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**WRITTEN TESTIMONY IN SUPPORT OF**  
**Senate Bill 994: Public Health - Mental Health Advance Directives -**  
**Awareness and Statewide Database**  
**Finance Committee, Senate**  
**March 22, 2022**

Thank you Chair Kelley, Vice-Chair Feldman, and committee members for your dedication to improving the quality and accessibility of healthcare services for all Marylanders. On Our Own of Maryland (OOOMD) is a statewide behavioral health (BH) education and advocacy organization, operating for 30 years by and for people with lived experience of mental health and substance use challenges. Our network of 20+ affiliated peer-operated Wellness & Recovery Centers throughout the state offer free, voluntary recovery support services to 5,000+ community members with mental health and substance use challenges.

**OOOMD is in strong support of SB 994**, which would require the Behavioral Health Administration to create a public awareness campaign to promote the use of Mental Health Advance Directives (MHADs), and establish a centralized database of MHADs to improve efficient access to these vital documents.

Maryland law states that individuals have the right to make decisions regarding treatment in advance, including mental health treatment decisions, through the process of creating an advance directive.<sup>1</sup> MHADs include important medical history, specific guidance on acceptance/refusal of certain types of treatment (e.g. medication, modalities, treatment settings), and appointment of a health care agent to legally make treatment decisions on their behalf. MHADs may also include helpful support information, such as effective self-help practices and delegated responsibilities for the care of family members or pets.

MHADs protect autonomy and prevent unintended harm or trauma during a mental health crisis. The process of creating a MHAD empowers individuals who live with significant mental health challenges to thoughtfully plan and express what works for them, what is harmful or should be avoided, and who to contact in an emergency, therefore significantly improving the quality of care they receive. MHADs have also been shown to increase treatment adherence and even improve the patient-provider relationship.<sup>2</sup>

Unfortunately, there are significant barriers to effectively and efficiently completing and utilizing MHADs. There is limited awareness about this tool among the general public and even behavioral health professionals, and the process of completing a legally-sufficient MHAD is complicated. Once the document is completed, there is confusion and concern about how and when clinicians can become aware of and appropriately access MHADs in time-sensitive or emergency circumstances.<sup>3</sup>

<sup>1</sup> Maryland Department of Health & Mental Hygiene. Advance Directive for Mental Health Treatment. <https://www.wmhs.com/wp-content/uploads/2018/04/md-mental-health-advance-directive.pdf>

<sup>2</sup> Elbogen EB, Van Dorn R, Swanson JW, Swartz MS, Ferron J, Wagner HR, Wilder C (2007). Effectively Implementing Psychiatric Advance Directives to Promote Self-Determination of Treatment Among People with Mental Illness. Psychol Public Policy Law. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3816514/>

<sup>3</sup> Shields LS, Pathare S, van der Ham AJ, Bunders J. A review of barriers to using psychiatric advance directives in clinical practice. Adm Policy Ment Health. 2014 Nov;41(6):753-66. <https://link.springer.com/article/10.1007/s10488-013-0523-3>

In Maryland, there is currently no centralized or standardized process for making MHADs available to any relevant treatment provider who may be involved in responding to a mental health-related emergency. Instead, contact must somehow be made with a loved one or other provider in possession of the MHAD. This lack of ready access means MHADs are more likely to be ignored, or critical time and resources may be lost in the attempt to obtain the MHAD.

The process proposed through this bill would increase awareness and active use of MHADs. However, we caution that the protection of confidential medical information must be scrupulously maintained. Stigmatizing attitudes about mental and behavioral health conditions can also create very real harms and barriers to care. We strongly recommend stakeholder involvement in the design of protocols for centralized storage of MHADs, especially people with lived experience of a mental health crisis in which a MHAD was or could have been used. Additionally, we hope that the Department will seek to enhance current Electronic Medical Record systems already in place, as opposed to creating a new and separate software system that would require not just development costs, but training on implementation and use. The goal of this bill is to reduce barriers to accessing MHADs, and so we encourage building on technological solutions that are currently actively used in emergency and behavioral health treatment settings.

MHADs help to protect individuals' safety, honor their choices, and avoid preventable harm and traumas. **We urge you to vote in favor of SB 994.**