

Department of Legislative Services
Maryland General Assembly
2017 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 1009 (Delegate Kipke)
Health and Government Operations

Health - Standards for Involuntary Admissions and Petitions for Emergency
Evaluation - Modification

This bill alters criteria for involuntary admission to an inpatient facility or Veterans' Administration hospital and the criteria for a petition for an emergency evaluation to allow admission or a petition if an individual otherwise meets specified criteria and (1) is not a minor; (2) has experienced a drug overdose; and (3) has health insurance coverage as a dependent under the individual's parent's health insurance plan. The bill makes a series of conforming changes to the procedures for involuntary admission and petitions for emergency evaluations.

Fiscal Summary

State Effect: General fund expenditures for the Department of Health and Mental Hygiene (DHMH) may increase by an indeterminate amount beginning in FY 2018, to the extent the bill results in additional involuntary admissions to inpatient facilities, as discussed below. Revenues are not affected.

Local Effect: The bill is not expected to materially affect local government operations or finances.

Small Business Effect: None.

Analysis

Current Law: Under the Health-General Article, an application for involuntary admission of an individual to a facility or Veterans' Administration hospital may be made by any person who has a legitimate interest in the welfare of the individual.

An application must (1) be in writing; (2) be dated; (3) be on the required form of the Behavioral Health Administration (BHA) or the Veterans' Administration hospital; (4) state the relationship of the applicant to the individual for whom admission is sought; (5) be signed by the applicant; (6) be accompanied by the certificates of either one physician and one psychologist or two physicians; and (7) contain any other information that BHA requires. Pursuant to Chapter 330 of 2015, certificates may also be given by one physician and one psychiatric nurse practitioner.

Additionally, within 12 hours of receiving notification from a physician, a licensed psychologist, or a psychiatric nurse practitioner who has certified an individual for involuntary admission, DHMH must receive and evaluate the individual for involuntary admission if certain requirements are met, including that the certifying physician, psychologist, or psychiatric nurse practitioner is unable to place the individual in a facility not operated by DHMH.

A facility or Veterans' Administration hospital may not admit an individual under involuntary admission unless (1) the individual has a mental disorder; (2) the individual needs inpatient care or treatment; (3) the individual presents a danger to the life or safety of the individual or of others; (4) the individual is unable or unwilling to be admitted voluntarily; and (5) there is no available, less restrictive form of intervention that is consistent with the welfare and safety of the individual.

Specified health professionals and other interested parties may petition for an emergency evaluation of an individual, which may result in the involuntary admission of the individual to a mental disorder treatment facility, if the petitioner has reason to believe that the individual (1) has a mental disorder and (2) presents a danger to the life or safety of the individual or of others. Petitions for an emergency evaluation must contain specified additional information. If an emergency evaluatee meets the requirements for an involuntary admission and is unable or unwilling to agree to a voluntary admission, the examining physician must take the steps needed for involuntary admission of the emergency evaluatee to an appropriate facility, which may be a general hospital with a licensed inpatient psychiatric unit. If the examining physician is unable to have the emergency evaluatee admitted to a facility, the physician must notify DHMH, which must provide for the admission of an emergency evaluatee to an appropriate facility within six hours of receiving notification.

Within 12 hours after initial confinement to a facility, the facility must provide the individual with a form (provided by BHA) that explains the individual's rights, including the right to consult with a lawyer. An individual who is proposed for involuntary admission must be afforded a hearing to determine whether the individual should be involuntarily admitted or released, which must be conducted within 10 days of initial confinement.

State Expenditures: BHA advises that the bill requires that certain individuals who have experienced a drug overdose be admitted to inpatient mental health facilities, which may not be the appropriate placement setting for such individuals. Further, BHA advises that admitting these individuals to inpatient mental health facilities may take space away from those who otherwise qualify for inpatient treatment at these facilities (*i.e.*, those with mental disorders). To the extent the bill requires State facilities to admit patients who have experienced a drug overdose, these facilities may need to hire additional staff to provide the requisite level and type of treatment. Thus, general fund expenditures may increase beginning in fiscal 2018. However, BHA was unable to estimate the extent of this impact.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Judiciary (Administrative Office of the Courts); Department of Health and Mental Hygiene; Department of Veterans Affairs; Maryland Insurance Administration; Department of Legislative Services

Fiscal Note History: First Reader - March 13, 2017
mm/ljm

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