

To Whom Should the Standards Apply?

- H.241 as introduced would apply the rule to all adults in the care and custody or temporary custody of the commissioner – that would include patients in hospital emergency departments.
- The rule was not developed with their input. It was entirely focused on inpatient adult units. Standards developed for inpatient units cannot be unilaterally applied to emergency departments.
- Emergency departments cannot apply standards for different patients based on legal status – requirements have to be applicable to all patients.
- Hospital emergency departments are committed to being ready to stabilize, triage or prepare for transfer any patient who comes through the door – that is their role in the system.
- Hospital emergency departments have risen to the challenge of keeping patients safe for long periods of time, sometimes weeks on end, since the Vermont State Hospital closed. They are not designed or staffed for prolonged patient care, whether the patient is in mental health crisis or has another health emergency.
- This is not the time to create new standards or requirements for emergency departments, and it was not contemplated when Act 79 passed.

Licensed Independent Practitioners

- We oppose restricting the scope of practice for APRNs and PAs in one subset of patient care.
- Vermont has already developed statutes and licensing regulations in regard to both APRNs and PAs, with extensive input from clinicians and the licensing boards that oversee them.

Phone Orders vs. In-person Orders

- H.241 as introduced prohibits phone orders by requiring that the individuals who order medication do so in person.
- Phone orders are essential to both safety and regulatory compliance and they were in place in psychiatric units long before the closure of the Vermont State Hospital.
- Psychiatrists and other LIPs qualified for inpatient psychiatric care are a scarce resource who are difficult to recruit.
- Requiring the individuals who can make orders to personally observe the patient, rather than work via telephone with an RN, diminishes the ability of hospital staff to quickly respond to the incident.
- Phone orders are common across hospitals in Vermont and across the country, even in complex settings like the ICU.
- Imposing this requirement would increase hospital budgets and the Department of Mental Health budget.