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Support
SB513: HEALTH OCCUPATIONS – CLINICAL NURSE SPECIALISTS – PRESCRIBING
AUTHORITY.
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As a Psychiatric Nurse Practitioner in private practice, I provide care in a rural area disproportionately affected by both primary care and mental health care provider shortages. There have been historic rises in demand for mental health services with acute shortages in specialty areas such as child and adolescent psychiatric providers. Psychiatric Mental Health Clinical Nurse Specialist (PMH CNS) have had independent practice since 1990, which included authority to manage psychopharmacological medications, but not prescribe them. This effectively stymies the course of treatment of patients under the care of PMH CNS. My colleagues will often have to refer a patient to my practice for evaluation and medication management, while maintaining the patient under their care for psychobiological interventions. There can be significant delays to be evaluated by a psychiatrist or Psychiatric Nurse Practitioner in many areas across the state, acutely so in St. Mary's County, where I practice. Current providers caseloads are overly full, resulting in long wait lists or not accepting new patients. That person seeking care and being turned away could be your best friend, your child or you. We must capture all help seeking behaviors in mental health urgently or the consequences can be fatal. We need help. We need the experienced licensed, educated, and trained PMH CNS to be able to fulfil their scope of practice. In fact, the scope of practice for PMH CNS includes the ability to evaluate and manage psychobiological interventions independently and autonomously. COMAR 10.27.12.02.B.(08) defines "Psychobiological interventions" as interventions which integrate physiological and psychological dimensions of care and include a range of therapies from diet/nutrition regulation, hypnosis, and relaxation techniques to the use of pharmacologic agents." By authorizing CNS to have prescriptive authority, patients under the care of a CNS will have improved outcomes and timely treatment. Further, PMH CNS have the education, training, and experience to provide lifesaving access to buprenorphine for the treatment of opiate use disorder. Through the SUPPORT Act, the federal government expanded health care providers authorized to prescribe buprenorphine to including the Clinical Nurse Specialist.

There are 188 PMH CNS currently licensed in the State of Maryland. By supporting CNS prescribing authority, this single initiative could increase the number of psychiatric prescribers more than any other this year to increase the healthcare workforce. I urge you increase access to mental health care and increase the number of available buprenorphine providers for Maryland residents.

I urge you to support SB513 allowing clinical nurse specialist prescribing authority.

Respectfully,

Sabrina Sepulveda, CRNP-PMH
Owner, Harborside Behavioral Health, LLC