



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

February 24, 2026

The Honorable Heather Bagnall  
Chair, House Health Committee  
240 & 241 Taylor House Office Building  
Annapolis, Maryland 21401

**RE: House Bill 1014 —Mental Health Law - Danger to the Life or Safety of the Individual or of Others - Definition (Right to Treatment)—Letter of Opposition**

Dear Chair Bagnall and Committee Members,

The Maryland Department of Health (MDH) respectfully submits this letter in opposition to House Bill (HB) 1014—Mental Health Law - Danger to the Life or Safety of the Individual or of Others - Definition (Right to Treatment).

HB 1014 would amend the definition of “danger to the life or safety of the individual or others” for purposes of involuntary admission and emergency evaluation under Maryland law. Specifically, the bill defines dangerousness as a “substantial risk, whether or not the risk is imminent,” thereby removing the current requirement that the danger be immediate. Eliminating the imminence requirement lowers the standard for involuntary admission and may permit detention based on speculative future harm or potential future criminal activity, rather than clear and immediate danger to self or others.

Involuntary commitment has been described by the United States Supreme Court as a “massive curtailment of liberty.” *Humphrey v. Cady*, 405 U.S. 504 (1972). As such, it requires substantial procedural protections to safeguard due process rights. Subsequent precedent—including *O’Connor v. Donaldson*, 422 U.S. 563 (1975), and *Addington v. Texas*, 441 U.S. 418 (1979)—reinforces that individuals may not be involuntarily committed when they are not immediately dangerous and can be safely treated in the community. In addition, *Olmstead v. L.C.*, 527 U.S. 581 (1999), requires states to provide services in the least restrictive setting appropriate to meet an individual’s clinical needs.

By expanding the definition of dangerousness beyond immediate harm, HB1014 may conflict with these constitutional principles. The bill’s inclusion of the phrase “will result in criminal justice involvement” is particularly concerning. The phrase is broad and undefined, potentially encompassing misdemeanor or non-violent offenses for which incarceration is not typically warranted. This framing risks conflating behaviors associated with serious behavioral health conditions with criminality. Such conflation may increase stigma, discourage individuals from

seeking voluntary treatment, and result in greater reliance on crisis or acute care services for individuals who could otherwise have been served in community based settings.<sup>1</sup>

Additionally, amending the standard to include “substantial deterioration” in judgment or reasoning that may “likely result” in meeting other criteria introduces a highly discretionary and subjective threshold. This lack of clarity may result in inconsistent application across providers and settings, increasing the risk of inequitable outcomes for Maryland’s racially, ethnically, and socioeconomically diverse populations.

Maryland’s current statute strikes a careful balance between protecting public safety and preserving individual liberty by requiring clear evidence of immediate danger. Expanding the definition of dangerousness as proposed in HB 1014 risks upsetting that balance and raising due process concerns. For these reasons, the Maryland Department of Health respectfully opposes HB 1014.

If you have any questions, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at [meghan.lynch@maryland.gov](mailto:meghan.lynch@maryland.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read 'Meena Seshamani', with a stylized flourish at the end.

Meena Seshamani, M.D., Ph.D.  
Secretary of Health

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<sup>1</sup> Ghiasi N, Azhar Y, Singh J. Psychiatric Illness and Criminality. [Updated 2025 Jun 19]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK537064/>