



10480 Little Patuxent Parkway, Ste 910, Columbia, MD 21044. Office 410-992-4258. Fax: 410-992-7732. [www.marylandpsychology.org](http://www.marylandpsychology.org)

## OFFICERS OF THE BOARD

### *President*

Esther Finglass, PhD

February 4, 2021

### *President-elect*

Linda McGhee, PsyD, JD

Delegate Shane E, Pendergrass, Chair  
House Health and Government Operations Committee  
Maryland House of Delegates  
6 Bladen Street

### *Past President*

Kimberly Y. Campbell, PhD

### *Secretary*

Laura Schaffner Gray, PhD

House Office Building, Room 241  
Annapolis, MD 21401

### *Treasurer*

Brian Corrado, PsyD

RE: HB0442 - Suicide Treatment Improvements Act

### *Representatives-at-large*

Andrea Chisolm, PhD  
Shalena Heard, PhD

Position: Letter of Information and Concern

### *Representative to APA Council*

Katherine Killeen, PhD

Dear Chair, Vice Chair, and Committee members:

## COMMITTEE CHAIRS

### *Communications*

Robyn Waxman, PhD

### *Diversity*

Whitney Hobson, PsyD

### *Early Career Psychologist*

Meghan Mattos, PsyD

### *Educational Affairs*

Laurie Friedman Donze, PhD

### *Ethics*

Cindy Sandler, PhD

### *Legislative*

Pat Savage, PhD

### *Membership*

Rebecca Resnik, PsyD

### *Professional Practice*

Selena Snow, PhD

The Maryland Psychological Association represents over 1000 doctoral level psychologists throughout the state. We are writing regarding **HB0442** which seek to address the serious and complicated issue of treating and managing suicidal individuals. The proposed legislation expresses the admirable intent of tackling the difficult and serious problem of suicide in a multitude of areas, including but not limited to training of hotline staff, ensuring law enforcement has access to individuals trained in mental health crisis intervention to work with suicidal community members, and treatment of patients in an emergency room.

We have identified some critical areas of concern and would like to work with the Sponsors and stakeholders to try and address these important areas of the bill.

1. There are components of the bill that are challenging to accurately define, especially in complex clinical situations such as in an ER which would render the law difficult to enforce. For example, the statement that all clinical staff in a facility “have a good bedside manner,” could produce misunderstandings between clinical staff and patients with emergent clinical presentations along with differing perspectives and cultural expectations.

2. The bill would direct facilities to “refrain from performing a psychological test on a patient who is currently in crisis or who has recently been in crisis.” (pg.6; line 9.) The bill could preclude the use of any psychological test in most emergency room settings. Consequently, clinical staff could not employ reliable and valid tools related to emotional state, risk, and cognitive functioning that aid in clinical decision making which may adversely impact clinical care and appropriate disposition for the patient.

3. Lastly, the bill states that “a facility may not: discharge a patient into a circumstance in which the patient will be homeless” (pg.9; line 27&28.) While this idea is certainly humane and worthwhile, we are concerned that emergency rooms are not equipped to house homeless patients while they await placement. This may create a backlog of patients in the E.R. as the wait for appropriate disposition could be lengthy and limit available medical beds for incoming patients. In addition, it could be costly in terms of clinical staffs’ time and hospital resources. We would instead recommend that Maryland health systems develop a coordinated system with less intensive but humane and safe settings to house and treat the homeless population after their discharge.

## PROFESSIONAL AFFAIRS

### OFFICER

Paul C. Berman, PhD

## EXECUTIVE DIRECTOR

Stefanie Reeves, CAE

A similar concern emerges when addressing disposition to correctional settings. For example, many detained youth and adults come to ERs when they exhibit medical issues. If those medical issues can be addressed in the ER, then patients can be discharged back to correctional settings often to medical suites where increased supervision/less intensive care can be provided. Limiting the discharge options may also contribute to the previously mentioned concerns related to efficient and effective care in an ER.

The Maryland Psychological Association would like to be part of discussions to achieve the goals of the bill. We and our members stand ready to work towards solutions as Maryland struggles to meet the challenge of rising levels of mental health challenges including suicide.

Thank you for considering our comments and concerns on HB 442. If we can be of any further assistance as the House Government and Operations Committee considers this bill, please do not hesitate to contact the MPA Executive Director, Stefanie Reeves, MA, CAE at 410-992-4258 or [exec@marylandpsychology.org](mailto:exec@marylandpsychology.org).

Sincerely,

*Esther Finglass*

*R. Patrick Savage, Jr.*

Esther Finglass, Ph.D.  
President

R. Patrick Savage, Jr., Ph.D.  
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association  
Barbara Brocato & Dan Shattuck, MPA Government Affairs