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SB453 FAVORABLE

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Senate Finance Committee, Feb. 20, 2024, 1:00 p.m.

After 47 years of practicing psychiatry, including over two decades as a scientist and Branch Chief in the National Institute of Mental Health Intramural Research Program charged with running the schizophrenia research unit at the NIH Clinical Center, I continue to be progressively concerned about the care and safety of our mentally ill patients.

Schizophrenia is the most serious of the mental illnesses affecting approximately 1% of the population of the entire world. And like Bipolar I disorder, involves symptoms of psychosis, i.e., loss of touch with reality.

Psychosis can be manifested by a range of disturbed behavior, some of which may result in danger to the self-and/or to other people. Most patients receive treatment under voluntary conditions in outpatient and inpatient services. Weeks or months are often required to experience good clinical response and many patients go on to reach good stability, even in the face of illness.

Unfortunately, a substantial number of patients with schizophrenia and psychosis, often in relation to the presence of paranoia and a myriad of delusional symptoms, do not maintain medication treatment. This often results in unmodulated psychosis and dangerous behaviors. Although most patients with psychotic illnesses are not violent, the role of serious mental illness in tragic acts throughout the country is a very well documented fact.

Involuntary hospitalizations carried out when there is risk of danger to self or others have long been part of the management of patients with serious mental illness. As a psychiatrist who often works with patients with schizophrenia, involuntary hospitalization is not a rare occurrence. It is difficult for the patient and, on a personal note, very difficult for the clinician and, of course, the family. An unfortunate reality in Maryland is the principal way

in which treatment is administered to these seriously ill patients; it is in jails or court ordered treatment in state hospitals.

Assisted Outpatient Treatment (AOT) enables treatment to be administered under a civil order to a small but highly meaningful number of patients with serious mental illness on an outpatient basis. The order requires an individualized treatment plan for one year monitored by the local mental health system. This carefully managed outpatient treatment enables a patient to optimize medication response and psychosocial support.

Non-adherence to treatment includes an appearance in court for status review, reassessment of treatment plan, or if necessary, evaluation for hospitalization. AOT is practiced in 47 states and the District of Columbia. Maryland is one of 3 states without the availability of this critical tool. Most of us who take care of seriously mentally ill patients here in Maryland deal with the deficiency of no AOT on a regular basis. I encourage the Maryland legislature to pass the currently proposed legislation that would legalize AOT. I am a very proud citizen of Maryland and sincerely hope our elected legislators correct this indefensible deficiency.

I am asking respectfully that you support SB453, to institute this positive life-altering treatment.