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March 16, 2021

The Honorable Shane Pendergrass, Chair
Health and Government Operations Committee
House Office Building, Room 241
6 Bladen Street
Annapolis, Maryland 21401

RE: HB 1344 – Mental Health Law – Reform of Laws and Delivery of Service

Position: **Letter of Information**

Dear Chair Pendergrass:

The Maryland Psychological Association represents over 1000 doctoral level psychologists throughout the state, **SUPPORTS the intent of HB1344: Mental health Law-Reform of Laws and Delivery of Service, however, we have some concerns about the unintended consequences of this bill.** The proposed legislation expresses the admirable intent of making it easier to involuntarily commit people who present as an imminent danger to themselves and/or others, thus increasing safety and getting needed treatment more quickly to those in need. MPA fully supports these critical public health goals.

The bill appears to make three major changes to existing law:

1. Creates specific language regarding the ability to involuntarily commit an individual who is unable to care for themselves.
2. Includes more specific language regarding the ability to involuntarily commit an individual who is predicted to suffer serious psychiatric deterioration if they are not committed.
3. Change the language from the individual “presents a danger” to “reasonably expected to” present a danger.

It is important to note that psychologists and other clinicians already can and do seek involuntary commitment under the current laws for these situations utilizing the current language “The individual presents a danger to the life or safety of the individual or others”, which includes the first two changes addressed by this bill. Though we understand that these changes would bring Maryland’s laws into closer alignment with the many other/the majority of other states’ laws, the changes would not significantly change who is involuntarily committed and quickly receives treatment.

We are concerned that the last change (3.) provides no time frame in which to assess dangerousness. Is it a week? Is it a month? This vague time frame presents a danger to unnecessarily curtailing an individual’s civil liberties. The vagueness also increases the liability for clinicians who may feel required to involuntarily commit someone who may not be a danger now but could be in a week, a month, or in two months, etc. The issues of balancing one’s civil liberties vs. the possible harm that individuals may do to themselves or others have a long and ongoing history of serious debate.^{1,2} This balance requires detailed and serious analysis in order to provide an appropriate balance between these two issues.

We would like to help further the admirable intent of this bill to get patients the critical mental health treatment they need in a timely manner but think a broader and deeper look at the problems and possible solutions might be helpful to attaining these goals. For example, the main problems our clinicians seem to run into when attempting to obtain immediate and effective treatment for individuals who might require involuntary commitment are:

- (1) A lack of psychiatric beds, which results in psychiatric patients being housed for days in Emergency Rooms while they await an open bed, receiving inadequate care during this time period and often ending up traumatized by the experience.
- (2) A lack of immediately available step up/ step down programs, partial hospitalizations, etc. that might better address the immediate crisis and prevent hospitalization.

These challenges are documented on a national level and serve to block the helpful intent of involuntary commitment.¹ We would be more than willing to speak with you and other stakeholders, where clinical data on these issues in Maryland could be discussed in order to determine why our citizens are not getting the help they need and the solutions to remedy this significant problem in the delivery of mental health care in Maryland.

For these and other reasons, the Maryland Psychological Association offers this **Letter of Information on House Bill 1344**.

Thank you for considering our comments on HB 1344. If we can be of any further assistance as the House Health and Government Operations 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.

Esther Finglass
Esther Finglass, Ph.D.
President

R. Patrick Savage, Jr.
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

¹ SAMHSA – Substance Abuse and Mental Health Services Administration (2019). [Civil Commitment and Mental Health Care Continuum: Historical Trends and Principles for Law and Practice](https://www.samhsa.gov/ebh-resource-center). <https://www.samhsa.gov/ebh-resource-center>

²Testa, M & West, S. (2010). “Civil Commitment in the United States”. *Psychiatry*, Vol. 10, 7 (30-40)