

SB509.pdf

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Position: FAV

MARYLAND PSYCHIATRIC SOCIETY



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February 5, 2025

The Honorable William C. Smith
Chair, Judicial Proceedings Committee
2 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Support – Senate Bill 509: Prohibited Possession of Firearms - Assisted Outpatient Treatment Respondents

Dear Chairman Smith and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1100 psychiatrists and physicians currently in psychiatric training.

During the last legislative session the Maryland legislature passed HB576/SB453 to create assisted outpatient treatment programs in every county to mandate that certain individuals with mental illness must participate in outpatient treatment if they are at risk of becoming dangerous to themselves or others. The bill is scheduled to take effect on July 1st.

During the amendment process of that bill, the following language was added at 10-6A-02(B)(2):

"This subtitle may not be construed to abridge or modify any civil right of the respondent, including any right relating to a license, permit, certification, privilege, or benefit under any law."

This language was adopted when the bill passed, although it inadvertently indicated that a potentially dangerous individual with a mental illness could be allowed to retain possession of a legal weapon. This contradicts the clear intent of the bill, and also contradicts existing law regarding civil commitment and weapon ownership, specifically Health-General §10-632 et. seq. This law allows an administrative law judge to require the committed patient to surrender any firearms in their possession and to bar them from possessing a firearm in the future unless they are granted relief from this restriction.

SB509/HB592 serves to correct this unintended effect of last year's legislation by modifying Public Safety §5-133 et. seq. to be consistent with existing law which bars gun ownership from individuals suffering from a mental disorder who also have a history of violence. The prohibition is time-limited and expires with the assisted outpatient treatment order.

Given the recent tragic self-inflicted shooting inside the Eastside District Courthouse in Baltimore, we urgently support passage of this bill.

As such, MPS and WPS ask the committee for a favorable report on SB509. If you have any questions regarding this testimony, please contact Lisa Harris Jones at lisa.jones@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

SB0509_Prohibited_Possession_of_Firearms_Outpatien

Uploaded by: Cecilia Plante

Position: FAV



TESTIMONY FOR SB0509

Prohibited Possession of Firearms – Assisted Outpatient Treatment Respondents

Bill Sponsor: Senator Henson

Committee: Judicial Proceedings

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Aileen Alex, co-chair

Position: FAVORABLE

I am submitting this testimony in favor of SB0509 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of activists - individuals and grassroots groups in every district in the state. We are unpaid citizen lobbyists, and our Coalition supports well over 30,000 members.

Gun violence in Maryland is a pressing issue. In 2023 alone, an estimated 737 people lost their lives to gun-related injuries, including homicides, suicides, accidents, and other incidents (USAFACTS.org). Since 1982, there have been 10 mass shootings in the state (statista.com).

The Maryland state legislature has in the past passed some common-sense gun control legislation that helps keep Marylanders safe. This bill, if enacted, would prohibit a person from possessing a regulated firearm, rifle, or shotgun if they have been subject to a court order to undergo assisted outpatient treatment. Anyone who is in therapy should not have a gun.

The Maryland Legislative Coalition wholeheartedly supports this bill and recommends a **FAVORABLE** report in committee.

Zeller-SB509-Support.pdf

Uploaded by: Eileen Zeller

Position: FAV

**Senate Bill 509: Prohibited Possession of Firearms – Assisted Outpatient Treatment
Judicial Proceedings
February 7, 2025
Position: SUPPORT**

Eileen Zeller, MPH
12808 Brighton Dam Road
Clarksville, MD 21029

I am writing to express my support for SB 509, which would restrict access to firearms for patients in Maryland's Assisted Outpatient Treatment Program (AOT).

I am past chair of the Maryland Governor's Commission on Suicide Prevention and am on the board of the Mental Health Association of Maryland. After a career in suicide prevention and public health, I retired from the federal government's Substance Abuse and Mental Health Services Administration (SAMHSA) in 2018, where I was Lead Public Health Advisor in the Suicide Prevention Branch. However, I am submitting this testimony representing only myself.

I will not repeat Dr. Paul Nestadt's testimony, which details the critical gap created during the passage of last year's SB453/HB576, which established Maryland's AOT program.

