

SENATE BILL 196

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HB 779/25 – JUD

(PRE-FILED)

6lr0095

CF HB 279

By: Chair, Judicial Proceedings Committee (By Request – Departmental – Public Safety and Correctional Services)

Requested: September 16, 2025

Introduced and read first time: January 14, 2026

Assigned to: Judicial Proceedings

A BILL ENTITLED

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 to document certain matters under certain
15 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)

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

23 **Article – Correctional Services**

24 **9-619.**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 **(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS**
2 **INDICATED.**

3 **(2) "COMMITTEE" MEANS A MEDICATION REVIEW COMMITTEE**
4 **ESTABLISHED IN ACCORDANCE WITH THIS SECTION THAT CONVENES TO DETERMINE**
5 **WHETHER TO APPROVE THE ADMINISTRATION OF PSYCHOTROPIC MEDICATION ON**
6 **A NONEMERGENCY BASIS TO AN INCARCERATED INDIVIDUAL WHO REFUSES TO**
7 **ACCEPT PSYCHOTROPIC MEDICATION AS PRESCRIBED.**

8 **(3) "LAY ADVISOR" MEANS AN INDIVIDUAL WHO IS KNOWLEDGEABLE**
9 **ABOUT MENTAL HEALTH PRACTICE AND CAN ASSIST INCARCERATED INDIVIDUALS**
10 **WITH UNDERSTANDING THE PROCESS OUTLINED IN THIS SECTION.**

11 **(4) "LICENSED MENTAL HEALTH INFIRMARY" MEANS A DESIGNATED**
12 **UNIT WITHIN A STATE CORRECTIONAL FACILITY THAT IS LICENSED BY THE**
13 **MARYLAND DEPARTMENT OF HEALTH AS A MENTAL HEALTH INFIRMARY.**

14 **(B) THIS SECTION APPLIES ONLY TO LICENSED MENTAL HEALTH**
15 **INFIRMARIES WITHIN STATE CORRECTIONAL FACILITIES.**

16 **(C) PSYCHOTROPIC MEDICATION MAY NOT BE ADMINISTERED TO AN**
17 **INCARCERATED INDIVIDUAL WHO REFUSES THE MEDICATION, EXCEPT:**

18 **(1) IN AN EMERGENCY, ON THE ORDER OF A PRACTITIONER WHEN**
19 **THE INCARCERATED INDIVIDUAL PRESENTS AN IMMINENT DANGER TO THE LIFE OR**
20 **SAFETY OF SELF OR OTHERS; OR**

21 **(2) IN A NONEMERGENCY, IF THE TREATING PRACTITIONER HAS**
22 **RECOMMENDED THE INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC**
23 **MEDICATION BECAUSE:**

24 **(I) THE INCARCERATED INDIVIDUAL HAS A MENTAL DISORDER;**

25 **(II) DUE TO THE MENTAL DISORDER, THE INCARCERATED**
26 **INDIVIDUAL IS UNABLE TO FUNCTION IN GENERAL POPULATION WITHIN A**
27 **CORRECTIONAL FACILITY AND REQUIRES INPATIENT CARE IN A LICENSED MENTAL**
28 **HEALTH INFIRMARY WITHIN THE DEPARTMENT;**

29 **(III) THE INCARCERATED INDIVIDUAL PRESENTS A DANGER TO**
30 **THE LIFE AND SAFETY OF SELF OR OTHERS;**

1 (IV) THE INCARCERATED INDIVIDUAL IS UNABLE OR UNWILLING
2 DUE TO A MENTAL DISORDER TO GIVE INFORMED CONSENT TO THE
3 ADMINISTRATION OF PSYCHOTROPIC MEDICATION;

4 (v) THERE ARE NO LESS RESTRICTIVE TREATMENT
5 INTERVENTIONS, INCLUDING ENCOURAGING VOLUNTARY MEDICATION
6 COMPLIANCE, CONSISTENT WITH THE WELFARE AND SAFETY OF THE INDIVIDUAL;

7 (VI) THE USE OF PSYCHOTROPIC MEDICATION IS CLINICALLY
8 INDICATED AS THE MOST APPROPRIATE TREATMENT FOR THE INCARCERATED
9 INDIVIDUAL'S CONDITION ACCORDING TO CURRENT PRACTICE FOR RESTORING OR
10 PREVENTING FURTHER DETERIORATION OF THE INCARCERATED INDIVIDUAL'S
11 MENTAL OR PHYSICAL HEALTH; AND

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

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

18 (I) THE CHIEF PSYCHIATRIST FOR THE REGION WHERE THE
19 LICENSED MENTAL HEALTH INFIRMARY IS LOCATED:

