



February 16, 2021

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

**RE: SUPPORT of House Bill 0537 (Mental Health Law --Petitions For Emergency Evaluation--Procedures)**

Dear Chairwoman Pendergrass and Health and Government Operations Committee:

Baltimore Harm Reduction Coalition (BHRC), an advocacy organization that mobilizes community members for the health, dignity, and safety of people targeted by the war on drugs and anti- sex worker policies, supports Senate Bill 396 (Mental Health Law -- Petitions for Emergency Evaluation--Procedures).

We support giving clinicians more discretion for ensuring patient safety. We offer this support as healthcare providers and because of our experiences as patients. I offer my experience below as testimony for the need to allow clinicians choice.

About four and a half years ago I experienced a particularly difficult episode of depression. Thanks to the help from a caring therapist I entered a day program where I could participate in activities and be checked on for most of the day, Monday through Friday. During one of our daily check-ins I mentioned that I was feeling much worse and the staff suggested that I consider hospitalization. I agreed. Since the program was located at a hospital all I had to do was walk across the street to enter the Emergency Department to wait for a bed in the inpatient section.

Unfortunately, the program had a rule that they needed to issue an emergency petition for any program participant who was a danger to themselves -- even if said patient was agreeable to hospitalization. As I understand it, they made this rule because of concerns regarding liability. By law in Maryland, when an emergency petition is issued the police must be called and they are required to transport the patient. The law leaves no room for the clinician's judgement about the specific scenario at hand.

Thankfully, the entrance to the Emergency Department was so close to the program that it was more cumbersome for the police to handcuff me and put me in the back of the transport wagon. They agreed that the brief walk across a minor street -- under their watchful eyes, hands resting on their holsters -- could be achieved without the wagon. When I hear of other people's experiences of being zip tied, alone, in a metal cage in one of the worst moments of their lives, my heart sinks into my stomach. Adding those layers of trauma to someone's experience, especially when they are at their most vulnerable, especially if they have had scary interactions with police before, and especially if there is a safe alternative, is not healthcare.

I ask that you trust clinicians' discretion and give them more options. In my case a program staff member walked with me, kept making eye contact, and we chatted about the weather to help alleviate my fear and embarrassment. We could have done without the police altogether.

It is possible that most emergency petitions will continue to be carried out as they have been. But a few less traumatic experiences are worth the effort. Those few matter.

As a director with BHRC, I appreciate the opportunity to share my experience and comment on this legislation and **BHRC respectfully requests the Committee give this measure a favorable report. Thank you for your consideration.**

For more information about BHRC or this position, please contact Harriet Smith at [Harriet@BaltimoreHarmReduction.org](mailto:Harriet@BaltimoreHarmReduction.org).