



HB 279 Correctional Services – Medication Review Committee
Health Committee

February 4, 2026

From: Evelyn Burton, Maryland Advocacy Chair of Schizophrenia & Psychosis Action Alliance.

POSITION: FAVORABLE WITH AMENDMENTS

We support the treatment of psychotic illnesses, such as schizophrenia and bipolar disorder, as early as possible, to prevent harm to self or others, victimization, suffering and the permanent destruction of brain tissue during active psychosis. Inmates with severe mental illness have a constitutional right to appropriate treatment.

As of 2014, forty-four states allow medication over objection for inmates. (See attached report: “The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey”). Thirty-one states provided due process using administrative hearings, while thirteen states used judicial reviews.

It is inhumane to confine inmates, often in restricted housing, and allow them to suffer torturous hallucinations and delusions of psychosis, when their illness prevents them from recognizing their need for treatment. It has led to self-harm such as gouging out an eye to try and stop terrifying hallucinations. Others bang their head against the wall to try and stop the incessant voices. Suicide is all too common.

Medication treatment over objection is most appropriate and safely done in a hospital under the supervision of trained medical and psychiatric staff, if that option is available. However, even after the inmate is stabilized and returned to the jail or prison, continued medication over objection may be necessary to prevent repeated relapse and rehospitalization.

What the Public Defenders testimony fails to mention is that the Maryland Department of Health just about never agrees to hospital admission of inmates from the Department of Corrections. Under the current law, they are not required to do so. Health General §10–614 (b) states:) “If the Administration agrees to pay the appropriate expenses, application for involuntary admission to a facility of an incarcerated individual in an institution under the Division of Correction or the Patuxent Institution may be made under this part by the Division or the Patuxent Institution.”

Since state hospitals lack sufficient beds, The Department of Health hospital admission policy (attached) gives prison inmates its lowest priority. Although exceptions can be made for unmanageable acute severity of illness, this rarely happens. This is an unintended consequence of SB233/HB111 in 2018 , which allows monetary fines against the Department of Health if jail inmates under court order for hospitalization are not admitted within 10 business days. The Department of Health has chosen to prioritize hospital admissions based on avoiding monetary penalties rather than acuity of illness and danger to the inmate and others.

Since sufficient hospital beds are not available, to quickly relieve suffering and facilitate treatment and recovery, and meet the constitution right to treatment of incarcerated individuals, we support HB 279 with amendments to include vital safeguards to:

1. Assure the “lay advisor” has appropriate knowledge and qualifications.
2. Assure that the facility, staffing, and medical oversight are appropriate to ensure safety.
3. Assure that the Medication Review Committee receives information from the family, outpatient providers and others to enable safe and efficacious decisions.

Recommended amendments.

9-619(A)(3) “LAY ADVISOR” MEANS AN INDIVIDUAL WHO IS KNOWLEDGEABLE ABOUT MENTAL HEALTH PRACTICE, THE PROCEDURES IN CORRECTIONAL SERVICES §9-619, PSYCHOSIS AND ANOSOGNOSIA AS DEMONSTRATED BY PASSING AN EXAM DEVELOPED BY THE HEALTH DEPARTMENT, AND CAN ASSIST INCARCERATED INDIVIDUALS WITH UNDERSTANDING THE PROCESS OUTLINED IN THIS SECTION.

9-619(A)(5) “TREATING PRACTITIONER” MEANS A LICENSED PSYCHIATRIST OR PSYCHIATRIC NURSE PRACTITIONER.

9-619(A)(4)

(I) THE HEALTH DEPARTMENT SHALL ESTABLISH LICENSING CRITERIA FOR A MENTAL HEALTH INFIRMARY, EQUIVALENT TO THE STANDARDS OF CARE AND STAFFING REQUIREMENTS IN A STATE PSYCHIATRIC HOSPITAL;

(II) A PSYCHIATRIST MUST SUPERVISE TREATMENT IN A MENTAL HEALTH INFIRMARY

(III) A PSYCHIATRIST OR PSYCHIATRIC NURSE PRACTITIONER MUST BE AVAILABLE FOR CONSULTATION WHENEVER A PSYCHIATRIST OR PSYCHIATRIC NURSE PRACTITIONER IS NOT PRESENT IN THE LICENSED MENTAL HEALTH INFIRMARY.

