

## **House Bill 382 - Health and Government Operations Committee - FAVORABLE**

Chair, Vice Chair, and Members of the Health and Government Operations Committee;

My brother is schizophrenic. He was diagnosed nearly 30 years ago, and has been in and out of hospitals since then. He has also repeatedly been evicted and homeless, and has been in jail a few times. He was found not criminally responsible for some actions in Maryland, and treated as such by a judge in a state that doesn't have an NCR designation. My brother has had more psychotic episodes than I can count, has repeatedly threatened and assaulted others, and has attempted suicide a few times.

My brother's schizophrenia is very severe and extremely difficult to effectively treat. As he gets older, it's even harder for psychiatrists to find medications that make the voices in his head less overwhelming (nothing silences them,) that calm him, and that keep him from experiencing visual and tactile hallucinations. Many psychiatrists have the knowledge and experience to find the best treatments for schizophrenia, and wouldn't see the point in going through less effective treatments for people who are as severely affected as my brother. Additionally, expecting someone who's having a schizophrenic episode to be able to tell a new psychiatrist which meds they have already tried or to even remember their previous doctors' names for the new one to contact (or to want for a new doctor to contact them if they're feeling paranoid) is unrealistic to the point of absurd. Once a new psychiatrist can ascertain the severity of the schizophrenia, they should be able to prescribe the medication that they think will work the best for the symptoms, rather than allow their patient to continue to suffer.

I implore you to give House Bill 382 a favorable report. Thank you for your consideration.

Sincerely,  
Debi Jasen  
Pasadena, MD