

hb860amend.pdf

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Position: FAV

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MARYLAND JUDICIAL COUNCIL LEGISLATIVE COMMITTEE

MEMORANDUM

TO: Senate Finance Committee
FROM: Legislative Committee
Suzanne D. Pelz, Esq.
410-260-1523
RE: House Bill 860
Petitions for Emergency Evaluation (Arnaud and Magruder
Memorial Act)
DATE: March 26, 2026
(3/31)
POSITION: Support

The Maryland Judiciary continues to support House Bill 860 as amended.

The language of the bill provides for a five (5) day extension of the relief granted in a court endorsed Petition for Emergency Evaluation. The Judiciary appreciates the need for the extension provision, as officers may have difficulty locating the individual for whom the court has ordered an evaluation in the short period currently provided in statute. An extension would allow officers additional time to take the emergency evaluatee for clinical evaluation and treatment.

cc. Hon. Tiffany Alston
Judicial Council
Legislative Committee
Kelley O'Connor

MD HB 860_NPAP_UNFAV (Emergency Petitions).pdf

Uploaded by: Keisha James

Position: UNF



UNFAVORABLE - HB 860

Written Testimony of National Lawyers Guild-National Police Accountability Project, Keisha James, Staff Attorney
Senate Finance Committee – March 31, 2026

Dear Chair Beidle, Vice Chair Hayes, and Members of the Committee,

Thank you for the opportunity to provide written comment on this important issue. The National Lawyers Guild National Police Accountability Project (“NPAP”) is a nonprofit organization dedicated to holding law enforcement officers accountable to constitutional and professional standards. We urge you to give an unfavorable review to HB 860, which states that law enforcement officers executing emergency petitions shall act in accordance with “best practices” and will only be joined by members of a mobile crisis response team “under certain circumstances” at the officer’s discretion. While this amendment is certainly an improvement on the prior language that authorized the use of force while executing emergency petitions, the best way to protect our communities from police violence is to reduce police interactions with civilians altogether—not increase police engagement with individuals with mental health disorders that could escalate into use of force incidents.

Reduced police-civilian contact minimizes opportunities for harm. Importantly, minimizing the footprint of law enforcement does not mean eliminating, or even reducing, police response to serious and violent crime.¹ Rather, it means scaling back police involvement in situations where a law enforcement interaction is unnecessary, or even wholly inappropriate, such as taking an emergency evaluatee to an emergency facility.

Police officers are trained to identify and defuse threats. This training can condition officers to misperceive erratic behavior in individuals as a threat to immediately subdue rather than a non-violent symptom of a mental health crisis. This threat mindset, in turn, has catastrophic consequences. The mere presence of law enforcement routinely escalates mental health crises into hectic and dangerous situations. With police involved, individuals in need of emergency aid are arrested, incarcerated, or, all too often, seriously injured or

¹ According to 2020 data from police departments in Montgomery County, Maryland, New Orleans, and Sacramento, officers in all three departments spent only four percent of their time addressing serious violent crime. Officers in these departments spent much more time responding to traffic violations and medical emergencies and spent the most amount of time responding to non-criminal calls. See Jeff Asher and Ben Horwitz, *How Do the Police Actually Spend Their Time?*, THE NEW YORK TIMES (Nov. 8, 2021), <https://www.nytimes.com/2020/06/19/upshot/unrest-police-time-violent-crime.html>; Roge Karma, *We train police to be warriors—and then send them out to be social workers*, VOX (Jul. 31, 2020), <https://www.vox.com/2020/7/31/21334190/what-police-do-defund-abolish-police-reform-training> (citing additional studies confirming that police spend very little time investigating serious crime).



killed. In 2025, 1,201 people were killed by police nationwide, and 116 of them were killed after police responded to reports of erratic behavior or mental health crises.²

Police officers are often the default first responders in situations involving individuals experiencing a mental health crisis. But these individuals do not need law enforcement intervention—they need medical and psychiatric care, which law enforcement officers do not and cannot provide. Because a law enforcement response is fundamentally incompatible with the safety needs of individuals experiencing mental health crises, the problem of police use of excessive and lethal force against individuals in crisis cannot be solved by additional training for police officers. Instead, the only viable solution is to remove law enforcement altogether from mental health emergency response.

