

SB0557 MHAMD FAV.pdf

Uploaded by: Allen, Emily

Position: FAV

Senate Bill 557 Suicide Treatment Improvements Act

Finance Committee

February 17, 2021

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 557.

HB 557 creates additional requirements for systems that interact with persons experiencing suicidal ideations and may be in crisis. It requires specific training for crisis hotline staff and police officers, updates to state psychiatric facilities, and prohibits insurance providers from charging for counseling and assessing suicidal individuals.

Mental health practitioners and experts have been on alert throughout the COVID-19 outbreak for signs of increased suicidality across all demographics. Calls to the Baltimore crisis hotline, Here2Help, doubled between April and July 2020, and as of September the number of callers threatening suicide was five times higher than at the beginning of the pandemic.¹ In Montgomery County alone, nearly 400 residents went to a hospital emergency room reporting self-injury or suicidal thoughts between July 1 and August 15, 2020.²

Rates of suicide completion have steadily risen in Maryland over the past two decades, and rates of reported suicidal ideation have grown too quickly during COVID-19 to be ignored.¹ SB 557 creates requirements that will improve the entry points to care for individuals in crisis and better their progress in receiving treatment. Additional training for the crisis hotline staff and police officers who have the first contact with these individuals and reducing the costs of care can remove barriers to care and save lives.

The requirements of SB 557 are necessary to help stop the rise of suicide completion in Maryland, especially in the wake of the COVID-19 pandemic. For these reasons, MHAMD supports SB 557 and urges a favorable report.

¹Wegner, Y. (2020, September 29). As coronavirus rolls on in Maryland, mental health toll surges, with experts fearing spike in suicides. Baltimore Sun. <https://www.baltimoresun.com/features/bs-hs-mental-health-covid-20200929-yzjfdfc2ijb4vab7o3v4g7q25a-story.html>

²Montgomery County. (2020, September 10). Montgomery County provides resources to help residents prevent and understand suicide during National Suicide Prevention Month. [Press Release]. Retrieved from https://www2.montgomerycountymd.gov/mcgportalapps/Press_Detail.aspx?Item_ID=26777

2021 NASW SB 557 Senate Side.pdf

Uploaded by: Faulkner, Rachael

Position: FAV



Testimony before Finance Committee
Support

SB 557 – Suicide Treatment Improvements Act

February 17, 2021

Maryland's Chapter of the National Association of Social Workers (NASW – MD), which represents professional social workers across the state, supports SB 557 – Suicide Treatment Improvements Act.

SB 557 creates additional requirements for systems that interact with persons experiencing suicidal ideations and may be in crisis. It requires specific training for crisis hotline staff and police officers, updates to state psychiatric facilities, and prohibits insurance carriers from charging for counseling and assessing suicidal individuals. Social workers are often involved at each of the affected systems that interact with individuals in crisis.

Mental health practitioners and experts have been increasingly concerned throughout the COVID-19 outbreak about the signs of increased suicidality across demographics. Calls to the Baltimore crisis hotline, Here2Help, doubled between April and July 2020, and as of September the number of callers threatening suicide was five times higher than at the beginning of the pandemic.¹ In Montgomery County alone, nearly 400 residents went to a hospital emergency room reporting self-injury or suicidal thoughts between July 1 and August 15, 2020².

With rates of suicide completion steadily rising in Maryland over the past two decades and the increased rates of reported suicidal ideation during COVID-19, systematic changes must be made to support individuals in crisis.¹ The requirements of SB 557 will improve care for individuals in crisis at the entry points to care and progression through treatment. Additional training for crisis hotline staff and police officers who have the first contact with these individuals can save lives.

For these reasons we ask you give a favorable report on SB 557.

Respectfully,

Daphne McClellan, Ph.D., MSW
Executive Director, NASW-MD

¹Wegner, Y. (2020, September 29). As coronavirus rolls on in Maryland, mental health toll surges, with experts fearing rise in suicides. Baltimore Sun. <https://www.baltimoresun.com/features/bs-hs-mental-health-covid-20200929-yzjfdfc2ijb4vab7o3v4g7q25a-story.html>

²Montgomery County. (2020, September 10). Montgomery County provides resources to help residents prevent and understand suicide during National Suicide Prevention Month. [Press Release]. Retrieved from https://www2.montgomerycountymd.gov/mcgportalapps/Press_Detail.aspx?Item_ID=26777

