



Testimony by Sabah Muhammad, Legislative and Policy Counsel

Treatment Advocacy Center

Submitted to Health and Government Operations Committee - Bill Hearing, February 12, 2020, 1:00 pm

Regarding HB317

POSITION: SUPPORT WITH AMENDMENTS

I appreciate the opportunity to submit testimony today. My name is Sabah Muhammad, and I serve as Legislative and Policy Counsel with the Treatment Advocacy Center (TAC) based in Arlington, Virginia. The Treatment Advocacy Center is a national non-profit, dedicated to removing the legal and policy barriers to the timely and effective treatment of severe mental illness. We never accept funding from companies or entities involved in the sale, marketing or distribution of pharmaceutical products.

Support for HB317

Treatment Advocacy Center's policy recommendations for effective treatment laws for severe mental illness encourages that the duration of emergency custody should factor in the time realistically needed to conduct a thorough evaluation to determine whether continued court ordered inpatient or outpatient treatment is appropriate.

However the language of HB317 creates several ambiguities that the legislature clearly did not intend. Without clarification of these ambiguities we cannot support HB317. It is clear from HB317 that the legislature cares about helping those too sick to help themselves so that they avoid the Maryland status quo of deterioration to the point of disrepair that forces consumers to cycle in and out of hospitals and jails.

However, HB317 creates ambiguities surrounding; the consumers' legal status during the emergency psychiatric evaluation and unintended financial consequences.

Amendments and Clarification of HB317

Emergency Psychiatric Evaluation

- We support language that resolves the ambiguity of the consumers' legal status during emergency psychiatric evaluation.
 - Unfortunately, according to current COMAR regulations, when an application for involuntary hospital admission is completed (H.G. §10-615), which is accompanied by 2 certificates from mental health professionals (§10-616.) stating that the criteria for inpatient admission are met, the patient is "confined" on observation status until the hearing before the ALJ. The patient is not "admitted" until the ALJ rules that the criteria for inpatient admission have been met.
 - As written HB317 allows for an involuntary patient's legal status to remain ambiguous
 - This is especially problematic now that Medicare denies inpatient benefits on observational status. Considering that a commitment hearing may take 10 days after confinement, or longer if postponed, the consumer could leave the hospital with a financial hardship that could become another barrier to timely and effective treatment.

- Maryland Medicaid will only pay for 1 day of inpatient observation status, so that is a huge disincentive for hospitals to accept Medicaid patients, since currently they must be initially accepted under observation status.
- We are opposed to involuntary patients being under "observational" status at any time and suggest clarification that resolves ambiguity for billing and legal status purposes.
- Legislation that creates a financial hardship and ambiguous legal status is contrary to legislative intent.
- We oppose requiring a reevaluation for involuntary admission after 24 hours.
- We do support requiring an evaluation within 24 hours for purposes of creating a treatment plan.
 - As proposed HB317 creates a countdown to release - not a path to treatment. Which is contrary to legislative intent and does not ensure stabilization of the consumer. It would encourage more premature discharges that perpetuate the Maryland status quo of consumers who cycle in and out of hospitals and jails instead of reaching stabilization, independence and recovery.
- We support the addition of 10-632 (d)(2) requiring hearing testimony of a physician, psychologist or psychiatric nurse practitioner who has examined the patient. It ensures that a medical professional who has examined the patient presents the case for the hospital.

We respect the efforts of the legislature and would be happy to support HB317 if all issues addressed in this testimony are resolved to alleviate ambiguity and financial hardships.