Maryland
Hospital Association

February 2, 2021

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

Re: Letter of Concern- House Bill 29 – Health - Standards for Involuntary Admissions and Petitions for Emergency Evaluation - Substance Use Disorder

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 29. Maryland hospitals are on the front lines of the state's behavioral health crisis. Hospitals and their partners improved access to the most appropriate level of care for Marylanders overall, but for the one in five living with a mental health or substance use disorder, the emergency department (ED) often remains the only door to access treatment.

There were 2,379 unintentional drug and alcohol related deaths in 2019, according to the Maryland Opioid Operational Command Center.[1] MHA agrees with the spirit of HB 29, to increase connection to treatment for substance use disorder, yet we do not believe the legislation could be effective within the state's treatment infrastructure.

Current law allows an individual to be involuntarily committed after an evaluation by a psychiatrist, psychologist, or psychiatric nurse practitioner. Hospitals, including state hospitals, are the only facilities that can retain individuals. This means acute care hospitals with psychiatric units that accept involuntary admissions and specialty psychiatric hospitals, are the only facilities that accept involuntary admissions. There are no substance use treatment facilities in the state that accept involuntary admissions.

The bill as written would require a person subject to involuntary admission for substance use disorder to be admitted to a psychiatric unit. Putting this pressure on hospital psychiatric units may be problematic at a time when psychiatric units are often at capacity, and approximately 60% of individuals brought to EDs on emergency petition are discharged to a community behavioral health program.

The hospital field supports expanded access to crisis services outside of the ED. During the 2020 legislative session, MHA supported HB 332. This required the Maryland Department of Health (MDH) to develop a model program for crisis stabilization centers to care for those in behavioral health crisis and help them remain in a more appropriate, therapeutic setting than a hospital ED.

[1]Maryland Department of Health. (June 2020). "Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2019."

Crisis stabilization centers in Maryland may be able to clinically accept individuals in psychiatric crisis, including those on emergency petitions, yet there is not a process to accept them from a peace officer. MDH has not begun the stakeholder work to develop the model program due to the COVID-19 pandemic.

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

The National Judicial Opioid Task Force reports 35 states and the District of Columbia have statutory provisions for involuntary admissions for individuals suffering from substance use disorder.[4] These laws vary by state, qualifying substance, admission criteria, and length of time an individua0l can be retained. Each state has its own treatment capacity. If this legislation is implemented within Maryland's current treatment framework, individuals would only be retained in psychiatric facilities. Maryland's crisis response system is under development. Additional parameters are needed before legislation like HB 29 could be implemented. Acting prematurely may negatively impact the patients this bill seeks to help.

We hope you find this information helpful and consider these concerns when deliberating HB 29.

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
[4] National Judicial Opioid Task Force. (n.d.). "Involuntary Commitment and Guardianship Laws for Persons with a Substance Use Disorder."