I do want to emphasize the need to temporarily restrict firearm access from people under AOT orders, whom the Court has agreed to have demonstrated severe psychiatric illness leading to repeated hospitalizations or violent incidents, and documented non-adherence to voluntary treatment. Research shows that individuals with severe mental illnesses are significantly more likely to die by suicide than those without a diagnosed mental illness. Decades of research also show that reducing access to a firearm during periods of crisis can save prevent suicide, and that is the goal of this bill.

I urge a favorable report on SB509.

2025 - SB 0509 - Prohibited Possession of Firearms

Uploaded by: Ken Phelps Jr

Position: FAV



TESTIMONY IN SUPPORT OF SB 0509

**Prohibited Possession of Firearms - Assisted Outpatient Treatment
Respondents
FAVORABLE**

TO: Sen. William C. Smith, Chair; Sen. Jeff Waldstreicher, Vice-Chair; and the
Members of the Senate Judicial Proceedings Committee

FROM: Rev. Kenneth Phelps, Jr., The Episcopal Diocese of Maryland

DATE: February 7, 2025

In 2022, the 80th General Convention of the Episcopal Church commended investment in evidence-based community violence intervention programs and strategies that address gun violence as a public health issue; called for the strengthening of anti-violence social norms; and ending the proliferation of guns in our society. Further, the Church called upon its dioceses, congregations and individual Episcopalians to advocate for funding and public policy to support community violence intervention programs and strategies that have been proven to reduce gun violence. In that spirit, I thank you for the opportunity to provide this testimony on behalf of the Diocese of Maryland.

This bill is another small step in the right direction. Our community has stated support for adequate weapons regulation as an essential for public safety. Typically, regulation policy for weapons is well below the necessary according to the standard advocated by our community. We have supported many pieces of Maryland legislation to adequately regulate weapons in the community.

Senate Bill 509 is a reasonable extension of so-called “red flag” laws, which we have supported and which public reporting indicates can have their intended effect; namely to separate lethal weaponry from credible behavioral health risk. Court-ordered treatment in response to behavioral incidents and issues is a good place to put a red flag. Reducing risks to self and others ought to include limiting access to weaponry. Public safety needs to be restored to a prominence it once had acquired in law and policy.

The Diocese of Maryland requests a Favorable report

sb509 weapons, court-ordered treatment JPR- 2-7-20

Uploaded by: Lee Hudson

Position: FAV



Delaware-Maryland Synod
Evangelical Lutheran Church in America
God's work. Our hands.

Testimony prepared for the
Judicial Proceedings Committee
on
Senate Bill 509
February 7, 2025
Position: **Favorable**

Mr. Chairman and members of the Committee, thank you for the opportunity to testify in support of public safety. I am Lee Hudson, assistant to the bishop for public policy in the Delaware-Maryland Synod, Evangelical Lutheran Church in America, a faith community with three judicatories across our State.

Our community has stated support for adequate weapons regulation as an essential for public safety. Typically, regulation policy for weapons is well below the necessary according to the standard advocated by our community. We have supported many pieces of Maryland legislation to adequately regulate weapons in the community.

Senate Bill 509 is a reasonable extension of so-called “red flag” laws, which we have supported and which public reporting indicates can have their intended effect; namely to separate lethal weaponry from credible behavioral health risk (see, e.g., “The Journalist’s Resource” November 30, 2022 article aggregating information from informed studies). Court-ordered treatment in response to behavioral incidents and issues is a good place to put a red flag.

Reducing risks to self and others ought to include limiting access to weaponry. Public safety needs to be restored to a prominence it once had acquired in law and policy. We urge a favorable report.

Lee Hudson

SB509 sponsor testimony.pdf

Uploaded by: Linda Hanifin Bonner

Position: FAV



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 7, 2025
SPONSOR TESTIMONY
Senate Bill 509
Prohibited Possession of Firearms
- Assisted Outpatient Treatment Respondents

Chairman Smith and Committee Members

Thank you for the opportunity to introduce and provide key details regarding SB 509- the Prohibited Possession of Firearms - Assisted Outpatient Treatment Respondents

For the record, I am Senator Shaneka Helson from the 30th Legislative District of Anne Arundel County, MD.

