

# **SB 8\_Maryland Coalition of Families\_Fav.pdf**

Uploaded by: Ann Geddes

Position: FAV



## **SB 8 – Mental Health – Treatment Plans for Individuals In Facilities - Requirements**

**Committee: Finance**

**Date: January 31, 2023**

**POSITION: Favorable**

**The Maryland Coalition of Families:** Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling challenge.

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MCF strongly supports SB 8.

It sometimes is a challenge for individuals committed to mental health facilities to receive adequate treatment and discharge planning. This failure can lead to unnecessarily long stays, and poor outcomes upon an individual's release.

SB 8, by requiring the development of robust treatment plans and discharge plans, will do much to address this challenge. MCF especially appreciates the requirements in the bill that the involvement of families or other representatives be encouraged in the development of treatment plans. We know that a family member can be an individual's best advocate, but too often they are not included in these important decisions.

Finally, the provisions in the bill that people approved by the admitted individual can intercede and ask for a reassessment of an individual's treatment plan are necessary components. It is not uncommon for a committed individual to perceive that they have no power over their treatment plan, even when they feel that the plan is not helpful, or be unable to successfully articulate their concerns. By allowing family members or other representatives to advocate for the committed individual when treatment plans are thought to be inadequate, the bill will do much to improve the overall quality of treatment plans.

For these reasons we urge a favorable report on SB 8.

**Contact: Ann Geddes**  
**Director of Public Policy**  
**The Maryland Coalition of Families**  
**8950 State Route 108, Suite 223**  
**Columbia, Maryland 21045**  
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# **Senate Bill 8 Testimony - Brett Hammond.pdf**

Uploaded by: Brett Hammond

Position: FAV

## **Senate Bill 8 Testimony**

Good afternoon, Chairwoman Griffith, Vice Chair Klausmeier, members of the Senate Finance Committee, thank you so much for your consideration of this important and necessary piece of legislation. This is a proposal that will give a voice to people with significant mental health challenges who otherwise very well may not be heard and possibly will be lost in our mental health system.

My name is Brett Hammond, and I am familiar with the justice system from having previously served as a magistrate in an out-of-state juvenile court where I was assigned cases of families who had a child with a mental health diagnosis. From working with these families, I gained a sense of just how challenging mental health can be for those with mental illness and their family members. I come before you today not as an attorney or a former juvenile court magistrate, but instead as a family member of a young man who struggles with mental health challenges. My youngest brother, Grant Hammond, has been confined at a state hospital for the past four years for his first very criminal charge. You see my brother was in a Staples store when an employee called the police out of concern that he was a homeless man loitering. He was not homeless but instead suffering from mental health challenges and in need of good medical attention. When police arrived, they told him that he should've left the store earlier when asked to do so by the store employee, and my brother then said he would leave. The police told my brother it was too late to do that and that instead he needed to come with them, at which at point my brother pushed an officer in attempt to avoid having to return yet once again for another hospitalization. The charge from the incident led to my brother's commitment at the age of 23 to his new home at Springfield Hospital in Maryland—where he remains confined to this very day.

During Grant's last 4 years in Springfield, our family's participation in Grant's treatment plan has been vital for helping medical professionals work better with Grant. As someone who has previously been diagnosed with OCD, schizophrenia, and anxiety, he rarely is comfortable in verbally communicating with the staff at the hospital. Yet, on many occasions, he *has* felt comfortable sharing this important information with family. He will share information with one family member or another about feeling better or worse—when a medication is increased or decreased—that in turns gives the hospital vital information about whether Grant's treatment plan is working and if adjustments need to be made—this is information oftentimes the hospital would not have without the input of Grant's family.

