



February 4, 2021

The Honorable Shane E. Pendergrass  
House Health & Government Operations Committee  
Room 241, House Office Building  
Annapolis, MD 21401

RE: Support with Amendments - House Bill 442 (HB 442): Suicide Treatment Improvements Act

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 442 (HB 442): Suicide Treatment Improvements Act as the improvement of a Health Crisis Hotline operator training is imperative given the pandemic induced mental health crisis in addition to the historically high suicide rates that plague our State. A suicide hotline with properly trained staff members will ensure that all suicidal Maryland residents have the proper support and assistance necessary to deescalate critical situations.

Once admitted to a State behavioral health facility, suicidal patients should unquestionably be afforded trauma-informed care and humane treatment upon their arrival and throughout their inpatient residency. MPS and WPS fear, however, that some of the provisions ensuring this treatment will have unintended consequences for the admitting facilities.

HB 442 unexplainably ties a facility's license revocation to a lawful and medically sound discharge procedure. For example, if an individual is arrested and then threatens suicide but is not overtly dangerous on the inpatient unit, a hospital would lose their license for discharging that patient to a detention center or correctional facility despite all such facilities having suicide observation and treatment policies. Even more alarming, a hospital or mental health facility would be in violation of this bill and subject to license revocation if a restored criminal defendant were discharged to jail by order of the court.



Furthermore, if this bill were to pass in its current form, emergency departments would be motivated not to admit individuals in police custody because the individual could, in essence, never be discharged. Thus, the number of seriously mentally ill people in jails would actually increase.

Finally, one must remember that Maryland COMAR considers correctional facilities to be a "less restrictive alternative" than hospitals because jails cannot force an individual to take his/her medications. Thus, if a patient/defendant were released at a commitment hearing by an administrative law judge, a facility could lose its license

Based on the arguments stated above, MPS and WPS, therefore, ask for the following amendments to HB 442:

1. On page 9, strike in their entirety line 20 through line 25, inclusive.
2. On page 10, strike in their entirety line 6 through line 9, inclusive.

With the amendments adopted, MPS and WPS would then ask the committee for a favorable report of HB 442. 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  
Legislative Action Committee