

Department of Legislative Services
Maryland General Assembly
2008 Session

FISCAL AND POLICY NOTE

House Bill 1339 (Delegate Morhaim)
Health and Government Operations

Mental Health - Psychiatric Medication - Administration Without Consent

This bill broadens the authority under which an individual who is involuntarily hospitalized can be administered psychiatric medication even when the individual refuses medication. Specifically, medication may be administered if without it the individual is at substantial risk of continued hospitalization because of remaining a danger to self or others either in or out of the facility. In addition, the definition of medication is expanded to include medication prescribed for the treatment of side effects caused by the prescribed psychiatric medication.

Fiscal Summary

State Effect: Minimal decrease in Medicaid expenditures (50% general, 50% federal) and other general fund expenditures in FY 2009 and future years due to the faster recovery and release of some patients. No effect on revenues.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law: “Medication” means psychiatric medication prescribed for the treatment of a mental disorder.

Psychiatric medication prescribed for the treatment of a mental disorder may not be administered to an individual who refuses the medication, except • in an emergency, on the order of a physician where the individual presents a danger to the life or safety of the

individual or others; or • in a nonemergency, when the individual is hospitalized involuntarily or committed for treatment by order of a court and the medication is approved by a panel.

A panel can approve the administration of medication and may recommend and approve alternative medications if the panel determines that • the medication is prescribed by a psychiatrist to treat the individual's mental disorder; • the administration of medication represents a reasonable exercise of professional judgment; and • without the medication, the individual is at substantial risk of continued hospitalization for a variety of reasons. First, the individual would otherwise remain seriously mentally ill with no significant relief of the mental illness symptoms that cause the individual to be a danger to self or others. Second, the individual would otherwise remain seriously mentally ill for a significantly longer period of time with the mental illness symptoms that cause the individual to be a danger to self or others. Third, the individual would otherwise relapse into a condition in which the individual is in danger of serious physical harm resulting from the individual's inability to provide for the individual's essential human needs of health or safety.

State Fiscal Effect: The Department of Health and Mental Hygiene advises that Mental Hygiene facilities' authority to treat patients over their objections would be enhanced under the bill. This, in turn, would hasten patient recovery and release due to the administration of appropriate medication in more cases. Therefore, while a reliable estimate cannot be made at this time, general fund expenditures would decrease minimally in fiscal 2009 and future years. Likewise, to the extent Mental Hygiene Administration payments decrease because of Medicaid eligible patients reducing their length of stay, Medicaid expenditures (50% general, 50% federal) could decrease.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene, Department of Legislative Services

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