Maryland
Hospital Association

February 16, 2021

To: The Honorable Shane E. Pendergrass, Chair, House Health & Government Operations Committee

Re: Letter of Concern - House Bill 537 - Mental Health Law - Petitions for Emergency Evaluation - Procedures

Dear Chair Pendergrass:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on House Bill 537. The hospital field recognizes the intent of the legislation to limit interaction between those in behavioral health crisis and the police and values efforts to destigmatize behavioral health treatment and behavioral health crisis.

Yet, Maryland hospitals are concerned HB 537 may have unintended consequences that would harm patient care.

Current law outlines very discrete steps for executing a petition for emergency evaluation (EP). The steps require a petitioner to involve a peace officer (police officer) to transfer the patient to an emergency facility for evaluation. Clinicians at the receiving facility may also request the peace officer remain with the patient if the patient is exhibiting erratic or violent behavior. HB 537 eliminates the requirement that a peace officer be involved in the execution of an EP.

In a 2018 survey from the American College of Emergency Physicians, 47% of emergency department (ED) physicians reported being assaulted at work, and 71% said they witnessed an assault.[1] It is important to have a peace officer present who can secure a patient if necessary.

Many patients who require an EP are not violent, yet an individual in a behavioral health crisis could become confused or unpredictable—during transport or while at the emergency facility.

MHA member hospitals raised concerns about clinicians transporting EP patients to the hospital in the clinicians' private vehicles. Hospitals would need to create policies and procedures to transport EP patients for hospital-based providers, but independent practitioners would have to decide on their own whether they can make the transport. Given this change, liability issues may arise.

[1] American College of Emergency Physicians. (September 2018). ACEP Emergency Department Violence Poll Research Results.

The hospital field supports expanded access to crisis services outside of the ED. MHA supported HB 332 in the 2020 legislative session. This required the Maryland Department of Health (MDH) to develop a model program for crisis stabilization centers, which care for individuals in behavioral health crisis and helps them remain in a more appropriate, therapeutic setting than a hospital ED. Due to the COVID-19 pandemic, MDH has not begun the stakeholder work to establish the model program.

Through the Regional Partnership Catalyst Grant Program, the Health Services Cost Review Commission began offering grants to improve access to crisis services Jan. 1. Applicants were required to show they support the implementation and expansion of behavioral health crisis management models, specifically the "Crisis Now: Transforming Services is Within Our Reach" action plan created by the National Action Alliance for Suicide Prevention.[2] Three awards, totaling $79.1 million over five years, were granted to transform crisis care in the regions.[3]

The state should promote programs to reduce the need for emergency petition evaluations, including expanding crisis support and behavioral health services throughout the care continuum. If an individual's behavioral health care needs are met, we can ensure fewer people experience behavioral health crisis.

We hope you take these considerations under advisement when deliberating on HB 537.

For more information, please contact:
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[2]Maryland Health Services Cost Review Commission. (November 2020). "Regional Partnership Catalyst Grant Program Final Funding Recommendation." "
[3] ibid