This Bill is also cross-filed (HB0592) and cosponsored with Delegate Scott Phillips from Legislative District 10, Baltimore County, MD.

This bill prohibits a person from possessing a regulated firearm, rifle, or shotgun if the person is currently a respondent subject to a court order to comply with an assisted outpatient treatment (AOT) program. If a court orders a person to comply with an AOT program, the court must promptly report specified information through

The fundamental purpose of SB 509 is to prohibit a person with a diagnosed severe mental illness from possessing a regulated firearm, rifle, or shotgun if that person is currently subject to a court order to comply with a designated AOT - assisted outpatient treatment. It requires a court to promptly report this information through a state designated a secure portal, approved by the Department of Public Safety and Correctional Services (DPSCS).if the court orders a person to comply with a specified assisted outpatient treatment program; and generally relating to persons prohibited from possessing regulated firearms, rifles, and shotguns.

This Bill does not change the intent of SB 453 which established a critically needed state "Assisted Outpatient Treatment Program" that became law as of January 25, 2025. Instead, it fixes a loophole, found within the State Code about regulated firearms, rifles, or shotguns. In correcting this loophole, this bill strengthens the existing legislation signed

into law by Governor Moore for the States public defenders to provide representation in assisting outpatients with the procedures for the established outpatient program.

With us today to provide essential information about real-life reasons for this Bill is Paul Nestadt, M.D.

The James Wah Professor of Psychiatry and Behavioral Sciences
Johns Hopkins School of Medicine, Department of Psychiatry

After you hear the testimony from those here today, I request that you give a favorable report to SB 509.

SB509 FAV - NAMI.pdf

Uploaded by: Michael Gray

Position: FAV

February 7, 2025

Chair Smith, Vice Chair Waldstreicher, and distinguished members of the Judicial Proceedings Committee,

The National Alliance on Mental Illness (NAMI)-Maryland respectfully requests a favorable report on SB509.

NAMI Maryland and our 11 local affiliates across the state represent a network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a 501(c)(3) non-profit dedicated to providing education, support, and advocacy for people living with mental illnesses, their families, and the wider community.

NAMI Maryland supported legislation that enabled assisted outpatient treatment (AOT) in the 2024 legislative session, and we appreciate the General Assembly's enacting of that life-saving new statewide program. SB509 requires that people subject to an AOT order not be in possession of firearms. A person under an AOT order is, by definition, a person who is in need of AOT to prevent harm to themselves or others, which includes harm to self by the use of firearms.

Gun violence and suicide are both separate but intertwined public health crises in the United States.¹ People living with mental health conditions, including the relatively small number of individuals under AOT orders, live at much higher risk of attempting or completing suicide than the general public,² and mitigating firearm possession is straightforward way to decrease that risk.

NAMI Maryland believes that SB509 will lead to a reduction of suicide and gun violence associated with people subject to AOT orders, and for those reasons, we urge a favorable report on SB509.

¹ National Alliance on Mental Illness, "Gun Violence Research," <https://www.nami.org/advocacy/policy-priorities/stopping-harmful-practices/gun-violence-research/>.

² ET Isometsa, *Psychological Autopsy Studies—A review*, 7 Eur. Psychiatry 379 (2001).

SB 509 - MSAA Favorable.pdf

Uploaded by: Patrick Gilbert

Position: FAV



Maryland State's Attorneys' Association

3300 North Ridge Road, Suite 185

Ellicott City, Maryland 21043

410-203-9881

FAX 410-203-9891

Rich Gibson
President

Steven I. Kroll
Coordinator

DATE: February 5, 2025

BILL NUMBER: SB 509

POSITION: Favorable

The Maryland State's Attorneys' Association (MSAA) supports Senate Bill 509, and urges this Committee to issue a favorable report.

The Public Safety Article restricts who can lawfully possess firearms in Maryland. § 5-133 of that Article deals with regulated firearms (including handguns), while § 5-205 deals with rifles and shotguns. The disqualifiers contained in these statutes – disqualifiers like having been convicted of certain offenses, subject to a protective order, or involuntarily committed to a facility for mental health treatment – represent judgments by the General Assembly that some individuals cannot possess firearms safely.

