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3 Title: Involuntary Hospitalizations of Patients with Serious Mental Health Illness  
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5 Introduced by: James Mitchiner, MD, MPH, and Robert Sain, MD, for the Washtenaw County  
6 Delegation  
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8 Original Authors: James Mitchiner, MD, MPH, and Robert Sain, MD  
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10 Referred To: Reference Committee D  
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12 House Action: APPROVED AS AMENDED  
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15       Whereas, patients with acute mental health crises are often sent to the hospital emergency  
16 department, and  
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18       Whereas, patients with serious mental health issues, such as psychosis, suicidal or homicidal  
19 ideation, should undergo involuntary hospitalization in dedicated inpatient behavioral health  
20 facilities, and  
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22       Whereas, there is a state and nation-wide shortage of available psychiatric beds, and  
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24       Whereas, an easily-accessible method for patients or physicians to identify available  
25 psychiatric beds and treatment facilities does not exist, and  
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27       Whereas, many patients seeking care are uninsured or covered by county-specific Medicaid  
28 health plans, and  
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30       Whereas, county-designated community mental health (CMH) agencies are tasked with  
31 evaluating these patients to determine the appropriateness of inpatient care, and specifically  
32 whether CMH should reimburse the hospital for such care, and  
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34       Whereas, CMH evaluators are not physicians, and decisions on involuntary commitment can  
35 only be made by physicians and psychologists under current law, and  
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37       Whereas, decisions on involuntary hospitalizations at the hospital of origin are inherently  
38 medical decisions, not financial decisions; therefore be it  
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40       RESOLVED: That MSMS continue to advocate that community mental health agencies and  
41 hospital administrators should, at all times, respect the Emergency Medical Treatment and Labor  
42 Act regarding inter-facility transfers of patients with serious mental health issues; and be it further  
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44       RESOLVED: That MSMS supports appropriate modification of the Michigan Mental Health  
45 Code in order to make involuntary hospitalization more rapidly accessible for mentally ill persons  
46 requiring such intervention for the benefit of their safety and the safety of others.  
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48 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$12,000-\$32,000 for legislative and  
49 regulatory/industry advocacy.

## **Relevant MSMS Policy:**

### **Increasing Funding for Mental Health Hospitals**

MSMS supports restoration of budget cuts and increased expenditures in the public mental health hospital system so that quality care again may be provided by upgrading staff levels to recommended requirements.

MSMS supports increased state funding for psychiatric research so as to develop more efficacious treatment for the mentally ill.

MSMS supports efforts to assure adequate treatment in Michigan Department of Community Health mental health facilities as required by state law.

### **Involuntary Hospitalization**

MSMS supports appropriate modification of the Michigan Mental Health Code in order to make involuntary hospitalization more rapidly accessible for mentally ill persons requiring such intervention for the benefit of their safety and the safety of others.

### **Support for Mental Health Reform in Michigan**

MSMS supports efforts to improve mental health services in Michigan, including those that address mental health disparities, promote interdepartmental coordination and shared accountability, and provide greater access to timely outpatient treatment, crisis intervention, specialty behavioral health services, inpatient psychiatric hospitalizations and other medically necessary related therapies.

## **Relevant AMA Policy:**

### **Statement of Principles on Mental Health H-345.999**

(1) Tremendous strides have already been made in improving the care and treatment of patients with psychiatric illness, but much remains to be done. The mental health field is vast and includes a network of factors involving the life of the individual, the community and the nation. Any program designed to combat psychiatric illness and promote mental health must, by the nature of the problems to be solved, be both ambitious and comprehensive.

(2) The AMA recognizes the important stake every physician, regardless of type of practice, has in improving our mental health knowledge and resources. The physician participates in the mental health field on two levels, as an individual of science and as a citizen. The physician has much to gain from a knowledge of modern psychiatric principles and techniques, and much to contribute to the prevention, handling and management of emotional disturbances. Furthermore, as a natural community leader, the physician is in an excellent position to work for and guide effective mental health programs.

(3) The AMA will be more active in encouraging physicians to become leaders in community planning for mental health.

(4) The AMA has a deep interest in fostering a general attitude within the profession and among the lay public more conducive to solving the many problems existing in the mental health field.

### **Access to Psychiatric Beds and Impact on Emergency Medicine H-345.978**

Our AMA supports efforts to facilitate access to both inpatient and outpatient psychiatric services and the continuum of care for mental illness and substance use disorders, ameliorate the psychiatric workforce shortage, and provide adequate reimbursement for the care of patients with mental illness.