To avoid the serious harms that flow from police officers using force to execute emergency petitions, mental health professionals and crisis intervention specialists should be tasked with executing emergency petitions and taking emergency evaluatees to emergency facilities. These mental health professionals and crisis intervention specialists have the expertise and resources needed to safely and swiftly respond to mental health crises. In the rare event they perceive danger while executing an emergency petition, they can call for police backup.

The responsibilities of law enforcement officers have ballooned significantly from investigating and preventing serious and violent crime to providing social services. But police officers are ill-suited and ill-prepared to take on this responsibility. And the greater the amount of contact there is between law enforcement and civilians, the greater the chances that civilians will be harmed by police use of force. Replacing armed law enforcement officers with mental health personnel and crisis intervention specialists in all situations involving individuals with mental disorders or individuals who are experiencing a mental health crisis, including the execution of petitions for emergency evaluations and transportation to emergency facilities, increases public safety.

We urge you to reimagine public safety and give HB 860 an unfavorable review. I am happy to answer any questions you may have. You can contact me at keisha.npap@nlg.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Keisha James', written over a horizontal line.

Keisha James
National Police Accountability Project

² MAPPING POLICE VIOLENCE, 2025 POLICE VIOLENCE REPORT, available at: <https://policeviolencereport.org/>.

OOOMD-2026-EP-HB860-OPP (Written).pdf

Uploaded by: Michelle Livshin

Position: UNF



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WRITTEN TESTIMONY IN OPPOSITION TO

HB 860: Mental Health Law - Petitions for Emergency Evaluation Senate Finance

Thank you Chair Beidle, Vice Chair Hayes, and committee members for your commitment to improving the quality and accessibility of healthcare services for Marylanders, especially community members who experience significant behavioral health challenges. On Our Own of Maryland (OOOMD) is a nonprofit behavioral health education and advocacy organization, operating for 30+ years by and for people with lived experience of mental health and substance use recovery.

OOOMD is deeply appreciative of the time, effort, and collaboration the sponsor has taken to address concerns and thoughtful amend HB 860 to add important patient protections and safeguards, particularly around expanding the Maryland Office of the Public Defender's access to relevant prior legal records, encouraging the use of best practices and collaboration with Mobile Crisis Teams, and removing the word "force" from the bill language. These changes address concerns we expressed about earlier versions of the bill, and we fully support their adoption and implementation.

While HB 860 as amended is the best version of the bill we have seen over the years, **it will still irrevocably link behavioral health crisis response by law enforcement with expected use of force, creating tacit approval of this as the status quo.** Our continuing opposition to the bill is rooted in our mission and core values as an organization and statewide community which has stood against the use of force and coercion in behavioral health care for more than three decades.

Over the last 5 years, Maryland has taken many steps to reduce reliance of law enforcement in behavioral health crises and address police force through investments into mobile crisis, the implementation of 988, and enacting the 2021 Maryland Police Accountability Act.

In 2023, the federal Department of Justice and Health and Human Services released guidance on emergency responses to behavioral health crises, "noting that 10% of police calls involve people with a mental illness, who account for 20-25% of individuals killed by law enforcement."¹ The guidance also explains that people with disabilities represent about 22% of the population but may amount to anywhere between "30-50% of incidents of police use of force".²

¹Judge David L. Bazelon Center for Mental Health Law & Vera Institute of Justice. (2024, January 14). New federal guidance for alternatives to police for people with behavioral health or other disabilities [Issue brief]. <https://www.bazelon.org/wp-content/uploads/2024/01/Bazelon-Vera-issue-brief-re-crisis-response-01-14-24.pdf>

² DOJ-HHS, Guidance for Emergency Responses, 2023.



Maryland's current law (Md. Code, Public Safety § 3-524) allows police to use “necessary and proportional” force in all police encounters, including when executing petitions for emergency evaluation. The current standard requires officers to receive training on the application of the force standard. If additional training or guidance for law enforcement on how to appropriately serve an EP is needed or desired, this can be accomplished without emphasizing use of force in statute.

