



February 4, 2021

The Honorable Shane E. Pendergrass  
Room 241, House Office Building  
Annapolis, Maryland 21401

RE: Support as Amended – HB 537: Mental Health Law - Petitions for Emergency Evaluation - Procedures

Dear Chairman Pendergrass 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 House Bill 537: Mental Health Law - Petitions for Emergency Evaluation – Procedures. Some very good programs, such as Baltimore Crisis Response Inc. (BCRI), bring patients into the emergency department themselves when they deem it safe. MPS and WPS recognize, however that the bill could use some refinement and we have worked with the sponsor as to why and how.

Under Health-General §10-622, only specified mental health practitioners are authorized to complete and submit a petition for emergency evaluation without judicial review. A non-mental health professional, such as a family member, a physician assistant, or a nurse who is not a psychiatric nurse practitioner or a psychiatric nurse clinical specialist, may obtain a petition for an emergency evaluation only by going before a district court judge. If granted, the court directs local law enforcement to locate and transport the respondent to the nearest emergency facility. The law enforcement professional must then complete a Return of Service form to be filed with the court that issued the petition.

A qualified petitioner, such as a psychiatrist or other mental health professional, may on rare occasions transport a respondent to an emergency facility if they are working as part of a mobile treatment or assertive community treatment team that provides services directly to the individual in his home. More commonly, the qualified petitioner completes the petition while working in a community clinic or inpatient service and then contacts law enforcement to pick up and serve the petition on the respondent.



HB 537 modifies transport procedures for emergency evaluatees. While MPS and WPS agree with the intent to reduce potentially deadly conflicts between the police and people with mental illness, the emergency evaluation process does pose potential personal safety risks to clinicians who elect to serve the petition themselves while working as part of a mobile treatment team. Law enforcement should be required to respond to provide security to these clinicians at any point in this process. These clinicians should also be protected from civil or criminal liability. In addition, nothing in this bill should imply, or directly state, that a qualified petitioner must locate and transport the respondent without the help of law enforcement.

MPS therefore worked with the Senate sponsor, whose bill went first to adopt the following amendments, which she did:

1. On page 4, in line 10 strike “shall” insert “MAY”;
2. On page 4, in line 11 after “facility” strike “If the” insert “. (2) A”;
3. On page 4, in line 15 strike “OR” and insert “WHO DOES NOT TRANSPORT THE EVALUEE SHALL PROVIDE THE EMERGENCY PETITION TO A”; in that same line after officer strike “HAS A PETITION”;
4. On page 4, in line 22 after “(2)” insert (I)
5. On page 4 after line 29 insert “(II) A PHYSICIAN, PSYCHOLOGIST, CLINICAL SOCIAL WORKER, LICENSED CLINICAL PROFESSIONAL COUNSELOR, CLINICAL NURSE SPECIALIST IN PSYCHIATRIC AND MENTAL HEALTH NURSING, PSYCHIATRIC NURSE PRACTITIONER, LICENSED CLINICAL MARRIAGE AND FAMILY THERAPIST, HEALTH OFFICER OR DESIGNEE OF A HEALTH OFFICER, WHO TRANSPORTS AN EMERGENCY EVALUEE TO THE EMERGENCY FACILITY MAY REQUEST ASSISTANCE FROM A PEACE OFFICER TO AID IN THE TRANSPORT AT ANY TIME; (III) A PEACE OFFICER FROM THE APPROPRIATE JURISDICTION SHALL RESPOND TO A REQUEST FOR TRANSPORT ASSISTANCE.”
6. On page 5 after line 18 insert “(C) ANY PHYSICIAN, PSYCHOLOGIST, CLINICAL SOCIAL WORKER, LICENSED CLINICAL PROFESSIONAL COUNSELOR, CLINICAL NURSE SPECIALIST IN PSYCHIATRIC AND MENTAL HEALTH NURSING, PSYCHIATRIC NURSE PRACTITIONER, LICENSED CLINICAL MARRIAGE AND FAMILY THERAPIST, HEALTH OFFICER OR DESIGNEE OF A HEALTH OFFICER, WHO TRANSPORTS AN EMERGENCY EVALUEE TO THE EMERGENCY FACILITY, WHILE ACTING IN GOOD FAITH, SHALL BE IMMUNE FROM CIVIL OR CRIMINAL LIABILITY FOR ANY INJURIES SUSTAINED DURING TRANSPORT.”

Finally, MPS and WPS would ask the committee to resist any amendment that includes physician assistants or non-psychiatric nurses to the list of authorized health care providers for transport as this would be internally contradictory in the law as these professions are not qualified petitioners.



**Washington  
Psychiatric Society**

With the amendment adopted, MPS and WPS would then ask the committee for a favorable report of HB 537. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

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