Despite the tremendous value of having family speak up on behalf in support of a mental health patient, you should know that there was resistance by the hospital in permitting our family becoming more directly involved in Grant's case. Within the first week that Grant was admitted to the hospital in 2018, our family requested information about treatment plans, medications, and an opportunity to meet with his treatment team to provide essential medical information. Although we made that request in 2018, it was not until 2019 that we learned that the hospital conducted regularly held IPOC (individual plan of care) meetings in February of 2019 when we attended a support program at the hospital. Because of continued difficulties my family had in being included in meetings related to Grant treatment plans, we eventually filed for guardianship of my brother, and I had to a petition a court in order to become my younger brother's legal guardian in August of 2020—this was done so our voice, and really Grant's voice, could be heard as part of Grant's treatment plans. Since receiving guardianship, we have been invited to attend every single plan of care meeting.

However before going formally applying for guardianship, our family was invited to participate in less than 50 percent of Grant's plan of care meetings. This law will make a difference by helping to ensure that a family's input is considered when treating mental health patients.

For me personally, it is unfathomable to think that a family member may not be permitted to participate in a treatment plan to support a loved one who is suffering from mental health challenges. In Grant's case, he enjoyed 13 years where he was untouched by any signs of mental health struggles; he excelled at school, he was extremely athletic, and well like by teachers and classmates. Through participation in treatment plan meetings, our family is able to do our best to help Grant return to that former life he previously enjoyed for 13 year—a life where can finish school, see his family, and have a modicum of freedom outside of a hospital. Our family is also aware of the history of the 10 years that Grant spent working with other mental health professionals outside of his current hospital to help return him to his very best—this history and information is invaluable to state hospitals, and I believe involving the family in many cases will be the best way to receive insights about a mental health patients past treatment history.

As a final point, it's simply makes good economic sense to allow families to participate and provide input related to treatment of a loved one. The approximated cost of 1 day for my brother at the state hospital is \$935 in tax payer dollars; that means that in 4 years my brother has been confined over \$1 million has been spent on his treatment. That figure of over \$1 million does not include the costs of over \$2,000 my family spent in obtaining guardianship of my brother, approximately \$10,000 spent getting independent medical evaluations, and an additional \$10,000 spent getting the assistance of an attorney so we could be heard in the treatment process.

# **SB0008 Mental Health Treatment Plans.pdf**

Uploaded by: Emily Allen

Position: FAV



**Senate Bill 8 Mental Health – Treatment Plans for Individuals in Facilities - Requirements**

Finance Committee

January 31, 2023

**Position: SUPPORT**

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present testimony in support of Senate Bill 8.

SB 8 establishes requirements for developing, reviewing, and reassessing treatment plans for individuals admitted to state facilities for mental health services. Additionally, it provides a pathway for family members and other individuals authorized by the person receiving care to become involved in the treatment plan process and establishes a process for the individual to take action should the treatment plan not meet their needs.

Individuals with mental illness admitted to facilities in Maryland on an involuntary basis—both public and private—must have a written treatment plan. However, current law is unclear about who can be involved in the development and review of those plans. The law is also unclear on how and when treatment plans should be reviewed or whether plans should include information about and provision of alternative treatments, services, or providers.

A collaborative process involving the individual directly in treatment planning recognizes the client's experience, perspective, and skills while respecting the provider's or care team's clinical expertise. SB 8 requires regular engagement from the individual at set intervals for evaluation and progress assessment, providing additional opportunities for the individual to provide their perspective in receiving care.

This bill empowers individuals receiving treatment and their selected representatives to be more involved in treatment decisions and ensures that treatment plans evolve to meet evolving needs of individuals receiving treatment. For this reason, MHAMD supports SB 8 and urges a favorable report.