Notably, some jurisdictions in Maryland are already improving outcomes without any change in statute. Recent outcomes from the Central Maryland Regional Crisis System shows how robust crisis response services can reduce the need for involuntary interventions, including Emergency Petitions (EP). From 2025-2026, across 4,188 Mobile Crisis Team (MCT) requests in that region, approximately 70% were resolved without an Emergency Department visit and were resolved on the scene. Of the 2,000+ MCT calls in Baltimore City, only 1.9% resulted in an EP.³

Based on the experiences shared with us by peers across Maryland, we see current practices around EPs already result in unnecessary and inconsistent application. We strongly believe that the most direct solution to these poor results can be also accomplished through a combination of statewide data collection/analysis and consistent training for the professionals involved, particularly clinicians and police officers. This strategy was universally endorsed by a diverse group of stakeholders engaged in 2021 *BHA's Involuntary Commitment Stakeholders Workgroup*.⁴

We are grateful for the work done in Maryland to promote and invest in alternative crisis responses. A police response to a behavioral health crisis not only fails to meet the healthcare needs of individuals experiencing one of the most vulnerable times of their lives, but can also dramatically increase risk of arrest and fatal encounters.^{5,6} This is particularly true for marginalized communities, where a long standing history of discriminatory practices has already warranted distrust of law enforcement.^{7,8,9}

EP standards impact thousands of Marylanders each year. Individuals experiencing mental health crises deserve understanding, support, and high quality healthcare. Use of force by police fails to uphold the primary purpose of EPs – to expeditiously establish **safety for the individual** – and creates significant opportunities for serious harm. **We urge an unfavorable vote on HB 860.**

Thank you.

³ This data was published on Behavioral Health System Baltimore's website showcasing the crisis system outcomes of the Greater Baltimore Crisis Response System and utilizing Behavioral Health Link database. <https://www.bhsbaltimore.org/learn/by-the-numbers/>

⁴ Behavioral Health Administration (2021). Involuntary Stakeholder's Workgroup Report.

⁵ Bor J, Venkataramani AS, Williams DR, Tsai AC. Police killings and their spillover effects on the mental health of black Americans: a population-based, quasi-experimental study. *Lancet* 2018;392:302-310.

⁶ Monk EP Jr. Linked fate and mental health among African Americans. *Soc Sci Med* 2020;266:113340-113340.

⁷ New York Times (2021) 'Maryland Passes Sweeping Police Reform Legislation', 10 April. Available at: <https://www.nytimes.com/2021/04/10/us/maryland-police-reform.html>.

⁸ Johnson O Jr, St Vil C, Gilbert KL, Goodman M, Johnson CA. How neighborhoods matter in fatal interactions between police and men of color. *Soc Sci Med* 2019;220:226-235.

⁹ Bailey ZD, Feldman JM, Bassett MT. How structural racism works — racist policies as a root cause of U.S. racial health inequities. *N Engl J Med* 2021;384:768-773.

2026 HB 860 EP INFO OPD.docx (1).pdf

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Position: INFO



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ELIZABETH HILLIARD
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POSITION ON PROPOSED LEGISLATION

BILL: HB 860 - Petitions for Emergency Evaluation (Arnaud and Magruder Memorial Act)

FROM: Maryland Office of the Public Defender

POSITION: Informational with Amendments

DATE: March 26, 2026

The Maryland Office of the Public Defender respectfully requests that the Committee consider the following information when evaluating House Bill 860.

House Bill 860 codifies two changes to the existing Emergency Petition statute. First, it changes the timeline restrictions surrounding the effective period of an Emergency Petition. Second, it requires that a peace officer shall act in accordance with § 3–524 of the public safety article when executing a petition.

