

## MASSACHUSETTS PSYCHIATRIC SOCIETY

PO Box 549154 Waltham MA 02454-9154 (781) 237-8100 FAX (781) 464-4896 email: <u>mps@psychiatry-mps.org</u>

## **EXECUTIVE COMMITTEE**

Rohn Friedman, MD President

Mark J. Hauser, MD President-Elect

Gregory G. Harris, MD, MPH Immediate Past-President

Laura Bajor, DO Secretary

Bruce Black, MD Treasurer

Gary Chinman, MD Sr. APA Representative 2015-2016

Lynda D. Layer, CAE Administrative Director

Mayuri Patel Member Relations Coordinator

Julie Kealey Continuing Medical Education Coordinator

www.psychiatry-mps.org

Testimony to the Executive Office of Health and Human Services Re: Executive Order 562: To Reduce Unnecessary Regulatory Burden Massachusetts Psychiatric Society response to comments submitted by Massachusetts Association of Behavioral Health Systems

February 2, 2016

RE: Regulation 104 CMR 27.03 (6) (b);24/7 On Site Physician Coverage

I am writing as President of the Massachusetts Psychiatric Society to express our strong disagreement with the characterization of the requirement for physician presence and examination for a psychiatric admission as an unnecessary burden. The comments by MABHS suggest that now that there is better screening prior to admission, physician presence is unnecessary. Quite on the contrary, the major shift in inpatient admissions has been toward greater acuity, briefer stays, and more medical complexity. Patients with major mental illness have been shown to have a much higher burden of medical illness and premature death. Studies have found that up to 50% of psychiatric inpatients, the medical problem was a focus of care during the psychiatric admission. The idea that patients could be admitted and might need a medication, have a medication reaction, or be in restraints for hours without a physician evaluation seems extraordinarily out of touch with the reality of modern inpatient psychiatric treatment.

There has not been data to support the assertion that with adequate funding, psychiatrists cannot be found. If there are particular hardship cases, DMH has a case-by-case waiver process that can be worked on. We fully support explorations of the uses of telepsychiatry, but these merit some pilot trials, not wholesale legislative changes at this time.

We do not believe that the purpose of this regulatory review was to weaken the care for individuals with mental illness by removing this requirement. We would gladly discuss this with you and will want to work together to continue the highest standards of patient safely and care.

Thank you.