*For more information, please contact Emily Brandon at (443) 901-1588*

# **NAMI support SB8 - Treatment Plans - FAV.pdf**

Uploaded by: Josh Howe

Position: FAV

**SB 8 -- Mental Health – Treatment Plans for Individuals in Facilities – Requirements  
FAVORABLE**

**Identifying the Issue**

- Under current Maryland Law, public clinics, private clinics, hospitals with inpatient psychiatric, and any other institution that provides treatment/services for individuals who have mental disorders are required to develop and periodically update a written plan of treatment for those admitted individuals.
- Under current Maryland Law, treatment plans developed by State Facilities (defined as facilities run by the MD Behavioral Health Administration) are subject to a more erroneous process for treatment plan reassessment involving the Office of Administrative hearings and Administrative Law judges.
- Individuals requiring treatment that have unique status (such as: being involved in the criminal justice system, being deemed not criminally responsible, and/or receiving treatment from State Facilities) are having issues getting timely resolution to requests for treatment plan reassessment due to current interpretations and lack of clarity in the law.
- The requirements that do exist in Maryland Law to develop and update these treatment plans are non-prescriptive and arguably ambiguous.

**This Bill would**

- Clarify that a treatment plan required in this section of law must include the following (Part D-F of the bill):
  - A discharge date goal, long-range if necessary.
  - Reassessment of the individual's treatment plan once every 15 days for the two months after the individual is admitted, and once every 60 days for the remainder of the stay of that individual.
  - Requires the individual that is receiving treatment at the facility to be consulted about the addition of family members and/or any other person to be a part of the development, review, and reassessment of the admitted individual's treatment plan.
  - Empowers persons approved by the admitted individual to intercede and call for a reassessment of the individual's treatment plan. Requests and responses for reassessment must be in writing and included in the admitted patient's health record.
  - Specifically for State Facilities, the bill would (Part H-J of the bill):
    - Empower the admitted individual (or legal representative) to request an a treatment plan reassessment with the executive office of that facility,
    - Lays out a framework of resolution within the Office of Administrative Hearings and appeals being heard by the Circuit Court of Maryland.
- Generally empowers individuals receiving treatment and their appointed representatives to be more involved in treatment decisions as well as change treatment plans.

**General Background**

People with mental illness deserve help, not handcuffs. Yet people with mental illness are overrepresented in our nation's jails, prisons, and state psychiatric facilities. About two in five people

who are incarcerated have a history of mental illness (37% in state and federal prisons and 44% held in local jails<sup>i</sup>). This is twice the prevalence of mental illness within the overall adult population. Given these rates, America's jails and prisons have become de-facto mental health providers, at great cost to the well-being of people with mental health conditions.

People with mental illness often face challenges to navigating life in a jail, prison, or state run facilities. Behaviors related to their symptoms can put them at risk for consequences of violating facility rules, such as solitary confinement or being barred from participating in programming. This underscores the need for appropriate mental health treatment in incarcerated and State Behavioral Health Facility settings. Breakthroughs in science such as new medication and psychosocial treatment create the need for individuals receiving treatment to have their treatment plans routinely reassessed so that the individual can receive the best treatments for recovery. When reassessing treatment plans, providers should seek to limit the practice of "step therapy" in which a regiment of treatments must be followed before an individual is eligible to receive a specific medication or treatment.

### **How NAMI Talks about Treatment Plans**

- People with mental health conditions are overrepresented in our nation's jails and prisons — with many individuals becoming justice-involved due to a lack of adequate community mental health services. Types of Treatment include<sup>ii</sup>:
  - Psychotherapy: Often called talk therapy, psychotherapy is when a person, family, couple or group sits down and talks with a therapist or other mental health provider. Psychotherapy helps people learn about their moods, thoughts, behaviors and how they influence their lives. They also provide ways to help restructure thinking and respond to stress and other conditions.
  - Psychosocial rehabilitation: helps people develop the social, emotional and intellectual skills they need in order to live happily with the smallest amount of professional assistance they can manage. Psychosocial rehabilitation uses two strategies for intervention: learning coping skills so that they are more successful handling a stressful environment and developing resources that reduce future stressors.
  - Supported Employment: Work can be an essential step on the path to wellbeing and recovery, but challenges that come with mental illness can make it more difficult. There are programs, however, designed specifically to help with work readiness, searching for jobs and providing support in the workplace.
- Limit Step Therapy: For many people with mental illness, medication is an essential part of their treatment and can be a valuable tool in overall well-being.
  - For individuals who take medications for their mental health condition, one size does not fit all.
  - Mental health medications affect people — even those with the same diagnosis — in different ways, including varying levels of effectiveness and different side effects. Because of this, it is important that a person can access the medication that works best for them.
  - Some entities may use "step therapy" (or "fail first") policies that require a person try one or more insurer-preferred medications unsuccessfully before they receive coverage for the medication that their doctor recommends.
  - For some health conditions, people can switch to a different drug without problems. However, for people with mental health conditions, step therapy has unintended — and sometimes dangerous — consequences.

