Maine Association of Psychiatric Physicians

Maine Medical Association

Maine Osteopathic Association

Friday, May 9th, 2025

Good morning, Senator Ingerson, Representative Meyer, and other distinguished members of the Health and Human Services committee,

My name is Alyson Maloy and I am a practicing psychiatrist and neurologist from Portland. I am submitting testimony on behalf of Maine Association of Psychiatric Physicians (MAPP), Maine Medical Association (MMA), and Maine Osteopathic Association (MOA) supporting LD 1799 – "Resolve, Directing the Department of Health and Human Services to Review the Progressive Treatment Program and Processes by Which a Person May Be Involuntarily Admitted to a Psychiatric Hospital or Receive Court-ordered Community Treatment."

As many of you know, the idea of a PTP is to allow an individual with severe persistent mental illness to enter into a court-ordered agreement to receive psychiatric treatment as an outpatient, avoiding stressful, prolonged involuntary hospitalizations. For a patient with a psychotic illness such as schizophrenia, schizoaffective disorder, or bipolar disorder, the most common reason for decompensation and hospitalization is stopping one's medication. By ordering medication compliance with a PTP, mental illness can be stabilized and people can avoid the consequences of decompensated mental illness that often include homelessness, job loss, loss of important relationships, legal difficulties that can lead to imprisonment, and even embarrassment and demoralization that can lead to suicide. Furthermore, every time a patient goes off of their medication, more brain damage occurs and their ability to achieve good symptom control in the future – even with the same medication that achieved it initially - is lessened. No one wins when a PTP fails.

Examples of failed PTP and involuntary hospitalizations make the news every few months. Cody Balmer, the 38-year-old man from Harrisburg, Pennsylvania, who is accused of setting fire to the Pennsylvania Governor's mansion three weeks ago, was eating batteries when his mother desperately tried to get him psychiatric help for him to no avail. Mr. Balmer tried to kill Governor Josh Shapiro and his family and was charged with attempted murder, arson, and terrorism, among other charges. A better-functioning PTP program would have avoided creating all these victims: Mr. Balmer and his mother; Governor Shapiro, his wife and children; the mansion and its history that were ruined; and tax payers who must foot the bill for all of it. Last year, here in Maine, Mr. Robert Card, aka the Lewiston shooter, could have received treatment if law enforcement had been alerted to the importance of laws regarding involuntary hospitalization. Instead 18 people died, 13 more were injured, thousands of students statewide missed school while the manhunt continued, and the entire state still carries the trauma of that violence.

(https://www.mainepublic.org/maine/2024-10-18/maine-law-could-have-forced-the-lewiston-shooter-into-mental-health-treatment-why-wasnt-it-used).

Maine's current PTP and involuntary hospitalization processes are useful, but need important improvements. We need the serious, fact-finding process for studying our current processes that is possible with LD1799. Among even just my own practice, I have seen the state needlessly spend millions of dollars for residential neuropsychiatric care in Florida because of the lack of effective PTPs here in Maine. In another case, when I couldn't get a PTP that was necessary for a psychotic, suicidal patient, I researched the topic and found a 2020 report in which Maine earned a C+ in a national analysis of PTP and involuntary hospitalization rules. (The full report can be downloaded at this site: https://www.tac.org/reports_publications/grading-the-states-an-analysis-of-involuntary-psychiatric-treatment-laws-2020/). There were serious problems identified, including the inability of community members to petition for help and the lack of a psychiatric destabilization criteria to allow patients to be helped before they are in dire, dangerous condition.

Studying our current policies and laws will allow us to address several limitations to the present implementation of PTPs. PTPs currently allow for a person who is in violation of a PTP to be brought to an ED for evaluation, but they do not permit administration of medication that the person has agreed to take and that the court has ordered as part of the PTP. Thus, to proceed with this often-critical aspect of treatment, the person must be hospitalized. If involuntarily hospitalized, they must still meet involuntary commitment ("blue paper") criteria regardless of the PTP, which allows very sick, deteriorating individuals to be discharged if they are not in danger of self-harm or harming another *that day*. Despite a PTP, this same person, if they are able to be involuntarily committed, must then must go through the involuntary commitment and treatment hearing process, which often takes a week from arrival to the inpatient psychiatric unit (to say nothing of time in the ED), at which point the PTP is automatically voided by the court's involuntary inpatient commitment order and must be reconstituted prior to discharge. Given the shortage of psychiatric beds in Maine, the current PTP and involuntary hospitalization process, although better than nothing, is nonetheless an astonishing waste of resources.

As an added complication, the transportation process for patients to the ED on an activated PTP, which initiates this whole treatment process, is not standardized between counties and law enforcement, so one locale can decline to bring a patient to the hospital while another municipality would. This leaves medical professionals, community members, and local police all uncertain as to the outcome of any given situation when a person in the community has been identified by others as needing help.

The promise of PTPs is significant. Offering patients with a chronic persistent illness treatment outside of hospitals is ideal. Furthermore, the process of PTPs can itself be empowering. We have seen people really value the opportunity to see in writing not only the ways they will commit themselves to their own psychiatric care, but also how other parts of their care team are committing, with all parties agreeing to accountability in carrying through with treatment. Many PTP hearings are uncontested, meaning that individuals and their attorneys agree with the court on implementing the PTP.

By passing LD1799 and studying this issue thoughtfully, many important aspects of our state health can improve: reduced length of stay in psychiatric hospitals; cutting healthcare costs while improving quality

of care; preventing moral injury of family members, healthcare practitioners and law enforcement; and preventing destructive relapse and damage to the lives of people with persistent severe mental illness and their loved ones. Passing LD1799 and working towards these improvements is needed in Maine.

Thank you for your time and consideration.

Maine Association of Psychiatric Physicians

Maine Medical Association

Maine Osteopathic Association