20 (II) ANOTHER PSYCHIATRIST; AND

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

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

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

5 (1) THE DATE, TIME, AND LOCATION OF THE SCHEDULED COMMITTEE
6 MEETING;

10 (G) IN CONNECTION WITH THE CONVENING OF A COMMITTEE, AN
11 INCARCERATED INDIVIDUAL HAS THE RIGHT TO:

12 (1) ATTEND THE COMMITTEE MEETING, EXCEPT FOR THE DISCUSSION
13 CONDUCTED TO ARRIVE AT A DECISION;

(2) PRESENT INFORMATION, INCLUDING WITNESSES;

17 (4) REQUEST ASSISTANCE FROM A LAY ADVISOR; AND

18 (5) BE INFORMED OF:

(I) THE IDENTITY OF THE ASSIGNED LAY ADVISOR:

(II) THE INCARCERATED INDIVIDUAL'S DIAGNOSIS; AND

24 (H) THE CHAIR OF A COMMITTEE MAY:

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

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

4 (I) THE BASIS FOR THE REQUEST TO ADMINISTER
5 PSYCHOTROPIC MEDICATION ON A NONEMERGENCY BASIS;

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

8 (III) A DESCRIPTION OF DAILY FUNCTIONING;

9 (IV) RECOMMENDED PSYCHOTROPIC MEDICATION;

10 (V) METHODS USED TO ENCOURAGE VOLUNTARY MEDICATION
11 ADHERENCE;

12 (VI) VOLUNTARY AND INVOLUNTARY MEDICATION HISTORY;
13 AND

14 (VII) A DESCRIPTION OF THE LESS INTRUSIVE TREATMENT
15 ALTERNATIVES CONSIDERED OR ATTEMPTED.

16 (2) THE REPORT SHALL BE DISTRIBUTED TO THE COMMITTEE
17 MEMBERS NOT LESS THAN 72 HOURS BEFORE THE COMMITTEE IS TO MEET.

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

20 (1) REVIEW THE REPORT GENERATED BY THE TREATING
21 PSYCHIATRIC PROVIDER UNDER SUBSECTION (I) OF THIS SECTION; AND

22 (2) MEET FOR THE PURPOSE OF RECEIVING INFORMATION AND
23 CLINICALLY ASSESSING THE INCARCERATED INDIVIDUAL'S NEED FOR MEDICATION
24 BY:

25 (I) CONSULTING WITH THE INCARCERATED INDIVIDUAL
26 REGARDING THE REASON FOR REFUSING THE PSYCHOTROPIC MEDICATION
27 PRESCRIBED AND THE INCARCERATED INDIVIDUAL'S WILLINGNESS TO ACCEPT
28 ALTERNATIVE TREATMENT, INCLUDING OTHER MEDICATION;

6 (III) RECEIVING INFORMATION PRESENTED BY THE
7 INCARCERATED INDIVIDUAL AND OTHER INDIVIDUALS PARTICIPATING IN THE
8 COMMITTEE;

9 (IV) PROVIDING THE INCARCERATED INDIVIDUAL WITH AN
10 OPPORTUNITY TO ASK QUESTIONS OF ANYONE PRESENTING INFORMATION TO THE
11 COMMITTEE; AND

12 (V) REVIEWING THE CONSEQUENCES OF REQUIRING THE
13 ADMINISTRATION OF PSYCHOTROPIC MEDICATION AND THE CONSEQUENCES OF
14 CONTINUED REFUSAL OF PSYCHOTROPIC MEDICATION.

15 (K) THE COMMITTEE MAY APPROVE THE ADMINISTRATION OF
16 PSYCHOTROPIC MEDICATION AND MAY RECOMMEND AND APPROVE ALTERNATIVE
17 MEDICATION, IF THE COMMITTEE DETERMINES THAT:

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

26 (I) REMAINING SERIOUSLY MENTALLY ILL WITH NO
27 SIGNIFICANT RELIEF OF THE PSYCHIATRIC SYMPTOMS THAT:

28 1. CAUSE THE INCARCERATED INDIVIDUAL TO BE A
29 DANGER TO SELF OR OTHERS WHILE IN THE LICENSED MENTAL HEALTH INFIRMIARY;
30 OR

4 (L) (1) THE COMMITTEE SHALL BASE ITS DECISION ON ITS CLINICAL
5 ASSESSMENT OF THE INFORMATION CONTAINED IN THE INCARCERATED
6 INDIVIDUAL'S RECORD AND INFORMATION PRESENTED TO THE COMMITTEE.

