

Dear Members of the House of Representatives Behavioral Health Committee,

I am writing to you in Opposition to HB 5114 as a physician who cares deeply about the wellbeing of my patients. This bill will allow non-physicians to put patients in seclusion, restraints, and involuntary psychiatric hospitalization without the requisite training and oversight to make these decisions. These are serious medical determinations that should be the absolute last resort in the treatment of patients. The responsibility of placing restrictions on patients for their safety, and that of others, is not one that should be taken lightly.

As a physician, my goal is to avoid and minimize the use of seclusion, restraints, and involuntary psychiatric hospitalization. I am concerned and unsettled that nurse practitioners, physician assistants, and certified nurse specialists are seeking legal permission to make these serious medical decisions without required medical training and oversight. The focus should be on prevention, not expansion, of these last-resort measures.

As such, I urge you to oppose HB 5114 for the wellbeing of patients with mental health concerns in our state. Thank you for your consideration.

Sincerely,
Shivani A. Kaushal, M.D.

*Department of Psychiatry
Detroit Medical Center/Wayne State University*

From: Gray, Kismet <Kismet.Gray@pinerest.org>

Sent: Tuesday, February 13, 2024 12:37 PM

To: Melissa Sweet <msweet@house.mi.gov>

Subject: House Bill 5114

Dear Members of the House of Representatives Behavioral Health Committee,

I am writing to express my opposition to HB 5114 as a healthcare professional who places great importance on the well-being and safety of patients. This bill proposes granting non-physicians the authority to utilize seclusion, restraint, and involuntary hospitalization without the necessary training and supervision. These types of medical interventions should only be employed as a last resort and the responsibility to make such decisions should be approached with the utmost care and consideration by those who are adequately trained and qualified to do so. Given my professional commitment to minimizing the use of seclusion, restraint, and involuntary psychiatric hospitalization, as well as prioritizing prevention over expansion of these measures, I strongly encourage you to oppose HB 5114. By doing so, we can ensure the quality of care for those in our state suffering from mental health concerns is upheld.

I appreciate your time and consideration.

Sincerely,

Kismet Gray, MD
Pine Rest Mental Health Services

From: Partha, Rishi <Rishi.Partha@pinerest.org>

Sent: Monday, February 12, 2024 3:10 PM

To: Melissa Sweet <msweet@house.mi.gov>

Subject: Opposition to HB 5114

Dear Ms. Sweet,

I am writing to the Members of the House of Representatives Behavioral Health Committee in opposition to House Bill 5114 as a physician who cares deeply about the wellbeing of my patients. This bill will allow non-physicians to put patients in seclusion, restraint, and involuntary psychiatric hospitalization without the requisite training and oversight. These are serious medical decisions that should be the absolute last resort. The responsibility to do them is not one that should be taken lightly. As a psychiatrist, my goal is to avoid/minimize the use of seclusion, restraint and involuntary psychiatric hospitalization. I am concerned and outraged that nurse practitioners, physician assistants and certified nurse specialists are seeking legal permission to make these serious medical decisions without the required training and oversight. The focus should be on prevention, not expansion, of these last resort measures. As such, I strongly urge you to oppose HB 5114 for the wellbeing of patients with mental health concerns in our state. Please feel free to contact me if I can provide any additional information that may help the committee on this pivotal matter.

Thank you very much,

Rishi Partha, D.O.

Resident Psychiatrist

Pine Rest Christian Mental Health Services

Dear Members of the House of Representatives Behavioral Health Committee,

I hope all this email finds you well.

I am writing to you in Opposition to HB 5114 as a physician who cares deeply about the wellbeing of my patients. This bill will allow non-physicians to put patients in seclusion, restraint, and involuntary hospitalization without the requisite training and oversight. These are serious medical decisions that should be the absolute last resort. The responsibility to do them is not one that should be taken lightly. As a physician, my goal is to avoid or minimize the use of seclusion, restraint, and involuntary psychiatric hospitalization. I am concerned and surprised that nurse practitioners, physician assistants, and certified nurse specialists are seeking legal permission to make these serious medical decisions without required training and oversight. The focus should be on prevention, not expansion, of these last resort measures. As such, I urge you to oppose HB 5114 for the wellbeing of patients with mental health concerns in our state.