2021 AFSP-MD FAVORABLE Testimony SB 557 The Suicid

Uploaded by: Maskaleris, Sue

Position: FAV



**American
Foundation
for Suicide
Prevention**

Maryland

**RE: SUPPORT of Senate Bill 557
(Suicide Treatment Improvements Act)**

February 17, 2021

Susan M. Maskaleris

Board of Directors – Advocacy/Public Policy Chair

American Foundation for Suicide Prevention Maryland Chapter (AFSP-MD)

Home Address: 3545 Smoke Tree Ct, Waldorf, Maryland 20602

Home Phone: (301) 751-8781 Email: smaskaleris@gmail.com

Chair Kelley, Vice Chair Feldman, and Members of the Finance Committee:

My name is Susan Maskaleris and I live in Waldorf, Maryland. I am the Advocacy/Public Policy Chair with the Maryland Chapter of the American Foundation for Suicide Prevention. I lost my father, a retired Air Force firefighter, to suicide when I was 14 years old. I also live with a mental health condition (chronic depression).

Thank you for the opportunity to share testimony in support of Senate Bill 557, the **Suicide Treatment Improvements Act**. Passage of SB 557 will help save lives across Maryland and AFSP-Maryland strongly supports the bill's provisions:

- Training for Health Crisis Hotline staff to ensure they can effectively provide general counseling as well as counseling for suicidal individuals in crisis.
- Requiring healthcare facilities to ensure that all clinical staff treat suicidal individuals with the same dignity as those with physical ailments, conduct themselves so as not to re-traumatize suicidal patients or patients who have attempted suicide, receive training in de-stigmatization of mental illnesses, and refrain from performing psychological tests on patients in crisis.
- Requiring state behavioral health facilities to (1) employ a sufficient number of individuals who are trained in counseling patients that are suicidal and/or have attempted suicide, who are available to provide one-on-one counseling and daily counseling to all patients in the facility, and who have the ability to provide assessment, immediate crisis counseling, and evaluation for individuals presenting with an emergent mental health crisis, and (2) to ensure patients have access to at least one counselor 24/7.
- Written after-care plans that take care to ensure that a patient is not discharged from a residential facility if the patient will be homeless or transferred to a correctional facility or detention center if the patient is not a danger to self or others.

- Prohibiting certain health benefit plans from applying copayments, deductibles, or coinsurance requirements to counseling and assessment services for suicidal individuals.
- Implementing standards to ensure that when responding to an incident involving a suicidal individual, police officers are accompanied by a trained counselor, do not use force or draw their weapons absent of a clear threat to others, and approach the individual in a gentle and respectful manner.

It is not only essential that gatekeepers such as crisis call center staff and first responders are trained to refer those at risk for suicide to professional services, but also that the clinical staff and counselors who provide those services are equipped to handle those referrals. Suicide-specific training enhances the level of care that people at risk for suicide receive while also increasing provider confidence, competence, and ability to provide effective, lifesaving treatment.

Removing the stigma around suicide and ensuring individuals at risk are treated with respect and compassion is a vital component in preventing suicide and increases the likelihood those individuals will seek and receive quality mental health care. Crisis service providers, clinical staff, and first responders who understand how to recognize and communicate safely and effectively with suicidal individuals can have more positive interactions with those who are struggling and at risk and connect them to appropriate services, resulting in better and safer outcomes for all involved.

Members of the Finance committee, the AFSP Maryland Chapter is grateful for your consideration of SB 557 and for working with your colleagues and other agencies to address the suicide rate in Maryland. We all have a role to play in preventing suicide, and with your support, passage of this legislation will affirm the state's commitment to improving the lives of all Maryland citizens and to preventing the tragic loss of life to suicide in the future. We urge a favorable report on SB 557. Please feel free to contact me with any questions or if you would like additional information. Thank you.

SB 557 - SWA - MPS WPS.pdf

Uploaded by: Tompsett, Thomas

Position: FWA



February 14, 2021

The Honorable Delores G. Kelley
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

RE: Support with Amendments - Senate Bill 557: Suicide Treatment Improvements Act

Dear Chairman Kelley 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 strives through public education to dispel the stigma and discrimination of those suffering from 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 and WPS support Senate Bill 557 (SB 557): Suicide Treatment Improvements Act as the improvement of a Health Crisis Hotline operator training is imperative given the pandemic induced mental health crisis in addition to the historically high suicide rates that plague our State. A suicide hotline with properly trained staff members will ensure that all suicidal Maryland residents have the proper support and assistance necessary to deescalate critical situations.

