Department of Legislative Services

Maryland General Assembly
2008 Session

FISCAL AND POLICY NOTE

House Bill 810 (Delegates Hubbard and Pena-Melnyk)
Health and Government Operations

Task Force to Study Involuntary Outpatient Commitment

This bill establishes a Task Force to Study Involuntary Outpatient Commitment, staffed by the Department of Health and Mental Hygiene. The task force is charged with studying • the feasibility and desirability of establishing involuntary outpatient commitment of mentally ill individuals in the State, including the associated costs or savings; • the experiences of other states that have enacted involuntary commitment laws; and • alternatives to involuntary outpatient commitment that may be implemented in the State, including the costs or savings associated with each alternative. The task force has to submit an interim report with its finding and recommendations to the Governor and the General Assembly by January 1, 2009, and a final report by January 1, 2010. Task force members may not receive compensation but are entitled to reimbursement for travel expenses.

The bill takes effect July 1, 2008 and terminates June 30, 2010.

Fiscal Summary

State Effect: Any expense reimbursements for task force members are assumed to be minimal and absorbable with existing resources. DHMH should be able to provide staffing with existing resources.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law: Maryland law does not specifically address outpatient commitment.

Background: Involuntary outpatient commitment means a court-ordered involuntary commitment as a condition of being released or discharged from treatment, or in order to prevent a hospital admission. Commitment can be made to a community program and/or treatment plan.

At least 38 states have enacted laws allowing involuntary outpatient commitment under certain circumstances. For example, Virginia allows a court to order involuntary outpatient commitment if it finds the following • the person presents an imminent danger to himself or others as a result of mental illness or has been proven to be so seriously mentally ill as to be substantially unable to care for himself; • less restrictive alternatives to institutional confinement and treatment have been investigated and are deemed suitable; • the patient has the degree of competency necessary to understand the stipulations of his treatment; • the patient expresses an interest in living in the community and agrees to abide by his treatment plan; • the patient is deemed to have the capacity to comply with the treatment plan; • the ordered treatment can be delivered on an outpatient basis; *and* • the ordered treatment can be monitored by the community services board or designated providers.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene, Department of Legislative Services

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mcp/ljm

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