Thank you very much,

Anita Vaishampayan MD

From: Kutschke, John <John.Kutschke@pinerest.org>

Sent: Monday, February 12, 2024 2:27 PM

To: Melissa Sweet <msweet@house.mi.gov>

Subject: Opposition to HB 5114

To whom it may concern,

I am writing to you in Opposition to HB 5114 as a physician who cares deeply about the wellbeing of my patients. This bill will allow non-physicians to put patients in seclusion, restraint, and involuntary psychiatric hospitalization without the requisite training and oversight. These are serious medical decisions that should be the absolute last resort. The responsibility to do them is not one that should be taken lightly. As a physician, my goal is to avoid/minimize the use of seclusion, restraint and involuntary psychiatric hospitalization. I am concerned and surprised that nurse practitioners, physician assistants and certified nurse specialists are seeking legal permission to make these serious medical decisions without required training and oversight. The focus should be on prevention, not expansion, of these last resort measures. As such, I urge you to oppose HB 5114 for the wellbeing of patients with mental health concerns in our state.

John Kutschke, MD

From: Ritchie, Manasvi <Manasvi.Ritchie@pinerest.org>

Sent: Monday, February 12, 2024 3:01 PM

To: Melissa Sweet <msweet@house.mi.gov>

Subject: To: Members of the House of Representatives Behavioral Health Committee RE: HB 5114

To: Members of the House of Representatives Behavioral Health Committee

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Manasvi Ritchie, MD

PGY-2

Pine Rest Christian Mental Health Services

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From: Ritchie, Manasvi <Manasvi.Ritchie@pinerest.org>

Sent: Monday, February 12, 2024 3:01 PM

To: Melissa Sweet <msweet@house.mi.gov>

Subject: To: Members of the House of Representatives Behavioral Health Committee RE: HB 5114

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Manasvi Ritchie, MD

PGY-2

Pine Rest Christian Mental Health Services

From: Alexandra Lemieux <alexandra.lemieux@med.wayne.edu>

Sent: Sunday, February 11, 2024 9:07 PM

To: Melissa Sweet <msweet@house.mi.gov>

Subject: Opposition to HB 5114

Dear Melissa Sweet,

I am writing to you in Opposition to HB 5114 as a physician who cares deeply about the wellbeing of my patients. This bill will allow non-physicians to put patients in seclusion, restraint, and involuntary psychiatric hospitalization without the requisite training and oversight. These are serious medical decisions that should be the absolute last resort. The responsibility to do them is not one that should be taken lightly.

As a physician, my goal is to avoid/minimize the use of seclusion, restraint and involuntary psychiatric hospitalization. I am concerned and surprised that nurse practitioners, physician assistants and certified nurse specialists are seeking legal permission to make these serious medical decisions without required training and oversight. The focus should be on prevention, not expansion, of these last resort measures. These are serious measures that are taken that can be incredibly traumatic for patients and I am extremely concerned that this bill does not actually expand access to mental healthcare but instead puts more patients at risk of being subjected to substandard forced treatment.

As such, I urge you to oppose HB 5114 for the wellbeing of patients with mental health concerns in our state.

Thank you!

Dr. Alexandra Lemieux

Psychiatrist

Dear Ms. Sweet,

I am writing to you in Opposition to HB 5114 as a physician who cares deeply about the wellbeing of my patients. This bill will allow non-physicians to put patients in seclusion, restraint, and involuntary psychiatric hospitalization without the requisite training and oversight. These are serious medical decisions that should be the absolute last resort. The responsibility to do them is not one that should be taken lightly.

As a physician, my goal is to avoid/minimize the use of seclusion, restraint and involuntary psychiatric hospitalization. I am concerned and surprised that nurse practitioners, physician assistants and certified nurse specialists are seeking legal permission to make these serious medical decisions without required training and oversight. The focus should be on prevention, not expansion, of these last resort measures.

As such, I urge you to oppose HB 5114 for the wellbeing of patients with mental health concerns in our state.

Dr. Toni Lupro, MD
Department of Psychiatry and Behavioral Neurosciences
Wayne State University School of Medicine / Detroit Medical Center
NPI: 1386389070

To Members of the House of Representatives Behavioral Health Committee:

I'm especially opposed to the Seclusion and Restraint Section of the Mental Health Code that will allow other health professionals to authorize continuation of this instead of a Physician.

