



February 14, 2024

The Honorable Pamela Beidle  
Senate Finance Committee  
Miller Senate Office Building – 3 East  
Annapolis, MD 21401

RE: Support – Senate Bill 453: Mental Health - Emergency Evaluation and Involuntary Admission Procedures and Assisted Outpatient Treatment Programs

Dear Chair Beidle 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 Senate Bill 453 Mental Health - Emergency Evaluation and Involuntary Admission Procedures and Assisted Outpatient Treatment Programs (SB 453). 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. Some of the benefits of AOT programs 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 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 a great one:

- **Where To Go:** A peace officer should take an emergency evaluatee to the closest emergency facility to better distribute those experiencing a mental health crisis throughout the healthcare system. By codifying nearest, officers will take an emergency evaluatee to those facilities where they believe the evaluatee will have the best chance of being committed. By not addressing this distinction, some emergency departments will be overwhelmed with emergency evaluatees while others will see little to no evaluatees. Therefore, the amendment should read: **On page 3, line 2 strike the brackets; in the same line strike “A” down through “NEARBY” in line 3.**
- **How to Proceed:** The procedure, beginning on page 8 at line 16, should be an **administrative model** rather than a judicial one. Spending a day in a courthouse waiting to testify in a single hearing is an unfair request of community doctors who should otherwise be attending to many patients. Furthermore, most doctors are not trained or comfortable in doing this. Under an administrative model, the evaluatee is already admitted, a team social worker develops a plan, and an administrative law judge (ALJ) is present for a retention hearing.
- **AOT as a condition of involuntary admission:** The process should be limited to the inpatient realm, where the administrative procedure is already in place and familiar to healthcare practitioners. The amendment should read: **On page 7, strike beginning in line 21 with “BY” down through and including “Respondent” in line 23 and substitute “A PSYCHIATRIST WHO HAS EVALUATED THE RESPONDENT WITHIN 30 DAYS BEFORE THE DATE OF THE PETITION.”** This is a logical correction as later in the bill, a psychiatrist “shall” testify as a fact witness in support of AOT commitment.
- **Funding:** Finally, the funding of AOT is paramount. Unfunded or underfunded 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. While the \$3 million that the Administration has set aside for this bill



is a nice start, New York City's AOT Program, "Kendra's Law," which has an upfront investment of \$125 million and is costing the City about \$10,000 per person. Baltimore's Involuntary Outpatient Treatment cost about \$40,000 per person in the first year with only 9 people on orders. Combining those experiences, Maryland is home to 6.2 million and 3% have schizophrenia with only 2% of them needing AOT, which is a very conservative estimate. The first year of the program would cost roughly \$148 million. While this figure may seem staggering, the benefits to the individual, the community, and the healthcare system more than offset this investment.

With the above amendments adopted, MPS/WPS ask this committee for a favorable report on SB 453. If you have any questions concerning this testimony, please contact Thomas Tompsett Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

Respectfully submitted,  
The Maryland Psychiatric Society and the Washington Psychiatric Society  
Legislative Action Committee