Last session, the General Assembly passed legislation establishing assisted outpatient treatment programs for individuals with serious and persistent mental illness, and enabling courts to commit qualifying individuals to these programs. SB 509 prohibits individuals committed to assisted outpatient treatment programs from possessing firearms – by prohibiting possession only for the duration of the commitment, though, this bill balances the public safety interest that animates the restrictions on firearm possession contained in the Public Safety Article with the individual's interest in exercising their right to keep and bear arms. Furthermore, by clearly defining the disqualifying condition – commitment to assisted outpatient treatment program pursuant to the relevant statute – the bill provides clarity to courts and to Marylanders, and ensures that the prohibition will be applied consistent with the intent of the legislature.

SB 509 written testimony aot gun.pdf

Uploaded by: Paul Nestadt

Position: FAV

Paul S. Nestadt, M.D.
The James Wah Professor of
Psychiatry & Behavioral Science
Associate Professor
Department of Psychiatry
Johns Hopkins School of Medicine

Meyer 1st floor, Room 114
600 N. Wolfe Street
Baltimore, MD 21287-0005
410-955-8003 Office
410-614-7858 Coordinator
pnestadt@jhmi.edu



Dear Chairman and members of the Committee,

I am writing to **express strong support for Senate Bill 509, restricting firearm access for patients in Maryland's new Assisted Outpatient Treatment (AOT) program**, for our most severely ill psychiatric patients. As Medical Director of the Center for Suicide Prevention at Johns Hopkins, and chair of the Maryland Suicide Fatality Review Committee, I have extensive experience working with individuals in severe mental health crisis. However, *I am not writing on behalf of Hopkins or the State*, but as a representative of the Maryland Psychiatric Society.

This bill addresses a critical gap created during the passage of last year's HB576/SB453, which established AOT programs statewide. While that legislation was a crucial step forward in mental health treatment, the following amendment language inadvertently created a loophole allowing potentially dangerous individuals to retain firearms during mandatory treatment.

10-6A-02(B)(2): *"This subtitle may not be construed to abridge or modify any civil right of the respondent, including any right relating to a license, permit, certification, privilege, or benefit under any law."*

This language was adopted when the bill passed, although it inadvertently indicated that a potentially dangerous individual with a mental illness could be allowed to retain possession of a legal weapon. This contradicts the clear intent of the bill and also contradicts existing law regarding civil commitment and weapon ownership, specifically Health-General §10-632 et. seq. This law allows an administrative law judge to require the committed patient to surrender any firearms in their possession and to bar them from possessing a firearm in the future unless they are granted relief from this restriction. SB509 corrects this oversight by aligning AOT firearm restrictions with existing laws regarding civil commitment under Health-General §10-632 by modifying Public Safety §5-133 et. seq. to be consistent with existing law which bars gun ownership from individuals suffering from a mental disorder who also have a history of violence. The prohibition is time-limited and expires with the assisted outpatient treatment order.

Individuals under AOT orders represent our most severely ill psychiatric population - these are not individuals receiving routine outpatient care for anxiety or depression. Rather, AOT candidates have demonstrated severe psychiatric illness leading to repeated hospitalizations or incidents of violence, along with documented non-adherence to voluntary treatment. Many experience profound psychosis, severe mood disorders, or other conditions that significantly impair their judgment and insight. While the common narrative paints these patients as dangerous to others, the fact is that they are at highest risk of harming themselves — an outcome that this bill hopes to prevent.

The research on suicide risk and firearm access is unequivocal. Every study examining this issue has found that access to firearms significantly increases suicide risk. Handgun owners have dramatically elevated suicide risks - men who own handguns are eight times more likely to die by firearm suicide


compared to non-owners, while women handgun owners face a staggering 35-times higher risk (Studdert et al (2020) *New England Journal of Medicine*)

The recent tragic self-inflicted shooting at Baltimore's Eastside District Courthouse underscores the urgency of addressing this issue. Crucially, many suicide attempts occur within just 10 minutes of the suicidal thought. For individuals under AOT orders who are already at heightened risk due to severe mental illness, immediate access to firearms during periods of crisis can be fatal. This impulsivity factor makes means restriction - including limiting firearm access - a vital suicide prevention strategy.

