03 February 2020

To Whom It May Concern,

Greetings. I am writing this letter in support of House Bill (HB) 317 and Senate Bill (SB) 541 regarding *Mental Health – Involuntary Admissions*, specifically the addition of Psychiatric Nurse Practitioners (PMH-NP) to the procedural process. By way of background, I have served as the medical director for a busy inpatient psychiatric unit and completed my psychiatric training at Johns Hopkins. I have had the privilege of training several PMH-NP's and have worked closely with two PMH-NP's in an acute, inpatient/hospital setting, so I believe I speak from informed personal experience.

I wish to address specific concerns or objections that were raised by the public defender's office during a 2019 hearing on this topic. The first concern was the possibility a patient with a medical condition such as delirium could be admitted and held temporarily against their will because a PMH-NP may not be able to discern that a physical condition exists vice a mental condition. I would argue that this same concern also holds for psychiatrists. In fact, research clearly shows that 2 out of 3 patients who present to the emergency department (ED) with delirium go unrecognized. In approximately 50% of all cases, the cause of delirium is not discovered. Where a specific cause is not identified, the treatments of choice are symptoms-based and the tincture of time. Both of these treatments are readily available on inpatient psychiatric units and PMH-NP's are skilled in their application. In addition, patients who are considered for a mental health admission require medical clearance by the ED first, thus minimizing the admission of individuals with medical issues who are mistaken as possessing a mental health condition. Ultimately, whether a psychiatrist or a PMH-NP, it is up to the provider rendering care to recognize that the patient's symptoms transcend a primary mental health disorder.

The next objection offered by the representatives was the concern regarding the potential for a delay in care when an involuntary patient requires admission and only a PMH-NP is available. Speaking from professional first-hand experience, such delays already exist, even without PMH-NP's to help shoulder the burden of care. I have worked in a rural area where there were very few psychiatrists. As the only psychiatrist on staff, when I was not available to see the patient within 24 hours we were forced to find placement for the patient elsewhere. With the shortage of psychiatric beds in Maryland in general (747 beds in the FY2018 survey serving a

population of over 6,000,000 people) and the Eastern Shore specifically (39 beds), experience has shown that admitting patients from limited access regions to other locations typically requires their placement on a waiting list. The addition of PMH-NP's to HB 317 and SB 541 further works to eliminate unnecessary delays in care.

Finally, the representatives made the suggestion that if an acutely ill person is released at hearing because they were seen by a PMH-NP instead of a psychiatrist within 24 hours, then the hospital can immediately emergency petition (EP) them. While at face value this may seem to be a reasonable idea, in application it places the hospital and EP'ing provider in a precarious position. If a patient is court-ordered to be released and a provider or hospital immediately EP's them, the provider and/or hospital runs the risk of contempt of court and false imprisonment. In the numerous hearings where I have served and the patient was ordered to be released, the judge has ordered the release from the *hospital*, not the *unit*. To EP the patient before they leave the hospital premises is therefore a potential violation of the court order. Further, as the person filling out the EP is attesting to witnessing dangerous behavior, if the patient is no longer on the premises (and presuming the provider did not follow them) the behavior is no longer witnessed. Thus the provider suffers the risk of being charged with making a false statement.

In summary, I am in support of adding Psychiatric Nurse Practitioners to HB 317 and SB 541 and ask you to vote favorably. I believe this addition will add great value to the care of mental health patients in Maryland. I appreciate your taking the time to read my lengthy letter and welcome any questions you may have.

Very respectfully,

Eric L. Anderson

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