

October 6<sup>th</sup>, 2025

The Honorable Senator John C. Velis, Chair  
Joint Committee on Mental Health, Substance Use and Recovery  
State House, Room 513  
24 Beacon St  
Boston, MA 02133

The Honorable Representative Mindy Domb, Chair  
Joint Committee on Mental Health, Substance Use and Recovery  
State House, Room 33  
24 Beacon St  
Boston, MA 02133

**Re: Testimony in Support of H.2198: An Act reducing emergency department boarding**

Dear Senator Velis, Representative Domb, and Members of the Joint Committee on Mental Health, Substance Use and Recovery:

I am writing to express the National Alliance on Mental Illness of Massachusetts' (NAMI Mass) strong support for **H.2198, *An Act reducing emergency department boarding***. This bill establishes a 72-hour time limit on psychiatric holds and guarantees access to legal counsel after 48 hours for individuals who are involuntarily detained while experiencing a mental health crisis.

NAMI Mass is a grassroots nonprofit whose base includes individuals with mental health conditions, their families, and caregivers. As such, we witness firsthand the damaging consequences of prolonged wait times in the emergency room before receiving treatment. Additionally, we understand that people with mental health conditions may be more vulnerable to rights violations within our current systems, particularly during an involuntary hospital stay. That is why we advocate for mechanisms that protect the dignity, agency, and well-being of our community.

Section 12 of the Massachusetts General Law C.123, commonly known as Section 12, enables specified health professionals and police officers to request the hospitalization of a person experiencing a mental health crisis, if they determine that the individual poses a risk of serious harm to themselves or others. Once a Section 12 application is filed, the person in crisis is transported to a hospital emergency department, where they are evaluated for admission.

At the hospital, many individuals endure prolonged delays, a circumstance referred to as emergency department (ED) boarding. A person may experience these delays while waiting for an initial evaluation, a determination of the level of care needed, or an appropriate bed placement, during which period no active treatment is provided.<sup>1</sup> As of 2024, almost 50% of all mental health related ED visitors experienced boarding,<sup>2</sup> and according to the most recent data collected by the Massachusetts Health & Hospital Association, there are upwards of 250 ED boarders across the Commonwealth each month, underscoring the continued prevalence of the trend.<sup>3</sup>

Research has shown that ED boarding poses significant risks to well-being.<sup>4</sup> Waiting for hours, days, or even weeks to receive necessary care while in the midst of a mental health crisis can be immensely stressful. ED boarding can also be a traumatic and stigmatizing experience, potentially reinforcing an unwillingness to seek future care and inhibiting recovery.<sup>5</sup> At NAMI Mass, we hear stories about ED boarding from individuals living with mental health conditions and their families, who recount how these incidences of traumatization and stigmatization have shaped their respective mental health journeys. Subjecting people to additional distress during a crisis rather than providing timely, appropriate, and quality care is antithetical to promoting health and recovery.

In addition to its damaging effects on those who experience it, ED boarding imposes burdens on hospital emergency departments. A regular influx of behavioral health patients overwhelms emergency departments that are already under-resourced, overcrowded, and under-staffed. ED

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<sup>1</sup> Massachusetts Health Policy Commission. (2025, February 27). *Behavioral Health Emergency Department Boarding in Massachusetts*. [PowerPoint Slides]. [https://masshpc.gov/sites/default/files/2025-02/20250227\\_BH-ED-Boarding\\_0.pdf](https://masshpc.gov/sites/default/files/2025-02/20250227_BH-ED-Boarding_0.pdf)

<sup>2</sup> Massachusetts Health Policy Commission. (2025, February 27). *New HPC Research Finds Nearly Half of Patients with Behavioral Health-Related Emergency Department Visits Experienced Boarding* [Press Release]. [https://masshpc.gov/news/press-release/new-hpc-research-finds-nearly-half-patients-behavioral-health-related-emergency#:~:text=Both%20commercial%20payers%20and%20MassHealth,board%20\(7%25%20higher](https://masshpc.gov/news/press-release/new-hpc-research-finds-nearly-half-patients-behavioral-health-related-emergency#:~:text=Both%20commercial%20payers%20and%20MassHealth,board%20(7%25%20higher)

