

***Testimony to Support HB 29:
Health - Standards for Involuntary Admissions and Petitions for
Emergency Evaluation - Substance Use Disorder***

***House Government Operations Committee
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On April 29th, 2009, I went to the Annapolis Courthouse. I asked the judge for an Emergency Medical Evaluation for my 24-year old daughter, who struggles with addiction. The judge agreed that it was a very serious situation, and signed the petition for an evaluation.

The Arundel police picked my daughter up the next day and took her to The Arundel Medical Center Hospital. The judge had suggested that I speak to the doctor, so I could convey my daughters serious condition, because she may not tell the doctor the truth. I told this to the Front Desk Clerk. She relayed my message to the ER doctor and the clinician. Both of these medical professionals told the Front Desk Clerk that they were busy and for me to “go home”, and they would call me, because they were not going to see my daughter right away. My concerns regarding my daughter were listed in the court-ordered petition, that the Emergency Department had received from the police officer who had brought my daughter into the ER. Additionally, I made sure that the Front Desk Clerk wrote down my concerns. I had written that my daughter was suicidal, depressed, and using fatal amounts of heroin.

Despite this information, known by both the ER doctor and the clinician, they “evaluated” my daughter for all of 30 minutes, failed to call me (the petitioner) to confirm my firsthand observations, and made a recommendation to release her. The clinician then called me and said, “Mrs. Maguire, you are not going to like what I have to say, but we are going to release your daughter”. I said, “please don’t –she needs to be transferred to Sheppard Pratt Hospital – they have dual-diagnosis treatment for depression and addiction.” I begged them to keep her just one night so that I could have time to find a next-level-of-care for her. The clinician was adamant that the doctor was not going to change his mind. I called the Anne Arundel County Crisis Team, and was told that the ER should have kept her for at least three days for observation.

If we can pass HB 29, mandating involuntary evaluations for people with substance use disorders –this will help save lives. Most people struggling with addiction want help, but they are afraid of the withdrawal. They want to stop, but their mind is too foggy and blurred. They say, “I will get help tomorrow”, --but it’s always “tomorrow”. If it is mandatory that they at least get evaluated for up to ten days –as this bill stipulates, then after the withdrawal and detox is over, and they are stable, then their mind and thinking is clear –they can then, much more rationally and logically, choose the next step(s) to take to put their lives back in order. And they are happy to have the detox and withdrawal behind them –regardless of whether their choice to do so was voluntary or involuntary. Then they can start the recovery process.

Right now, there is a gap between the hospitals and treatment facilities. If hospitals cannot do the observation and evaluation, then they need to be held accountable for making arrangements for a warm hand-off to another level of care that can. This bill will do that, and so many lives will be saved as a result.

Please vote in favor of House Bill 29.