



**State Representative Rick Carfagna
68th House District**

Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio and members of the House Health Committee. Thank you for allowing Representative Scott Ryan and myself the opportunity to provide sponsor testimony on House Bill 111. This legislation seeks to add advanced practice registered nurses (APRNs) with a psychiatric/mental health subspecialty to the list of authorized professionals who are able to have an individual involuntarily transported to a hospital for a mental health examination.

As some of you may recall, this piece of legislation was introduced during the 131st General Assembly by my predecessor, Margaret Ann Ruhl, and received strong bipartisan support with a 98-0 floor vote. Although it was not able to make it through the Senate, that legislation received no opposition.

Current Ohio law authorizes psychiatrists, licensed clinical psychologists, licensed physicians, health officers, parole officers, police officers, and sheriffs to have an individual involuntarily transferred to a hospital for up to twenty-four hours for a mental health examination if there is evidence that the individual represents a substantial risk of physical harm to self or others. Adding qualified advanced practice registered nurses to that list of authorized professionals will allow for faster and more efficient care, and improve the safety of both the individual and the surrounding community.

There are presently around 450-500 APRNs with a psychiatric subspecialty in the state of Ohio. To become an APRN with a psychiatric subspecialty, an RN must obtain a graduate degree with a major in a nursing specialty or related field. The individual then must sit for a national certification examination, and obtain a Certificate of Authority from the state. The Certificate of Authority must be reviewed biennially with a twenty-four hour continuing education requirement.

Ohio's need for greater mental health resources is compounded by the scarcity of medical professionals that can deal with individuals in crisis. Not only do these APRNs have the requisite education and training to diagnose and treat mental illnesses, but they also currently work in many community-based settings where the patient might lack direct access to the already-approved designees who can mandate an evaluation. By utilizing the expertise of this subset of APRNs, we can further help our most vulnerable citizens when time is of the essence.

Chairman Huffman and members of this committee, thank you again for allowing us to provide testimony and at this time, we are happy to answer any questions.