7 (2) THE COMMITTEE SHALL MEET PRIVATELY TO RENDER A
8 DECISION.

9 (M) (1) THE COMMITTEE SHALL DOCUMENT ITS CONSIDERATION OF THE
10 ISSUES AND THE BASIS FOR ITS DECISION ON THE ADMINISTRATION OF
11 PSYCHOTROPIC MEDICATION.

16 (3) IF THE COMMITTEE APPROVES THE ADMINISTRATION OF
17 PSYCHOTROPIC MEDICATION, THE DECISION SHALL SPECIFY:

18 (I) THE PSYCHOTROPIC MEDICATION APPROVED AND THE
19 DOSAGE AND FREQUENCY RANGE;

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

22 (III) THE REASON THAT ALTERNATIVE TREATMENTS, INCLUDING
23 OTHER MEDICATION, WERE REJECTED BY THE COMMITTEE.

24 (4) IF THE COMMITTEE APPROVES THE ADMINISTRATION OF
25 PSYCHOTROPIC MEDICATION, THE DECISION SHALL CONTAIN NOTICE OF THE RIGHT
26 TO REQUEST AN ADMINISTRATIVE HEARING AND APPEAL UNDER SUBSECTIONS (O)
27 AND (P) OF THIS SECTION.

28 (N) IF THE COMMITTEE APPROVES THE ADMINISTRATION OF
29 PSYCHOTROPIC MEDICATION, THE LAY ADVISOR PROMPTLY SHALL:

6 (o) (1) AN INDIVIDUAL MAY REQUEST AN ADMINISTRATIVE HEARING TO
7 APPEAL THE COMMITTEE'S DECISION BY FILING A REQUEST FOR HEARING WITH THE
8 DIRECTOR OF MENTAL HEALTH FOR THE DEPARTMENT OR THE DIRECTOR'S
9 DESIGNEE WITHIN 72 HOURS OF RECEIPT OF THE DECISION OF THE COMMITTEE.

21 (5) THE ADMINISTRATIVE HEARING MAY BE POSTPONED BY
22 AGREEMENT OF THE PARTIES OR FOR GOOD CAUSE SHOWN.

26 (7) AT THE HEARING, THE INDIVIDUAL REPRESENTING THE
27 FACILITY:

28 (I) MAY INTRODUCE THE DECISION OF THE COMMITTEE AS
29 EVIDENCE; AND

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

6 (P) (1) WITHIN 14 CALENDAR DAYS FROM THE DECISION OF THE
7 ADMINISTRATIVE LAW JUDGE, THE INDIVIDUAL OR THE FACILITY MAY APPEAL THE
8 DECISION TO THE CIRCUIT COURT ON THE RECORD FROM THE HEARING
9 CONDUCTED BY THE OFFICE OF ADMINISTRATIVE HEARINGS.

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

17 (III) THE OFFICE OF ADMINISTRATIVE HEARINGS SHALL
18 PREPARE THE TRANSCRIPTION PRIOR TO THE APPEAL HEARING, AND THE PARTY
19 REQUESTING THE TRANSCRIPTION SHALL BEAR THE COST OF TRANSCRIPTION.

20 (4) THE CIRCUIT COURT SHALL HEAR AND ISSUE A DECISION ON AN
21 APPEAL WITHIN 7 CALENDAR DAYS FROM THE DATE THE APPEAL WAS FILED.

22 (Q) (1) ADMINISTRATION OF PSYCHOTROPIC MEDICATION IN
23 ACCORDANCE WITH THIS SECTION MAY NOT BE APPROVED FOR LONGER THAN 90
24 DAYS.

29 (II) IF A COMMITTEE APPROVES THE RENEWAL OF THE
30 ADMINISTRATION OF PSYCHOTROPIC MEDICATION, THE ADMINISTRATION OF
31 MEDICATION NEED NOT BE INTERRUPTED WHEN THE INCARCERATED INDIVIDUAL
32 REQUESTS ADMINISTRATIVE REVIEW OF THE RENEWAL.

1 (R) WHEN PSYCHOTROPIC MEDICATION IS ORDERED IN ACCORDANCE WITH
2 THIS SECTION, NOT LESS FREQUENTLY THAN EVERY 15 DAYS, THE TREATING
3 PRACTITIONER SHALL DOCUMENT ANY KNOWN BENEFITS OF TAKING THE
4 MEDICATION TO THE INCARCERATED INDIVIDUAL AND SIDE EFFECTS OF THE
5 MEDICATION THAT AFFECT THE INCARCERATED INDIVIDUAL.

6 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
7 1, 2026.