- The use of mental health medications is a decision made between an individual and their health care provider based on their symptoms, treatment history and consideration of side effects.
- When a health insurer requires step therapy, it can pose serious risks to a person taking mental health medication.
- While step therapy is often promoted as a cost-savings strategy, policies that restrict access to medications can cause negative outcomes<sup>iii</sup>, sometimes leading to emergency department visits, hospitalizations, homelessness or criminal justice involvement.
- The cost to individuals, families and communities when a person must fail on a medication before getting what they need is too high.

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<sup>i</sup> U.S. Dept. of Justice “Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12,”

<https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf>

<sup>ii</sup> NAMI National <https://www.nami.org/About-Mental-Illness/Treatments/Psychosocial-Treatments>

<sup>iii</sup> Medicaid Prescription Drug Policies and Medication Access and Continuity: Findings From Ten States

<https://ps.psychiatryonline.org/doi/full/10.1176/ps.2009.60.5.601>

**OPD Written Testimony SB0008.pdf**

Uploaded by: Lindsey Balogh

Position: FAV



**NATASHA DARTIGUE**  
PUBLIC DEFENDER

**KEITH LOTRIDGE**  
DEPUTY PUBLIC DEFENDER

**MELISSA ROTHSTEIN**  
CHIEF OF EXTERNAL AFFAIRS

**ELIZABETH HILLIARD**  
ACTING DIRECTOR OF GOVERNMENT RELATIONS

## **POSITION ON PROPOSED LEGISLATION**

**BILL: SB0008 – Mental Health – Treatment Plans for Individuals in Facilities – Requirements**

**FROM: Maryland Office of the Public Defender**

**POSITION: Favorable**

**DATE: 1/20/2023**

The Maryland Office of the Public Defender respectfully requests that the Committee issue a favorable report on Senate Bill 0008.

Marylanders who are involuntarily admitted to facilities for the purpose of receiving mental health treatment are often at their most vulnerable. They are removed from their daily lives and sequestered from the public, have limited access to friends and family, and are denied much of the autonomy that other Marylanders typically have in medical decision-making. While mental health facilities are currently required to provide treatment plans in these instances, hospitals are not required to adhere to guidelines as to who may be involved in developing the treatment plan, the review of the treatment plan, and the inclusion of alternative treatment options. Due to the lack of legal framework surrounding the administration of treatment plans for individuals experiencing a mental health crisis in an involuntary inpatient capacity, many of these individuals are denied involvement in the development and review of their own treatment plan.

As Public Defenders in the Mental Health Division, we are committed to advocating for the constitutional rights of our clients, many of whom have experienced the above identified issue. Individuals who are involuntarily receiving mental health treatment, regardless of whether they are experiencing a diminished capacity to make healthcare decisions, still have the constitutional right to be treated with dignity and to be afforded as much autonomy as possible. SB0008 will allow Marylanders to retain autonomy in their healthcare decision-making by delineating terms for which individuals can obtain reviews of their treatment plan as well as involve family members and/or representatives in treatment planning and reassessment. Further, individuals in state facilities will have the right to a legal representative to advocate for treatment plan reassessment before an Administrative Judge. The provisions of SB0008 constitute a significant step forward in securing patient rights for all Marylanders.

