

# HOUSE BILL 279

E5

(PRE-FILED)

6lr0096  
CF SB 196

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By: **Chair, Health Committee (By Request – Departmental – Public Safety and Correctional Services)**

Requested: September 16, 2025

Introduced and read first time: January 14, 2026

Assigned to: Health

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Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 6, 2026

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Correctional Services – Medication Review Committee – Administration of**  
3 **Psychotropic Medication to an Incarcerated Individual**

4 FOR the purpose of authorizing the establishment of a medication review committee within  
5 the Department of Public Safety and Correctional Services that convenes to  
6 determine whether to approve the administration of psychotropic medication to a  
7 certain incarcerated individual under certain circumstances; providing that  
8 psychotropic medication may not be administered to an incarcerated individual who  
9 refuses the medication except under certain circumstances; providing for the  
10 membership and operating procedures of a medication review committee;  
11 establishing certain rights of an incarcerated individual in connection with the  
12 convening of a medication review committee; establishing procedures for a certain  
13 administrative review and appeal of the decision of a medication review committee;  
14 requiring a certain treating ~~practitioner~~ provider to document certain matters under  
15 certain circumstances; and generally relating to medication review committees.

16 BY adding to  
17 Article – Correctional Services  
18 Section 9–619  
19 Annotated Code of Maryland  
20 (2025 Replacement Volume)

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
2 That the Laws of Maryland read as follows:

3 **Article – Correctional Services**

4 **9–619.**

5 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS  
6 INDICATED.

7 (2) “COMMITTEE” MEANS A MEDICATION REVIEW COMMITTEE  
8 ESTABLISHED IN ACCORDANCE WITH THIS SECTION THAT CONVENES TO DETERMINE  
9 WHETHER TO APPROVE THE ADMINISTRATION OF PSYCHOTROPIC MEDICATION ON  
10 A NONEMERGENCY BASIS TO AN INCARCERATED INDIVIDUAL WHO REFUSES TO  
11 ACCEPT PSYCHOTROPIC MEDICATION AS PRESCRIBED.

12 (3) “LAY ADVISOR” MEANS AN INDIVIDUAL WHO IS KNOWLEDGEABLE  
13 ABOUT MENTAL HEALTH PRACTICE AND CAN ASSIST INCARCERATED INDIVIDUALS  
14 WITH UNDERSTANDING THE PROCESS OUTLINED IN THIS SECTION, THE  
15 INCARCERATED INDIVIDUAL’S RIGHTS UNDER THIS SECTION, AND HOW TO ASSERT  
16 THOSE RIGHTS.

17 ~~(4) “LICENSED MENTAL HEALTH INFIRMARY” MEANS A DESIGNATED~~  
18 ~~UNIT WITHIN A STATE CORRECTIONAL FACILITY THAT IS LICENSED BY THE~~  
19 ~~MARYLAND DEPARTMENT OF HEALTH AS A MENTAL HEALTH INFIRMARY.~~

20 (4) “MENTAL HEALTH CARE FACILITY” MEANS A MENTAL HEALTH  
21 UNIT WITHIN THE DIVISION OF CORRECTION THAT IS LICENSED BY THE OFFICE OF  
22 HEALTH CARE QUALITY AS A HEALTH CARE FACILITY WITHIN A CORRECTIONAL  
23 INSTITUTION UNDER COMAR 10.07.12 TO PROVIDE MENTAL HEALTH CARE TO  
24 INCARCERATED INDIVIDUALS AND IN WHICH:

25 (I) A PSYCHIATRIST SUPERVISES TREATMENT;

26 (II) A PSYCHIATRIST OR PSYCHIATRIC NURSE PRACTITIONER IS  
27 AVAILABLE FOR CONSULTATION WHENEVER A PSYCHIATRIST OR PSYCHIATRIC  
28 NURSE PRACTITIONER IS NOT PRESENT; AND

29 (III) THERE IS 24–HOUR NURSE STAFFING.

30 (5) “TREATING PROVIDER” MEANS A LICENSED PSYCHIATRIST OR  
31 PSYCHIATRIC NURSE PRACTITIONER.

1       ~~(B) THIS SECTION APPLIES ONLY TO LICENSED MENTAL HEALTH~~  
2 ~~INFIRMARIES WITHIN STATE CORRECTIONAL FACILITIES.~~

3       (B) THIS SECTION APPLIES ONLY TO MENTAL HEALTH CARE FACILITIES  
4 WITHIN STATE CORRECTIONAL FACILITIES FOR INDIVIDUALS CONVICTED OF A  
5 CRIME AND SENTENCED TO THE DIVISION OF CORRECTION.

