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A District Branch of the
American Psychiatric Association

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**MEMO**

**To:** Members of the House Health Policy Committee
**From:** Justin Fisher, Director of State and Federal Government Relations, Michigan Psychiatric Society (MPS) & Dr. Michael Redinger, MD, MA, Member of the Michigan Psychiatric Society (MPS)
**Subject:** Michigan Psychiatric Society's Position on House Bill 4325 (H-3)
**Date:** September 19, 2019

As a psychiatrist on the faculty of the Western Michigan University Homer Stryker M.D. School of Medicine, I wish to share my concerns with HB 4325 as it is currently written. Specifically, I would like to reiterate the concern raised by the Michigan State Medical Society (MSMS) that the bill unintentionally expands the scope of practice of non-physician mental health clinicians to the diagnosis of patients. This places patients at risk of harm because medical training is required to properly distinguish between mental illnesses and other medical illnesses which manifest with symptoms that can mimic mental illness. The ability to do so is a core part of the training of all physicians but is especially emphasized in the specialty training of psychiatrists. Two brief examples should illustrate my point.

First, in my examinations to become a Board-certified psychiatrist, I was required to identify that the changes in cognitive functioning in an elderly man were the cause of a condition called Normal Pressure Hydrocephalus (NPH), which occurs when cerebral spinal fluid (CSF) builds up in the brain. It is one of the few reversible causes of the cognitive changes, which more often occur in irreversible conditions such as Alzheimer's or Parkinson's Dementia. Non-physician mental health professionals other than psychologists lack the training and medical knowledge required to identify and ensure the proper treatment of this condition, leading to lasting harm to patients. Misdiagnosis of NPH frequently occurs frequently enough that Board certification examinations for Psychiatry, Neurology, Internal Medicine and Family Medicine routinely assesses physician ability to formulate a differential diagnosis for cognitive changes in the elderly which leads to proper diagnosis and treatment of this condition.

Second, last week in our outpatient psychiatry residency training clinic a young woman presented upon referral from their primary care provider for evaluation and treatment of the woman's symptoms of anxiety. Our psychiatry resident conducted a thorough examination of the patient, including auscultation of the heart, which revealed that the patient's symptoms were potentially due to a problem with one of the patient's heart values called mitral valve prolapse and not routine generalized anxiety. He referred the patient to a cardiologist for further testing with the potential of the full resolution of her symptoms with appropriate treatment. Unfortunately, this patient had been working with a therapist for management of her anxiety symptoms for an entire year without success before the proper cause of her illness was identified.

I hope is that these brief vignettes clarify the concerns highlighted by the Michigan State Medical Society in the memo submitted to the Health Policy Committee on this proposed legislation. I further support the recommended changes to the legislation described in that memo to clarify the intent of the bill. Please do not hesitate to contact me with any questions.

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