

WRITTEN TESTIMONY OF LINDA STANSBURY
CHAIR, CHARLES COUNTY ADULT PUBLIC GUARDIANSHIP REVIEW BOARD
BEFORE SENATE JUDICIAL PROCEEDINGS COMMITTEE
REGARDING HOUSE BILL 690
MARYLAND HOUSE OF DELEGATES
March 21, 2024

In 2012, the Charles County Adult Public Guardianship Review Board was established under Maryland Family Law Code Section 14-401 et seq. The purpose of this Board is to review case management of citizens who have been placed under guardianship of the person.

The membership of the Board is specified in Section 14-402, and it is that section that the Board wishes to address. When it was established, the Code delineated specific requirements for membership, such as a professional representative of a local department, a representative of a local commission on aging, and a lawyer, to name a few. The member description we are here to address is the requirement for a “psychiatrist”.

A little background for the record before we address our specific proposal. Currently there are 23 citizens who are under guardianship of the person in Charles County. Of those 23 citizens, 19 are adults under the age of 60 and four (4) are seniors. More than 50% of them receive some type of psychiatric care or take some form of medication for a mental health issue. In the case of senior citizens, that percentage increases to 75%. The citizens under guardianship by the Board have either no family, or no family involved in their care, and the Board works as their advocate for their health and care. These are some of our most vulnerable citizens.

In Charles County, and for the most part, all Southern Maryland, there are few psychiatrists to serve an ever-growing population of people who need psychiatric care. Those psychiatrists have an overwhelming patient base and getting an appointment can be daunting.

The Board has not had a psychiatrist as a member in over 5 years. This leaves the advocacy for the clients we oversee with only a nurse, and more recently a physician, and the others on the Board to determine if their mental health medications and therapies are appropriate.

The climate in health care has changed vastly in the decade since this Board was established. In a field where originally psychiatrists and physicians were the only prescribers of medications and the only persons able to oversee patient care, we now have physician's assistants and nurse practitioners who can oversee many of the functions of a physician, including medication management.

In 2014 as a result of House Bill 179, the physician requirement in the Code governing Adult Public Guardianship Review Boards was changed to read "one shall be a physician's assistant, nurse practitioner, or a physician who is not a psychiatrist" and "one shall be a psychiatrist". The bill addressed only the position of "physician" not that of the "psychiatrist" but that was almost 10 years ago, and a lot has changed in healthcare, including the increase of physician's assistants and nurse practitioners in the field of psychiatry.

In 2018, then Governor Hogan signed into law House Bill 541 and Senate Bill 549 giving physician's assistants and nurse practitioners prescription writing authority without the express delegation of a physician. This would give further weight to changing the Code to reflect new healthcare protocols. Given the current landscape in healthcare, it would seem reasonable to adjust the Code to reflect the current practices more accurately.

Thus, the Board is requesting that the statute membership requirement in Section 14-402(a)(2)(ii)(3) be changed to read:

3. In Charles County:

A. 1 shall be a physician's assistant, nurse practitioner, or physician who is not a psychiatrist; and

B. 1 shall be a psychiatrist or a physician's assistant or nurse practitioner in the field of psychiatry.

We understand that DHS has both submitted a competing bill, SB270, and that they have responded unfavorably to our bill. We have reviewed their objections, and while we agree that one statewide rule would be beneficial, and that their wording would allow us to encompass all three categories we discuss, we disagree with their language. The language which they have provided is overbroad and would provide challenges to the counties in determining who would be eligible to fill this position. The positions on these Boards are specific and determining who fills the requirements is straightforward, in this case "psychiatrist, physician's assistant or nurse practitioner in psychiatry" if our proposal is enacted. The category of "expertise in prescribing or oversight of mental health medications" is broad and could mean a vast number of things and could encompass many disciplines some of which might not really have a full understanding of what is needed by these vulnerable clients. Additionally, this language imparts an additional level of scrutiny that would be required by the County to determine the qualifications of a person who has applied. How do you evaluate what "oversight of mental health medications means?" While we believe the intent of the language was to provide the greatest possible number of applicants, it will only complicate the decision making process and add another layer of scrutiny for the County.