

SENATE BILL 549

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By: **Senator Charles**

Introduced and read first time: February 4, 2026

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Mental Health – Treatment Plans for Individuals in Facilities – Participation of**
3 **Family Members or Other Individuals**

4 FOR the purpose of requiring certain facilities to inform individuals of certain rights
5 relating to the participation of a family member or other authorized individual in the
6 individual's plan of treatment; requiring facilities to provide individuals and certain
7 third parties with a certain form and other certain information; requiring facilities
8 to recognize certain documents as an individual's formal request to allow a certain
9 individual to participate in a certain plan; limiting the reasons for which a treating
10 provider is authorized to withhold information on an individual's plan of treatment
11 from certain third parties; and generally relating to treatment plans for individuals
12 with mental disorders and third-party participation.

13 BY repealing and reenacting, with amendments,
14 Article – Health – General
15 Section 10–706
16 Annotated Code of Maryland
17 (2023 Replacement Volume and 2025 Supplement)

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

20 **Article – Health – General**

21 10–706.

22 (a) (1) Except as provided by paragraph (2) of this subsection, promptly after
23 admission of an individual, a facility shall make and periodically update a written plan of
24 treatment for the individual in the facility, in accordance with the provisions of this
25 subtitle.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



(2) Promptly after admission of an individual to a psychosocial center, the center shall make and periodically update a written plan of rehabilitation for the individual in the facility, in accordance with the provisions of this subtitle.

(b) The Director shall adopt rules and regulations under this section that include:

(1) Subject to subsection (d) of this section, a description of the nature and content of plans of treatment; and

(2) Subject to subsection (e) of this section, appropriate time periods for the development, implementation, and review of each plan.

(c) An individual shall:

(1) Participate, in a manner appropriate to the individual's condition, in the development and periodic updating of the plan of treatment; and

(2) Be told, in appropriate terms and language, of:

(i) The content and objectives of the plan of treatment;

(ii) The nature and significant possible adverse effects of recommended treatments;

(iii) The name, title, and role of personnel directly responsible for carrying out the treatment for the individual; and

(iv) When appropriate, other available alternative treatments, services, or providers of mental health services.

(d) A plan of treatment shall include:

(1) A long-range discharge goal; and

(2) An estimate of the probable length of inpatient stay the individual requires before transfer to a less restrictive or intensive treatment setting.

(e) Facility staff who work directly with and provide treatment to an individual shall review and reassess the plan of treatment for the individual to determine the individual's progress and any need for adjustments to the plan not less than:

(1) Once every 15 days for the first 2 months after admission of the individual to the facility; and

(2) Once every 60 days for the remainder of the inpatient stay of the individual in the facility.

(f) (1) On the admission of an individual to a facility, the facility shall:

(i) **[Ask] INFORM THE INDIVIDUAL VERBALLY AND USING PLAIN LANGUAGE OF THE INDIVIDUAL'S RIGHTS AS A PATIENT TO HAVE A FAMILY MEMBER OR OTHER AUTHORIZED INDIVIDUAL BE INFORMED OF AND GIVEN THE OPPORTUNITY TO PARTICIPATE IN MEETINGS WITH THE TREATMENT TEAM REGARDING THE DEVELOPMENT, REVIEW, AND REASSESSMENT OF THE PLAN OF TREATMENT OF THE INDIVIDUAL;**

(ii) **USING A SEPARATE, PLAIN-LANGUAGE FORM, ASK** the individual whether the individual consents to family members or any other individuals being informed of and given the opportunity to participate in meetings with the treatment team regarding the development, review, and reassessment of the plan of treatment of the individual; **[and]**

(iii) **IF CONSENT IS GIVEN UNDER ITEM (II) OF THIS PARAGRAPH, PROVIDE THE INDIVIDUAL AND ANY FAMILY MEMBER OR OTHER INDIVIDUAL THE INDIVIDUAL HAS AGREED TO ALLOW TO PARTICIPATE WITH A MODEL MENTAL HEALTH ADVANCE DIRECTIVE FORM DEVELOPED BY THE DEPARTMENT AND INFORMATION ON SUPPORTED DECISION-MAKING AGREEMENTS; AND**

[(ii)] (IV) If consent is given under item **[(i)] (II)** of this paragraph, at least every 7 days after consent is given, reconfirm the consent and provide the individual at a clinical visit with an opportunity to consent to additional individuals being informed of and given the opportunity to participate in meetings with the treatment team.

(2) If an individual agrees to have family members or other individuals participate in the development, review, and reassessment of the individual's plan of treatment, the facility shall:

(i) Provide a schedule of routine treatment team meetings where the plan of treatment is discussed;

(ii) Establish a process for the authorized individuals to participate in treatment team meetings;

(iii) If the treatment team meeting is being held outside the regular schedule, inform the authorized individuals as soon as the meeting is scheduled; and

(iv) If the treatment team meeting is being held due to an emergency, inform the authorized individuals of the outcome of the meeting as soon as practicable.

