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Megan Testa, MD

On behalf of the
Ohio Psychiatric Physicians Association

Before Members of the
House Health Committee

Interested Party Testimony on H.B. 72
Authorize Psychiatric APRNs to Compel Mental Health Evaluations

March 29, 2017

Chairman Huffman, Vice-Chair Gavarone, Ranking Member Antonio and members of the committee, thank you for the opportunity to submit written testimony today as an interested party on House Bill 111, a bill which, if enacted, would add psychiatric advanced practice nurses (APRNs) to the list of individuals who can complete Ohio's Application for Emergency Admission form (more commonly known and referred to as a "pink slip") in order to obtain emergency evaluation for involuntary psychiatric hospitalization.

My name is Megan Testa, M.D. and I am a physician practicing forensic psychiatry in Cleveland, Ohio. My written testimony is on behalf of the Ohio Psychiatric Physicians Association (OPPA), a statewide medical specialty organization whose more than 1,000 physician members specialize in the diagnosis, treatment and prevention of mental illness and substance use disorders.

Although the OPPA did not oppose this bill when introduced, after hearing proponent testimony last week while in this committee to testify on another bill, our organization decided to submit written testimony in order to provide accurate information to legislators about pink slip procedures, and to touch upon the matter of improved access to mental health and addiction treatment for Ohioans in need, which was brought up during the course of last week's hearing on H.B. 111.

To begin, the pink slip process is the first step toward involuntary psychiatric hospitalization, otherwise referred to as civil commitment. Ohio law (ORC 5122.01) provides a process through which a very limited list of specific individuals – who have reason to believe that a person with mental illness requires inpatient hospitalization due to evidence that, because of mental illness, he or she is suicidal, homicidal, gravely

disabled, or would benefit from treatment – can compel that person to go to an emergency room for further evaluation to determine if involuntary hospitalization is indicated.

If, for example, a physician, while meeting with a patient in an outpatient clinic, discovered that the patient was suicidal, the physician could fill out a pink slip and compel that patient to go to an emergency room and submit to a comprehensive psychiatric evaluation. At the conclusion of the evaluation, if the medical provider in the emergency room determined it was medically indicated and necessary, the patient would be admitted to a psychiatric unit for treatment, even if he or she refused to be admitted. If a patient is admitted to a hospital after the emergency evaluation, the physician assuming care of the patient would need to submit an affidavit to Probate Court if they determined that it was necessary for the safety of the patient or community to keep him or her in the hospital for psychiatric care.

Currently, Advanced Practice Registered Nurses with a mental health specialty (“psychiatric APRNs”) are not among the list of individuals authorized to fill out a pink slip. House Bill 111 would add psychiatric APRNs to the list, which would thus enable them to compel patients to go to the emergency room and submit to a comprehensive psychiatric evaluation that may lead to involuntary hospitalization. Therefore, H.B. 111 would streamline the work of psychiatric APRNs, who currently can perform the patient evaluation and risk assessment, but then, if they determine that a patient requires further evaluation and potentially involuntary hospitalization, cannot complete and sign the form to pink slip.

The OPPA supports our psychiatric nurse colleagues in this endeavor to seek pink slip authority. We believe that psychiatric APRN’s working within Standard Care Agreements with psychiatric physicians (and soon primary care physicians) should be authorized to pink slip.

With all of that said, we believe it is important for members of this committee to understand that H.B. 111 is not a bill that will address the current mental health or opioid epidemics. During proponent testimony provided by Candy Rinehart, CNP, on behalf of the Ohio Association of Advanced Practice Nurses, Ms. Rinehart indicated that, “Pink slip authority for psychiatric APRNs is one of many solutions that need to be initiated quickly to positively impact the state of mental health emergency in Ohio.”

It is important for members of this committee to know that passing H.B. 111 *will not increase access to mental health treatment*. Enacting H.B. 111 *will not even increase access to emergency psychiatric evaluations*. Although psychiatric APRN’s must currently go through an extra step to pink slip their patients, they do still get their patients to emergency rooms for evaluations. Currently, psychiatric APRNs do not simply turn away patients who they believe, using their clinical judgment, require emergency evaluations. Ohio law designates that police officers can pink slip, and psychiatric APRN’s can and do call police to sign the pink slip and to transport patients. In most cases, in fact, police would be called anyway, even if psychiatric APRN’s were authorized to pink slip. As a psychiatrist, when I pink slip patients, it is protocol for me to call the police to transport the individuals to the hospital, and this call to police is a standard step in the pink slip protocol in many, if not most, mental health clinics. Therefore, H.B. 111 would not remove a barrier that is currently preventing people with mental illness from accessing care. What H.B. 111 would do is streamline the practice of psychiatric APRNs allowing them to initiate the pink slip process.

The OPPA recognizes that there are many Ohioans suffering with mental illness and/or addiction disorders who do not have access to care. That is unacceptable to us. We support legislative efforts that are safe and evidence-based to improve access to care for individuals with mental illness and addictions. We urge legislators to carefully consider bills that are introduced or amended with the expressed or implied goal of expanding access for patients in need, because some bills that propose to increase access for Ohioans in need simply do not increase access. House Bill 111 is an example of a bill that—while worth supporting because it will streamline the work of a subset of mental health providers without compromising patient safety—it will not increase access to care for people with mental illness and/or addiction disorders.

The OPPA supports legislative efforts to bring forth evidence-based models that *would* expand access to psychiatric care for Ohioans in need, without compromising patient safety. Four models with promise for doing that include:

- 1) **Increased collaboration between psychiatric APRNs and primary care physicians as well as psychiatrists** – beginning April 6, 2017, psychiatric APRNs will be able to enter into a standard care agreement with family physicians and pediatricians – While there may not be psychiatrists (or other mental health providers) in many rural areas of the state, there are primary care physicians and psychiatric APRNs can now utilize their expertise to help patients with mental illness and/or addiction treatment who are seen by their family physician;
- 2) **Increased collaboration through a written protocol between prescribing physicians and pharmacists** who will soon be able to administer by injection both long-acting antipsychotics to treat mental illness and opioid antagonists, like Vivitrol to treat addiction;
- 3) **Increased utilization of technology like telemedicine/tele-psychiatry** which can bring psychiatric care to patients in areas of rural Ohio that are currently devoid of mental health providers; and
- 4) **Increased integration of mental health and addiction treatment services utilizing the collaborative care model**, which brings together primary care providers and psychiatric physicians to work together in consultation, collaboration and co-management of patients – psychiatric APRNs can be a part of this team-based approach to care through the Standard Care Agreement.

Thank you for the opportunity to provide written testimony as an interested party on H.B. 111. The OPPA supports our psychiatric APRN colleagues' effort to be granted the authority to pink slip while practicing within Standard Care Agreements with physicians, because this would streamline their practices and it would not compromise patient safety.