



ON OUR OWN  
OF MARYLAND

[onourownmd.org](http://onourownmd.org)

7310 Esquire Court  
Mailbox 14  
Elkridge, MD 21075

410.540.9020

## WRITTEN TESTIMONY IN OPPOSITION OF HB 279: Correctional Services - Medication Review Committee - Administration of Psychotropic Medication to an Incarcerated Individual

Thank you Chair Bagnall, Vice Chair Cullison, 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. Our network of affiliated peer-run Wellness & Recovery Centers throughout the state offer free, voluntary recovery support services to 10,000 community members with mental health and substance use disorders.

**OOOMD is strongly opposed to HB 279, which would permit the administration of psychotropic medications to incarcerated individuals with a serious mental illness who are found “unable or unwilling to provide informed consent”.** This legislation would allow for a review committee of three mental health professionals (two psychiatrists and one clinician) to assess whether an incarcerated individual will be forced to receive these medications in both emergency and non-emergency situations based upon specific criteria.

Psychotropic medications can cause very serious and sometimes debilitating side effects, and so proper access to qualified mental health professionals, timely examinations, and appropriate treatment services must be adequately provided. Unfortunately, a 2024 audit by the Department of Legislative Services regarding Department of Public Safety and Correctional Services (DPSCS) compliance with healthcare and mental health service delivery contract requirements from 2018 to 2023 found inadequate staffing of mental health professionals, a substantial lack of mental health examinations, and overall, insufficient response to health concerns. For example, in a 3 month audit period in 2023, DPSCS did not complete 682 required mental health exams and 548 required suicide risk evaluations.<sup>1</sup> There is ongoing concern regarding staffing and ability to deliver mental health services to inmates.<sup>2</sup>

**People should not be forcibly medicated in an environment where they are unable to access concurrent intensive treatment.** While Clinical Review Panels

<sup>1</sup> Office of Legislative Audits. (2024, November). [Department of Public Safety and Correctional Services: Incarcerated individual healthcare contracts \(Audit Report\)](#). Maryland Department of Legislative Services.

<sup>2</sup> Brown, Danielle. (2024, December 11). [New correctional health care contract may repeat issues state auditors found in prior contracts](#). Maryland Matters.



consult on forced medication protocols in Maryland's psychiatric inpatient facilities, these institutions have 24/7/365 emergency response capabilities in the event of adverse medical effects by virtue of their design as healthcare facilities.

Incarcerated individuals deserve to be evaluated by qualified professionals and provided urgent treatment when experiencing a behavioral health crisis. In a correctional facility, there are additional concerns about how force (e.g. restraints, confinement, cell extractions, mace, etc.) may be used both within and outside of established protocols. Adding mechanisms for forced actions without addressing the obvious lack of healthcare services exposes individuals to even greater risks of serious harm or even death.

**OOOMD urges an unfavorable report to HB 279** due to the significant risk of harm to incarcerated individuals in an already inadequate mental health treatment environment. Policy efforts should instead be focused on increasing correctional facilities' capacity and accountability to provide adequate staffing and services necessary for basic mental health care.