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Health and Government Operations Committee
Room 241, House Office Building
Annapolis, MD 21401

February 12, 2024

Bill: House Bill 576 – Mental Health - Emergency Evaluation and Involuntary Admission Procedures and Assisted Outpatient Treatment Programs

Position: Support, with Amendments

Dear Speaker Jones, Chairwoman Pena-Melnyk, Vice Chair Cullison, and Members of the Committee:

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, is writing to **SUPPORT, with Amendments, HB 576**. HB 576 directs counties to set up court-ordered Assisted Outpatient Treatment (AOT) programs.

Forty-seven states and the District of Columbia currently have AOT. That number has been growing over time, making Maryland very much an outlier in terms of providing a full continuum of care options for individuals, families, and communities impacted by mental illness. Research has repeatedly shown the significant negative effects when severe mental health conditions go untreated, and this bill will equip counties with an additional tool for addressing the barriers that some individuals face in maintaining access to effective healthcare. HB 576 also improves on previous iterations in important ways that address the concerns that stakeholders and interest groups shared in testimony during last year's legislative session.

The research support for AOT is strong and demonstrates improved outcomes and reduced costs (for example: <https://ps.psychiatryonline.org/doi/full/10.1176/ps.2010.61.2.137>; <https://pubmed.ncbi.nlm.nih.gov/23896998/>). While there are conflicting conclusions regarding impacts and outcomes in some research reports, a number of 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 meta-analyses that suggested that there was no discernable effect from AOT.

Additionally, Court-ordered AOT has been determined to be constitutional, based on a case challenging the constitutionality of AOT in New York.

We do think that this bill would benefit from several amendments to address some potential issues. First, the proposed language in 10-6A-04.A.5.I regarding individuals who demonstrate a "history of treatment nonadherence" is overly broad and would benefit from clarification to reduce uncertainty about who should be mandated to AOT.

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 many of the 14 instances of the word “Psychiatrist” to “Psychiatrist or Psychologist,” to indicate that testimony from psychologists should be relied upon to an equal extent to that from psychiatrists.

Third, this bill makes sincere efforts to ensure that individuals mandated to AOT do not suffer adverse effects to their reputations by ensuring that petitions remain under seal and, in 10-6A-06.B.5, that being mandated to AOT “may not be used in any subsequent legal matter” where an adverse outcome could occur by the fact of being mandated. This bill would benefit from additional directions to court officers about maintaining records of proceedings and judgments under seal, as well, not just the initial petitions.

Fourth, this bill stipulates reasonable criteria that must be met before a court may mandate to AOT. It so happens that these criteria are broader than the criteria for involuntary inpatient treatment. Unfortunately, this difference may create difficulties for individuals who are mandated to AOT but do not adhere to treatment plans: they are required to submit to an emergency evaluation, but emergency staff must meet stricter criteria to consider involuntary admission for inpatient treatment. As a result, individuals mandated to AOT may not be admitted for necessary inpatient treatment as intended by this bill. This bill would benefit from revising involuntary inpatient admission criteria to align more closely with AOT criteria.

Fifth, community organizations have historically been concerned that implementation of AOT without concurrent increases in funding will stretch their already limited resources. Specifically, prior testimony has indicated that individuals mandated to AOT will ultimately displace individuals who are seeking care voluntarily. This bill would benefit from identifying funding sources to increase care resources so that all individuals are able to access quality outpatient care on a consistent basis.

Thank you for considering our comments on HB 576. 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 us at mpalegislativecommittee@gmail.com.

Respectfully submitted,

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President

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Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
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