6       (C) PSYCHOTROPIC MEDICATION MAY NOT BE ADMINISTERED TO AN  
7 INCARCERATED INDIVIDUAL WHO REFUSES THE MEDICATION, EXCEPT:

8           (1) IN AN EMERGENCY, ON THE ORDER OF A ~~PRACTITIONER~~ TREATING  
9 PROVIDER WHEN THE INCARCERATED INDIVIDUAL PRESENTS AN IMMINENT  
10 DANGER TO THE LIFE OR SAFETY OF SELF OR OTHERS; OR

11           (2) IN A NONEMERGENCY, IF THE TREATING ~~PRACTITIONER~~  
12 PROVIDER HAS RECOMMENDED THE INVOLUNTARY ADMINISTRATION OF  
13 PSYCHOTROPIC MEDICATION BECAUSE:

14                   (I) THE INCARCERATED INDIVIDUAL HAS A MENTAL DISORDER;

15                   (II) DUE TO THE MENTAL DISORDER, THE INCARCERATED  
16 INDIVIDUAL IS ~~UNABLE TO FUNCTION~~ INCAPACITATED TO THE POINT THAT THE  
17 INCARCERATED INDIVIDUAL IS UNABLE TO PERFORM BASIC LIFE-SUSTAINING  
18 FUNCTION IN GENERAL POPULATION WITHIN A CORRECTIONAL FACILITY AND  
19 REQUIRES INPATIENT CARE IN A ~~LICENSED MENTAL HEALTH INFIRMARY WITHIN~~  
20 THE DEPARTMENT CARE FACILITY;

21                   (III) DUE TO THE MENTAL DISORDER, THE INCARCERATED  
22 INDIVIDUAL PRESENTS A MANIFESTS SEVERE MENTAL OR PHYSICAL HEALTH  
23 DETERIORATION AND PRESENTS A SERIOUS DANGER TO THE LIFE AND SAFETY OF  
24 SELF OR OTHERS;

25                   (IV) THE INCARCERATED INDIVIDUAL IS UNABLE OR UNWILLING  
26 DUE TO A MENTAL DISORDER TO GIVE INFORMED CONSENT TO THE  
27 ADMINISTRATION OF PSYCHOTROPIC MEDICATION;

28                   (V) THERE ARE NO LESS RESTRICTIVE TREATMENT  
29 INTERVENTIONS, INCLUDING ENCOURAGING VOLUNTARY MEDICATION  
30 COMPLIANCE, CONSISTENT WITH THE WELFARE AND SAFETY OF THE INDIVIDUAL;

31                   (VI) THE USE OF PSYCHOTROPIC MEDICATION IS CLINICALLY  
32 INDICATED AS THE MOST APPROPRIATE TREATMENT FOR THE INCARCERATED  
33 INDIVIDUAL'S CONDITION ACCORDING TO CURRENT PRACTICE FOR RESTORING OR

1 PREVENTING FURTHER DETERIORATION OF THE INCARCERATED INDIVIDUAL'S  
2 MENTAL OR PHYSICAL HEALTH; AND

3 (VII) A COMMITTEE HAS DETERMINED, IN ACCORDANCE WITH  
4 THE PROVISIONS OF THIS SECTION, THAT PSYCHOTROPIC MEDICATION SHOULD BE  
5 ADMINISTERED OVER THE OBJECTION OF THE INCARCERATED INDIVIDUAL.

6 (D) (1) A COMMITTEE SHALL CONSIST OF THE FOLLOWING INDIVIDUALS  
7 APPOINTED BY THE DIRECTOR OF MENTAL HEALTH FOR THE DEPARTMENT OR THE  
8 DIRECTOR'S DESIGNEE:

9 (I) THE CHIEF PSYCHIATRIST FOR THE REGION WHERE THE  
10 ~~LICENSED MENTAL HEALTH INFIRMARY~~ MENTAL HEALTH CARE FACILITY IS  
11 LOCATED;

12 (II) ANOTHER PSYCHIATRIST; AND

13 (III) A MENTAL HEALTH PROFESSIONAL WHO IS NOT A  
14 PHYSICIAN.

15 (2) THE DIRECTOR OF MENTAL HEALTH OR THE DIRECTOR'S  
16 DESIGNEE SHALL APPOINT A CHAIR OF THE COMMITTEE FROM AMONG ITS  
17 MEMBERS.

18 (3) AN INDIVIDUAL WHO IS DIRECTLY RESPONSIBLE FOR  
19 IMPLEMENTING THE TREATMENT PLAN FOR THE INCARCERATED INDIVIDUAL  
20 UNDER REVIEW MAY NOT SERVE AS A MEMBER OF THE COMMITTEE.

21 (E) THE DIRECTOR OF MENTAL HEALTH OR THE DIRECTOR'S DESIGNEE  
22 SHALL ASSIGN AN IMPARTIAL LAY ADVISOR TO ASSIST THE INCARCERATED  
23 INDIVIDUAL WITH THE PROCESS SET FORTH IN THIS SECTION.

