

SB0453 Testimony
Dr. Sarah Van Remmen, MD
Position: SUPPORT

I am a board-certified emergency psychiatrist and the Medical Director of Psychiatric Emergency Services for University of Maryland Medical Center. The views reflected below are my own. I have also worked as an inpatient attending psychiatrist who cares for patients with severe mental illness. Too often my team in the psychiatric emergency room learns that another one of our patients has died or been incarcerated because they did not have the opportunity for assisted outpatient treatment.

D- young person with living with schizophrenia who was murdered while attempting to find food and a warm place to sleep.

J- a young person living with schizophrenia and traumatic brain injury who was incarcerated for exposing themselves in public. Later that same year they were resuscitated after accidental overdose and was hypothermic due to homelessness.

D- a young person living with schizoaffective disorder who was just released from state hospital where she was sent after assaulting one of our psychiatrists. They have already become homeless again and are no longer taking medications.

J- a young person living with schizophrenia who went missing for weeks before being brought to our hospital by police. They were so catatonic that they couldn't tell us their own name. Their family was terrified that they had been killed.

I have more stories than it is possible to tell in a short testimony. And they all have the same theme- these people were directly harmed because their illness prevented them from receiving outpatient psychiatric treatment. Their inability to recognize their own need for treatment has led to direct harm. I am writing as an advocate for this group of individuals because their untreated illness has robbed their ability to advocate on their own behalf. It's impossible to advocate for oneself when you're living on the street looking for your next meal, when you're incarcerated, or when you're dead. The ability to advocate is a privilege and power that my patients do not have due to the severity of their illness. I appreciate the fears of the opposing patient's right advocates, however I feel that SB453 actually improves patients rights to treatment by creating a path to care for the sickest patients.

We get to know our patients in PES because of how frequently we see the same faces- in 2023 just ten individuals accounted for 17% of all PES visits. Through the lens of public health, it is staggering to consider how many emergency room visits could be prevented if we had an mechanism (AOT) to ensure that these individuals participated in outpatient mental health services.

It is important to emphasize that it is a small group of individuals who would meet the criteria for AOT due to their illness's severity. For most individuals with mental illness, voluntary treatment is more than adequate when they are given access to resources. The group of patients that I care for who would benefit from AOT currently have NO other available tool that allows me to successfully treat their symptoms in the community. In Medicine there is an important concept known as "Standard of care". It is care that any reasonable medical professional would provide if faced with a clinical situation. I.e. Checking for a heart attack if a patient arrives in the ED with chest pain. Currently, we are one of 3 states that does not have legislated AOT. We are providing sub-standard care to Marylanders. This needs to be rectified immediately.

My colleagues and I feel very strongly that AOT is necessary to help this small group of vulnerable individuals. Under the current system, these people are held captive by illness. Being able to provide them with adequate treatment allows them to regain autonomy over their own lives again. Research on AOT programs in other states shows overwhelming evidence for effectiveness.

It is heartbreaking to see the patients we care for being harmed while we are powerless to intervene until after it's too late.

Until after they've assaulted their psychiatrist again.

Until after they're found in an alley frozen again.

Until after their family files a missing person's report again.

Until another is murdered.

We have the ability to treat these individuals, Please vote in favor of HB576 so that we can. My patients cannot keep waiting to be treated with the dignity and respect that they inherently deserve.