Once admitted to a State behavioral health facility, suicidal patients should unquestionably be afforded trauma-informed care and humane treatment upon their arrival and throughout their inpatient residency. MPS and WPS fear, however, that some of the provisions ensuring this treatment will have unintended consequences for the admitting facilities.

SB 557 unexplainably ties a facility's license revocation to a lawful and medically sound discharge procedure. For example, if an individual is arrested and then threatens suicide but is not overtly dangerous on the inpatient unit, a hospital would lose their license for discharging that patient to a detention center or correctional facility despite all such facilities having suicide observation and treatment policies. Even more alarming, a hospital or mental health facility would be in violation of this bill and subject to license revocation if a restored criminal defendant were discharged to jail by order of the court.



Furthermore, if this bill were to pass in its current form, emergency departments would be motivated not to admit individuals in police custody because the individual could, in essence, never be discharged. Thus, the number of seriously mentally ill people in jails would actually increase.

Finally, one must remember that Maryland COMAR considers correctional facilities to be a "less restrictive alternative" than hospitals because jails cannot force an individual to take his/her medications. Thus, if a patient/defendant were released at a commitment hearing by an administrative law judge, a facility could lose its license

Based on the arguments stated above, MPS and WPS, therefore, ask for the following amendments to SB 557:

1. On page 9, strike in their entirety line 26 through line 31, inclusive.
2. On page 10, strike in their entirety line 10 through line 13, inclusive.

With the amendments adopted, MPS and WPS would then ask the committee for a favorable report of SB 557. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

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

SB 557- Suicide Treatment Improvements Act- Letter

Uploaded by: Dorrien, Erin

Position: UNF



Maryland
Hospital Association

February 17, 2021

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Concern- Senate Bill 557- Suicide Treatment Improvements Act

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 557.

We appreciate the intent of the legislation to improve care for patients who attempt or may attempt suicide. However, SB 557 would lead to many unintended consequences.

The most problematic aspects of the legislation are the discharge requirements. Every hospital in Maryland already complies with multiple patient discharge regulations, including:

The Joint Commission Guidelines

- Centers for Medicare & Medicaid Services Conditions of Participation
- Federal Emergency Medical Treatment and Labor Act

Discharges must be tailored to each patient and include assessments of post-discharge needs. Hospitals have processes and partnerships to carry out these discharge plans, which are communicated to patients and their caregivers, as required in state and federal regulation. These requirements include the right for patient self-determination and to refuse treatment or post-discharge supports.

Hospitals take these standards very seriously. The Joint Commission and the Office of Health Care Quality (OHCQ) conduct routine on-site inspections for compliance. If a hospital has not met standards, corrective actions may be taken. In extreme cases, OHCQ can revoke a hospital's license, authorized under §19-360 of the Health General Article.

The prohibitions on discharge or transfer outlined in SB 557 would adversely impact hospitals that serve the most vulnerable patients. Busy emergency departments and inpatient units could quickly fill with individuals who clinically do not require emergency or inpatient care. This would reduce access for patients who are truly in need of those services. The language could also be interpreted to require a hospital to keep a patient against their will due to the patient's housing circumstance.

SB 557 is overly broad and attempts to legislate provider behaviors, such as respect for patients and good bedside manner, that already are central to the core mission of hospitals as places of

health and healing. As such, these qualities already are embedded in performance expectations for our state's 117,000 dedicated caregivers.

Further, the legislation duplicates requirements on the treatment of patients included in the Patient's Bill of Rights, passed by this committee in 2019. Every hospital employee is charged with providing the most sensitive, culturally competent care possible. Should a provider not live up to those standards mechanisms are in place to remedy the situation—through the facility or the health professional licensing board, if necessary.

Passage of SB 557 would likely result in a significant backlog of patients on the inpatient unit and emergency departments. This legislation would exacerbate existing throughput issues the state is working to resolve.

For these reasons, we urge an *unfavorable report* on SB 557.

For more information, please contact:
Erin Dorrien, Director, Government Affairs & Policy
Edorrien@mhaonline.org

5 - SB 557 - FIN - MDH - LOI.pdf

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: INFO



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

February 17, 2021

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 557 - Suicide Treatment Improvements Act – Letter of Information

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information on Senate Bill (SB) 557 – Suicide Treatment Improvements Act.

