



EMERGENCY NURSES
ASSOCIATION

Maryland State Council
Safe Practice Safe Care

To: Senate Finance Committee
3 East Wing
Miller Senate Office Building
11 Bladen Street
Annapolis, MD, 21401

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Vice Chairman, Senator Brian Feldman
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From: Maryland State Council of the Emergency Nurses Association

Date: February 4, 2021

Re: Written testimony: **SB 398** *Mental Health Law – Petitions for Emergency Evaluation – Procedures*

I am writing on behalf of the Maryland State Council of the Emergency Nurses Association. We are seeking an unfavorable review of **SB 398** *Mental Health Law – Petitions for Emergency Evaluation – Procedures*.

“Workplace violence against healthcare workers is a national crisis. The Occupational Safety and Health Administration (OSHA) found that although

workers in the healthcare sector accounted for only 20% of workplace injuries, they make up about 50% of all victims of workplace assault. Between 2002 and 2013, serious incidents of workplace violence were four times more common for workers in the healthcare sector than for all other workers in the United States. Some even die from their injuries. Many suffer physical and emotional trauma that drives them away from the critical work of emergency nursing.” (Emergency Nurses Association, 2018).

SB 398 – Mental Health Law – Petitions for Emergency Evaluations – Procedures would allow behavioral health providers, including psychiatric nurse practitioners and clinical nurse specialists in psychiatric and mental health, to transport a patient to an emergency facility under an Emergency Petition. Maryland’s emergency nurses serve on the front-line caring for Maryland’s citizens who are having a mental health crisis and those who are experiencing a change in mental status. These patients are often brought in on Emergency Petitions that were sought by people who were worried about their welfare and feared that they were a danger to themselves or someone else. Unfortunately, these patients are often emotionally volatile with poor insight and impulse control. When a decision is made to seek treatment, especially if it is against the patient’s wishes, the risk of violence is a reality. Knowing that this “decision and transfer” is such a high-risk time, having a healthcare practitioner transport an Emergency Petition patient alone to an ED may cause unnecessary workplace violence. We would like to see the use of Community Mental Health Crisis Intervention Response Teams explored as an alternative to sole Peace Officer responders.

All efforts must be taken to assure the safest hand-off-of-care from field practitioners, Peace Officers, and EMS to the receiving ED medical providers, staff, and hospital security personnel. It is important to assure that whoever brings the patient to the ED reviews and explains the circumstances that warranted the Emergency Petition to the receiving physician or practitioner. This information and history help with the diagnosis and treatment of the patient. Requiring the Peace Officers to stay until the ED staff and hospital security staff can safely assume care of the patient is a best practice. It plays a particularly important role in the prevention of workplace violence in the ED, especially since federal and other regulators have limited the role and powers of hospital security staff. Thank you.

Sincerely,

Lisa Tenney

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