



## DEPARTMENT OF HEALTH

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

February 12 2025

The Honorable Luke Clippinger  
Chair Judiciary Committee  
101 Taylor House Office Building  
Annapolis, Maryland 21401

### **RE: House Bill (HB) 592 - Prohibited Possession of Firearms - Assisted Outpatient Treatment Respondents – Letter of Information**

Dear Chair Clippinger:

The Maryland Department of Health (the Department) is submitting this letter of information for House Bill (HB) 592 - Prohibited Possession of Firearms - Assisted Outpatient Treatment Respondents.

HB 592 proposes to prohibit individuals subject to Assisted Outpatient Treatment (AOT) orders from possessing regulated firearms, rifles, or shotguns. HB 592 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.<sup>1</sup>

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.<sup>2</sup> and reduced costs<sup>3</sup> for behavioral health systems.

In Maryland, Health-General Article, 10-6A-03 established the AOT program to be implemented state-wide. Health-General Article, 10-6A-03(a)(1) requires the MDH 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, engaging with local jurisdictions, drafting clinical and

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<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

operational guidelines, and establishing communication processes to update stakeholders on the program's progress.<sup>4</sup>

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 one jurisdiction, Baltimore City. A firearm prohibition is not included in current Code of Maryland Regulations for this program.<sup>5</sup> Outpatient civil commitment shares eligibility criteria with AOT.

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](mailto:sarah.case-herron@maryland.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read 'LH Scott', is written over a faint, light blue outline of the state of Maryland.

Laura Herrera Scott, MD, MPH  
Secretary

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

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