SB509 represents a targeted, evidence-based approach to protecting our most vulnerable patients during periods of acute psychiatric crisis. The bill requires courts to report AOT orders to the NICS system to ensure proper implementation while maintaining due process protections. The temporary nature of AOT orders means these restrictions are not permanent, but rather provide a critical safety net during periods of highest risk.

This legislation fills an important gap in our current mental health and public safety framework. By temporarily restricting firearm access for individuals under court-ordered treatment, we can reduce preventable deaths while supporting recovery. I strongly urge a favorable report on SB509.

Respectfully,

A handwritten signature in dark ink, appearing to read 'Paul Nestadt', with a long horizontal flourish extending to the right.

Paul Nestadt, M.D.

Representing the Maryland Psychiatric Society

DRM_SB509_Oppose.pdf

Uploaded by: Courtney Bergan

Position: UNF



Empowering People to Lead Systemic Change

1500 Union Ave., Suite 2000, Baltimore, MD 21211

Phone: 410-727-6352 | Fax: 410-727-6389

DisabilityRightsMD.org

Senate Judicial Proceedings Committee

Senate Bill 509: Prohibited Possession of Firearms - Assisted Outpatient Treatment

Respondents

Friday, February 7, 2025

Position: Oppose

Disability Rights Maryland (DRM) is the protection and advocacy organization for the state of Maryland; the mission of the organization, part of a national network of similar agencies, is to advocate for the legal rights of people with disabilities throughout the state. In the context of mental health disabilities, we advocate for access to person-centered, culturally responsive, trauma-informed care in the least restrictive environment. We appreciate the opportunity to provide testimony on SB 509, which would require courts to report information to the National Instant Criminal Background Check System (NICS) if the court orders a person to comply with assisted outpatient treatment.

Placing individuals ordered to comply with Assisted Outpatient Treatment (AOT) in the NICS plainly contravenes federal law, which explicitly limits the use of NICS to individuals who have been involuntarily committed to an inpatient psychiatric facility. 18 U.S.C § 922 (g). Using NICS for purposes beyond those it is intended for violates federal law and places individuals subject to AOT at an increased risk of harm such as discrimination, criminalization, and economic disadvantage.

Putting individuals court-ordered to comply with AOT into the NICS index increases the risks of criminalization for people with disabilities by criminalizing gun possession in circumstances that would not be unlawful for people without disabilities. While DRM does not advocate for gun rights, DRM has constituents whose only crime is unlawful gun possession based on their prohibited possession of a gun after being placed in NICS following involuntary commitment to an inpatient psychiatric facility. Adding individuals who are subject to AOT to this cohort would further expand the risk of criminalization for individuals who were not previously subject to involuntary hospitalization. Individuals with disabilities who are arrested for illegal gun possession in these circumstances may spend months in jail, deprived of access to appropriate supports before subsequent confinement to a state hospital or prison, when their conduct was criminalized solely on the basis of their mental illness.

The AOT statute passed by the Maryland General Assembly in 2024 currently specifies that an AOT order “may not be used to abridge or modify any civil right of the respondent, including: any civil service ranking or appointment;” or “any right relating to a license, permit, or certification.” This provision was specifically added after advocates raised concerns about the impacts of court-ordered mental health treatment on future employment prospects, professional licensure opportunities, and other civil rights. This bill would remove these protections and risk stripping people subject to AOT of

opportunities to participate in their chosen profession or livelihood. Entering individuals into the NICS impairs opportunities to gain and maintain professional certifications, limits access to certain employment opportunities and impacts fundamental constitutional rights.

If the General Assembly is concerned about gun safety, it should be noted first that individuals who are diagnosed with mental disorder and who have a history of violent conduct are already prohibited from owning a firearm under Md. Code Ann., Public Safety § 5-133 (b)(8); adding respondents to AOT orders would target individuals with mental disabilities who have not demonstrated dangerous conduct. If the General Assembly remains concerned about gun safety in this cohort, there are other less intrusive means to limit access to firearms without placing people with disabilities at increased risk of criminalization and harm vis-a-vis entering their names into the federal NICS index. Some other options may include requiring individuals to turn in firearms for the duration of an AOT order or offering voluntary safekeeping.

