



Maryland Chapter

Schizophrenia and Related Disorders Alliance of America

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Shattering Stigma – Destroying Discrimination

Testimony for HB 317 Mental Health-Involuntary Admissions-Procedures

Health and Government Operations Committee

Feb. 12, 2020 at 1:00pm

From: Evelyn Burton, Advocacy Chair, SARDA, Maryland chapter.

SUPPORT WITH AMENDMENTS

The Maryland Chapter of SARDA supports this bill with amendments because it addresses three urgent and critical problems that affect all Marylanders:

1. Emergency Department overcrowding due to hospital refusal to accept an involuntary psychiatric patient to an empty bed because there is a shortage of psychiatrists to do the required intake evaluation in 24 hours. Giving psychiatric nurse practitioners the authority to do these evaluations will speed transfers and reduce ED boarding and overcrowding.
2. The inappropriate release of critically ill psychiatric patients who present a danger to self or others. If a hospital psychiatric nurse practitioner who knows the patient much better than an outside contract psychiatrist, or psychologist, was added to the list of those who can present testimony at a commitment hearing, there would likely be fewer inappropriate releases of patients. The risk of suicide, harm to others, incarcerations, and homelessness would be lowered by preventing discharge before appropriate treatment and stabilization.
3. This bill brings up the important issue of whether an involuntary psychiatric patient is held in the hospital under “observation status” or “admitted” immediately as an involuntary inpatient. Currently Maryland Regulations require that an involuntary patient be held under observation status until the commitment hearing when the Administration Law Judge can order involuntary “admission” The denial or reduction of payments to hospitals by insurers when a patient is held on “observation status” has serious financial consequences for the patient and all Marylanders.

Maryland Medicaid (see attachment) will only pay for one day on hospital observation status. Medicare pays for hospital “observation status” under Medicare B outpatient services with a 20% co-pay compared to 0 copay for a hospital inpatient admission status under Medicare A. Some private insurers similarly pay reduced “outpatient” benefits for observation status. This can create an insurmountable financial burden on the patient which will further impede recovery.

All Marylanders pay more for hospital services when hospitals have uncompensated care costs. The HSCRC which sets hospital fee rates, increases rates to reimburse hospitals for uncompensated care. Therefore, SARDA strongly recommends that HB317 be amended to require that involuntary psychiatric hospital patients be immediately confined as involuntarily “admitted” inpatients.

Amendments, in addition to those proposed by the sponsor, are needed to clarify vague and inconsistent language. Also, we oppose requiring reevaluation for involuntary admission after 24 hours and not requiring an exam by a physician for a release decision. See attachment for proposed amendments.

SARDA recommends that the bill be sent to subcommittee for consideration of further amendments.

PROPOSED AMENDMENTS:

In §10-617(c)(1): Delete all language and substitute: "A FACILITY OR VETERANS' ADMINISTRATION HOSPITAL SHALL TAKE AN INDIVIDUAL ACCEPTED UNDER THIS PART INTO CONFINEMENT ONLY UNDER INVOLUNTARY ADMISSION STATUS."

In §10-620 add to the list of definitions: ""Commitment" means continued retention of a hospital patient under involuntary admission as ordered by an administration law judge under §10-632.

In §10-632 (a), change "admitted" to "committed" and delete "without being admitted."

In §10-632 (e) (2) change "admission" to "commitment".

In §10-632 (f), add "§10-617 (C) (2)" to the list of sections that cannot be used as grounds for the judge to order release.