



Mental Health - Involuntary Admissions – Procedures
HB 0317/ SB 541

February 18, 2020
Position: Support

I am writing in strong support of House Bill 0317 and Senate Bill 541. I have worked in mental health for the past 34 years in both voluntary and involuntary units, as a nurse, a nurse manager and director. Currently I am Director of Nursing in both Emergency Medicine and Psychiatry at University of Maryland, St. Joseph Medical Center which is a 250 bed hospital. I am also a consultant to Centers for Medicare and Medicaid Services since 2002, visiting psychiatric hospitals across the country to ensure they provide adequate nursing and medical staff and document according to the conditions of participation. We frequently have mental health patients who are held in our emergency department awaiting involuntary admission. It's not uncommon to see 10-15 patients or more per day who have mental health issues.

Passage of HB0317 & SB541 would greatly assist in ensuring patients receive excellent care as well as improving our ability to transfer involuntary mental health patients from our emergency department to inpatient care. Many hospitals have Mental Health Nurse Practitioners as inpatient providers as well as covering on call hours with responsibility for admitting patients referred from external hospitals, as Psychiatrists are hard to find especially in our rural jurisdictions. If this bill does not pass, hospitals will be unable to immediately accept patients for care from our local emergency departments. Mental health patients requiring an inpatient stay typically wait up to 17 hours in our emergency department for a facility to accept them for admission. Despite the public defender's claim that there is no delay for beds, seventeen hours is a long time to be in an emergency department and is not the best place for care to be provided to our mental health patients. Our involuntary patients tend to wait longer for inpatient beds. For each patient who waits 17 hours, we are unable to care for up to 4 medically ill patients who come to the emergency department. Additionally, the longer patients stay in an emergency department setting, the higher likelihood that emergency department staff are injured, especially by patients who are involuntary.

It is true that hospitals are communicating to the public defender's office every patient who is certified. At our hospital the public defender has full access to our medical record as soon as we know that the patient is certified. This came to fruition because patients were languishing in our emergency departments for greater than 36 hours, the time frame by which we needed to notify the state that a patient is awaiting admission. That was part of our certification process and was changed to address the lack of immediate bed availability in the state.

CMS requires that a psychiatrist leads the treatment team, there is no requirement that a psychiatrist is on site 24h per day. There is oversight of care in our psychiatric departments by a psychiatrist; they typically attend our treatment team meetings and are involved in the overall running of our units. Mental Health NPs have been given full practice authority since 2015 from the state of Maryland. Mental Health NPs were given authority from the state to complete certification for an involuntary patient. Mental Health NPs provide evaluations, daily assessments, medication changes, and communicate regularly with the patient and the treatment team. These

bills allow for the person who is permitted to care for the patient, to speak on behalf of the patient's needs as assessed by the entire treatment team.

Patients are released from the hospital at the earliest possible time. Certified patients who no longer meet criteria, are discharged either immediately or on a 3-day-notice as required by state law. We have no reason to keep patients in the hospital who do not need care, do not want care, and are not an imminent risk to their own safety or the safety of the public. No patient is kept in the hospital if they are capable of being discharged. No patient is held to court hearing if they are capable of being released from the hospital prior to a hearing being held. No provider wants the risk of a patient harming themselves or harming someone else in the community on their conscience nor on their insurance claims. The rights of our healthy citizens are just as important as the rights of our mental health patients.

Finally, to address an issue the public defender brought up during the house bill hearing. Every mental health patient who comes through an emergency department is seen by a medical provider who medically clears them and refers for psychiatric evaluation if needed. In addition, every patient who is admitted to our psychiatric hospitals has a medical examination for a medical history and physical within 24 hours of admission by someone who is fully qualified to make a differential medical diagnosis. This is a CMS and Joint Commission requirement. The medical needs of the patients cannot be attended to by a Psychologist, who can attest to certification, this is not in their scope of practice. A nurse practitioner was first a nurse and always a nurse, with medical training. If patients are medically at risk, the history and physical completed by the medical provider (not psychiatric provider), will determine that. No psychiatric unit will hold a patient who is medically ill if they need acute medical care and if the unit has the capability the medical treatment will begin as soon as it is determined.

Mental Health Nurse Practitioners are nurses first and they often have extensive mental health experience. These were the nurses caring for our mental health patients day to day on our inpatient units who are our best and brightest with the capacity to complete a rigorous graduate program and successful achievement of passing scores on national testing. They know the patient best, and can report and support the requirements of certifications.

For these reasons, I support House Bill 0317 & Senate Bill 541

Respectfully submitted,

Grace Serafini, RN MS PMHCNS-BC

A handwritten signature in black ink, appearing to read "Grace Serafini RN MS PMHCNS-BC". The signature is written in a cursive style and is positioned to the right of the typed name.

Director of Nursing, Emergency Department & Psychiatry
University of Maryland, St Joseph Medical Center

Consultant to CMS, Ascellon Corporation