DRM urges the committee to oppose SB 509 in order to ensure that AOT orders are not used to prejudice the civil and constitutional rights of Marylanders with disabilities. Please contact Courtney Bergan, Disability Rights Maryland's Equal Justice Works Fellow for more information at CourtneyB@DisabilityRightsMd.org or 443-692-2477.

2025 7 2 SB 509 Oppose AOT gun ban MOPD.pdf

Uploaded by: Elizabeth Hilliard

Position: UNF



NATASHA DARTIGUE
PUBLIC DEFENDER

KEITH LOTRIDGE
DEPUTY PUBLIC DEFENDER

HANNIBAL KEMERER
CHIEF OF STAFF

ELIZABETH HILLIARD
DIRECTOR OF GOVERNMENT RELATIONS

POSITION ON PROPOSED LEGISLATION

BILL: SB 509 – Prohibited Possession of Firearm – Assisted Outpatient Treatment Respondents

FROM: Maryland Office of the Public Defender

POSITION: Opposed

DATE: February 7, 2025

The Maryland Office of the Public Defender (“MOPD”) is opposed to Senate Bill 509. Senate Bill 509 would categorically prohibit all individuals subject to Assisted Outpatient Treatment (“AOT”) from possessing a firearm, rifle, or shotgun, and would further require courts to report sensitive information regarding these individuals to the National Instant Criminal Background Check System (NICS). While likely well-intended, this bill is not only unnecessary, and it likely to do more harm than good.

There is no evidence suggesting that all individuals in AOT’s are violent or have violent behaviors requiring restrictions on their constitutional rights and freedoms. In fact, individuals would not be eligible for AOT, requiring outpatient treatment in the community, if they were found to be a threat to public safety.

Additionally, studies actually show that individuals with mental illness are more likely to be the victims than perpetrators of crime.[1] Indeed, people with severe mental illnesses are over 10 times more likely to be victims of a violent crime than the general population. Whereas only 3%–5% of violent acts can be attributed to individuals living with a serious mental illness.[2]

State and federal laws currently in place provide safeguards to prevent individuals with a history of violence or those with known risks who pose a safety threat to themselves or others from possessing a firearm. The current bill is simply too broad and sweeping, while further contravening current federal law. NICS explicitly limits the use of NICS to individuals who have been involuntarily committed to an inpatient psychiatric facility. 18 U.S.C § 922 (g). Using NICS for purposes beyond those it is intended for violates federal law and places individuals subject to AOT at an increased risk of harm such as discrimination, criminalization, and economic disadvantage.

Most people with mental health conditions are no more likely to be violent than anyone else. Yet years of research and reactionary legislation to address the very real problem of gun violence has shown that invoking mental health to address gun violence is often misplaced.[3] Any efforts to address gun violence and mental health should be handled in a way that meets the complexities required individually and collectively. While solutions to reducing gun violence are long overdue, real progress won't come at the cost of perpetuating false stigma, fear, and unfounded discrimination against people with mental health conditions.[4] Restricting the rights and exposing all individuals subject to court ordered treatment to a national database only increases the risk of harm to these individuals.

The very harms that were sought to be protected for individuals subject to the new AOT statute are being put at risk with this bill. The AOT statute passed by the Maryland General Assembly in 2024 currently specifies that an AOT order “may not be used to abridge or modify any civil right of the respondent, including: any civil service ranking or appointment,” or “any right relating to a license, permit, or certification.” This provision was specifically added after advocates raised

concerns about the impacts of court-ordered mental health treatment on future employment prospects, professional licensure opportunities, and other civil rights. This bill would remove these protections and risk stripping people subject to AOT of constitutionally protected privacy rights and future opportunities to participate in their chosen profession or livelihood. This cannot be the intended consequences of SB 509.

For the foregoing reasons, MOPD urges the Judicial Proceedings commission to return an unfavorable report on SB 509.

Submitted by: Maryland Office of the Public Defender, Government Relations Division.

[1] <https://www.rand.org/research/gun-policy/analysis/mental-illness-prohibitions.html>.

[2] <https://www.samhsa.gov/mental-health/what-is-mental-health/facts>.

