



February 2, 2021

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

RE: Support – HB 29: Public Health - Maryland Suicide Fatality Review Committee

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 oppose House Bill 209 (HB 29): Health - Standards for Involuntary Admissions and Petitions for Emergency Evaluation - Substance Use Disorder (HB 29). State psychiatric facilities, and general hospitals with psychiatric units that accept involuntary patients, are not substance abuse rehabilitation facilities. While acute withdrawal symptoms can be managed, and the underlying mental disorders treated, to commit someone primarily due to substance use disorder (SUD) is an improper use of scarce psychiatric inpatient beds. We believe a better solution is to increase access to care, voluntarily or involuntarily, to existing substance abuse rehabilitation programs

MPS and WPS would note that no evidence of efficacy exists in the practice of involuntarily committing those struggling SUD, while some evidence of harm does exist. The harms to those civilly committed as a result of SUD include: stigmatizing and punitive experiences, heightened family conflict and social isolation, eroded patient self-determination, limited or no provision of opioid use disorder medications, and long-term overdose risk.<sup>1</sup> While commitment may achieve the immediate goal of preventing an overdose or related danger, whether it leads to

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<sup>1</sup> Evans EA, Harrington C, Roose R, Lemere S, Buchanan D. Perceived Benefits and Harms of Involuntary Civil Commitment for Opioid Use Disorder. *J Law Med Ethics*. 2020 Dec;48(4):718-734. doi: 10.1177/1073110520979382. PMID: 33404337



sustained recognition of treatment needs by the affected person, engagement in care, and improved decision making remains to be demonstrated.<sup>2</sup>

For adults, the national mean duration of psychiatric inpatient stays was 6.6 days in 2012 and 6.8 days in 2014.<sup>3</sup> MPS & WPS contend that the length of stay is woefully insufficient for meaningful rehabilitation for SUD. Short stays pose a potential for significant harm, especially since after three days of opioid withdrawal, overdose risk actually may increase upon discharge from civil commitment. In addition, inpatient services are not staffed with SUD specialists, nor do groups exist for relapse prevention. Involuntary admissions are designed to avert an immediate crisis and cannot effectively impact long-term recovery.

Unfortunately, HB 29 may delay access to care for those impacted by more acute mental illnesses that pose a danger to that person or others. If codified, HB 29 may inadvertently extend waiting times in emergency departments, boarding, holding beds for serious mental illness patients

Therefore, MPS and WPS ask the committee for an unfavorable report on HB 29. 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

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<sup>2</sup> [https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201800066?url\\_ver=Z39.88-2003&rfr\\_id=ori%3Arid%3Aacrossref.org&rfr\\_dat=cr\\_pub++0pubmed&](https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201800066?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Aacrossref.org&rfr_dat=cr_pub++0pubmed&)

<sup>3</sup> Source: Lee G. Incidences of Involuntary Psychiatric Detentions in 25 U.S. States. Psychiatric services online (2020).