

10480 Little Patuxent Parkway, Ste 910, Columbia, MD 21044. Office 410-992-4258. Fax: 410-992-7732. www.marylandpsychology.org

OFFICERS OF THE BOARD

President

Rebecca Resnick, PsyD, March 10, 2023

President-elect

Brian Corrado, PsyD

Delegate Joseline A. Pena-Melnyk, Chair

Past President

Delegate Bonnie Cullison, Vice Chair

Linda McGhee, PhD, JD

Health and Government Operations Committee

Secretary Room 241, House Office Building

Tanya Morrel, PhD Annapolis, MD 21401

Treasurer

Melinda Capaldi, PsyD

Representatives-at-large

Jessica Rothstein, PsyD Andrea Chisolm, Ph.D. RE: HB 823 Mental Health Law – Assisted Outpatient Treatment Programs

Position: Support, with Amendments

Representative to APA Council

Peter Smith, PsyD

Dear Chair, Vice-Chair and Members of the Committee:

COMMITTEE CHAIRS

Communications Robyn Waxman, PhD

Diversity

Whitney Hobson, PsyD

Early Career Psychologist Meghan Mattos, PsyD

Educational Affairs Laurie Friedman Donze, PhD

Colleen Byrne, PhD

Legislative Pat Savage, PhD

*Membership*Linda Herbert, PhD

Professional Practice Karin Cleary, PhD

PROFESSIONAL AFFAIRS
OFFICER

Paul C. Berman, PhD

INTERIM EXECUTIVE DIRECTOR

Thomas Cote, MBA, CAE

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, asks the House Health and Government Operations Committee to **FAVORABLY**, with Amendments report on **HB 823**. HB823 allows counties an option to set up court-ordered Assisted Outpatient Treatment Programs (AOT).

Forty-Seven States and the District of Columbia currently have AOT. That number has been growing over time. Maryland, Connecticut, and Massachusetts are the only states that do not currently have AOT. Court-ordered AOT has been determined to be constitutional, based on a case challenging the constitutionality of AOT in New York.

The research support for AOT is strong and demonstrates improved outcomes and reduced costs in studies that use the optimal designs and an appropriate control group. Many randomized controlled trials (RCTs) did not have an effective control group for comparison and these RCTs were errantly considered to be of a higher quality in the metanalyses that suggested that there was no discernable effect from AOT.

We do think that this bill needs some amendments to address some concerning elements. First, at the top of page 6, lines 1-8 need amended. AOT should only apply to an individual with a severe mental illness who has been hospitalized involuntarily, or incarcerated, meeting the criterion of danger to self or others, or threats of such danger, at least once within the past 12 months.

Second, we would like to point out that AOT programs can effectively rely on psychologists in addition to psychiatrists. The San Francisco program is one example: https://www.sfdph.org/dph/comupg/oservices/mentalHlth/AOT/default.asp. Therefore, we would like to request an amendment to revise each of the 21 instances of the word "Psychiatrist" to "Psychiatrist or Psychologist."

Thank you for considering our comments on HB 823. If we can be of any further assistance as the House – Health and Government Operations Committee considers this bill, please do not hesitate to contact MPA's Legislative Chair, Dr. Pat Savage at mpalegislativecommittee@gmail.com.

Respectfully submitted,

Rebecca Resnick, Psy.D. Rebecca Resnick, Psy.D. President R. Patrick Savage, Jr., Ph.D.
R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association Barbara Brocato & Dan Shattuck, MPA Government Affairs