The Maryland Office of the Public Defender greatly appreciates the work the sponsor has done to enact protections in the bill. And we appreciate efforts to reform the Emergency Petition (“EP”) process, as we see firsthand the harm that is caused to Marylanders, especially Black and brown Marylanders when mental health crises are not met with appropriate services and care. Emergency Petitions in Maryland, (and nationally) are overused on Black and brown populations. Because of racial disparities in rates of police contact, Black people, including those with mental illness, are more likely to interact with police. Additionally, nearly two out of every three Black people who need mental health care services do not receive them.¹

Unfortunately, EPs are also disproportionately used on Black and brown children. In 2023, Wicomico used emergency petitions more often per capita than almost every other Maryland district where data is available. Baltimore City, for example, in the same year had 271 emergency petitions from schools, compared with Wicomico’s 117, according to data obtained from law enforcement agencies through public records requests. But Baltimore City’s student population is five times as

¹ <https://policingequity.org/wp-content/uploads/2023/02/CPE-WhitePaper-MentalHealth.pdf>

large.² At least 40 percent of those children were age 12 or younger. More than half were Black children, even though only a little more than a third of Wicomico public school children are Black. From the 8 years between 2015 and 2023, the process was used more than 750 times on children. Some are as young as 5 years old. It is with these significant daily implications in mind that the Maryland Office of the Public Defender submits the following testimony:

In regards to the change to the effective period of the EP, MOPD highlights that the EP process is intended to provide an immediate evaluation based on recent symptoms and behavior. Police can issue an EP on their own, mental health providers can complete an EP with police, or a court can endorse an EP and serve it through the police. Health General § 10-622 (a) provides that an evaluatee must “present” a danger:

(a) A petition for emergency evaluation of an individual may be made under this section only if the petitioner has reason to believe that the individual:

- (1) Has a mental disorder; and
- (2) Presents a danger to the life or safety of the individual or of others.

This means that the danger to self or others must be immediate, consistent with Supreme Court jurisprudence requiring that a state cannot confine a person once they no longer meet criteria and they can “survive safely in freedom.”³ An EP serves as documentation that the petitioner believed the person (evaluatee) had a mental illness and presented a danger to themselves based on immediate observations. Time is of the essence when an EP is executed. Thus, MOPD is concerned that the extensions provided for in proposed subsection (D) of House Bill 860 Health General § 10-623, may lead to attenuation between the observed behavior and the issuance of an EP in a way that does not serve the ultimate goal of aiding an individual in crisis.

After five days, behavior and circumstances can change, and the EP is stale. The potential for an extension without new evidence of immediate danger, could effectively turn an EP into an ongoing effort to deprive a person of their liberty without probable cause that they are a danger to themselves or others. We appreciate the amendments to clarify the “good cause” standard and the

²<https://hechingerreport.org/widely-used-and-widely-hidden-the-district-where-kids-as-young-as-5-are-sent-to-psychiatric-hospitals-more-than-three-times-per-week/#:~:text=More%20than%20three%2Dquarters%20of,of%20Wicomico%20students%20have%20disabilities.>

³ *O'Connor v. Donaldson*, 422 U.S. 563, 574-75 (1975) (citing *Jackson v. Indiana*, 406 U.S. 715, 738 (1972)) (“Nor is it enough that Donaldson's original confinement was founded upon a constitutionally adequate basis, if in fact it was, because even if his involuntary confinement was initially permissible, it could not constitutionally continue after that basis no longer existed.”).

additional requirement that the GROUNDS AND CONDITIONS THAT NECESSITATED THE ISSUANCE OF THE INITIAL PETITION STILL EXIST. Due to the potential liberty implications of the extensions provided for in House Bill 860 we urge the committee to consider an amendment to Health General § 10–623, add **Section (F) that states the following:**

- (a) Legal records required to be disclosed under Md. Code Ann., Health-Gen. Sec. 4-307(l)(2) shall include any and all motions filed to extend an emergency petition, and previously filed emergency petitions that expired; and**
- (b) the court shall provide such records to counsel within 48 hours of request.**

The only way to ensure a safer and more just Maryland is to move beyond the current framework which relies on law enforcement to serve Emergency Petitions. To that end, we greatly appreciate the addition of the language in the House to Health General § 10–624(a)(3):