24 (F) (1) THE DIRECTOR OF MENTAL HEALTH OR THE DIRECTOR'S  
25 DESIGNEE SHALL GIVE ~~THE INCARCERATED INDIVIDUAL AND THE LAY ADVISOR~~  
26 WRITTEN NOTICE AT LEAST 10 BUSINESS DAYS BEFORE CONVENING THE  
27 COMMITTEE ~~THAT~~ TO:

28 (I) THE INCARCERATED INDIVIDUAL;

29 (II) THE LAY ADVISOR;

30 (III) IF APPLICABLE, THE INCARCERATED INDIVIDUAL'S  
31 GUARDIAN OF THE PERSON;

1                    (IV) IF APPLICABLE AND IF THERE IS NO GUARDIAN OF THE  
 2 PERSON, THE INCARCERATED INDIVIDUAL'S SURROGATE DECISION MAKER; AND

3                    (V) IF APPLICABLE, THE INCARCERATED INDIVIDUAL'S  
 4 ATTORNEY.

5                    (2) THE NOTICE PROVIDED UNDER PARAGRAPH (1) OF THIS  
 6 SUBSECTION SHALL INCLUDE THE FOLLOWING INFORMATION:

7                    ~~(1)~~ (I) THE DATE, TIME, AND LOCATION OF THE SCHEDULED  
 8 COMMITTEE MEETING;

9                    ~~(2)~~ (II) THE PURPOSE OF THE COMMITTEE; AND

10                    ~~(3)~~ (III) A COMPLETE DESCRIPTION OF THE RIGHTS OF AN  
 11 INCARCERATED INDIVIDUAL UNDER SUBSECTION (G) OF THIS SECTION.

12                    (G) IN CONNECTION WITH THE CONVENING OF A COMMITTEE, AN  
 13 INCARCERATED INDIVIDUAL ~~HAS~~:

14                    (1) HAS THE RIGHT TO:

15                    ~~(1)~~ (I) ATTEND THE COMMITTEE MEETING, EXCEPT FOR THE  
 16 DISCUSSION CONDUCTED TO ARRIVE AT A DECISION;

17                    ~~(2)~~ (II) PRESENT INFORMATION, INCLUDING WITNESSES;

18                    ~~(3)~~ (III) ASK QUESTIONS OF ANY PERSON PRESENTING  
 19 INFORMATION TO THE COMMITTEE;

20                    ~~(4)~~ (IV) REQUEST ASSISTANCE FROM A LAY ADVISOR; AND

21                    ~~(5)~~ (V) BE INFORMED OF:

22                    ~~(1)~~ 1. THE IDENTITY OF THE ASSIGNED LAY ADVISOR;

23                    ~~(2)~~ 2. THE INCARCERATED INDIVIDUAL'S DIAGNOSIS; AND

24                    ~~(3)~~ 3. THE CLINICAL NEED FOR THE PSYCHOTROPIC  
 25 MEDICATION, INCLUDING POTENTIAL SIDE EFFECTS AND MATERIAL RISKS AND  
 26 BENEFITS OF TAKING OR REFUSING THE MEDICATION; AND

27                    (2) MAY HAVE A LAWYER OR OTHER ADVOCATE OF THE INDIVIDUAL'S  
 28 CHOICE PRESENT.

1 (H) THE CHAIR OF A COMMITTEE MAY:

2 (1) POSTPONE OR CONTINUE THE COMMITTEE FOR GOOD CAUSE, FOR  
3 UP TO 7 DAYS; AND

4 (2) TAKE APPROPRIATE MEASURES NECESSARY TO CONDUCT THE  
5 COMMITTEE IN AN ORDERLY MANNER.

6 (I) (1) BEFORE A COMMITTEE MEETS, THE TREATING ~~PSYCHIATRIC~~  
7 PROVIDER SHALL PROVIDE A DETAILED REPORT OF THE INCARCERATED  
8 INDIVIDUAL'S MEDICAL RECORD TO INCLUDE:

9 (I) THE BASIS FOR THE REQUEST TO ADMINISTER  
10 PSYCHOTROPIC MEDICATION ON A NONEMERGENCY BASIS;

11 (II) THE INCARCERATED INDIVIDUAL'S DIAGNOSIS, BEHAVIORS  
12 OBSERVED, AND CURRENT MENTAL STATUS;

13 (III) A DESCRIPTION OF DAILY FUNCTIONING;

14 (IV) RECOMMENDED PSYCHOTROPIC MEDICATION AND ANY  
15 ALTERNATIVE MEDICATIONS THAT COULD BE EFFECTIVE FOR THE INDIVIDUAL;