SB 557 requires MDH to provide training for staff who assist callers on the Health Crisis Hotline to ensure staff are able to provide counseling for suicidal persons who may be in crisis. Additionally, SB 557 requires certain facilities to ensure that suicidal patients and patients who have attempted suicide are treated in a certain manner and also requires certain facilities to ensure that staff act in a certain manner and receive certain training.

Due to ongoing COVID-19 response efforts, MDH unfortunately does not have the fiscal or personnel resources to implement this bill if it is passed. Many of MDH's current personnel have already increased their workload and absorbed additional tasks that are critical to the COVID-19 response.

We recognize and value the importance of this bill and its impact on Marylanders. As such, we respectfully request this bill be held and reintroduced in the 2022 Session. We look forward to working with the bill sponsor(s) and appropriate stakeholders in the interim.

I hope this information is useful. If you have questions or need more information about this subject, please do not hesitate to contact me at (410) 260-3190 or webster.ye@maryland.gov or Deputy Director of Governmental Affairs Heather Shek at heather.shek@maryland.gov and the same number.

Sincerely,

Webster Ye
Assistant Secretary, Health Policy

Maryland Psychological Association - Letter of Inf

Uploaded by: Brocato, Barbara

Position: INFO



10480 Little Patuxent Parkway, Ste 910, Columbia, MD 21044. Office 410-992-4258. Fax: 410-992-7732. www.marylandpsychology.org

OFFICERS OF THE BOARD

President

Esther Finglass, PhD

President-elect

Linda McGhee, PsyD, JD

Past President

Kimberly Y. Campbell, PhD

Secretary

Laura Schaffner Gray, PhD

Treasurer

Brian Corrado, PsyD

Representatives-at-large

Andrea Chisolm, PhD

Shalena Heard, PhD

Representative to APA Council

Katherine Killeen, PhD

COMMITTEE CHAIRS

Communications

Robyn Waxman, PhD

Diversity

Whitney Hobson, PsyD

Early Career Psychologist

Meghan Mattos, PsyD

Educational Affairs

Laurie Friedman Donze, PhD

Ethics

Cindy Sandler, PhD

Legislative

Pat Savage, PhD

Membership

Rebecca Resnik, PsyD

Professional Practice

Selena Snow, PhD

PROFESSIONAL AFFAIRS

OFFICER

Paul C. Berman, PhD

EXECUTIVE DIRECTOR

Stefanie Reeves, CAE

February 4, 2021

Senator Delores G Kelly, Chair
Senate Finance Committee
Maryland Senate
11 Bladen Street
Miller Senate Office Building, 3 East
Annapolis, MD 21401

RE: SB0557 - Suicide Treatment Improvements Act

Position: Letter of Information and Concern

Dear Chair, Vice Chair, and Committee members:

The Maryland Psychological Association represents over 1000 doctoral level psychologists throughout the state. We are writing regarding **SB0557** which seeks to address the serious and complicated issue of treating and managing suicidal individuals. The proposed legislation expresses the admirable intent of tackling the difficult and serious problem of suicide in a multitude of areas, including but not limited to training of hotline staff, ensuring law enforcement has access to individuals trained in mental health crisis intervention to work with suicidal community members, and treatment of patients in an emergency room.

We have identified some critical areas of concern and would like to work with the Sponsors and stakeholders to try and address these important areas of the bill.

1. There are components of the bill that are challenging to accurately define, especially in complex clinical situations such as in an ER which would render the law difficult to enforce. For example, the statement that all clinical staff in a facility “have a good bedside manner,” could produce misunderstandings between clinical staff and patients with emergent clinical presentations along with differing perspectives and cultural expectations.

2. The bill would direct facilities to “refrain from performing a psychological test on a patient who is currently in crisis or who has recently been in crisis.” (pg.6; line 9.) The bill could preclude the use of any psychological test in most emergency room settings. Consequently, clinical staff could not employ reliable and valid tools related to emotional state, risk, and cognitive functioning that aid in clinical decision making which may adversely impact clinical care and appropriate disposition for the patient.

3. Lastly, the bill states that “a facility may not: discharge a patient into a circumstance in which the patient will be homeless” (pg.9; line 27&28.) While this idea is certainly humane and worthwhile, we are concerned that emergency rooms are not equipped to house homeless patients while they await placement. This may create a backlog of patients in the E.R. as the wait for appropriate disposition could be lengthy and limit available medical beds for incoming patients. In addition, it could be costly in terms of clinical staffs’ time and hospital resources. We would instead recommend that Maryland health systems develop a coordinated system with less intensive but humane and safe settings to house and treat the homeless population after their discharge.