II) MAY ACT IN ACCORDANCE WITH BEST PRACTICES ON HOW TO TAKE AN EMERGENCY EVALUEE TO AN EMERGENCY FACILITY; AND

(III) SUBJECT TO THE DISCRETION OF THE PEACE OFFICER, MAYBE JOINED BY A MOBILE CRISIS TEAM WHEN PRACTICABLE,

The prioritization of using mobile crisis units to respond to mental health emergencies and serve emergency petitions is critical. Several states have specifically codified a preference for a mobile crisis team response in the instance that an EP might be necessary, such as California and Virginia. And, [the Department of Justice](#), has clearly articulated that “community-based crisis services play a key role in preventing needless institutionalization, law enforcement encounters, and incarceration of people with disabilities. These services, including mobile crisis services and crisis stabilization services—such as staffed crisis apartments, peer crisis respite centers, and community-based crisis stabilization units—divert many people with disabilities from admission to psychiatric hospitals, emergency departments, and jails.” The DOJ has further directed that sending a mobile crisis team or other responder, rather than law enforcement, when a call involves a person with a behavioral health disability, ensures that individuals with disabilities are afforded equal opportunity as is due to them under the ADA.

Finally, the Maryland Office of the Public Defender urges Maryland to consider alternatives to law enforcement issued EPs. As noted above, the DOJ recently released *Guidance for Emergency*

*Responses to People with Behavioral Health or Other Disabilities*⁴ and noted the following on the use of force:

Research has shown that as many as 10 percent of all police calls involve a person with a serious mental illness.^[5] Other estimates indicate that 17% of use of force cases involve a person with a serious mental illness, and such individuals face 11.^[6] times the risk of experiencing a police use of force faced by persons without a serious mental illness.⁶ Further, while representing only 22% of the population, individuals with disabilities may account for 30% to 50% of incidents of police use of force.^[7] In recent years, people with mental illness have accounted for between 20% and 25% of individuals killed by law enforcement.^[8] These interactions are not only harmful and potentially deadly for people with disabilities; they also impose monetary costs on taxpayers. Case studies have demonstrated that when communities respond to individuals in crisis with law enforcement responses like arrest, court, and jail services, taxpayer costs are significantly higher than when crisis response services are utilized pre-booking.

Ultimately, Maryland should move toward best practices that include less police involvement in the service of emergency petitions (EP) and more intervention by specially trained mental health professionals. Better police training and resources and prioritizing mobile crisis teams will alleviate the harm and potential dangers inherent in serving an EP and having an EP served. We urge consideration by the committee of tracking and reporting of the use of EPs and those being served by law enforcement. Additionally, we hope that Maryland will not stop at House Bill 860 and move beyond relying on law enforcement responses to mental health crises and explore the community response mechanisms explored in this [Center for Police Equity Report](#).

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

⁴ U.S. Department of Justice and U.S. Department of Health & Human Services, *Guidance for Emergency Responses to People with Behavioral Health or Other Disabilities*, (Washington, DC: U.S. DOJ and U.S. HHS, May 2023), <https://www.justice.gov/d9/2023-05/Sec.%2014%28a%29%20-%20DOJ%20and%20HHS%20Guidance%20on%20Emergency%20Responses%20to%20Individuals%20with%20Behavioral%20Health%20or%20Other%20Disabilities.FIN.AL.pdf>; see also Bazelon Center for Mental Health Law & Vera Institute of Justice, *New Federal Guidance for Alternatives to Police for People with Behavioral Health or Other Disabilities*, Issue Brief, 2 (Jan. 2024), <https://www.bazelon.org/wp-content/uploads/2024/01/Bazelon-Vera-issue-brief-re-crisis-response-01-14-24.pdf>.

⁵ Watson, A. & Fulambarker, A. (2012). The Crisis Intervention Team Model of Police Response to Mental Health Crises: A Primer for Mental Health Practitioners. *Best Practices in Mental Health*, 8(2):71.

⁶ Laniyonu, A. & Goff, P. (2021). Measuring Disparities in Police Use of Force and Injury Among Person with Serious Mental Illness. *BMC Psychiatry*, 21.

⁷ Perry, D. (2016). *The Ruderman White Paper on Media Coverage of Law Enforcement Use of Force and Disability*. Ruderman Family Foundation.

⁸ Kimberly Kindy et al., *Fatal police shootings of mentally ill people are 39 percent more likely to take place in small and midsized areas*, Washington Post, Oct. 17, 2020, https://www.washingtonpost.com/national/police-mentally-ill-deaths/2020/10/17/8dd5bcf6-0245-11eb-b7ed-141dd88560ea_story.html.

