

Erik Roskes, MD  
2511 Hal Circle  
Baltimore, MD 21209  
410-343-9187

March 17, 2021

To: Health and Government Operations Committee

Re: HB1344

I am a psychiatrist licensed in Maryland. I have been in general and forensic practice in Maryland since 1995. I am board certified and am an active member of the Maryland Psychiatric Society. I worked in DHMH/MDH from 2001-2017.

The bill as written will do, at best, nothing to alter who gets civilly committed, and who does not. Twenty-five years ago, Dr. Paul Appelbaum, a nationally recognized forensic psychiatry expert, wrote a book “Almost a Revolution: Mental Health Law and the Limits of Change”, in which he examined changes in various areas of American mental health law, including civil commitment, over the preceding years and decades. He followed this up with a 1997 article examining changes in civil commitment laws in the US and in other countries. His conclusion was stark: clinicians civilly committed the same people no matter how the law was written. In short, psychiatrists on the front lines, tasked with making decisions as to who meets civil commitment criteria, made the same decisions before and after statutes had changed during the 1970s and 1980s.

As a psychiatrist who has worked in all aspects of our mental health system, including emergency services where I regularly had to make decisions regarding civil commitment, I cannot think of a situation where a person is “unable...to provide for his/her basic needs” that could not be committed under a standard of “presents a danger to [his/her] life or safety”. Reasonable people might disagree in a given situation, but those disagreements will not be resolved with the proposed statutory changes.

In discussions during the current BHA workgroup on this topic, some advocates cited anecdotes of police misinterpreting the emergency petition statute, as well as anecdotes of ALJ’s misinterpreting the commitment statute, thereby improperly releasing patients who should have been committed. If this is so, it indicates a training need both for law enforcement and for ALJs, and this legislation will do nothing to solve that.

I review dozens of cases every month and frequently observe situations in which patient wait hours or days in emergency departments after a decision has been made that they need to be admitted. At times, the patient improves clinically and is released from the ER, but in many cases, the staff in the hospital spend that time contacting hospitals around the state seeking a bed. The limiting factor for admissions is not the civil commitment statute or the standards it outlines. There are, simply put, a limited number of psychiatric inpatient beds. Whether the current bed

count within the private and public sectors is adequate is a matter for another day and a different venue, but this legislation will not solve that problem.

I urge an unfavorable vote on the bill as written. It is a legislative attempt to solve what is at its base a resource problem and secondarily a training problem.

Respectfully,

A handwritten signature in black ink, appearing to read 'ER' or 'EROS', written in a cursive style.

Erik Roskes, MD