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February 25, 2026

Re: *Written Testimony to the House Health Care Committee on H. 573*

Thank you for the opportunity to provide written testimony on bill H. 573: An act relating to the first certification of an emergency examination, on behalf of MadFreedom Advocates (MFA).

MFA is a statewide organization for and by psychiatric survivors, mad folks, and people targeted by sanism. Our organization provides mental health patient representatives to people who are involuntarily committed in in-patient facilities in accordance with Vermont law. We also provide public education, community-building for mad folks, and legislative advocacy.

We are watching several bills in this legislative session to evaluate their potential impacts on our community. Thus, we feel it is our responsibility to submit testimony and offer more perspective from the population that H. 573 would directly impact.

Of the four witnesses invited to testify on this bill on February 24th, only one had lived experience of in-patient treatment and of having to trade in their rights in order to receive care. When considering this bill's expansion of authority to decide who is "held without bail," as Representative Donahue phrased it, you must seek out and prioritize the voices of those who are most at risk if things go wrong. Not the physician assistants, or medical doctors, but the people who may experience diagnosis misperception and psychiatric bias.

Upon hearing testimony from the two medical providers, we can agree that the emergency department is not a supportive place for someone in crisis. Where we differ is the solution to this issue. Over time, and over plenty of efforts at reform, this problem has only gotten worse. In her testimony, Rep. Donahue stated that she experienced harm from a 5-6 hour wait for psychiatric care in the emergency room years ago. Now, people are saying they are waiting for 12 hours or more. What if, instead of funneling people through a coercive system that doesn't have the capacity, we expand access to alternatives and real choices in times of crisis?

While we have been told there isn't funding to put towards creating care alternatives that would keep people's civil rights intact, we see a Senate bill in consideration to spend millions of dollars building another locked facility. If this funding exists, why use it to lock people up rather than provide them with real support?

In the testimonies, we heard that this legislation isn't a fix for this whole problem, but rather a bandaid approach. We understand why attempting to alleviate this particular strain on capacity

is compelling, and we understand that the current process is unsustainable and harmful to both staff and people seeking support. However, the approach taken in this bill is a slippery slope down a dangerous path.

Long-term, if this bill passes, what message is it sending for further policy recommendations? Are we trying to build a smoother, more efficient system of coercion and force or a system that allows for choice and autonomy rather than further trauma? The data is clear: [the highest rate of suicidality occurs immediately after release from an inpatient psychiatric stay](#). We need to stop strengthening and expanding a system that is harming our people.

Thank you for your time and engagement on this issue. We encourage this committee to pay close attention to who is in this room and who is not to speak on the impacts this bill could have, what risks of unintentional harm are present, what our long-term goals are, and if this bill is an avenue by which we can get there.

We understand there is a possible vote scheduled on this bill this week. We would like to have a larger conversation with the committee before you vote and share more about our stance, and provide testimony from more people with lived experience of the EE process.

Sincerely,



Calvin Moen, Interim Executive Director
MadFreedom Advocates