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The Honorable Shane Pendergrass
House Health & Government Operations Committee
Room 241, House Office Building
Annapolis, MD 21401

Dear Chairman Pendergrass and Members of the Committee:

This is being written in general support of HB1344. I am a psychiatrist who has practiced in Montgomery County in both inpatient and outpatient setting for 30 years. While I believe there are problems with the text of the bill that, if enacted in its current form, would have negative, unintended consequences, the overall intent of the bill is vitally desirable. With amendments, I think it would create a long overdue improvement in the treatment course of severely ill psychiatric patients in Maryland.

For me, the bill has two positive elements that should be preserved. 1) It explicitly allows for the consideration the patients personal and medical history in determining dangerousness and 2) it expands the definition of dangerousness to include grave disability (i.e. for patients whose symptoms are so severe that that they can't provide for their own food, shelter, health, or safety

All but four or five other states include grave disability as a criterion for involuntary commitment. The absence of such language in our law is one reason Maryland recently was given an F grade by the Treatment Advocacy Center. In my reading of the literature, the consensus seems to be that the inclusion of grave disability is necessary because without such a provision Administrative Law Judges (ALJs) interpret the statute too narrowly and consider only the presence of active destructiveness-- as necessary justification for commitment. Often, they are encouraged by zealous public defenders who openly acknowledge that their role is to advocate for the patient's wishes—independent of any clinical need. In my years as an inpatient psychiatrist and medical director of a community psychiatric hospital, I've seen many inappropriate discharges, many resulting in harm and/or chaos among family members and outpatient treaters. In response to my request for input, an inpatient psychiatrist working at Shady Grove Hospital's busy psychiatric hospital said, "The law needs to be changed. The judges do not take into account the patient's inability to care for self… My colleagues and I are furious about this egregious practice." For example, a patient who shortly before admission had drunk cat vomit was discharged from hearing. In another case, a patient with schizophrenia, because of her disorganized thinking, would forget that she'd left the stove on all night. When her family would try to reason with her, she' would become paranoid and enraged and barricade herself in her room. Yet again, it was decided in the hearing that even this behavior did not rise to the level of dangerousness required by the current law. Based on what I see of patients being discharged from inpatient units, I fear that community inpatient psychiatrists have become so demoralized by the process that they take it on themselves to discharge patients they think are unlikely to be committed. Given that judges tend to interpret the statute so narrowly, why would they want to subject themselves to a protracted, futile process? Finally, I wonder how uninterrupted inpatient treatment would affect the readmission rate. Possibly, patients would stay out of the hospital longer, reducing some of the demand for inpatient beds in the community.

The patient's "personal and medical history" need to be included as an element to be included because the current law requires the patient's release unless danger is demonstrated by "clear at convincing evidence that *at the time of the hearing* (italics mine). Again, a narrow interpretation of this clause has led to many inappropriate discharges of patients who are overtly dangerous prior to admission, remain symptomatic, but are behaviorally contained by the structure of the unit. The judge's consideration of the patterns prior to admission would hopefully promote his making a more clinically informed decision.

In sum, thank you for considering my thoughts as you consider HB1344. While the bill has current written is perhaps flawed, it has the potential for a very positive impact on the treatment of the severely mentally ill.

Sincerely yours,

Steven B. Israel, MD