16 (V) A PROPOSED TREATMENT PLAN THAT DETAILS THE  
17 SUPPORTIVE SERVICES AND THERAPIES THAT WILL BE OFFERED TO THE  
18 INDIVIDUAL IN CONJUNCTION WITH THE PROPOSED MEDICATION;

19 ~~(VI)~~ (VI) METHODS USED TO ENCOURAGE VOLUNTARY  
20 MEDICATION ADHERENCE;

21 ~~(VII)~~ (VII) VOLUNTARY AND INVOLUNTARY MEDICATION  
22 HISTORY; ~~AND~~

23 ~~(VIII)~~ (VIII) A DESCRIPTION OF THE LESS INTRUSIVE TREATMENT  
24 ALTERNATIVES CONSIDERED OR ATTEMPTED; AND

25 (IX) ANY INFORMATION OBTAINED THROUGH A SIGNED RELEASE  
26 OF INFORMATION FROM PRIOR COMMUNITY PROVIDERS AND THE INCARCERATED  
27 INDIVIDUAL'S FAMILY MEMBERS OR GUARDIAN.

28 (2) THE REPORT SHALL BE DISTRIBUTED TO THE COMMITTEE  
29 MEMBERS, THE INCARCERATED INDIVIDUAL, THE LAY ADVISOR, AND THE

1 INCARCERATED INDIVIDUAL'S ATTORNEY, IF ANY, NOT LESS THAN 72 HOURS  
2 BEFORE THE COMMITTEE IS TO MEET.

3 (J) BEFORE DETERMINING WHETHER TO APPROVE THE ADMINISTRATION  
4 OF PSYCHOTROPIC MEDICATION, THE COMMITTEE SHALL:

5 (1) REVIEW THE REPORT GENERATED BY THE TREATING  
6 ~~PSYCHIATRIC~~ PROVIDER UNDER SUBSECTION (I) OF THIS SECTION; AND

7 (2) MEET FOR THE PURPOSE OF RECEIVING INFORMATION AND  
8 CLINICALLY ASSESSING THE INCARCERATED INDIVIDUAL'S NEED FOR MEDICATION  
9 BY:

10 (I) CONSULTING WITH THE INCARCERATED INDIVIDUAL  
11 REGARDING THE REASON FOR REFUSING THE PSYCHOTROPIC MEDICATION  
12 PRESCRIBED AND THE INCARCERATED INDIVIDUAL'S WILLINGNESS TO ACCEPT  
13 ALTERNATIVE TREATMENT, INCLUDING OTHER MEDICATION;

14 (II) CONSULTING WITH THE TREATING ~~CLINICIANS~~ PROVIDERS  
15 AND MEDICAL STAFF WHO ARE RESPONSIBLE FOR INITIATING AND IMPLEMENTING  
16 THE INCARCERATED INDIVIDUAL'S TREATMENT PLAN ABOUT THE CURRENT  
17 TREATMENT PLAN AND ALTERNATIVE MODES OF TREATMENT, INCLUDING  
18 MEDICATION, THAT HAVE BEEN CONSIDERED;

19 (III) RECEIVING INFORMATION PRESENTED BY THE  
20 INCARCERATED INDIVIDUAL AND OTHER INDIVIDUALS PARTICIPATING IN THE  
21 COMMITTEE;

22 (IV) PROVIDING THE INCARCERATED INDIVIDUAL WITH AN  
23 OPPORTUNITY TO ASK QUESTIONS OF ANYONE PRESENTING INFORMATION TO THE  
24 COMMITTEE; AND

25 (V) REVIEWING THE CONSEQUENCES OF REQUIRING THE  
26 ADMINISTRATION OF PSYCHOTROPIC MEDICATION AND THE CONSEQUENCES OF  
27 CONTINUED REFUSAL OF PSYCHOTROPIC MEDICATION.

28 (K) THE COMMITTEE MAY APPROVE THE ADMINISTRATION OF  
29 PSYCHOTROPIC MEDICATION AND MAY RECOMMEND AND APPROVE ALTERNATIVE  
30 MEDICATION, IF THE COMMITTEE DETERMINES THAT:

31 (1) THE MEDICATION IS PRESCRIBED BY A PSYCHIATRIC PROVIDER  
32 FOR THE PURPOSE OF TREATING THE INCARCERATED INDIVIDUAL'S MENTAL  
33 DISORDER;

1           **(2) THE ADMINISTRATION OF PSYCHOTROPIC MEDICATION**  
2 **REPRESENTS A REASONABLE EXERCISE OF PROFESSIONAL JUDGMENT; AND**

3           **(3) WITHOUT THE MEDICATION, THE INCARCERATED INDIVIDUAL IS**  
4 **AT SUBSTANTIAL RISK OF CONTINUED SELF-HARM AND DANGEROUS BEHAVIORS**  
5 **RESULTING FROM THE INDIVIDUAL:**

