



**Senate Workforce & Higher Education Committee**

Testimony of Brittany Evans, DNP, APRN, PMHNP-BC, NEA-BC

Assistant Vice President, Patient Services, Psychiatry/Psychiatric-Mental Health Nurse  
Practitioner

Cincinnati Children's Hospital Medical Center

Senate Bill 60

June 24, 2024

Chairman Cirino, Vice Chair Rulli, Ranking Member Ingram and members of the Senate Workforce and Higher Education Committee, my name is Brittany Evans and I am the Assistant Vice President of Patient Services in Psychiatry at Cincinnati Children's Hospital. Cincinnati Children's is currently the largest psychiatric/mental/behavioral health provider serving the needs of the child/adolescent population in the United States with 83 inpatient beds and 24 residential beds located at our College Hill facility and 16 inpatient beds at our Lindner Center of Hope location, three Partial Hospitalization (day treatment) Programs, and four outpatient clinics providing psychotherapy and medication management services to thousands of patients and families in our region each year.

I am a Psychiatric-Mental Health Nurse Practitioner with over a decade of clinical practice experience working with mental health populations across the lifespan. I am a recognized national psych/mental health nurse clinician, leader, and educator with expertise in the education, training, and development of psych/mental health nurses and Psych/Mental Health Advanced Practice Registered Nurses (PMH-APRNs). In my current role at Cincinnati Children's, I oversee the recruitment, hiring, orientation/onboarding, and ongoing development of our direct patient care employees across our mental health continuum of care, including more than 600 direct care employees serving our inpatients at our College Hill and Lindner Center of Hope units. Our inpatient direct care team consists of behavioral health specialists, behavioral health consultants and behavioral health facilitators, registered nurses; as well as clinical directors and clinical managers leading the teams.

Thank you for the opportunity to provide written testimony in opposition to Senate Bill 60, which would create a new licensed allied healthcare professional called a Certified Mental Health Assistant (CMHA).

While we are in the midst of a workforce shortage of mental and behavioral health professionals that are trained and/or certified in providing care to youth with psychiatric or behavioral health conditions, the CMHA would not effectively or appropriately address the current workforce issues. In fact, CMHAs could add to the public's confusion and misinformation regarding role clarity and differentiation between/among existing mental

health disciplines, adding another layer of complexity to an already challenging system for patients/families and healthcare providers to navigate.

As the largest employer of the pediatric mental and behavioral health workforce in Ohio, recruiting, training and retaining employees is an interminable process given the high demands for access to specialty mental health services. However, the solution to this problem is not the creation of a new type of professional, particularly while there continues to be opportunities to reduce barriers to allowing existing mental health professionals to practice to the full scope of their training. For example, more than half of the states in the country are now considered “full practice authority” states for APRN practice. Full practice authority states allow for APRNs to practice to the full extent of their training and education. APRNs in those states are able to evaluate patients; diagnose, order and interpret diagnostic tests; and initiate and manage treatments, including prescribing medications and controlled substances, under the exclusive licensure authority of the state board of nursing. This is the model recommended by the National Academy of Medicine, formerly called the Institute of Medicine, and the National Council of State Boards of Nursing. Ohio, however, is currently a “reduced practice authority” state for APRNs which means that Ohio-specific practice and licensure laws reduce the ability of APRNs to engage in at least one element of APRN practice. Ohio law requires a collaborative agreement with a physician (of same or similar specialty) in order for PMH-APRNs to provide patient care. With a shortage of child/adolescent psychiatrists in Ohio and nationally, this collaborative agreement requirement adds unnecessary barriers to a workforce of PMH-APRNs who are lifespan trained and certified to provide psych/mental health services to Ohio’s youth/families. Reducing such restrictions to PMH-APRN practice in Ohio could increase access to much-needed psychiatric and mental health services in Ohio, without need for the creation of a new role.

Lastly, prescribing psychotropic medications requires extensive training and education. Currently in Ohio, MDs, DOs, Physician Assistants and APRNs have the authority to prescribe, after completing extensive educational and clinical training as part of a nationally-recognized degree programs and passing national board examinations for certification. CMHAs would not meet the stringent standards imperative to safely prescribing these medications, putting Ohio residents at unnecessary risk.

Ohio has several opportunities to safely address the mental and behavioral health workforce needs by focusing resources on maximizing recruitment and retention of existing disciplines with established academic pathways such as psychiatric residency and fellowship programs, incentivizing participation in APRN programs specializing in mental health and substance use disorders, expanding integrated care models, and reducing unnecessary barriers to PMH-APRN practice. Cincinnati Children’s was recently awarded ARPA funding to expand programming to support our efforts in these areas which will not only provide depth to our own workforce but also enhance regional system capacity.

Once again, thank you for the opportunity to provide this testimony in opposition to Senate Bill 60.