**For these reasons, the Maryland Office of the Public Defender urges this Committee to issue a favorable report on SB0008.**

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**Submitted by: Maryland Office of the Public Defender, Government Relations Division**

**Authored by: Carroll McCabe**

**Chief Attorney, Mental Health Division**

**Maryland Office of the Public Defender**

**200 Washington Avenue, Suite 300**

**Towson, Maryland 21204**

**Office: 410-494-8130**



# **SB8 Written Testimony MH Treatment Plans.pdf**

Uploaded by: Rodney Coster

Position: FAV



Empowerment. Integration. Equality.

1500 Union Ave., Suite 2000, Baltimore, MD 21211

Phone: 410-727-6352 | Fax: 410-727-6389

[www.DisabilityRightsMD.org](http://www.DisabilityRightsMD.org)

## **Senate Bill 8 - Mental Health – Treatment Plans for Individuals in Facilities – Requirements**

Before the Senate Finance Committee

January 31, 2023

### **TESTIMONY IN SUPPORT**

Disability Rights Maryland (DRM) is Maryland's designated Protection & Advocacy agency, and is federally mandated to defend and advance the civil rights of individuals with disabilities. In particular, DRM supports the rights of individuals with disabilities to receive appropriate supports and services and to be protected from abuse, neglect and rights violations. DRM believes that individuals that are inpatient in psychiatric facilities should be provided appropriate supports and services, as well as all clinically recommended treatment, to permit them to move toward eventual discharge and allow them to live safe and meaningful lives in their communities. This is particularly true for the state hospitals. We believe SB 8 would be a positive step forward in achieving this goal.

DRM monitors the psychiatric hospitals, including the five state hospitals, and advocates for the rights of patients to receive the treatment they need. Frequently we encounter patients who are recommended for certain types of clinical interventions, such as individual counseling or substance abuse treatment, but are not receiving it because of long waiting lists or treatment not being available to them, delaying their discharge. For example, we have met patients at Perkins Hospital whose treatment teams have recommended they participate in substance abuse treatment as a condition of moving toward discharge. Substance abuse treatment at Perkins is extremely limited, but there are some groups available in the "minimum security" part of the hospital. Patients in medium or maximum security have no opportunity to participate in these groups, even when their clinicians believe that doing so is necessary to their treatment and movement toward discharge. The result is that these patients may spend years stuck in the hospital in a catch-22 situation. Similarly, we are aware that there is currently a list of individuals at Perkins waiting for individual therapy. Such therapy is often recommended and essential for working through trauma and address the issues that resulted in the hospitalization or are preventing movement toward discharge. Because of a lack of therapists, individuals often wait a very long time to be assigned to a therapist. SB 8 would require that patients' treatment plans contain a long-range discharge goal and that treatment plans be reviewed periodically. Further if a patient, or a person authorized by the patient, requests review of the treatment plan, a process is outlined that would allow for meaningful review of that decision and the potential that an Administrative Law Judge to order the hospital to obtain needed treatment for the patient from providers outside the hospital. We are supportive of a process that gives a patient the ability to authorize or withdraw authorization for a parent, guardian, or other trusted individual to participate in their treatment planning as an advocate.

Disability Rights Maryland is particularly supportive of SB 8 because it would improve the quality of care provided in our inpatient psychiatric hospitals and psychiatric units of general hospitals.

Given the fact that we often see individuals with mental illness waiting excessively in detention centers for a state hospital bed, we believe this legislative change is needed. Ensuring access to needed care assists the individual to move toward successful discharge to the community. It also helps the state manage its inpatient resources, as inpatient psychiatric care in our state hospitals is extremely expensive. It is in our interest to ensure that patients are not hospitalized for any longer than is necessary. It is also the right thing to do for the individuals involved. **Disability Rights Maryland urges this committee to pass SB 8.** For more information, please contact Luciene Parsley, Esq., at (443) 692-2494 or at [LucieneP@DisabilityRightsMD.org](mailto:LucieneP@DisabilityRightsMD.org).