6           **(I) REMAINING SERIOUSLY MENTALLY ILL WITH NO**  
7 **SIGNIFICANT RELIEF OF THE PSYCHIATRIC SYMPTOMS THAT:**

8                   **1. CAUSE THE INCARCERATED INDIVIDUAL TO BE A**  
9 **DANGER TO SELF OR OTHERS WHILE IN THE ~~LICENSED MENTAL HEALTH INFIRMARY~~**  
10 **MENTAL HEALTH CARE FACILITY; OR**

11                   **2. WOULD CAUSE THE INCARCERATED INDIVIDUAL TO**  
12 **BE A CONTINUED DANGER TO SELF AND OTHER INCARCERATED INDIVIDUALS IF**  
13 **DISCHARGED FROM THE ~~LICENSED MENTAL HEALTH INFIRMARY~~ MENTAL HEALTH**  
14 **CARE FACILITY; OR**

15           **(II) RELAPSING INTO A CONDITION IN WHICH THE**  
16 **INCARCERATED INDIVIDUAL IS UNABLE TO PROVIDE FOR THE INDIVIDUAL'S OWN**  
17 **ESSENTIAL HUMAN NEEDS OF HEALTH AND SAFETY.**

18           **(L) (1) THE COMMITTEE SHALL BASE ITS DECISION ON ITS CLINICAL**  
19 **ASSESSMENT OF THE INFORMATION CONTAINED IN THE INCARCERATED**  
20 **INDIVIDUAL'S RECORD AND INFORMATION PRESENTED TO THE COMMITTEE.**

21           **(2) THE COMMITTEE SHALL MEET PRIVATELY TO RENDER A**  
22 **DECISION.**

23           **(M) (1) THE COMMITTEE SHALL DOCUMENT ITS CONSIDERATION OF THE**  
24 **ISSUES AND THE BASIS FOR ITS DECISION ON THE ADMINISTRATION OF**  
25 **PSYCHOTROPIC MEDICATION.**

26           **(2) THE COMMITTEE SHALL PROVIDE A WRITTEN DECISION ON THE**  
27 **ADMINISTRATION OF PSYCHOTROPIC MEDICATION AND PROPOSED TREATMENT**  
28 **PLAN, WHICH SHALL BE PROVIDED TO THE INCARCERATED INDIVIDUAL, THE LAY**  
29 **ADVISOR, THE INCARCERATED INDIVIDUAL'S GUARDIAN OF THE PERSON, IF ANY,**  
30 **AND THE INCARCERATED INDIVIDUAL'S TREATMENT TEAM FOR INCLUSION IN THE**  
31 **MEDICAL RECORD.**

1           **(3) IF THE COMMITTEE APPROVES THE ADMINISTRATION OF**  
2 **PSYCHOTROPIC MEDICATION, THE DECISION SHALL SPECIFY:**

3           **(I) THE PSYCHOTROPIC MEDICATION APPROVED AND THE**  
4 **DOSAGE AND FREQUENCY RANGE;**

5           **(II) THE DURATION OF THE APPROVAL, NOT TO EXCEED THE**  
6 **MAXIMUM TIME ALLOWED UNDER SUBSECTION (Q) OF THIS SECTION; AND**

7           **(III) THE REASON THAT ALTERNATIVE TREATMENTS, INCLUDING**  
8 **OTHER MEDICATION, WERE REJECTED BY THE COMMITTEE.**

9           **(4) IF THE COMMITTEE APPROVES THE ADMINISTRATION OF**  
10 **PSYCHOTROPIC MEDICATION, THE DECISION SHALL CONTAIN:**

11           **(I) NOTICE OF THE RIGHT TO REQUEST ~~AN ADMINISTRATIVE~~**  
12 **~~HEARING AND APPEAL~~ A HEARING UNDER SUBSECTIONS (O) AND (P) SUBSECTION**  
13 **(O) OF THIS SECTION;**

14           **(II) THE RIGHT TO REQUEST REPRESENTATION OR ASSISTANCE**  
15 **OF AN ATTORNEY OR OTHER ADVOCATE OF THE INDIVIDUAL'S CHOICE; AND**

16           **(III) THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE**  
17 **DESIGNATED STATE PROTECTION AND ADVOCACY AGENCY AND THE ATTORNEY**  
18 **REFERRAL SERVICE.**

19           **(N) IF THE COMMITTEE APPROVES THE ADMINISTRATION OF**  
20 **PSYCHOTROPIC MEDICATION, THE LAY ADVISOR PROMPTLY SHALL:**

21           **(1) INFORM THE INCARCERATED INDIVIDUAL OF THE RIGHT TO**  
22 **~~REQUEST AN ADMINISTRATIVE HEARING AND~~ APPEAL THE DECISION UNDER**  
23 **SUBSECTIONS (O) AND (P) OF THIS SECTION; ~~AND~~ AND PROVIDE THE APPEAL FORM;**

