March 10, 2023

The Honorable Joseline A. Peña-Melnyk Health & Government Operations Committee Room 241 – House Office Building Annapolis, MD 21401

RE: Support with Amendments – House Bill 823: Mental Health Law - Assisted Outpatient Treatment Programs

Dear Chair Peña-Melnyk 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 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 support with amendment House Bill 823: Mental Health Law - Assisted Outpatient Treatment Programs (HB 823). Assisted outpatient treatment (AOT) programs, also known as outpatient commitment, refer to court-ordered treatment for individuals with severe mental illness who may have difficulty adhering to treatment plans on their own, leading to improved outcomes and quality of life. Some of the benefits of AOT programs for mental health include:

- Improved treatment adherence: AOT programs can help individuals with mental illness stick to their treatment plans, leading to better symptom management and overall health outcomes.
- **Reduced hospitalizations:** AOT programs have been shown to decrease the need for hospitalizations and emergency room visits by helping individuals stay on their medication and attend appointments with mental health professionals.
- **Reduced homelessness:** AOT programs can also reduce homelessness among individuals with severe mental illness by ensuring they receive the necessary treatment and support to remain stable in the community.
- **Improved quality of life:** By providing individuals with access to ongoing treatment and support, AOT programs can help them achieve and maintain a higher quality of life.

• Increased public safety: AOT programs can help prevent individuals with untreated severe mental illness from engaging in behavior that could harm themselves or others, which can improve public safety.

MPS/WPS believe that the following amendments are needed, however, to make this good bill and great one:

- 1. On page 5, in line 12, strike "A", and substitute "THE RESPONDENT'S TREATING".
 - Reason: Only a treating psychiatrist (Emergency Department, Inpatient, or Outpatient) MUST have examined an individual within ten days of the petition in order to testify or affirm a patient's need for AOT. MPS/WPS believe that it is imprudent to allow any psychiatrist, especially one who has not physically examined an individual, to refer a patient to AOT.
- 2. On page 7, in line 23, strike "3 BUSINESS" and substitute "<u>10</u>".
 - From MPS/WPS perspective, three business days for the hearing to occur after the petition is served puts an undue burden on the court system, which is already overburdened with cases and long wait times. Therefore, ten days is a more reasonable turnaround time.

Finally, the funding of AOT is paramount. Unfunded AOT programs prove time and again to be less effective or even ineffective. Should the Maryland General Assembly (MGA) pass this law, the MGA should look to Medicaid, the Maryland Department of Health, community mental health block programs, private insurance, and philanthropic sources to achieve the appropriate funding for this much-needed program.

With the above amendments adopted, MPS/WPS ask this committee for a favorable report on HB 823. If you have any questions concerning this testimony, please contact Thomas Tompsett Jr. at <u>tommy.tompsett@mdlobbyist.com</u>.

Respectfully submitted,

The Maryland Psychiatric Society and the Washington Psychiatric Society Legislative Action Committee