



February 20, 2021

The Honorable Anne R. Kaiser
House Ways and Means Committee
Room 131, House Office Building
Annapolis, Maryland 21401

RE: Support with Amendments – HB 1166: Education – Physical Restraint and Seclusion – Requirements, Reporting, and Training

Dear Chairman Kaiser 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 support with amendments House Bill 1166: Education – Physical Restraint and Seclusion – Requirements, Reporting, and Training (HB 1166). The physical and mental health of students, especially those who may be experiencing a mental health crisis, is paramount, which HB 1166 seeks to ensure. HB 1166 wisely promotes trauma-informed and positive behavior interventions, which are sound approaches to student behavior issues. HB 116 also creates sound policies through the data collection that is mandated in the bill and then placed in the purview of the State Superintendent of Schools for consideration and uniform action if necessary.

As currently drafted, however, HB 1166 could become burdensome and un navigable. The Committee must remember that the use of restraint is generally only authorized in special education schools. Thus, the list of on-site providers who can observe the restraint, page 4 lines 3 -12, should include a registered nurse and other licensed practitioners permitted by the state to parallel other restraint laws. In most cases, a psychiatrist, physician, or psychologist may not be on-site, and most licensed clinical social workers (LCSWs) are not trained on how to supervise restraints and/or seclusion. Therefore, MPS and WPS suggest this section be amended as follows:

- On page 4, in line 10 strike "OR"
- On page 4, in line 12 strike ";" and substitute ", OR"
- On page 4, after line 12 insert: "A REGISTERED NURSE"

Furthermore, all students in non-public special ed schools have an Individual Education Program (IEP). HB 1166's idea of convening an emergency IEP after any restraint that "adversely affects" a student's behavior is too subjective to determine and impractical to implement. Restraints can occur in special education schools on a daily basis and for some students who are doing poorly or adjusting to a new



setting, restraints can happen a lot initially, making this follow-up requirement even more impractical. MPS and WPS, therefore, would ask for the following amendment.

- On page 4, strike beginning with "IF" in line 30 down through "OR" in line on page 5.
- On page 5, in line 5 strike "(II)" and insert "(3)".

With the aforementioned amendments adopted, MPS and WPS would then ask the committee for a favorable report of HB 1166. 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