24           **(2) IF THE INDIVIDUAL REQUESTS A HEARING, NOTIFY THE DIRECTOR**  
25 **OF MENTAL HEALTH FOR THE DEPARTMENT OR THE DIRECTOR'S DESIGNEE UNDER**  
26 **SUBSECTION (O)(1) OF THIS SECTION AND GIVE THE INCARCERATED INDIVIDUAL**  
27 **WRITTEN NOTICE OF THE DATE, TIME, AND LOCATION OF THE HEARING; AND**

28           ~~(2)~~ **(3) ADVISE THE INCARCERATED INDIVIDUAL OF THE**  
29 **PROVISION FOR RENEWAL OF AN APPROVAL UNDER SUBSECTION (Q) OF THIS**  
30 **SECTION.**

31           **(O) (1) AN INDIVIDUAL MAY REQUEST AN ADMINISTRATIVE HEARING TO**  
32 **APPEAL THE COMMITTEE'S DECISION BY FILING A REQUEST FOR HEARING WITH THE**

1 DIRECTOR OF MENTAL HEALTH FOR THE DEPARTMENT OR THE DIRECTOR'S  
2 DESIGNEE WITHIN 72 HOURS OF RECEIPT OF THE DECISION OF THE COMMITTEE.

3 (2) AN INCARCERATED INDIVIDUAL MAY HAVE AN ATTORNEY OR  
4 OTHER ADVOCATE OF THE INDIVIDUAL'S CHOICE PRESENT AT THIS HEARING.

5 ~~(2)~~ (3) WITHIN 24 HOURS OF RECEIPT OF A REQUEST FOR  
6 HEARING, THE DIRECTOR OF MENTAL HEALTH OR THE DIRECTOR'S DESIGNEE  
7 SHALL FORWARD THE REQUEST TO THE OFFICE OF ADMINISTRATIVE HEARINGS.

8 ~~(3)~~ (4) (I) AN INITIAL COMMITTEE DECISION AUTHORIZING THE  
9 ADMINISTRATION OF MEDICATION SHALL BE STAYED FOR 72 HOURS.

10 (II) IF A REQUEST FOR HEARING IS FILED UNDER THIS  
11 SUBSECTION, THE STAY SHALL REMAIN IN EFFECT UNTIL THE ISSUANCE OF THE  
12 ADMINISTRATIVE DECISION.

13 ~~(4)~~ (5) THE OFFICE OF ADMINISTRATIVE HEARINGS SHALL  
14 CONDUCT A HEARING AND ISSUE A DECISION WITHIN 10 CALENDAR DAYS OF THE  
15 DECISION BY THE COMMITTEE.

16 ~~(5)~~ (6) THE ADMINISTRATIVE HEARING MAY BE POSTPONED BY  
17 AGREEMENT OF THE PARTIES OR FOR GOOD CAUSE SHOWN.

18 ~~(6)~~ (7) THE ADMINISTRATIVE LAW JUDGE SHALL CONDUCT A DE  
19 NOVO HEARING TO DETERMINE WHETHER THE STANDARDS AND PROCEDURES IN  
20 THIS SECTION HAVE BEEN MET.

21 ~~(7)~~ (8) AT THE HEARING, THE INDIVIDUAL REPRESENTING THE  
22 MENTAL HEALTH CARE FACILITY:

23 (I) MAY INTRODUCE THE DECISION OF THE COMMITTEE AS  
24 EVIDENCE; AND

25 (II) SHALL PROVE, BY A PREPONDERANCE OF THE EVIDENCE,  
26 THAT THE STANDARDS AND PROCEDURES OF THIS SECTION HAVE BEEN MET.

27 ~~(8)~~ (9) THE ADMINISTRATIVE LAW JUDGE SHALL STATE ON THE  
28 RECORD THE FINDINGS OF FACT AND CONCLUSIONS OF LAW.

29 ~~(9)~~ (10) THE DETERMINATION OF THE ADMINISTRATIVE LAW JUDGE  
30 IS A FINAL DECISION FOR THE PURPOSE OF JUDICIAL REVIEW OF A FINAL DECISION  
31 UNDER THE ADMINISTRATIVE PROCEDURE ACT.

1 (P) (1) WITHIN 14 CALENDAR DAYS FROM THE DECISION OF THE  
2 ADMINISTRATIVE LAW JUDGE, THE INDIVIDUAL OR THE MENTAL HEALTH CARE  
3 FACILITY MAY APPEAL THE DECISION TO THE CIRCUIT COURT ON THE RECORD  
4 FROM THE HEARING CONDUCTED BY THE OFFICE OF ADMINISTRATIVE HEARINGS.

