



**Washington
Psychiatric Society**

March 28, 2022

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

The Honorable Maggie McIntosh
House Appropriations Committee
House Office Building – Room 121
Annapolis, MD 21401

RE: Support – SB 241: Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications

Dear Chairman Pendergrass, Chairman McIntosh, and Honorable Members of the Committees:

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 strive 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/WPS supports Senate Bill 241: Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications (SB 241) as amended in the Senate. The COVID-19 pandemic has created an undeniable second public health crisis in America. For example, a February 2021 article published by the Journal of American Medical Association¹ found that nearly 12% of adults surveyed seriously considered suicide in the prior month while 29.6% reported COVID-19-related trauma- and stressor-related disorder symptoms, 33% reported anxiety or depression symptoms, and more than 15% reported increased substance use. Unfortunately, study after study has reinforced this grim reality.

Most of our communities have traditionally relied on law enforcement in managing patients in mental health and substance use disorder crises. Unfortunately, this reliance often results in patients languishing in emergency rooms, the criminalization of psychiatric patients, and at times the unnecessary loss of life. In October 2020, the federal government took a different approach in passing the National Suicide Hotline Designation Act. The Act designates 9-8-8 as the three-digit dialing code for the National Suicide Prevention Lifeline.

SB 241, in turn, creates the necessary framework and funding to ensure 9-8-8 is available to all Marylanders. 9-8-8, when effectively resourced and promoted, will be able to connect an

¹ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2776559>



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individual in a mental health crisis to a trained counselor who can address his/her immediate needs and help connect him/her to ongoing care. This diversionary approach will reduce health care spending with more cost-effective early intervention, reduce unnecessary interactions with law enforcement for those in a mental health crisis while increasing access to those who need meaningful mental health care. Put another way, quick access to appropriate care in a crisis can reverse suicidal ideation and save lives.

It is essential that all Marylanders, no matter where they live, have access to the life-saving services that a fully national hotline is intended to provide. MPS/WPS, therefore, ask this committee for a favorable report on SB 241.

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
Legislative Action Committee