The only time a vulnerable, ill human being should be literally strapped down in thick leather hand and feet cuffs, locked in a room with only a tiny window, with no water/no food/no toilet, and no way to communicate to anyone besides shouting for help - should be if a Doctor decides that continuing this is the best possible outcome.

I wish you could see the conditions of what it is really like, it is upsetting. But then imagine seeing a loved one in that position. You absolutely would want a Doctor evaluating the situation.

The people most likely to be Secluded and Restrained are probably not writing to you, but I'm taking the time to advocate for them. Restraint, with Seclusion on top of that Restraint, is inherently a dangerous situation that needs to be addressed as such.

Sincerely,

Jeanette Niemisto, M.D.

President Center of Healing and Happiness, P.C.

Diplomat of the American Board of Psychiatry and Neurology

Dear Ms Sweet:

This email to you serves as my opposition statement to HB 5114. Despite the onslaught/trend for other medically affiliated and lesser trained practioners to replace physicians, it is not medically sound or appropriate for this bill to pass. This is especially true if the psychiatrist must then cosign the evaluations. The psychiatrist must evaluate the patient directly for any assessment to be valid and clinically correct.

Donna M Kushner, M.D.

Hello my name is Muhammad Hamza Mir and I am a PGY 3 Psychiatry resident at Pontiac General Hospital in Michigan. I would like to express to you my opposition to bill HB114. The details listed below are harmful not only to the profession as a whole, but more importantly to patient care.

-- Expand the definition of "mental health professional" to include a physician assistant, a certified nurse practitioner, and a clinical nurse specialist-certified.

-- Allow certain physical examinations to be conducted by a physician assistant, a certified nurse practitioner, or a clinical nurse specialist-certified.

The bill would add the following to the above list of qualifying professions:

- Physician assistant.
- Certified nurse practitioner.
- Clinical nurse specialist-certified.

Each would be defined as an individual licensed in, certified in, or practicing that profession, as applicable, under the Public Health Code.

Additionally, the bill would incorporate the three added professions into several procedures in

the Mental Health Code, including the following:

- Examination prior to involuntary treatment (and production to the court of their certified findings,

including treatment recommendations).

- Execution of a clinical certificate to accompany a petition to continue mental health treatment in response to a notice of termination of mental health treatment.

- Execution of a clinical certificate before hospitalization pending certification by a psychiatrist.

Representative Jason Hoskins.

I am submitting opposition to proposed bill HB5114. As a board certified psychiatrist for both children and adults, I feel strongly that expanding the definition of mental health professionals beyond licensed physicians would jeopardize that standard of mental health care in the state of Michigan. I have trained for 5 years beyond obtaining my medical doctorate from Michigan State University. Training for month long rotations or online certifications are grossly inadequate. The mental health code should continue to restrict duties to those that are board certified or eligible to apply for board certification after completion of medical school and residency.

Carol Crouch-Ross, M.D., PLLC
Phone: (248)888-0088
Fax: (248) 888-0033

Good afternoon Ms. Sweet,

I've been a practicing psychiatrist for nearly 17 years in West Michigan. I'm writing to voice my opposition to HB 5114 that would give broad authorization to non-physicians to provide sensitive and important mental healthcare to our most vulnerable citizens.

Thank you again for your hard work to generate sensible laws to help Michigan citizens. I just think this bill, as proposed, risks doing more harm than good.

Sincerely,
-Eric Achtyes, MD

Hello,

I am a board certified psychiatrist working in Michigan with a special focus on addiction treatment. I am writing today to express my concern and opposition to HB 5114. By expanding the definition of a mental health professional we will not be addressing issues of access to mental health and will be putting out most vulnerable patients in danger. Currently, advanced practice professionals (APPs) such as nurse practitioners and physician assistants predominantly live and work in the same communities as physicians such as psychiatrists and have not increased access to care as hoped. APP training is typically 500-1500 hours of clinical shadowing or online education compared to more than 15,000 hours of rigorous clinical training for psychiatrists. While APPs are a valuable member of the treatment team, they do not possess the skill set needed to safely and ethically oversee imposition of court ordered treatment or seclusion and restraint. Please oppose HB 5114. You may contact me with any questions at this email.

