Chair Gelser, Vice-Chair Linthicum and Members of the Committee:

My name is Cindy Smith, I am a child and adolescent psychiatrist and the Chief Medical Officer for Trillium Family Services.

I am opposed to SB1113 as currently written

I appreciate the efforts to further clarify the permissible use of seclusion and restraint, particularly in the educational setting as well as the effort to change rules so that secure and medical transport are more widely available but feel that this bill has some important areas of concern.

1) The definition of serious bodily injury leaves people doing almost all restraints exposed to accusations that the particular situation they intervened in was not "serious enough". The "serious physical harm" standard aligned with the US Department of Education and Joint Commission standards is much easier to understand and provides safety for providers acting in good faith in dangerous situations. I don't believe we need for it to be life-threatening in order for it to make sense to hold a child for a few minutes to prevent that child from physically attacking another child or halting such an attack.
2) The addition of giving medication "by any means" (meaning oral as well as injectable medication) to change behavior being labeled as "chemical restraint" will cause physician hesitation in using appropriate prn medications when children with major mental health symptoms are in states of acute anxiety, agitation and psychosis. The use of prn medications in these situations is widely regarded as appropriate and helpful psychiatric practice. To avoid the use of appropriate prn medications in these circumstances leaves the person with acute symptoms suffering and others at risk from their increasing confusion and distress. I think what is probably the desired outcome is that we don't want children deliberately sedated because they are

acting out……but to say we don't want to give medication to change behavior is too open to interpretation and is going to cause fear

3) I am concerned about CESIS and QMHPs being removed as eligible to authorize physical interventions and seclusions and that shifting to licensed medical providers only (physicians and nurses). This change is really not possible for residential providers and I think would either close our units altogether or mean that we could not take children with any significant history of aggression
4) I feel legislation such as this where a small technical detail can have great impacts should be created in a collaborative process with multiple providers and stakeholders with plenty of time for all parties to carefully consider the details of the language and what it will mean "on the ground".