

HCS HB 867 -- SHOW-ME COMPASSIONATE MEDICAL EDUCATION ACT

SPONSOR: Frederick

COMMITTEE ACTION: Voted "Do Pass with Amendments" by the Standing Committee on Health and Mental Health Policy by a vote of 10 to 0. Voted "Do Pass with HCS" by the Select Committee on Social Services by a vote of 9 to 0.

This bill designates August 24, 2015, and thereafter a date designated by the Show-Me Compassionate Medical Education Research Project Committee, as "Show-Me Compassionate Medical Education Day." Missouri citizens are encouraged to participate in appropriate activities and events to increase awareness regarding medical education, medical student well-being, and measures that have been shown to be effective, are currently being evaluated for effectiveness, and are being proposed for effectiveness in positively impacting medical student well-being and education.

The bill prohibits any medical school in this state from prohibiting, discouraging, or otherwise restricting a medical student organization or medical organization from undertaking or conducting a study of the prevalence of depression or other mental health issues among medical students. Any medical school in this state is prohibited from penalizing, disciplining, or otherwise taking any adverse action against a student or a medical student organization in connection with the student's or medical student organization's participation in, planning, or conducting a study of the prevalence of depression or other mental health issues among medical students.

This bill permits medical schools in this state to conduct an ongoing multicenter study or studies, which, if conducted, must be known as the "Show-Me Compassionate Medical Education Research Project," in order to facilitate the collection of data and implement practices and protocols to minimize stress and reduce the risk for depression for medical students in Missouri. The bill establishes the "Show-Me Compassionate Medical Education Research Project Committee," which must consist of representatives from each of the medical schools in Missouri and the Director of the Department of Mental Health, or the director's designee. The committee must:

- (1) Conduct an initial meeting on August 24, 2015, to organize, and meet as necessary thereafter to implement any research project conducted; and
- (2) Set the date for the show-me medical education day. The date selected must be for 2016 and every year thereafter.

The multicenter study may include, but not be limited to:

- (1) Development of study protocols designed to identify the root causes that contribute to the risk of depression for medical students;
- (2) Examine the culture of medical schools that may contribute to such maladies;
- (3) Collection of any relevant additional data, including but not limited to, consultation and collaboration with mental health professionals and mental health resources in the communities where medical schools are located;
- (4) Collaboration between the medical schools in this state in order to share information, and to identify and make recommendations based on findings; and
- (5) Based on the data and findings under the provisions of the multicenter study:
 - (a) Identify the best practices to be implemented at each medical school designed to address the root causes and changes in medical school culture in order to minimize stress and reduce the risk of depression for medical students;
 - (b) Recommend any statutory or regulatory changes regarding licensure of medical professionals and recommend any changes to common practices associated with medical training or medical practice that the committee believes will accomplish the goals set out in these provisions.

The bill permits the medical schools in Missouri to prepare an annual report which includes any information under these provisions and any measures taken by medical schools as a result of the findings under these provisions. The report must be made available annually on each medical school's website and to the Missouri General Assembly.

The bill contains an emergency clause.

PROPONENTS: Supporters say that medical students have a large amount of material to master in a short amount of time. They are constantly surrounded by people who tell them that if they don't know all of the material, they might kill someone. It's like hazing that lasts for four years and changes the students' lifestyles for four years. It is isolating and medical students cannot seek help for depression or other mental health issues because doing so could have a very large impact on the student's

career or even stop it. This is especially true with licensing requirements and Bureau of Narcotic and Dangerous Drugs requirements. The rates of depression among medical students are much higher than that of others their age and can be as much as six times higher. Suicide has become the second highest cause of death of medical students behind accidents. The problem is real, widespread, and largely unresolved. The bill gives medical students the opportunity to be screened. As a medical student it is hard to figure out when you're getting depressed and you don't have anyone you can go to without getting stigmatized by those around you. The bill provides an access point for medical students to obtain mental health services outside of their medical campus. Female physicians are 400 times more likely to commit suicide than other female professionals. Medical students have to operate daily at a level that is unsustainable. There is a severe lack of knowledge about depression which prohibits medical students from recognizing the symptoms in themselves and their friends and classmates.

Testifying for the bill were Representative Frederick; Cameron Koestser; Katherine Dittman; Britani Kessler, D.O., American Medical Student Association; Missouri Psychiatric Association; and Missouri Coalition Of Community Mental Health Centers.

OPPONENTS: There was no opposition voiced to the committee.

OTHERS: Others testifying on the bill say the medical school atmosphere causes a fear of seeking help where the students are located and causes a mindset of working harder rather than caring for themselves. The number of suicides of individuals in Missouri where the death certificate indicates physician as the occupation of the deceased person is very high for the size of the occupation and is the highest of occupation categories in Missouri. Medical schools need to differentiate between serious mental health disorders and issues of depression and other mental health issues that result from circumstances when determining fitness as a physician.

Testifying on the bill was Angeline Stanislaus.