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April 6, 2010

Re: 1360: An Act to Allow Law Enforcement and Family Members to Petition the District Court to Initiate Assisted Outpatient Treatment

Dear Senator Nutting,

The Maine Association of Psychiatric Physicians (MAPP) supports the current Majority Report version of LD 1360. We feel that the proposed outpatient process provides fair protection to patient rights at the same time it adds a less-restrictive treatment planning option that should help many patients stay out of the hospital and live more safely in the community.

Just as for an inpatient commitment, in order to be committed in the outpatient arena, the bill requires that the patient be evaluated and found to lack capacity to make informed decisions about treatment due to the mental illness

The majority version of LD1360, based on our reading of it, sensibly eliminates the need for an additional two evaluations prior to court for inpatient commitment, and allows for just one additional outside evaluation (so three total required evaluations rather than four). We think this is reasonable. The patient has already had psychiatric evaluations to get hospitalized on a blue paper, again for the 24-hour certification paper (and again prior to the treating physician requesting a court hearing). MAPP feels that allowing for one outside pre-court evaluation still protects the patient's rights, but speeds up the process and cuts down expense.

The biggest change made possible by the majority version of LD 1360 is that two hospitals and already-existing ACT teams will be able to go through a court process that parallels the inpatient commitment process, to ask for commitment to an outpatient treatment plan. Roughly 43 states in the US have this type of process. I trained in Nebraska, which did have it, and it was used frugally and appropriately in my experience. In New York State, the outpatient commitment process has cut re-hospitalization rates, rates of homelessness and rates of jailing for the mentally ill by close to 75%, so the available data strongly supports the use of outpatient commitment.

Because the process is onerous enough, we at MAPP think it is unlikely that this process will be used frivolously or abusively, as is the fear of those opposing this legislation. Also, it seems to us that ACT teams will not be over-run with these commitments because A). They will be the ones requesting them and B). The bill allows for this outpatient process only if there is capacity in the community to care for the patient.

We at MAPP hope that both the Maine House and Senate approve this majority version of LD 1360.

Sincerely,

Janis B. Petzel, M.D., President
Maine Association of Psychiatric Physicians