



HB779 Testimony
Evelyn Burton, Maryland Advocacy Chair of S&PAA
February 14, 2024
FAVORABLE WITH AMENDMENTS

As individuals with psychotic illnesses and their families, we support the treatment of psychosis as early as possible, to prevent harm to self or others and prevent victimization, and also to prevent the permanent brain deterioration that happens during active psychosis. Medication over objection is most safely done in a hospital under close observation. However if that is not possible, we would support HB779 if it can be amended to include additional safeguards and protections that are vital when medication over objection is given.

The suggested amendments below are intended to accomplish 3 goals:

1. Assure that the Medication Review Committee receives all of the information available in order to make safe decisions that are likely to be efficacious. This includes information on physical conditions, and past psychiatric medication trials including efficacy, serious reactions and side effects. Specifically, we propose that efforts be required to obtain such information from family, past inpatient and outpatient community providers, Medicaid, and the CRISP system, and if any the guardian, health care agent, and advance directive. The above individuals should be able to present both written and oral information to the Committee.
2. Assure that the facility, staffing, and medical oversight are appropriate to ensure the safety of an inmate that receives medication over objection. There needs to be minimum criteria in statute for licensure of a Mental Health Infirmary, including size and type of inmate housing and other spaces, staffing, and observation and evaluation requirements. Since psychotropic medications can have extremely serious side effects, we request 24/7 nurse staffing for observations for the first week or as long as dosage is being adjusted. Evaluation by a psychiatrist or psychiatric nurse practitioner every day for the first week, then weekly for the first month and then every 15 days. There also needs to be a same day response system for potentially serious side effect complaints.
3. Assure the stated rights of the inmate. The required qualifications of the "lay advisor" are not clear. "Mental health practice" is not defined. Either an exam should be given or specific education required.

SUGGESTED AMENDMENTS:

9-618 (A)(4) "LAY ADVISOR" MEANS AN INDIVIDUAL WITHIN THE DEPARTMENT WHO IS KNOWLEDGEABLE ABOUT MENTAL HEALTH PRACTICE, AS DEMONSTRATED BY PASSING AN EXAM DEVELOPED BY THE DEPARTMENT OR BY AN EDUCATIONAL DEGREE SPECIFIED BY THE DEPARTMENT, AND...

9-618 (A)(5) (We recommend that physical and staffing requirements be added.)

9-618 (F) THE DIRECTOR OF MENTAL HEALTH OR THE DIRECTOR'S DESIGNEE SHALL GIVE THE INCARCERATED INDIVIDUAL, ~~AND~~ THE LAY ADVISOR, AND THE IMMEDIATE FAMILY OF THE INMATE WRITTEN NOTICE AT LEAST 5 BUSINESS DAYS BEFORE CONVENING THE COMMITTEE THAT SHALL INCLUDE THE FOLLOWING INFORMATION:

(4) ~~FAMILY~~ MEMBERS MAY PRESENT RELEVANT FACTUAL INFORMATION REGARDING MEDICATION HISTORY, INCLUDING TRIALS, REACTIONS, EFFICACY AND SIDE EFFECTS.

9-618 (G) (4 RE) ~~REQUEST~~ RECEIVE ASSISTANCE FROM A LAY ADVISOR; AND (Note: Assistance should be offered without requiring a request.)

9-618 (I)(1)(VII) AN ADVANCED DIRECTIVE IF ANY.

9-618 (I)(1)(VIII) MEDICAL RECORD OF PHYSICAL ILLNESSES AND CONDITIONS.

9-618 (I)(1)(IX) INFORMATION FROM THE INMATE'S FAMILY, COMMUNITY PSYCHIATRIC INPATIENT AND OUTPATIENT PSYCHIATRIC PROVIDERS, THE CRISP SYSTEM, AND MEDICAID AND DOCUMENTATION OF EFFORTS TO OBTAIN THIS INFORMATION.

9-618 (J) (2)(III) RECEIVING INFORMATION PRESENTED BY THE INCARCERATED INDIVIDUAL AND OTHER INDIVIDUALS PARTICIPATING IN THE COMMITTEE, THE INMATES FAMILY, AND COMMUNITY PROVIDERS;

9-618 (M) (2) THE COMMITTEE SHALL PROVIDE A WRITTEN DECISION...THE LAY ADVISOR, THE GUARDIAN IF ANY, THE HEALTH CARE AGENT, IF ANY,...

9-618 (Q) (1) FOR THE FIRST WEEK AFTER THE INITIAL DOSE OF MEDICATION OVER OBJECTION, THERE SHALL BE CONTINUOUS NURSING OBSERVATION.

_____ (2) DURING MEDICATION OVER OBJECTION, THE INMATE SHALL BE EVALUATED BY A PSYCHIATRIST OR PSYCHIATRIC NURSE PRACTITIONER DAILY FOR THE FIRST WEEK, WEEKLY FOR THE NEXT MONTH, AND BIWEEKLY THEREAFTER.

_____ (3) COMPLAINTS OF POTENTIALLY SERIOUS SIDE EFFECTS MUST BE EVALUATED BY A PSYCHIATRIST OR NURSE PRACTITIONER WITHIN 24 HOURS OR LESS.