at involuntary court hearings about the patients they have cared for. This will ensure that pertinent details are not missed and will reduce the chance that an unstable psychiatric patient might be released into the community prematurely. Currently, a psychiatrist is 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,



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