5 (2) THE SCOPE OF REVIEW SHALL BE AS A CONTESTED CASE UNDER  
6 THE ADMINISTRATIVE PROCEDURE ACT.

7 (3) (I) REVIEW SHALL BE ON THE AUDIOPHONIC TAPE WITHOUT  
8 THE NECESSITY OF TRANSCRIPTION OF THE TAPE, UNLESS EITHER PARTY TO THE  
9 APPEAL REQUESTS TRANSCRIPTION OF THE TAPE.

10 (II) A REQUEST FOR TRANSCRIPTION OF THE TAPE SHALL BE  
11 MADE AT THE TIME THE APPEAL IS FILED.

12 (III) THE OFFICE OF ADMINISTRATIVE HEARINGS SHALL  
13 PREPARE THE TRANSCRIPTION PRIOR TO THE APPEAL HEARING, AND THE PARTY  
14 REQUESTING THE TRANSCRIPTION SHALL BEAR THE COST OF TRANSCRIPTION.

15 (4) THE CIRCUIT COURT SHALL HEAR AND ISSUE A DECISION ON ~~AN A~~  
16 DE NOVO APPEAL WITHIN 7 CALENDAR DAYS FROM THE DATE THE APPEAL WAS  
17 FILED.

18 (Q) (1) ADMINISTRATION OF PSYCHOTROPIC MEDICATION IN  
19 ACCORDANCE WITH THIS SECTION MAY NOT BE APPROVED FOR LONGER THAN 90  
20 DAYS.

21 (2) (I) BEFORE EXPIRATION OF AN APPROVAL PERIOD UNDER  
22 PARAGRAPH (1) OF THIS SUBSECTION, IF THE INCARCERATED INDIVIDUAL  
23 CONTINUES TO REFUSE PSYCHOTROPIC MEDICATION, A COMMITTEE MAY BE  
24 CONVENED TO DECIDE WHETHER RENEWAL IS WARRANTED.

25 (II) ~~IF~~ NOTWITHSTANDING THE PROVISIONS OF PARAGRAPH (1)  
26 OF THIS SUBSECTION, IF A COMMITTEE APPROVES THE RENEWAL OF THE  
27 ADMINISTRATION OF PSYCHOTROPIC MEDICATION, THE ADMINISTRATION OF  
28 MEDICATION NEED NOT BE INTERRUPTED WHEN THE INCARCERATED INDIVIDUAL  
29 REQUESTS ADMINISTRATIVE REVIEW OF THE RENEWAL.

30 (R) (1) WHEN PSYCHOTROPIC MEDICATION IS ORDERED IN ACCORDANCE  
31 WITH THIS SECTION, ~~NOT LESS FREQUENTLY THAN EVERY 15 DAYS, THE TREATING~~  
32 ~~PRACTITIONER SHALL~~ THE TREATING PROVIDER SHALL:

1           **(I) DOCUMENT ANY KNOWN BENEFITS OF TAKING THE**  
2 **MEDICATION TO THE INCARCERATED INDIVIDUAL AND SIDE EFFECTS OF THE**  
3 **MEDICATION THAT AFFECT THE INCARCERATED INDIVIDUAL NOT LESS**  
4 **FREQUENTLY THAN:**

5                   **1. EVERY DAY FOR THE FIRST WEEK AFTER INITIATION**  
6 **OF MEDICATION OR AN INCREASE IN MEDICATION DOSE; AND**

7                   **2. ONCE EVERY 10 DAYS THEREAFTER;**

8           **(II) OFFER THE INCARCERATED INDIVIDUAL THE OPPORTUNITY**  
9 **TO TAKE THE MEDICATION VOLUNTARILY BEFORE IT IS ADMINISTERED OVER THE**  
10 **INCARCERATED INDIVIDUAL'S OBJECTION; AND**

11           **(III) DOCUMENT ALL ASSESSMENTS OF THE INCARCERATED**  
12 **INDIVIDUAL'S MEDICATION EFFICACY, SIDE EFFECTS, AND UPDATED TREATMENT**  
13 **PLAN IN THE MEDICAL RECORD.**

14           **(2) AN INCARCERATED INDIVIDUAL SHALL REMAIN IN THE MENTAL**  
15 **HEALTH CARE FACILITY THROUGHOUT THE PROCESS DESCRIBED IN THIS SECTION.**

16           **(S) EACH INCARCERATED INDIVIDUAL IN A MENTAL HEALTH CARE**  
17 **FACILITY SHALL:**

18                   **(1) RECEIVE APPROPRIATE HUMANE TREATMENT AND SERVICES IN A**  
19 **MANNER THAT RESTRICTS THE INCARCERATED INDIVIDUAL'S PERSONAL LIBERTY**  
20 **WITHIN A MENTAL HEALTH CARE FACILITY ONLY TO THE EXTENT NECESSARY AND**  
21 **CONSISTENT WITH THE INCARCERATED INDIVIDUAL'S TREATMENT NEEDS AND**  
22 **APPLICABLE LEGAL REQUIREMENTS;**

