



Maryland  
Hospital Association

**Senate Bill 2 - Mental Health Law - Petitions for Emergency Evaluation - Electronic Record**

**Position: *Support***  
January 25, 2022  
Senate Finance Committee

**MHA Position**

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 2.

Maryland hospitals are on the front lines of the state's behavioral health crisis. Hospitals and their partners improved access to the most appropriate level of care for Marylanders overall, but for the one in five living with a mental health or substance use disorder, the emergency department (ED) often remains the only door to access treatment.

In a 2019 study of [Behavioral Health Delays in Emergency Departments](#), which lasted 45 days, there were 4,768 patients were treated for a behavioral health condition in one of the 29 participating hospitals. Of those, 2,009 patients—42%—experienced a discharge or transfer delay, meaning they were “stuck” in a hospital emergency department once their next level of care has been identified. About 25% of patients were brought to the hospital emergency department by a peace officer on an emergency petition.

Emergency department waits and transfer or discharge delays are not ideal for any patient, particularly those in a psychiatric crisis. Often these discharge or transfer delays occur due to capacity issues at a receiving facility. Yet, sometimes administrative barriers exacerbate or cause delays.

Current law requires a paper copy of an original emergency petition to follow a patient. This is out of step with technology available today. SB 2 would allow emergency petitions to be transmitted electronically. During the COVID-19 pandemic, many hearings were held virtually. However an original paper document was still required to move with the patient. Electronic transmission of emergency petition documents would align the process with medical record technology and eliminate some administrative delays that patients may face.

For these reasons, MHA requests a favorable report on SB 2.

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