
VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS

TO: HOUSE COMMITTEE ON HUMAN SERVICES
FROM: JILL MAZZA OLSON, VICE PRESIDENT OF POLICY AND LEGISLATIVE AFFIARS
SUBJECT: FOLLOW UP TO TESTIMONY ON EMERGENCY INVOLUNTARY PROCEDURES
DATE: FEBRUARY 10, 2015
CC:

Thank you very much for the opportunity to testify last week the topic of emergency involuntary procedures, also known as seclusion and restraint.

I thought it might be helpful for the committee to receive a copy of the extensive relevant federal standards that currently govern emergency involuntary procedures.

The attached document is an excerpt from the Centers for Medicare and Medicaid Services *State Operations Manual, Appendix A, Revision 122, 09-26-14* and includes the regulations, the official, extensive interpretative guidance that accompanies the regulations, and the survey (on-site assessment) protocol.

To reiterate our position on the issue:

- 1) We support Vermont adopting the extensive federal standards that already govern emergency involuntary procedures in Vermont hospitals. CMS is comprehensive and designed to apply to all patients across the hospital. Uniform standards that are appropriate for all patients are important because hospitals care for patients based on their clinical status, not their legal status.
- 2) We support allowing advanced practice registered nurses and physician assistants with the appropriate clinical experience to practice to the full extent of their licenses, including ordering medication. This is consistent with federal standards.
- 3) We support allowing phone orders for emergency involuntary procedures, with direct, personal observation by a specially trained nurse on-site. This is consistent with federal standards and is common across all areas of health care including intensive care units.

Thank you very much. If you have any questions I would be happy to address them.