23                   **(2) BE FREE FROM RESTRAINTS OR SECLUSIONS EXCEPT FOR**  
24 **RESTRAINTS OR SECLUSIONS THAT ARE:**

25                           **(I) USED ONLY DURING AN EMERGENCY IN WHICH THE**  
26 **BEHAVIOR OF THE INCARCERATED INDIVIDUAL PLACES THE INCARCERATED**  
27 **INDIVIDUAL OR OTHERS AT SERIOUS THREAT OF VIOLENCE OR INJURY; AND**

28                                   **(II) 1. ORDERED BY A PHYSICIAN IN WRITING; OR**

29   **2. DIRECTED BY A REGISTERED NURSE IF A PHYSICIAN'S**  
30 **ORDER IS OBTAINED WITHIN 2 HOURS OF THE ACTION;**

31                   **(3) BE FREE FROM PRONE RESTRAINT; AND**

1           **(4) BE FREE FROM RESTRAINT THAT:**

2                   **(I) APPLIES PRESSURE TO THE INCARCERATED INDIVIDUAL'S**  
3 **BACK;**

4                   **(II) OBSTRUCTS THE AIRWAY OF THE INCARCERATED**  
5 **INDIVIDUAL OR IMPAIRS THE INDIVIDUAL'S ABILITY TO BREATHE;**

6                   **(III) OBSTRUCTS A STAFF MEMBER'S VIEW OF THE**  
7 **INCARCERATED INDIVIDUAL'S FACE; OR**

8                   **(IV) RESTRICTS THE INCARCERATED INDIVIDUAL'S ABILITY TO**  
9 **COMMUNICATE DISTRESS.**

10           **(T) STATEMENTS MADE BY AN INCARCERATED INDIVIDUAL IN CONNECTION**  
11 **WITH THE CONVENING OF A COMMITTEE UNDER THIS SECTION MAY NOT BE USED:**

12                   **(1) AS EVIDENCE TO CHARGE THE INDIVIDUAL WITH A CRIME; OR**

13                   **(2) AS THE BASIS FOR A LOSS OF DIMINUTION CREDITS.**

14           **(U) IF AN INCARCERATED INDIVIDUAL IS DEEMED COMPETENT AFTER THE**  
15 **ADMINISTRATION OF PSYCHOTROPIC MEDICATION UNDER THIS SECTION, THE**  
16 **INCARCERATED INDIVIDUAL'S LAY ADVISOR SHALL ADVISE THE INCARCERATED**  
17 **INDIVIDUAL OF THE INDIVIDUAL'S RIGHT TO COMPLETE AN ADVANCE DIRECTIVE**  
18 **FOR MENTAL HEALTH SERVICES UNDER § 5-602.1 OF THE HEALTH - GENERAL**  
19 **ARTICLE.**

20           **(V) ON OR BEFORE DECEMBER 1 EACH YEAR, THE DEPARTMENT SHALL**  
21 **SUBMIT A REPORT TO THE MARYLAND DEPARTMENT OF HEALTH ON THE**  
22 **ADMINISTRATION OF PSYCHOTROPIC MEDICATION IN A NONEMERGENCY UNDER**  
23 **THIS SECTION, INCLUDING:**

24                   **(1) THE NUMBER OF TIMES A COMMITTEE WAS CONVENED UNDER**  
25 **SUBSECTION (J) OF THIS SECTION;**

26                   **(2) THE NUMBER OF TIMES A COMMITTEE APPROVED THE**  
27 **ADMINISTRATION OF PSYCHOTROPIC MEDICATION UNDER THIS SECTION;**

28                   **(3) THE NUMBER OF TIMES A COMMITTEE WAS CONVENED TO DECIDE**  
29 **ON A RENEWAL UNDER SUBSECTION (Q) OF THIS SECTION;**

30                   **(4) THE NUMBER OF TIMES A COMMITTEE APPROVED A RENEWAL**  
31 **UNDER SUBSECTION (Q) OF THIS SECTION; AND**

1                   **(5) FOR EACH INCARCERATED INDIVIDUAL FOR WHOM A COMMITTEE**  
 2 **APPROVES THE ADMINISTRATION OF PSYCHOTROPIC MEDICATION, THE**  
 3 **MEDICATION GIVEN AND THE LENGTH OF TIME THE MEDICATION WAS FORCIBLY**  
 4 **GIVEN.**

5                   SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
 6 1, 2026.

Approved:

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Governor.

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Speaker of the House of Delegates.

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President of the Senate.