

**House Bill 29 Health – Standards for Involuntary Admissions and Petitions for Emergency Evaluation –
Substance Use Disorder**

Health and Government Operations Committee

February 2, 2021

Position: OPPOSE

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 this testimony in opposition to House Bill 29.

HB 29 provides for an individual with a substance use disorder to be involuntarily committed to an inpatient mental health facility. The bill would allow for such a commitment even in the absence of a co-occurring mental health disorder.

Aside from the fact that an inpatient mental health facility may not be the appropriate placement for individuals with substance use disorders, HB 29 raises a more fundamental concern – why would we force *involuntary* treatment upon people who are subject to a system that has not been adequately equipped to meet their *voluntary* treatment needs?

Maryland has worked for years to address a persistent overdose epidemic that is devastating families across the state. Over 2,100 Marylanders lost their lives to an opioid-related death in 2019.¹ Maryland drug- and alcohol-related deaths jumped by more than 18% in the second quarter of 2020 as compared to the same period a year earlier, including a 30% increase in opioid-related deaths. And the coronavirus pandemic is making matters even worse. In a survey from the Centers for Disease Control and Prevention, over 13% of respondents said they have started or increased their substance use to cope with stress from the pandemic.²

Despite the severity of this situation, it remains increasingly difficult for Marylanders to access affordable and efficient substance use treatment when and where needed. Commercially insured Marylanders seeking community behavioral health treatment are being forced to access care out-of-network at a rate that is twice the national average, an historic and continuing failure to adequately resource our public behavioral health system is challenging providers' ability to meet the growing demand, access to crisis response services varies widely across the state, and there is not enough focus on harm reduction, education and prevention strategies.

Before moving to increase the use of involuntary treatment, we must address the system failures that prevent people from accessing treatment voluntarily. For these reasons, we oppose HB 29 and urge an unfavorable report.

¹ Maryland Opioid Operational Command Center 2019 Annual Report.

https://health.maryland.gov/vsa/Documents/Overdose/REV_Annual_2019_Drug_Intox_Report.pdf

² <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

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