A similar concern emerges when addressing disposition to correctional settings. For example, many detained youth and adults come to ERs when they exhibit medical issues. If those medical issues can be addressed in the ER, then patients can be discharged back to correctional settings often to medical suites where increased supervision/less intensive care can be provided. Limiting the discharge options may also contribute to the previously mentioned concerns related to efficient and effective care in an ER.

The Maryland Psychological Association would like to be part of discussions to achieve the goals of the bill. We and our members stand ready to work towards solutions as Maryland struggles to meet the challenge of rising levels of mental health challenges including suicide.

Thank you for considering our comments and concerns on **SB 557**. If we can be of any further assistance as the Senate Finance Committee considers this bill, please do not hesitate to contact the MPA Executive Director, Stefanie Reeves, MA, CAE at 410-992-4258 or exec@marylandpsychology.org.

Sincerely,

Esther Finglass

R. Patrick Savage, Jr.

Esther Finglass, Ph.D.
President

R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

SB 557 LOI MIA.pdf

Uploaded by: Paddy, Michael

Position: INFO

LARRY HOGAN
Governor

BOYD K. RUTHERFORD
Lt. Governor



KATHLEEN A. BIRRANE
Commissioner

JAY COON
Deputy Commissioner

200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202
Direct Dial: 410-468-2408 Fax: 410-468-2020
Email: Michael.paddy@maryland.gov
www.insurance.maryland.gov

**TESTIMONY OF
THE
MARYLAND INSURANCE ADMINISTRATION
BEFORE THE
SENATE FINANCE COMMITTEE**

FEBRUARY 17, 2021

SENATE BILL 557 - SUICIDE TREATMENT IMPROVEMENTS ACT

POSITION: LETTER OF INFORMATION

Thank you for the opportunity to provide written comments regarding Senate Bill 557. Senate Bill 557 among other things, revises § 15-802 of the Insurance Article to specifically require carriers to waive cost-sharing for counseling and assessment for suicidal individuals and individuals who have attempted suicide.

Because Senate Bill 557 amends only § 15-802(d), the cost-sharing prohibition would apply only to large group grandfathered health benefit plans, large group non-grandfathered health benefit plans, and individual grandfathered health benefit plans. The proposed cost-sharing prohibition would not apply to small group non-grandfathered health benefit plans or to individual non-grandfathered health benefit plans.

While individual non-grandfathered health benefit plans and small group non-grandfathered health benefit plans are generally subject to § 15-802 of the Insurance Article, those plans are exempt from the mandated benefit portions of the law pursuant to § 31-116(a), (c), and (d) of the Insurance Article. Senate Bill 557 adds the cost-sharing prohibition to subsection (d)(2) of § 15-802, which applies specifically to “the benefits required under this section” (i.e., the mandated benefits in § 15-802). Nothing in subsection (d)(2) is applicable to individual non-grandfathered health benefit plans and small group non-grandfathered health benefit plans. Consequently, if the sponsor intended for the cost-sharing prohibition to apply to non-grandfathered individual and small group plans, language would need to be included in a new subsection indicating that if a health benefit plan includes benefits for counseling and assessment for suicidal individuals and individuals who have attempted suicide, the carrier may not apply any cost-sharing to those benefits.

Additionally, as drafted, Senate Bill 557 would effectively preclude carriers from selling HSA-compatible high deductible health plans (HDHPs) in Maryland for the markets subject to the new cost-sharing prohibition. Benefits for counseling and assessment of suicidal individuals would not appear to be considered “preventive care” under the IRS guidelines for HSAs and HDHPs. As such, these benefits would be required to be subject to the deductible of the HDHP, in order for the plan to be compatible with an HSA.

Since the Maryland Insurance Administration (MIA) does not believe it was the sponsor’s intent to eliminate HDHPs in Maryland, the bill should be revised to include an exception for HDHPs, similar to the exception that has been codified in several other laws, including §§ 15-812(g), 15-822(d), and 15-826.2(d). These sections of the law generally provide that specified services may not be subject to a deductible, copayment, or coinsurance, but the laws allow the services to be subject to the deductible of an HDHP.

While the MIA does not have a policy position on Senate Bill 557, the MIA believes that the bill should be reviewed by the Committee to clarify which health benefit plans apply and clarify the language to preserve HDHPs in Maryland.