MHA Michigan Health & Hospital Association

MICHIGAN ACADEMY of PHYSICIAN ASSISTANTS

MICNP MICHIGAN COUNCIL OF NURSE PRACTITIONERS

HB 5114: Enhancing Access to Mental Health Care

The Facts:

- Psychiatric Medicine and Behavioral Health are a part of the education curriculum and clinical training for Physician Assistants (PA), Nurse Practitioners (NP) and Clinical Nurse Specialists (CNS).
- PAs, NPs, and CNSs currently serve patients in every type of psychiatric medicine/behavioral health/mental health setting in every region of Michigan.

Two solutions to improve mental health access for Michigan residents by amending Michigan's Mental Health Code (MHC):

1. **Define PAs, NPs, and CNSs as Mental Health Professionals in the MHC.** The MHC currently defines "Mental Health Professional" as a physician, psychologist, RN, MSW, licensed professional counselor, or a licensed marriage and family therapist.
2. **Include PAs, NPs, and CNSs in the MHC as providers able to issue the initial certification to refer a patient for an evaluation by a psychiatrist.** The law ensures only a psychiatrist can provide the second certification needed to admit a patient involuntarily, and this bill does not change that.

HB 5114 FAQs

Under HB 5114, are PAs, NPs, and CNSs able to sign for hospital certification and offer restraint/seclusion orders? Are they qualified to do this?

NP and PA education programs prepare students to assess and implement a wide array of interventions for patients presenting in acute mental and physical health. These programs include training in psychiatric mental assessment and interventions. For NPs, this has occurred at the BSN and graduate levels. Psychiatric medicine is a core component of PA education.

In addition, the bill allows for PAs, NPs and CNSs to perform initial hospital certifications. Currently, this can be done by any physician and refers a patient to a psychiatrist for further evaluation. Only a psychiatrist is able to offer second

certifications for involuntary admittance under the current law and HB 5114 does not change that.

Why are CNSs included in the bill when there are no longer psychiatry/mental health certification programs offered for CNSs?

The psych CNS exam was retired in 2014. There are many psychiatric CNSs practicing in Michigan today and they are still able to renew their certifications. The psychiatric CNS is the oldest graduate specialty in nursing. Excluding this group would remove nurse mental health providers who have been practicing for six years or more. Eliminating a group of qualified mental health providers at this time would increase delays in access to care for mental health.

Should the MHC require PAs and NPs to have additional hours of post-graduate, post-certification psychiatric practice experience before being allowed to issue restraints and seclusion?

These clinicians receive adequate training to apply restraints and do so under Michigan's Public Health Code (PHC).

The current Mental Health Code (MHC) does not require physicians to have additional training in psychiatry or mental health in order to write clinical certificates for seclusion/restraint orders. ANY physician, even those who have recently graduated from medical school, may authorize hospitalizations and seclusion/restraint episodes without any special training. The PHC already outlines requirements for advanced practice providers. It is outside the scope of the mental health code to introduce additional requirements for advanced practice providers.

Should RNs be able to offer the face-to-face evaluation required by CMS after a restraint or seclusion order is issued?

Michigan is one of only two states that does not allow a registered nurse-who has been properly trained-to provide the face-to-face follow up evaluations after a restraint or seclusion is used on a patient. Texas is the only other state.

CMS allows for an RN, who has been trained in accordance with their requirements, to see the patient face-to-face after the intervention. However, the MHC does not allow any health care practitioner other than a physician to perform any of the required personal examinations. This can be confusing for healthcare providers and would bring the MHC in line with CMS's requirements.

Shouldn't the Mental Health Code include provisions to reduce the use of seclusion/restraints? Does the use of seclusion and/or restraints do damage to vulnerable service recipients?

Seclusion and restraint episodes are highly regulated and monitored with exceptional care by national and state regulatory bodies. The bar for initiating and maintaining an episode is extremely high and often these interventions are used to ensure the safety of the patient and others.

The mission of the MHC as a whole is intended to significantly restrict involuntary procedures (short and long term) from being conducted on recipients and this bill would not change that intent. Those who support HB 5114 are certainly willing to work with patient advocates on language in the law that would further reduce seclusion/restraint episodes. But that is not the intent of HB 5114 and does not fit within the scope of this bill.

The following organizations support HB 5114:

The Michigan Academy of Physician Assistants
The Michigan Council of Nurse Practitioners
The Michigan Association of Clinical Nurse Specialists
The Michigan Health & Hospital Association
The Michigan Osteopathic Association
The Michigan Academy of Family Physicians
The Michigan Society of Addiction Medicine
The Michigan Psychological Association
The Michigan Mental Health Counselors Association
The American Nurses Association-MI Chapter
The American Psychiatric Nurses Association-Michigan Chapter
The Michigan Nurses Association
The Michigan Association of Treatment Court Professional
The Economic Alliance of Michigan
The Michigan Chapter of the National Association of Social Workers
The Michigan Association of Colleges of Nursing
The Mackinac Center for Public Policy
The Michigan Association of Health Plans

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