2026 HB 860 EP_OPD INFO with Amdt.pdf

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Position: INFO



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ELIZABETH HILLIARD
DIRECTOR OF GOVERNMENT RELATIONS

POSITION ON PROPOSED LEGISLATION

BILL: HB 860 - Petitions for Emergency Evaluation (Arnaud and Magruder Memorial Act)

FROM: Maryland Office of the Public Defender

POSITION: Neutral/Informational with Amendments

DATE: March 31, 2026 Bill Hearing

The Maryland Office of the Public Defender respectfully requests that the Committee consider the following information when evaluating House Bill 860.

The Maryland Office of the Public Defender (MOPD) greatly appreciates the work the sponsor has done to enact protections in the bill and to offer MOPD's proposed amended language highlighted below. We also appreciate efforts to reform the Emergency Petition ("EP") process, as we see firsthand the harm that is caused to Marylanders, especially Black and brown Marylanders when mental health crises are not met with appropriate services and care. Emergency Petitions in Maryland, (and nationally) are overused on Black and brown populations. Because of racial disparities in rates of police contact, Black people, including those with mental illness, are more likely to interact with police. Additionally, nearly two out of every three Black people who need mental health care services do not receive them.¹

Unfortunately, EPs are also disproportionately used on Black and brown children. In 2023, Wicomico used emergency petitions more often per capita than almost every other Maryland district where data is available. Baltimore City, for example, in the same year had 271 emergency petitions from schools, compared with Wicomico's 117, according to data obtained from law enforcement agencies through public records requests. But Baltimore City's student population is five times as large.² At least 40 percent of those children were aged 12 or younger. More than half were Black children, even though only a little more than a third of Wicomico public school children are Black.

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After five days, behavior and circumstances can change, and the EP is stale. The potential for an extension without new evidence of immediate danger, could effectively turn an EP into an ongoing effort to deprive a person of their liberty without probable cause that they are a danger to themselves or others. We appreciate the bill’s language to clarify the “good cause” standard and the additional requirement that the **FOUNDATIONS AND CONDITIONS THAT NECESSITATED THE ISSUANCE OF THE INITIAL PETITION STILL EXIST**. Due to the potential liberty and legal

³ *O'Connor v. Donaldson*, 422 U.S. 563, 574-75 (1975) (citing *Jackson v. Indiana*, 406 U.S. 715, 738 (1972)) (“Nor is it enough that Donaldson's original confinement was founded upon a constitutionally adequate basis, if in fact it was, because even if his involuntary confinement was initially permissible, it could not constitutionally continue after that basis no longer existed.”).

implications of the extensions provided for in House Bill 860 we offered the below listed amendment to the bill sponsor.

Under Health General § 10–623 add **Section (F)** to state the following:

- (a) Legal records required to be disclosed under Md. Code Ann., Health-Gen. Sec. 4-307(l)(2) shall include any and all motions filed to extend an emergency petition, and previously filed emergency petitions that expired; and
- (b) the court shall provide such records to counsel within 48 hours of request.

The only way to ensure a safer and more just Maryland is to move beyond the current framework which relies on law enforcement to serve Emergency Petitions. To that end, we greatly appreciate the addition of the language in the House to Healthy General § 10–624(a)(3):

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Finally, MOPD urges Maryland to consider alternatives to law enforcement issued EPs. As noted above, the DOJ recently released *Guidance for Emergency Responses to People with Behavioral Health or Other Disabilities*⁴ and noted the following on the use of force:

⁴ U.S. Department of Justice and U.S. Department of Health & Human Services, *Guidance for Emergency Responses to People with Behavioral Health or Other Disabilities*, (Washington, DC: U.S. DOJ and U.S. HHS, May 2023),

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Ultimately, Maryland should move toward best practices that include less police involvement in the service of emergency petitions (EP) and more intervention by specially trained mental health professionals. Better police training and resources and prioritizing mobile crisis teams will alleviate the harm and potential dangers inherent in serving an EP and having an EP served. We urge consideration by the committee of tracking and reporting of the use of EPs and those being served by law enforcement. Additionally, we hope that Maryland will not stop at House Bill 860 and move beyond relying on law enforcement responses to mental health crises and explore the community response mechanisms explored in this [Center for Police Equity Report](#).

