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**House Bill 1160 – Mental Health Law – Reform of Laws & Delivery of Service
Health & Government Operations Committee
March 9, 2022 – OPPOSE**

I am writing this letter of opposition to House Bill 1160 in my individual capacity, and not on behalf of my employer, or any agencies that I serve. While it is undisputed that increasing access to quality mental and behavioral health care, expanded peer support programs, and de-stigmatization of psychological and psychiatric care is greatly needed throughout Maryland, this bill proposes a wholly subjective standard to hypothetical harm that may happen if forced treatment is not provided.

Careful examination of the language used throughout HB1160 demonstrates the ambiguity of the standard it seeks to apply, by using the highly subjective “reasonably expected to present a danger to the life or safety of the individual or others.” We would not force individuals to undergo treatment for various chronic illnesses such as high cholesterol or diabetes because failure to obtain that treatment may be reasonably expected to lead to an adverse physical outcome at some future time, up to and including death.

While the 2003 change to the dangerousness standard switched it from “imminent danger” to “danger,” it has long been recognized that additional training and understanding is needed to inform members of the judiciary and law enforcement on how to apply that standard. This does not require a legislative change. The Behavioral Health Administration has the authority to adopt regulations, issue guidance, and otherwise adapt over time to provide context for application of the existing dangerousness standard along with the anticipated additional resources for Mobile Response and Stabilization Services to better serve our residents.

The work of the BHA’s Involuntary Commitment Workgroup convened in 2021 yielded a suggested revision to the dangerousness standard that could be implemented in regulation. Moreover, the work of that group paid particular attention to the Constitutional right of an individual to live in the least restrictive environment, and the therapeutic complications of forced treatment exacerbating rather than improving an individual’s health outcome. The Workgroup further examined the disparate impact or application of emergency petitions and involuntary commitment proceedings on minority populations. (Final Report at pp. 6-8). The highly subjective dangerousness standard proposed by HB1160 may exacerbate the racial and ethnic disparities in the form of forced mental health treatment rather than breaking down barriers to collaborative treatment and positive long-term outcomes.

For the foregoing reasons, I oppose House Bill 1160 and urge an unfavorable report.