



June 15, 2021

The Honorable James B. Eldridge
Chair, Joint Committee on the Judiciary
24 Beacon Street, Room 511-C
Boston, MA 02133

The Honorable Michael S. Day
Chair, Joint Committee on the Judiciary
24 Beacon Street, Room 136
Boston, MA 02133

RE: Testimony in opposition to H.1888/S.926, *An Act relative to strengthening the penalty for assault or assault and battery on an emergency medical technician, ambulance operator, ambulance attendant or health care provider*

Dear Chair Eldridge, Chair Day, and Honorable Members of the Joint Committee on the Judiciary:

I am writing in opposition H.1888/S.926, *An Act relative to strengthening the penalty for assault or assault and battery on an emergency medical technician, ambulance operator, ambulance attendant or health care provider*. Thank you for the opportunity to submit testimony on this important issue on behalf of the National Alliance on Mental Illness of Massachusetts (NAMI Massachusetts).

NAMI Mass is a grassroots organization, and our members are individuals with mental health conditions, their family members and caregivers. One in five adults experience a mental illness, that's almost 44 million adults each year. In the Commonwealth, we have approximately 467,000 adults and children with severe mental illness or serious emotional disturbance.¹ As NAMI members and families, we are often the people on the front lines of dealing with our mental health system and encountering the barriers to accessing mental health services and prescription medications. All too often, we are also faced with engaging with the criminal justice system, frequently as it relates to misdemeanor offenses.

Personally, I have a 40-year-old son with schizophrenia who has been arrested in the past and would have been subject to the increased penalties proposed in this bill. He absolutely should not have hit a caregiver while in an agitated state of psychosis. But incarcerating him would continue the use of our

¹ Massachusetts State Mental Health Block Grant proposal from the State Mental Health Planning Council, 2021. Data covers 2018-2019.

prison system as a mental health care institution. My son did not belong in a prison. He needed more and better treatment.

Our NAMI Mass members, both peers and family members, are all too familiar with this story. While due to a variety of causes, individuals are left with inadequate care and access to community-based services. As symptoms escalate, we often have no choice but to call 911, interact with police, EMTs and Emergency Department staff that are not trained to deal with agitated or dysregulated individuals. When that happens, our folks are often restrained and/or handcuffed while being transported, increasing agitation. And, if this has happened before, it likely triggers even greater fear and anxiety. It's not hard to imagine why someone would become physical in an effort to protect themselves, however misguided that may be.

We are sympathetic to the challenges faced by medical staff and police in these situations. But responding to their lack of training in de-escalation techniques by further punishing those with a behavioral health problem is blaming and punishing the victim. We have been making this mistake for some time, which is why 36% of men and 81% of women in the Massachusetts prison system have a behavioral health condition. This legislation seeks to exacerbate the existing problem and continues the characterization of mental illness as a crime.

At this moment in time, we have an extraordinary opportunity to take a different approach to these problems. With the passage of 988 call line legislation at the federal level, supported by a large financial investment through the American Rescue plan and in harmony with the EOHHS Behavioral Roadmap, we can revamp our approach to behavioral health crises. At least four states, Georgia, Louisiana, Arizona and Colorado, have established robust behavioral health crisis systems leveraging the [Crisis Now](#) model. These approaches would ensure that appropriately trained personnel are dealing with individuals when agitated or in crisis. The EOHHS roadmap envisions a future state where the incidence of these types of crises are reduced by having adequate and robust community-based care. We can effectively protect both people with behavioral health conditions and our healthcare professionals and first responders without resorting to penalties and incarceration.

There are several bills before the legislature that will advance such a robust solution and modification of our current 911 focused approach. We respectfully suggest that the Commonwealth focus on improving the future state through those bills and implementing the Behavioral Health roadmap rather than punishing those who are better served getting the help they need.

For these reasons, we urge you to vote no on H1888 and S926.

Sincerely,



Monica Luke
Chair, Advocacy Committee
NAMI Massachusetts