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

https://www.justice.gov/d9/2023-05/Sec.%2014%28a%29%20-%20DOJ%20and%20HHS%20Guidance%20on%20Emergency%20Responses%20to%20Individuals%20with%20Behavioral%20Health%20or%20Other%20Disabilities_FINAL.pdf; see also Bazelon Center for Mental Health Law & Vera Institute of Justice, *New Federal Guidance for Alternatives to Police for People with Behavioral Health or Other Disabilities*, Issue Brief, 2 (Jan. 2024), <https://www.bazelon.org/wp-content/uploads/2024/01/Bazelon-Vera-issue-brief-re-crisis-response-01-14-24.pdf>.

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⁶ Laniyonu, A. & Goff, P. (2021). Measuring Disparities in Police Use of Force and Injury Among Person with Serious Mental Illness. *BMC Psychiatry*, 21.

⁷ Perry, D. (2016). *The Ruderman White Paper on Media Coverage of Law Enforcement Use of Force and Disability*. Ruderman Family Foundation.

⁸ Kimberly Kindy et al., *Fatal police shootings of mentally ill people are 39 percent more likely to take place in small and midsized areas*, Washington Post, Oct. 17, 2020, https://www.washingtonpost.com/national/police-mentally-ill-deaths/2020/10/17/8dd5bcf6-0245-11eb-b7ed-141dd88560ea_story.html.

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Empowering People to Lead Systemic Change
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LETTER OF INFORMATION

HB 860 - Petitions for Emergency Evaluation (Arnaud and Magruder Memorial Act)

Before the Senate Finance Committee

March 31, 2026 at 1:00 P.M.

Disability Rights Maryland respectfully requests that the Committee consider the following information when evaluating House Bill 860, which codifies two changes to the existing Emergency Petition statute. We greatly appreciate the work the sponsor has done to enact protections in the bill. Because of racial disparities in rates of police contact, Black and brown people, including those with mental illness, are more likely to interact with police. A recent report by the Maryland Attorney General found that over the past five years, nearly one in four police shootings involved a person in mental health crisis.¹ Stigma against people with mental illness and related disabilities is still pervasive, and we have concerns that HB 860's reference to the use of force statute when executing an EP furthers an incorrect belief that there is an association between mental illness and dangerousness or violence. We were happy to see that the amendments remove the explicit mention of force - but even the reference to the use of force statute reinforces the idea that police should or need to use force when addressing a mental health crisis.

An EP serves as documentation that the petitioner believed the person (evaluee) has a mental illness and presents a danger to themselves based on very recent observations. Time is of the essence when an EP is executed. After five days, behavior and circumstances can change, and the EP is stale. The potential for an extension without new evidence of immediate danger could effectively turn an EP into an ongoing effort to deprive a person of their liberty without probable cause that they are a danger to themselves or others. We appreciate the amendment to clarify that the petitioner must affirm the "good cause" standard and that the GROUNDS AND CONDITIONS THAT NECESSITATED THE ISSUANCE OF THE INITIAL PETITION STILL EXIST. Due to the potential liberty implications of the extensions provided for in House Bill 860 we support the proposed amendment to Health General § 10-623 (adding a new Section (F)) that states the following: (a) Legal records required to be disclosed under Md. Code Ann., Health-Gen. Sec. 4-307(l)(2) shall include any and all motions filed to extend an emergency petition, and previously filed emergency petitions that expired; and (b) the court shall provide such records to counsel within 48 hours of request.

¹ "Nearly 1 in 4 people killed by Maryland police was in mental health crisis, AG finds," Baltimore Banner, Jan. 29, 2026.

Most importantly, Disability Rights Maryland believes Maryland should move toward best practices that include less police involvement in the service of emergency petitions (EP) and more intervention by specially trained mental health professionals. Changes to police diversion protocols and prioritizing mobile crisis teams will lessen the harm and potential dangers inherent in serving an EP and having an EP served. We urge consideration by the committee of tracking and reporting of the use of EPs and those being served by law enforcement.

Should you have any further questions, please contact Luciene Parsley, Litigation Director at Disability Rights Maryland, at 443-692-2494 or lucienep@disabilityrightsmd.org.