**sb8.pdf**

Uploaded by: Matthew Pipkin

Position: UNF

**MARYLAND JUDICIAL CONFERENCE**  
**GOVERNMENT RELATIONS AND PUBLIC AFFAIRS**

Hon. Matthew J. Fader  
Chief Justice

187 Harry S. Truman Parkway  
Annapolis, MD 21401

**MEMORANDUM**

**TO:** Senate Finance Committee  
**FROM:** Legislative Committee  
Suzanne D. Pelz, Esq.  
410-260-1523  
**RE:** Senate Bill 8  
Mental Health – Treatment Plans for Individuals in Facilities -  
Requirements  
**DATE:** January 18, 2023  
(1/31)  
**POSITION:** Oppose, as drafted

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The Maryland Judiciary opposes Senate Bill 8, as drafted. This bill requires a treatment plan for an individual with mental disorders admitted to a mental health care facility to include a long-range discharge goal and an estimate of the probable length of inpatient stay needed before transfer to a less restrictive or more intensive treatment setting. The bill requires care facility staff, who directly work with and provide treatment to the individual, to review and reassess the plan of treatment to determine the individual's progress and any need for adjustment no less than once every 15 days for the first 2 months after admission and once every 60 days for the remainder of the inpatient stay.

Although the Judiciary does support the intent of the bill to require more extensive treatment planning for individuals with mental health disorders who are admitted to mental health care facilities, the Judiciary does oppose the bill's requirement in Health – General, § 10-706(i)(4) that circuit courts hear appeals and issue decisions within 30 days after an appeal is filed. The individual treatment plans that will be the subject of such appeals are likely to be very fact-intensive, and the 30-day deadline for circuit courts to hear the case and issue a decision is impractical. It is unclear if the Court would have available a transcript of the prior proceeding within that time period, as would be required, let alone have the ability to schedule the appeal, hold a hearing, and issue an appropriate opinion within 30 days.

cc. Hon. Malcolm Augustine  
Judicial Council  
Legislative Committee  
Kelley O'Connor

**1 - SB 8 - FIN - MDH - LOC.docx.pdf**

Uploaded by: State of Maryland (MD)

Position: UNF



*Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Acting Secretary*

January 31, 2023

The Honorable Melony Griffith  
Chair, Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, Maryland 21401

**RE: SB 8 - Mental Health – Treatment Plans for Individuals in Facilities – Requirements - Letter of Concern**

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this Letter of Concern regarding Senate Bill (SB) 8 - Mental Health – Treatment Plans for Individuals in Facilities – Requirements. SB 8 will require certain information, including a long-range discharge goal, to be included on treatment plans for individuals with mental health disorders in certain healthcare facilities, including state healthcare facilities. SB 8 will also allow authorized individuals to participate in the review of the treatment plan and request a reassessment if they believe the treatment plan does not meet the patient’s needs. Upon receipt of the reassessment, individuals admitted to a state healthcare facility may request an administrative hearing to reconsider the review of their treatment plan.

MDH values the involvement and support of authorized individuals, such as family members and advocates, in the development and implementation of treatment plans for patients in our state facilities. MDH appreciates the bill sponsors’ interest in ensuring treatment plan review and feedback. Currently, treatment plans are developed by the team of licensed clinical professionals treating the individual, with the input of the patient and family as appropriate. Treatment plans are reviewed and signed off on by a licensed psychiatrist and then implemented.

SB 8 will have an impact on MDH healthcare facilities. The requirement for clinical staff to reassess a patient’s treatment plan and present a full clinical justification will require additional staff to manage these new requirements. Additionally, if upon reassessment, a patient in a state healthcare facility does not agree with the clinical staff review, the individual may file an appeal to the Office of Administrative Hearings (OAH). At the hearing, the state will have to justify, by clear and convincing evidence, that its treatment plan is appropriate, rather than the patient or their family, demonstrating why a change in the treatment plan is appropriate. Administrative Law Judges (ALJ), who oversee these hearings, often do not have a medical background and are tasked with ruling on clinical decisions made by licensed medical professionals.

