

Chair Gelser Blouin, Vice-Chair Linthicum and Members of the Committee:

My name is Naomi Fishman. I am a Child and Adolescent Psychiatrist and the Medical Director at Albertina Kerr. My organization operates a sub-acute program for youth in psychiatric crisis. Senate Bill 1113 will have direct effects on my program and I feel it's important to share my understanding of how this bill would affect the care we provide.

In reviewing this bill, I appreciate the efforts to rectify some of the unintended consequences of SB710. Particularly, I am glad to see that a lapse in certification for implementing restraints would no longer be considered child abuse. I also value the efforts to allow opportunities for youth in DHS custody to receive services out of state when absolutely needed.

I do have some questions and concerns about pieces of the bill.

The term 'serious bodily injury' with addition of very specific definitions is confusing. Is it reasonable to expect, particularly in the moment of crisis, a teacher, caregiver or other staff member to remember which definitions apply? If they get it wrong, they may be found to have committed child abuse. Would a more universally understood and accepted standard of 'serious physical harm' be more effective? Serious physical harm terminology is aligned with U.S. Department of Education and Joint Commission standards.

SB1113 adds further nuance to the definition of child abuse, based on the setting and the youth being served. I have seen an unintended consequence from SB710 of team members at my program and programs like mine experiencing significant worry and distress that their actions in times of crisis (felt to be appropriate responses by leaders in my program) will be deemed child abuse by the state. I worry that adding more complexity to the definition will grow that fear in settings like mine as well as schools and other child caring settings addressed in this bill. The stress of this fear has the potential to drive people away from these fields. I'm concerned that youth won't have access to the services they need and deserve.

SB1113 changes regulations around who must authorize and monitor seclusions and restraints. It eliminates the ability for a designated CESIS or QMHP to monitor and requires a physician or a nurse to be physically present and monitoring all seclusions and holds. It is difficult to imagine how this could be technically possible for a small program like mine. We have one nurse at a time in the building and we have a total of three employed doctors (two of whom do not work full-time). We are not required to have nursing 24 hours a day (though we always aim to). Even though our goal is to have a nurse present 24 hours a day, with current nursing staffing shortages, we are often not able to have a nurse present at

night (when medical needs are the lowest). We do not have enough medical staff to be continuously present for any hold (keeping in mind there are many times we'd need a nurse simultaneously passing medications). Even if we were able to always have a medical team member present, 24 hours a day, 365 days a year, what if there were two holds at once?

In this bill, chemical restraint in my sub-acute setting would be defined as 'a drug or medication that is administered by any means to a child in care to control behavior or restrict freedom of movement.' Could a common medication I prescribe to treat anxiety be considered a chemical restraint because it would affect behavior by treating anxiety? I worry this definition is too broad and would lead to situations of inadequate treatment due to fear of a medication being interpreted as a chemical restraint.

My team at Kerr is always working to ensure high quality care and is thoughtful of how to reduce risks to youth in our programs. I am always eager for collaboration with those goals in mind. I have many questions about SB1113 and truly fear that the bill as it stands sets out requirements that are likely not possible for my program to meet which means there is a risk we could no longer provide care to youth in crisis. I appreciate the opportunity to share my thoughts and I hope for rules and regulations that allow my program and programs like mine to continue to treat youth and families during some of the most stressful periods of their lives.