(3) The individual may withdraw the consent given under paragraph (1) of this subsection at any time orally or in writing.

(4) A treating provider may withhold information on an individual plan of treatment from a family member or other authorized individual if:

(i) In the treating provider's clinical judgment, the consent given under paragraph (1) of this subsection was provided through coercive means;

(ii) The treating provider [believes it is in the best clinical interest of] **MAKES A SPECIFIC, WRITTEN FINDING IN THE INDIVIDUAL'S PATIENT RECORD THAT THE FAMILY MEMBER'S OR OTHER AUTHORIZED INDIVIDUAL'S PRESENCE IS CAUSING DEMONSTRABLE EMOTIONAL OR PHYSICAL HARM TO the individual; or**

(iii) The individual requests that a specific piece of the plan of treatment be withheld.

(5) (I) SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, IF AN INDIVIDUAL HAS EXECUTED A MENTAL HEALTH ADVANCE DIRECTIVE, DURABLE POWER OF ATTORNEY FOR HEALTH CARE, OR A SUPPORTED DECISION-MAKING AGREEMENT, A FACILITY SHALL RECOGNIZE THE MENTAL HEALTH ADVANCE DIRECTIVE, DURABLE POWER OF ATTORNEY FOR HEALTH CARE, OR SUPPORTED DECISION-MAKING AGREEMENT AS AN INDIVIDUAL'S FORMAL REQUEST FOR A FAMILY MEMBER OR OTHER AUTHORIZED INDIVIDUAL TO PARTICIPATE IN THE DEVELOPMENT, REVIEW, AND REASSESSMENT OF THE INDIVIDUAL'S PLAN OF TREATMENT.

(II) A TREATING PROVIDER MAY WITHHOLD INFORMATION ON AN INDIVIDUAL PLAN OF TREATMENT FROM A FAMILY MEMBER OR OTHER AUTHORIZED INDIVIDUAL LISTED IN A MENTAL HEALTH ADVANCE DIRECTIVE, DURABLE POWER OF ATTORNEY FOR HEALTH CARE, OR SUPPORTED DECISION-MAKING AGREEMENT ONLY IF:

1. THE TREATING PROVIDER CONDUCTS A FORMAL CAPACITY ASSESSMENT OF THE INDIVIDUAL;

2. THE TREATING PROVIDER FINDS THAT THE INDIVIDUAL HAS CAPACITY;

3. THE INDIVIDUAL EXPLICITLY AND FORMALLY OBJECTS TO THE PARTICIPATION OF THE FAMILY MEMBER OR OTHER AUTHORIZED INDIVIDUAL LISTED IN THE MENTAL HEALTH ADVANCE DIRECTIVE, DURABLE POWER OF ATTORNEY FOR HEALTH CARE, OR SUPPORTED DECISION-MAKING AGREEMENT; AND

**4. THE FINDING OF CAPACITY AND THE INDIVIDUAL'S
OBJECTION TO THE PARTICIPATION OF THE FAMILY MEMBER OR OTHER
AUTHORIZED INDIVIDUAL IS NOTED IN THE INDIVIDUAL'S PATIENT RECORD.**

(g) (1) If an individual admitted to a facility or any family member or other individual authorized by the individual to participate in the review and reassessment of the plan of treatment for the individual under subsection (f) of this section believes that the plan of treatment is not meeting the needs of the individual, the individual, family member, or other authorized individual has the right to request that the facility review and reassess the plan of treatment.

(2) On receipt of a request under paragraph (1) of this subsection, the facility staff who work directly with and provide treatment to the individual shall:

(i) Conduct a review and reassessment of the plan of treatment;

(ii) Communicate the results of the review and reassessment of the plan of treatment to the patient and individual who requested the review and reassessment, including an explanation of how all issues raised in the request were considered; and

(iii) Include the request for the review and reassessment of the plan of treatment and the outcome of the review and assessment, including the explanation of the outcome, in the medical records of the individual.

(3) If a State facility does not make any changes to the plan of treatment for the individual, the State facility shall provide referral information for the Resident Grievance System established under COMAR 10.21.14.

(h) An individual admitted to a State facility or another individual authorized by the admitted individual may request a reconsideration of the review and reassessment completed under subsection (g) of this section by filing a grievance with the Resident Grievance System under COMAR 10.21.14.

(i) (1) An individual admitted to a State facility or another individual authorized by the admitted individual may appeal the reconsideration of the review and reassessment completed under subsection (h) of this section by filing a request with the Department's Healthcare System's Chief Medical Officer.

(2) The Department shall adopt regulations to establish a process for the appeal of the reconsideration of the review and reassessment under paragraph (1) of this subsection.

(j) If an individual is admitted to a State facility and the State facility is unable to provide the treatment necessary to address the rehabilitation needs of an individual under a plan of treatment for the individual, the State facility shall:

1 (1) Make arrangements for the individual to receive necessary treatment
2 from another facility or other health care provider outside the State facility; and

3 (2) Ensure that treatment for the individual is coordinated between the
4 State facility and the other facility or health care provider.

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