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Health and Government  
Operations Committee

*Subcommittees*

Government Operations  
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## Testimony in Support of HB 317

### Mental Health – Involuntary Admissions – Procedures

Madam Chair, Madam Vice Chair and esteemed members of the Health and Government Operation Committee,

**HB 317** creates a clear set of procedures to be followed by all facilities and Veteran's Administration Hospitals (VA Hospital) to which individuals may be involuntarily admitted. By clarifying the processes by which individuals are involuntarily committed, evaluated, and treated or released, HB 317 endeavors to address the twin phenomena of a growing need for behavioral health services and an alarming shortage of mental health beds.

In fact, the number of state-run psychiatric hospitals beds in Maryland have decreased from 4,390 beds in 1982 to about 950 beds in 2016. Given the current opioid crisis, demand for specialized behavioral health services is increasing and unmet. The U.S. Substance Abuse and Mental Health Services Administration found in 2015 that 88% of Marylanders who needed addiction treatment did not get it.

At the same time, behavioral health delays have been documented by the Maryland Hospital Association at hospitals across the state. On average patients experience discharge delays of between 12 to 19 days. Patients are considered "discharge delayed" when they have been stabilized and are ready to be discharged but remain in inpatient hospital care for a variety of reasons. Sixty percent of discharge delays are due to lack of bed space in the preferred placement setting, denied admission, or delays in processing referrals. The back-up begins in the emergency room—where 92% of behavioral health patients are admitted—and causes strain and delay throughout the system.

While the conditions under which an individual may be involuntarily admitted are clearly defined in prior legislation, the current lack of mental health beds in Maryland, and the insurance and ethical implications of involuntary admissions demand procedural clarification.

**HB 317** specifies that an individual may be involuntarily admitted to a facility or VA Hospital on Observation status. The bill further stipulates that the confined individual must be examined by a Physician, Psychologist, or Psychiatric Nurse Practitioner within 24 hours of confinement.

**HB 317** further stipulates that when an administrative hearing is held within 10 days of confinement, the impartial hearing officers may receive testimony from the Physician, Psychologist or Psychiatric Nurse Practitioner who previously examined the individual.

**HB317** attempts to address some of these systemic blockages in the current behavioral health admissions system by identifying specific intervals for examining involuntarily admitted patients and defining the professionals who will be responsible for these reviews.

For these reasons, I urge you to support **HB 317**, and I request a favorable report.

Thank you,

Delegate Karen Lewis Young