Thank you,

Dan Tuinstra

Good Afternoon Members of the House,

I am writing you regarding and BILL before the house HB 5114 as I and many members of the Michigan Psychiatric Society have expressed concern regarding the changes being considered by the Members of the House of Representatives Behavioral Health Committee

HB 5114 would change the Mental Health Code in the following ways:

It would expand the definition of "mental health professional" to include a physician assistant, a certified nurse practitioner, and a clinical nurse specialist-certified. This would allow them to perform certain physical examinations to be conducted by a physician assistant, a certified nurse practitioner, or a clinical nurse specialist-certified independently of a Physician/Psychiatrist with training and expertise in the field of Psychiatry and it's subspecialties.

This Bill would define them in Michigan State Law as an individual licensed in, certified in, or practicing that profession, as applicable, under the Public Health Code.

Additionally, HB 5114 would incorporate them into several procedures in the Mental Health Code, including the following:

- 1) Examination prior to involuntary treatment (and production to the court of their certified findings, including treatment recommendations).
- 2) Execution of a clinical certificate to accompany a petition to continue mental health treatment in response to a notice of termination of mental health treatment.
- 3) Execution of a clinical certificate before hospitalization pending certification by a psychiatrist.
- 4) Examination pursuant to a petition by a peace officer.
- 5) Execution of a clinical certificate accompanying a petition to the court that asserts that an individual is a person requiring treatment.
- 6) Authorization of the seclusion or temporary restraint of a hospital or center resident if essential to prevent harm or damage.

I also recommend that more physicians be encouraged to train in the specialty of Psychiatry to provide patients with the expertise and knowledge expected by the community in the care of a population requiring it rather that provide a less expert care to the residents of the State of Michigan and their families.

Sincerely,

Toby Hazan, M.D.

thazan@comcast.net

248-932-2500

Dear Ms. Sweet,

I am writing to voice my opposition to HB 5114. I am a physician and psychiatrist in the state of Michigan. It is my belief and concern that by expanding the scope of practice of nurse practitioners and physician assistants without appropriate supervision by a board certified psychiatrist will lead to a substandard level of mental healthcare for some of Michigan's most vulnerable residents. This bill allows nurse practitioners and physician assistants to determine that a Michigan resident is in need of mental health treatment through the form of a second certification. This second certification often leads to court ordered mental health treatment. As a psychiatrist I do not take these court orders lightly and believe that the individuals signing the second certificates should have the appropriate level of training, that being an MD or DO.

I appreciate your consideration of my and my colleagues input. I have included two info graphics that compare the level of education/training physicians, nurse practitioners, and physician assistants receiving comparison to one another.

	Undergraduate	Graduate	Residency	Total Time Training
Nurse Practitioner (MSN, DNP)	4-year BA or BS	1 to 4 year master's or doctorate program	None required	5 to 8 years
Physician Assistant (MPAS)	4-year BA or BS	2 to 2 1/2 year master's program	None required	6 to 6 1/2 years
Physician (DO, MD)	4-year BA or BS	4 year doctoral program	Minimum 3 year requirement	Minimum 11 years

	Clinical Hours in Program	Residency Hours	Total Clinical Hours
Nurse Practitioner (MSN, DNP)	500 to 1,500	None required	500 to 1,500
Physician Assistant (MPAS)	2,000	None required	2,000
Physician (DO, MD)	6,000	9,000 to 10,000	15,000 to 16,000

Respectfully,

Wesley Wander, D.O. PGY-4

I oppose HB5114

Dr. Afiah Ahsan, MD
Sent from my iPhone

I unequivocally oppose passage of HB 5114. It would falsely give the impression to the public that psychiatrists with their rigorous medical training can be replaced by relatively untrained and inexperienced personnel. This is harmful to the public.

Dwarakanath G. Rao, MD
555 East William, Suite 24-I
Ann Arbor, MI 48104
734-994-0860

Good afternoon,
I'm writing to oppose

TO OPPOSE HB 5114

The residents of Michigan deserved quality psychiatric and other forms of health care that can be provided by psychiatrists. Nurse Practitioners, Physician Assistant are not qualified to practice independently and on their own.

Thank you,

Kehinde A. Ayeni, MD
Pronouns: She, Her, Hers
Psychiatrist and Psychoanalyst
Fellow of the American Psychiatric Association.
Associate Faculty, Michigan Psychoanalytic Institute
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