

**Senate Bill 707 – Mental Health Law – Danger to the Life or Safety of the Individual or of Others – Definition (Right to Treatment)**

**POSITION: Favorable with Amendments**

February 24, 2026

Senate Finance Committee

The University of Maryland Medical System (“UMMS”) supports Senate Bill 707 – Mental Health Law – Danger to the Life or Safety of the Individual or of Others – Definition (Right to Treatment) with amendments. Senate Bill 707 (“SB 707”) would establish a definition for “danger to the life and safety of the individual or of others” under Maryland law.

UMMS facilities include more than a dozen acute care hospitals and freestanding medical facilities that regularly perform emergency evaluations. We believe this legislation will provide needed clarity and flexibility to qualified mental health professionals that perform emergency psychiatric evaluations.

Under current law, specified health professionals (e.g., physicians, psychologists, psychiatric nurse practitioners, licensed certified social worker-clinical, and licensed clinical professional counselors) are authorized to petition for an emergency evaluation of a patient, which may result in the involuntary admission of the patient to a mental health treatment facility under limited circumstances. The process requires a qualified health professional to determine that a patient (1) has a mental disorder and (2) presents a *danger to the life or safety of the individual or of others*. If these criteria are met, and the patient is unable or unwilling to agree to admission, then the health care professional must take the steps needed for involuntary admission at an appropriate facility. A patient who is proposed for involuntary admission is afforded a hearing within 10 days to determine whether they should be involuntarily admitted or released. A hearing officer must consider all the evidence and testimony of record and order the release of the patient from the facility unless the record demonstrates by *clear and convincing evidence* that, at the time of the hearing, each of the following elements exists: (1) the individual has a mental disorder; (2) the individual needs inpatient care or treatment; (3) the individual presents a *danger to the life or safety of the individual or of others*; (4) the individual is unable or unwilling to be voluntarily admitted to the facility; and (5) there is no available less restrictive form of intervention that is consistent with the welfare and safety of the individual.

The requirement for a patient to be a “danger to the life or safety of the individual or others” is a mandatory criterion for involuntary admission – in the evaluation performed by a qualified health professional and in the review conducted by a hearings officer – yet the term is not defined in statute. The absence of a statutory definition has contributed to inconsistent interpretation and application by clinicians, law enforcement, courts, and hospitals across the State. Clinicians may hesitate to initiate emergency evaluations when danger is present but not imminent, delaying needed care, and courts and emergency departments may apply varying thresholds for involuntary admission, leading to unequal access to treatment.

UMMS supports this bill because it clarifies that “danger to the life or safety” means a substantial risk, whether or not the risk is imminent, and that the determination should include an assessment of the patient’s current condition *and* “personal, medical, and psychiatric history.” This reflects the realities of clinical practice, where patients suffering from a severe mental health crisis may pose a high risk without immediate manifestations.

*Proposed amendment*

UMMS appreciates the work of the bill sponsors to provide greater clarity on the State’s dangerousness standard. In order to further strengthen this effort, UMMS recommends that the legislation incorporate or otherwise align with the established standard in §10–708(g) of the Health-General Article, which governs the process for administering medication to an individual who refuses it. In particular, SB 707 should incorporate or align with §10–708(g)(3)(iii) that allows for the administration of medication when a patient at a substantial risk of “relapsing into a condition in which the individual is unable to provide for the individual’s essential human needs or health or safety.” This existing language is well understood by clinicians and could provide greater certainty and standardization in the evaluation process.

For these reasons, the University of Maryland Medical System supports SB 707 with amendments, and respectfully requests a *favorable* report on the bill.

For more information, please contact:

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