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TO: The Honorable Thomas Mac Middleton, Chair
Members, Senate Finance Committee

FROM: Joseph A. Schwartz, III
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DATE: February 26, 2014

RE: **OPPOSE** – Senate Bill 67 – *Mental Hygiene – Standards for Emergency Evaluation and Involuntary Admission – Modification*

On behalf of MedChi, the Maryland State Medical Society (MedChi) and the Maryland Chapter of the American College of Emergency Physicians (MDACEP), we oppose Senate Bill 67.

Senate Bill 67 proposes to expand the circumstances under which a petition for emergency evaluation may be made, to include an individual who the petitioner or court has reason to believe has a mental disorder and is reasonably expected, if not hospitalized, to present a danger to the life or safety of the individual or of others. Under current law, a petition for emergency evaluation of an individual may be made only if the petitioner has reason to believe that the individual has a mental disorder and presents a danger to the life or safety of the individual or of others.

It is presumed that the basis for the proposed expansion emanates from the very real and challenging circumstances family members and others face in caring for those with mental illness who may not be compliant with their care and treatment, may not realize the seriousness of their condition, or may not acknowledge the need for services. Seeking an emergency petition for inpatient admission may seem like the only remaining option to address the needs of the individuals. However, it is the opinion of these organizations that the proposed expansion will not result in individuals getting the type and level of care indicated and will lead to a dramatic and unsupportable strain in already overcrowded and understaffed emergency departments.

It is unlikely that many of these individuals will meet the criteria for inpatient admission and will therefore spend hours in an emergency department waiting for service only to be returned to the community. They will not receive the services they

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actually need but will further constrain the delivery of care to others in the emergency department who have appropriately accessed services.

The subjective nature of the “reason to believe” standard that is proposed by Senate Bill 67 has the potential to create a demand for services that cannot be accommodated with current resources. MedChi and MDACEP would suggest, that while the problem identified by this legislation is very legitimate and needed to provide an appropriate mechanism to assist in gaining access to care for these individuals, the approach reflected in this legislation will not achieve the intended objectives. The State would be better served to expand and develop a more robust crisis response system that can appropriately respond to the needs of the individuals that are intended to be served by this legislation. There are several successful models of crisis response systems across the country – adoption of a model tailored for Maryland would be a more effective approach than expansion of the use of emergency petitions. An unfavorable report is requested.

For more information call:

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