

Testimony of Mark Reinstein, Mich. Psychiatric Society, re SB 191
Senate Health Policy Committee, March 25 , 2021

Senator VanderWall and Members of the Committee,

Thank you for the opportunity to comment on SB 191.

I'm Mark Reinstein, representing the Michigan Psychiatric Society. I have spent the last 38 years working in the mental health policy arena.

SB 191 as it presently stands is a problematic bill for persons with mental illness and developmental disability. It allows any nurse practitioner, any clinical nurse specialist and any physician assistant to certify that an individual needs hospitalization. It further allows these mid-level professionals, plus any registered nurse, to do restraint and seclusion authorizations, exams and orders.

We've sent Committee members a memo from the Psychiatric Society and seven statewide mental health advocacy groups in opposition to the bill. The memo describes multiple problem areas with the bill, which need to be fixed if it's going to advance. We've also sent you amendatory language for these fixes. I hope you'll note the leading advocacy groups that signed onto the memo. These groups have no stake beyond policy issues in which professional get to do what.

SB 191 does not significantly advance mental health service access. If you have mental illness or developmental disability and are a candidate for the inhumane practices of restraint or seclusion, you're already in the mental health system. Restraint and seclusion aren't services; they're punitive control measures. The only access matter possibly stimulated by the bill is inpatient care, and here we get into questions of who should be making these life-and-death determinations, and whether we'll wind up with more hospitalizations of persons who don't need that level of care. Most persons with behavioral disorders receive services other than inpatient. This bill does not promote access to those other services.

I'll quickly run through some of the major problems with the bill:

*It doesn't require physician assistants and nurse practitioners to have post-graduate certification in mental health.

*It includes clinical nurse specialists, even though there is no longer post-graduate mental health certification for those nurses.

*It has no minimum field experience requirements before nurses and physician assistants can assume more mental health responsibility.

*It's silent on the issue of collaborative and practice agreements between psychiatrists and mid-level professionals.

*It allows registered nurses to do more with restraint and seclusion, practices that can be extremely negative for serious mental illness or major developmental disability. Whether or not the Public Health Code sanctions this is immaterial. The Public Health Code is not about caring for these vulnerable conditions; the Mental Health Code is.

*Lastly, instead of curtailing the use of restraint and seclusion, a goal for everyone in the mental health community, SB 191 simply adds a host of new people, some of whom won't be qualified, to the list of those who can do authorizations, exams and orders. Since the bill opens up restraint and seclusion practices, amendments are needed to make these practices less onerous, and to require MDHHS to reduce their usage.

A new statewide poll on a similar issue – the roles of physicians and nurse anesthetists – shows overwhelming support for retaining physician supervision in anesthesia. We doubt the public would be any more supportive of SB 191 as introduced.

As this bill did not make it through the House last session, we believe a balanced workgroup, with equal parts proponents and opponents, should be convened to make improvements before the bill is acted upon. We would be pleased to work with you in any way we can.

Thank you again.