

TO: The Honorable Shane Pendergrass, Chair
House Health and Government Operations Committee

FROM: Annie Coble
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Johns Hopkins supports with amendments **House Bill 29 Health – Standards for Involuntary Admissions and Petitions for Emergency Evaluation – Substance Use Disorder**. This bill would allow individuals with a substance use disorder to receive a certificate for involuntary admission to a facility or Veterans' Administration hospital. The goals of this legislation are admirable and important, to create greater access to treatment for those with a substance use disorder diagnosis. However, Johns Hopkins has concerns regarding the unintended consequences of this legislation as introduced.

According to Maryland's Opioid Operation Command Center 2020 Second Quarter Report, unintentional intoxication deaths increased 12.1% from last year. This is incredibly disappointing as overdoses dropped in 2019. Maryland data are parallel with national trends of a drop in overdoses for 2019 and an increase in 2020. Although, national data shows an increase of 19.5%. While the COVID-19 pandemic has certainly played a role in the increase of overdose deaths, the opioid crisis is just as prevalent as ever and needs to be treated seriously. Johns Hopkins appreciates that this bill creates new avenues to accessing treatment for those with a substance use disorder.

Johns Hopkins emergency department is already inundated with patients that have come through emergency petitions under current rule. Between October and December 2020 Johns Hopkins Hospital accepted over 150 emergency petition patients and Howard County General Hospital accepted nearly 60 emergency petition patients. Expanding the conditions in which a patient could come to the emergency department on emergency petition would overwhelm the department. Beyond the operational impact to the hospital and emergency departments, adding patients into this stream could leave them stuck in the emergency department unable to access treatment.

As stated, the opioid crisis is a national problem; therefore Johns Hopkins recommends studying how other states manage patients with a substance use disorder in crisis. A 2016 study by the National Alliance for Model State Drug Laws, found that 37 states have laws for involuntary commitment of individuals suffering from substance use disorder and Maryland is not among those states. Before legislation is passed, the State should review the laws of other states to determine best practices and effectiveness of emergency petitions for patients with a substance use disorder diagnosis; particularly, related to the role hospitals play in this process.

Additionally, the Health Services Cost Review Commission last year awarded grants to hospitals across the state for the Regional Partnership Catalyst Grant for Behavioral Health Crisis Services. Johns Hopkins was awarded this grant, along with sixteen other hospitals, three local behavioral authorities and community organizations across Baltimore City, Baltimore County, Carroll County and Howard County as a part of the Greater Baltimore Regional Integrated Crisis System (GBRICS). GBRICS aims to address behavioral health crises through a robust crisis hotline and referral system and increased access to mobile crisis services, which helps to serve individuals in the community instead of through the criminal justice system or hospital emergency departments.

Creating access to treatment for those in crisis with a substance use disorder diagnosis needs to be a priority for the State. However, it is important that this is done in a thoughtful and careful way looking at best practices in other states and existing or emerging resources in Maryland. For those reasons and more, Johns Hopkins urges a **favorable with amendments report on House Bill 29 Health – Standards for Involuntary Admissions and Petitions for Emergency Evaluation – Substance Use Disorder.**