<sup>3</sup> Massachusetts Health & Hospitalization Association. (2025, September). *Capturing A Crisis: Massachusetts Behavioral Health Boarding Metrics*. <https://mhalink.informz.net/mhalink/data/images/September2025BehavioralHealthReport.pdf>

<sup>4</sup> Nordstrom, K., Berlin, J. S., Nash, S. S., Shah, S. B., Schmelzer, N. A., & Worley, L. L. M. (2019). Boarding of Mentally Ill Patients in Emergency Departments: American Psychiatric Association Resource Document. *The western journal of emergency medicine*, 20(5), 690–695. <https://doi.org/10.5811/westjem.2019.6.42422>

<sup>5</sup> Xu, Z., Lay, B., Oexle, N., Drack, T., Bleiker, M., Lengler, S., Blank, C., Müller, M., Mayer, B., Rössler, W., & Rüsch, N. (2019). Involuntary psychiatric hospitalisation, stigma stress and recovery: a 2-year study. *Epidemiology and psychiatric sciences*, 28(4), 458–465. <https://doi.org/10.1017/S2045796018000021>

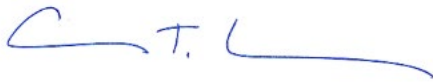
boarding also contributes to longer wait times for non-behavioral health patients.<sup>6</sup> Hospital staff consequently experience stress and burnout,<sup>7</sup> and slowdowns compound costs for the hospital.<sup>8</sup>

This bill seeks to address prolonged ED boarding situations by establishing a 72-hour limit on the length of detention under Section 12, a measure which both stipulates clear guidance for hospital staff and restores dignity to the individual in crisis. H.2198 also guarantees access to legal counsel after 48 hours for people involuntarily hospitalized, providing oversight on the limit to detention and ensuring that patients are treated fairly. Together, these changes reduce strains on emergency departments and minimize the traumatization experienced by individuals in ED boarding situations.

I urge you to report favorably on H.2198. With overburdened emergency departments, Massachusetts is unable to adequately support residents who require immediate medical or mental health attention. Introducing a defined time limit on ED boarding and guaranteeing access to legal counsel in our emergency departments ensures that all patients receive timely care characterized by dignity, respect, and adherence with the law.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read 'E.T.L.', with a long horizontal flourish extending to the right.

Eliza T. Williamson  
Executive Director  
NAMI Massachusetts  
331 Montvale Ave  
Suite 200  
Woburn, MA 01801

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<sup>6</sup> Nordstrom, K., Berlin, J. S., Nash, S. S., Shah, S. B., Schmelzer, N. A., & Worley, L. L. M. (2019). Boarding of Mentally Ill Patients in Emergency Departments: American Psychiatric Association Resource Document. *The western journal of emergency medicine*, 20(5), 690–695. <https://doi.org/10.5811/westjem.2019.6.42422>

<sup>7</sup> Loke, D.E., Green, K.A., Wessling, E.G., Stulpin, E.T., & Fant, A.L. (2023). Clinicians' Insights on Emergency Department Boarding: An Explanatory Mixed Methods Study Evaluating Patient Care and Clinician Well-Being. *The Joint Commission Journal on Quality and Patient Safety*, 49(12), 663–670. doi:10.1016/j.jcjq.2023.06.017

<sup>8</sup> Canellas, M.M., Jewell, M., Edwards, J.L., Olivier, D., Jun-O'Connell, A.H., & Reznick, M.A. (2024). Measurement of Cost of Boarding in the Emergency Department Using Time-Driven Activity-Based Costing. *Annals of Emergency Medicine*, 84(4), 376–385. doi:10.1016/j.annemergmed.2024.04.012