



March 16, 2021

The Honorable Shane Pendergrass
House Health & Government Operations Committee
Room 241, House Office Building
Annapolis, MD 21401

RE: Oppose – HB 1334: Mental Health Law - Reform of Laws and Delivery of Service

Dear Chairman Pendergrass and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS and WPS oppose House Bill 1334: Mental Health Law - Reform of Laws and Delivery of Service (HB 1334) for the following reasons:

1. General Observations

Revising the language of the civil commitment law will not cure the problem of lack of inpatient services for people with serious mental illness who need involuntary care. Our state hospital system was reduced from seven facilities to five, and the majority of these beds are occupied by forensic patients. Expanding involuntary admission criteria will not obviate the need for more bed capacity. Even with reduced bed capacity, the state hospital system is sorely in need of human resources to care for those who are presently committed. In 2018, the general assembly passed House Bill 111, which requires state hospitals to admit certain forensic patients within ten days of their competency adjudication. This further reduced bed availability for patients eligible for civil commitment.

According to various administrative law judges (ALJs), about 90% of people admitted on civil certificates are retained, in other words, committed, at the hearing. This indicates that the few who are not committed likely have rare or unusual circumstances rather than indicating a deficiency in the statute. ALJ's are presiding over about 800 commitment hearings every month.



MPS and WPS historically have supported the liberalization of involuntary treatment laws. MPS and WPS supported a bill to allow law enforcement professionals to rely upon hearsay as a basis for an emergency petition. MPS and WPS also supported the expansion of the class of mental health professionals who are allowed to file emergency petitions and to sign civil certificates. MPS and WPS also supported a bill to prohibit a release from commitment solely for being held in the emergency department longer than 12 hours while waiting for a bed. Concerns are raised only when a proposed change may narrow the class of those eligible for treatment, or when the change has the potential for ambiguity or unintended consequences. Thus, our concerns about HB 1334

2. Concerns About Specific Bill Language

As drafted, psychiatrists themselves have difficulty interpreting the proposed law. Specifically, those psychiatrists who have reviewed and discussed the bill were unsure if all three dangerousness criteria had to be met or if the danger to self/others plus one other criterion was needed, or if a danger to self/others alone would suffice. Also, there was uncertainty regarding the degree of dangerousness or impairment that would be required to meet the "substantial" criteria.

In addition, few people with mental illness are entirely "unable" to provide for their basic needs, so this criterion would never be met by any patient. Similarly, few people would be entirely "unable" to make rational and informed decisions--this is also a change that would limit the number of people who could be committed compared to current law since presently psychiatrists can also commit people who are competent yet "unwilling" to be admitted. (Eg. the current language is "unable OR unwilling.") People with clinical depression have the cognitive capacity to understand the need for treatment, but maybe unwilling to consent to admission. Thus, the ability to admit suicidal people would be gutted.

Finally, danger is defined for the purposes of initial certification, but not defined in the section of the bill that covers the commitment hearing. It should be consistent in both places. Some ALJs are releasing people because they were non-dangerous in the structured setting of the inpatient unit, even though they would be dangerous if released.

For all the reasons above, MPS and WPS respectfully ask the committee for an unfavorable report on HB 1334. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett, Jr. at tommy.tompsett@mdlobbyist.com

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Joint Legislative Action Committee