MDH is discussing these concerns with the bill sponsors, including how this bill impacts the unique needs of the patients we serve. If you would like further information please contact Megan Peters, Acting Director, Office of Governmental Affairs, at 410-260-3190 or [megan.peters@maryland.gov](mailto:megan.peters@maryland.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "LH Scott".

Laura Herrera Scott, M.D., M.P.H.  
Acting Secretary



# **SB 8 - Oppose - MPS WPS.pdf**

Uploaded by: Thomas Tompsett

Position: UNF



January 29, 2023

The Honorable Melony Griffith  
Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401

RE: Oppose - Senate Bill 8: Mental Health – Treatment Plans for Individuals in Facilities – Requirements

Dear Chair Griffith and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those who have a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS oppose Senate Bill 8: Mental Health – Treatment Plans for Individuals in Facilities – Requirements (SB 8) because we believe that the procedures envisioned in the bill will be unduly burdensome on clinicians, hospital staff, and administrative law judges who are already saddled with caring for patients.

Mental health treatment is complex and can involve a variety of options, such as therapy, medication, and lifestyle changes, which should be tailored to the specific needs and preferences of the individual. SB 8 attempts to get to that end, but with unrealistic hastiness attached to it. Like somatic health, the length of an involuntary commitment stay depends on how the patient responds to mental health treatment and simply cannot be determined, let alone “predicted” in advance. Some patients respond quickly to treatment, while others take longer to respond or can even regress.

In addition, MPS/WPS believe that SB 8 gives the families of those involuntarily committed an oversized role in the process and veto power over treatment plans devised by medical professionals with the education and experience to make such a decision. Family members, while well-intentioned, may not fully understand or have access to the complete medical history and current mental state of the individual in question. Sometimes, family members may be the issue in the first place. Involving a patient in the treatment decision-making process with



his/her medical provider, which imparts to the patient autonomy and rights to self-determination, can improve a patient's engagement and adherence to the treatment plan.

For those reasons, MPS/WPS asks this committee for an unfavorable report on SB 8. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

Respectfully submitted,  
The Joint Legislative Action Committee  
of the Maryland Psychiatric Society and the Washington Psychiatric Society

# **SB 8- Mental Health- Treatment Plans for Individua**

Uploaded by: Erin Dorrien

Position: INFO



Maryland  
Hospital Association

January 31, 2023

To: The Honorable Melony G. Griffith, Chair, Senate Finance Committee

Re: Letter of Concern- Senate Bill 8- Mental Health - Treatment Plans for Individuals in Facilities - Requirements

Dear Chair Griffith:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 8.

Ensuring family involvement in a patient's treatment plan, when possible, is always clinical best practice. It is also required by the Joint Commission, and other accrediting entities that certify hospitals and health systems meet quality standards of care and enable participation in Medicare and Medicaid.

We agree with the intent of the legislation, yet we believe there are a few areas of opportunity to ensure the spirit of the law, should it pass, can be implemented in an acute hospital environment. Changes to treatment in an acute care setting can be made daily. As written, these minor changes would require separate notifications.

Furthermore, staff documentation requirements already contribute to staff burnout. The legislation as written could exacerbate this issue.

Lastly, the language about family involvement could be interpreted to include the permission of substitute judgement—or the family having veto power over treatment plans—leading to a distortion of the patient-doctor relationship.

MHA is working with our members to offer amendment language to allay clinicians' concerns and maintain the fidelity to the sponsors' intent. We hope to share this with the sponsors over the next several days and look forward to working with them as the legislation moves through the process.

For more information, please contact:  
Erin Dorrien, Vice President, Policy  
Edorrien@mhaonline.org