[3]

<https://www.aamc.org/news/it-s-tempting-say-gun-violence-about-mental-illness-truth-much-more-complex>;

[4] [Mental Health Scapegoated in US Gun Control Debates | Human Rights Watch](#)

SB 509 - MDH - JPR - LOI.pdf

Uploaded by: Meghan Lynch

Position: INFO



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary
February 7, 2025

The Honorable William C. Smith
Chair Judicial Proceedings Committee
2 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill (SB) 509- Prohibited Possession of Firearms - Assisted Outpatient Treatment Respondents – Letter of Information

Dear Chair Smith and Committee Members:

The Maryland Department of Health (Department) is submitting this Letter of Information for Senate Bill (SB) 509 - Prohibited Possession of Firearms - Assisted Outpatient Treatment Respondents

Senate Bill 509 proposes to prohibit individuals subject to Assisted Outpatient Treatment (AOT) orders from possessing regulated firearms, rifles, or shotguns. SB 509 also mandates that courts promptly report these individuals to the National Instant Criminal Background Check System (NICS). Limited research exists on gun violence in individuals with serious and persistent mental illness, and the effectiveness of firearm prohibitions in preventing such violence.¹

Assisted Outpatient Treatment (AOT) is a court-ordered intervention designed for individuals with serious and persistent mental illness who need community-based treatment. Research from several states nationwide with AOT programs shows that these programs can lead to improved clinical outcomes.² and reduced costs³ for behavioral health systems.

In Maryland, Health-General Article, 10-6A-03 established the AOT program to be implemented statewide and requires the Department to establish AOT programs in counties that do not opt to establish an AOT program on or before July 1st, 2026. The Department has taken several pre-implementation steps to facilitate this process, including developing an internal work plan,

¹ Rozel JS, Mulvey EP. The Link Between Mental Illness and Firearm Violence: Implications for Social Policy and Clinical Practice. *Annu Rev Clin Psychol.* 2017 May 8;13:445-469.

² Phelan JC, Sinkewicz M, Castille DM, Huz S, Muenzenmaier K, Link BG. Effectiveness and outcomes of assisted outpatient treatment in New York State. *Psychiatr Serv.* 2010 Feb;61(2):137-43. doi: 10.1176/ps.2010.61.2.137. Erratum in: *Psychiatr Serv.* 2010 May;61(5):494. Muenzenmaier, Kristina [added]. PMID: 20123818.

³ Swanson JW, Van Dorn RA, Swartz MS, Robbins PC, Steadman HJ, McGuire TG, Monahan J. The cost of assisted outpatient treatment: can it save states money? *Am J Psychiatry.* 2013 Dec;170(12):1423-32.

engaging with local jurisdictions, drafting clinical and operational guidelines, and establishing communication processes to update stakeholders on the program's progress.⁴

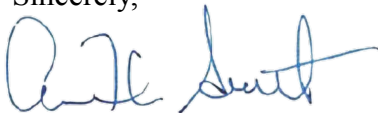
Under current Maryland law, individuals who are prohibited from possessing a regulated firearm include: individuals who suffer from a mental from a mental disorder as defined in § 10–101(i)(2) of the Health 1 – General Article and have a history of violent behavior against the person or another; individuals who have been voluntarily admitted for more than 30 consecutive days to a facility as defined in § 10–101 of the Health – General Article; and individuals who have been involuntarily committed to a facility as defined in § 10–101 of 9 the Health – General Article.

The Department anticipates that individuals who are respondents subject to comply with an AOT order will potentially meet criteria for prohibition of possession of a regulated firearm based on meeting one of these existing eligibility categories. Moreover, Maryland operates an outpatient civil commitment program in Baltimore City; this program shares eligibility criteria with AOT. A firearm prohibition is not included in current Code of Maryland Regulations for this program.⁵

The Department is committed to working collaboratively with local jurisdictions and state partners to develop and implement the AOT initiative to enhance access to mental health services for individuals participating in the Public Behavioral Health System.

I hope this information is useful. If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Laura Herrera Scott', is positioned above the printed name.

Laura Herrera Scott, MD, MPH
Secretary

⁴ <https://health.maryland.gov/bha/Pages/Assisted-Outpatient-Treatment.aspx>

⁵ <https://dsd.maryland.gov/regulations/Pages/10.63.07.10.aspx>