

Dear Chairman and members of the Committee,

I am writing today to express support for Senate Bill 196/House Bill 279 which would allow for the establishment of medication review committees in licensed mental health infirmaries. I am the medical director of the Acute Psychiatry Service at Johns Hopkins Hospital, an inpatient psychiatry unit that treats primarily patients with severe and persistent mental illness. I have extensive experience working with patients in mental health crises; including the treatment of patients who have been admitted and treated involuntarily. The views expressed in this statement represent my views and the views of the Maryland Psychiatric Society Legislative Committee; they do not represent the views of my employer.

Current law in mental health infirmaries allows for involuntary administration of psychiatric medications only in emergencies. One-time doses of emergency medications do not adequately treat underlying psychiatric conditions, such as psychosis or mania, which if allowed to persist can be dangerous both to the patient's health and the safety of others. Untreated persistent psychiatric symptoms may leave patients unable to eat, attend to basic hygiene needs, or safely interact with those around them. Additionally, we know that persistent psychosis comes with significant risk- psychosis itself damages the brain and makes it less likely that patients will respond to treatments in the future. By allowing psychiatric symptoms to continue untreated, we are putting patients at risk of significant functional and physical decline that may be impossible to reverse in the future. Often with treatment we can restore the patient's ability to engage in decisions about their health and safety; in a way that represents their actual values rather than their decisions being colored by symptoms of mental illness.

For these reasons, medication review committees are already a well-established process in the inpatient psychiatric hospital setting. Mental Health Infirmaries care for individuals with psychiatric acuity similar to these hospitals; but there is no current way for these patients there to undergo this process. The framework in this bill mirrors the currently established hospital protocol and closes the loophole that allows patients to languish untreated and suffering as a result of untreated mental health symptoms.

I strongly urge you to support this bill to help ensure the timely and appropriate treatment for our most vulnerable psychiatric patients.

Respectfully,

Laura Ackerman, MD