Testimony to the Senate Health and Welfare Committee on S. 31: Feb. 19, 2015
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The existence of an approved federal policy for state relief of the disabilities imposed on persons with a commitment to a psychiatric hospital – *individuals who names are send to a federal database identifying them as mentally ill and dangerous, based upon having experienced what might have been a brief, acute illness* – is very good news. <u>It does not solve several other key flaws in this bill</u>, but they might be able to be addressed:

[Note: a bill should not take effect before ATF has approved our state plan! Otherwise we may be imposing a lifetime ban, unintentionally.]

- The committee needs to seek out testimony from several of the states (more than 30) who have had such programs for years (in the same way that it does so for other legislation when we are starting something that exists elsewhere.) <u>How many people actually succeed in regaining their constitutional rights and their right to privacy after recovery from illness?</u>
- The committee needs to recognize that this bill does virtually ***<u>nothing</u>*** to address the <u>number one cause for gun violence resulting in death in Vermont: the 90% of all deaths from suicide</u>, in the fastest growing group of suicide victims in our rising statistics in Vermont: men between ages 35 and 60.
- There is an evidence-based intervention that Vermont sportsmen/firearms group are already getting on board to endorse and ***<u>lead</u>***: the New Hampshire Gun Shop Project, started by a gun shop owner in NH in collaboration with suicide prevention groups. There is an implementation plan already drafted for Vermont. *This is something that could actually make a difference for gun deaths in Vermont (most of them among persons never committed to a hospital.*
- The committee needs to recognize that this is a broad net that has major holes: it will capture anyone who has been committed, *dangerous or not*, but no one who has not been committed – those who may have very dangerous symptoms, and who may be at highest risk of violence, because they have not received treatment. *Will this potentially increase risks, by dissuading people from seeking treatment because they fear losing their rights?*
- There are numerous details in the bill that need deeper consideration, testimony and review:
    - Why would a person have to wait 5 years, if an illness has resolved?
    - What is the cost that will be imposed to regain one's privacy rights, in order to sustain the burden of evidence so prove one is not ill? (Attempting to prove a negative.)
    - Why would one include persons who have never been ill to the point of needing hospitalization: those placed only under an "order of non-hospitalization."
    - Why would it be extended beyond the time the *state has determined that a person no longer needs to remain under and order of non-hospitalization?*
    - If the state's attorney or AG's office is the respondent, it is <u>pre-established</u> as a contested hearing, at greater cost and a greater obstacle to the individual. Will the state provide Legal Aid to those who cannot afford legal counsel?
    - Why would one not include a <u>threshold burden of proof</u> from the state that a person who is no longer on an ONH *does* remain a serious public risk before allowing it to become a contested case? Otherwise the state will assume the need to take the conservative route and *always oppose* a motion.