

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 5815-04
Bill No.: SCS for HCS for HB 1779
Subject: Mental Health; Mental Health Department; Nurses
Type: Original
Date: April 29, 2014

Bill Summary: This proposal allows advanced practice registered nurses under collaboration with a physician to order certain safety measures in mental health facilities.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2015	FY 2016	FY 2017
General Revenue	Unknown, less than \$100,000	Unknown, less than \$100,000	Unknown, less than \$100,000
Total Estimated Net Effect on General Revenue Fund	Unknown, less than \$100,000	Unknown, less than \$100,000	Unknown, less than \$100,000

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2015	FY 2016	FY 2017
Total Estimated Net Effect on <u>Other</u> State Funds	\$0	\$0	\$0

Numbers within parentheses: () indicate costs or losses.
This fiscal note contains 5 pages.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2015	FY 2016	FY 2017
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2015	FY 2016	FY 2017
Total Estimated Net Effect on FTE	0	0	0

Estimated Total Net Effect on All funds expected to exceed \$100,000 savings or (cost).

Estimated Net Effect on General Revenue Fund expected to exceed \$100,000 (cost).

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2015	FY 2016	FY 2017
Local Government	\$0	\$0	\$0

FISCAL ANALYSIS

ASSUMPTION

Officials from the **Department of Mental Health (DMH)** state it is anticipated that allowing the use of advanced practice registered nurses in the way described in the proposal, particularly during evenings and weekends, could result in savings compared to the cost of psychiatrists.

The number of occasions in which an advanced practice registered nurse might order restraints or seclusion in the place of a physician is unknown and unpredictable; therefore, the actual savings is unknown, but estimated to be less than \$100,000.

It should be noted that using advanced practice registered nurses for this purpose gives some facilities more timely access to mental health professionals capable of ordering seclusion and restraint, better ensuring facility compliance with national accreditation and certification standards.

Officials from the **Department of Insurance, Financial Institutions and Professional Registration** assume the proposal would not fiscally impact their agency.

<u>FISCAL IMPACT - State Government</u>	FY 2015 (10 Mo.)	FY 2016	FY 2017
GENERAL REVENUE FUND			
<u>Savings - DMH (\$630.175)</u>			
Reduction in wages and benefits paid to psychiatrists	<u>Unknown, less than \$100,000</u>	<u>Unknown, less than \$100,000</u>	<u>Unknown, less than \$100,000</u>
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	<u>Unknown, less than \$100,000</u>	<u>Unknown, less than \$100,000</u>	<u>Unknown, less than \$100,000</u>
 <u>FISCAL IMPACT - Local Government</u>	 FY 2015 (10 Mo.)	 FY 2016	 FY 2017
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT - Small Business

No direct fiscal impact to small businesses would be expected as a result of this proposal.

FISCAL DESCRIPTION

Under current law, physical or chemical restraints, isolation, or seclusion cannot be used on patients, residents or clients of a mental health facility or mental health program unless it is determined by the head of the facility or the attending licensed physician that it is necessary to protect the health and safety of the individual or others and that it provides the least restrictive environment. This proposal allows such orders to also be made by an advanced practice registered nurse (APRN) in a collaborative practice arrangement with the attending licensed physician for certain patients in facilities or programs that only provide psychiatric care and in dedicated psychiatric units.

If the APRN orders the use of restraints, isolation or seclusion, it shall be reviewed in person by the attending licensed physician if the episode of restraint extends beyond 4 hours duration for a person under 18 years of age, or beyond 8 hours duration for a person 18 years of age or older, or for any total length of restraint lasting more than four hours duration in a 24 hour period in the case of a person under 18 years of age, or beyond eight hours duration in the case of a person over 18 years of age in a 24 hour period.

Depending on the circumstances under which an individual has been committed to the facility, security escort devices may be used when such individuals are transported outside a mental health facility based on the determination of the head of the facility or the attending licensed physician. This proposal allows such determinations to also be made by the attending advanced practice registered nurse in a collaborative practice arrangement with the attending licensed physician.

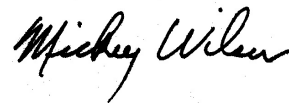
All orders made by the APRN under this proposal shall be reviewed in person by the attending licensed physician of the facility within 24 hours or the next regular working day of the order being issued, and such review shall be documented in the clinical record of the patient, resident, or client. The APRN shall also document the use of the restraint, isolation or seclusion.

Restraint or seclusion shall not be used in habilitation centers or community programs that serve persons with developmental disabilities that are operated or funded by the Division of Developmental Disabilities unless such procedure is part of an emergency intervention system approved by the Division and is identified in such person's individual support plan.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Department of Insurance, Financial Institutions and Professional Registration
Department of Mental Health



Mickey Wilson, CPA
Director
April 29, 2014

Ross Strobe
Assistant Director
April 29, 2014