(III) A MENTAL HEALTH INFIRMARY MUST HAVE 24 HOUR NURSE STAFFING;

(III) A MENTAL HEALTH INFIRMARY MUST PROVIDE INDIVIDUAL AND GROUP THERAPY AT LEAST FIVE TIMES A WEEK, TO THOSE ABLE TO PARTICIPATE.

9-619 (C)(IV)

(A) THE PRACTITIONER MUST EVALUATE WHETHER OR NOT THE INCARCERATED INDIVIDUAL IS UNABLE, DUE TO A MENTAL DISORDER, TO GIVE INFORMED CONSENT TO THE ADMINISTRATION OF PSYCHOTROPIC MEDICATION.

(B) THE FINDINGS OF THE EVALUATION MUST BE DOCUMENTED IN WRITING.

9-619 (F)

(1) THE DIRECTOR OF MENTAL HEALTH OR THE DIRECTOR’S DESIGNEE SHALL GIVE THE ~~INCARCERATED INDIVIDUAL AND THE LAY ADVISOR~~ FOLLOWING INDIVIDUALS WRITTEN NOTICE AT LEAST 10 BUSINESS DAYS BEFORE CONVENING THE COMMITTEE ~~THAT SHALL INCLUDE THE FOLLOWING INFORMATION~~

(I) THE INCARCERATED INDIVIDUAL

(II) THE LAY ADVISOR;

(II) THE INCARCERATED INDIVIDUAL’S GUARDIAN OF THE PERSON, IF THERE IS ONE;

(IV) THE INCARCERATED INDIVIDUAL’S HEALTH CARE AGENT, IF THERE IS ONE AND THERE IS NO GUARDIAN OF THE PERSON;

(V) MEMBERS OF THE INCARCERATED INDIVIDUAL’S IMMEDIATE FAMILY DESIGNATED BY THE INCARCERATED INDIVIDUAL.

(VI) IF THE INCARCERATED INDIVIDUAL HAS BEEN CERTIFIED AS BEING INCAPABLE OF GIVING INFORMED CONSENT TO THE ADMINISTRATION OF PSYCHOTROPIC MEDICATION AND HAS NO GUARDIAN OR HEALTHCARE AGENT, THEN AN INDIVIDUAL IN THE SPECIFIED ORDER OF PRIORITY IN HEALTH GENERAL §5-605(2)(ii-vi)

(2) THE NOTICE SHALL INCLUDE THE FOLLOWING INFORMATION:

(I) THE DATE, TIME AND LOCATION OF THE SCHEDULED COMMITTEE MEETING;

(II) THE PURPOSE OF THE COMMITTEE;

(III) A COMPLETE DESCRIPTION OF THE RIGHTS OF AN INCARCERATED INDIVIDUAL UNDER SUBSECTION (G) OF THIS SECTION

(IV) A STATEMENT THAT INTERESTED PARTIES MAY SUBMIT OR PRESENT RELEVANT INFORMATION REGARDING THE INCARCERATED INDIVIDUAL'S PHYSICAL, PSYCHIATRIC AND MEDICATION HISTORY, INCLUDING TRIALS, SIDE EFFECTS, AND EFFICACY.

9-619(J)

(II) CONSULTING WITH THE TREATING CLINICIANS WHO ARE RESPONSIBLE FOR INITIATING AND IMPLEMENTING THE INCARCERATED INDIVIDUAL'S MEDICAL AND PSYCHIATRIC TREATMENT PLAN ~~PLANS~~ ABOUT THE CURENT TREATMENT ~~PLAN~~ PLANS AND ALTERNATIVE MODES OF TREATMENT, INCLUDING MEDICAION, THAT HAVE BEEN CONSIDERED;

(III) RECEIVING INFORMATION PRESENTED BY THE INCARCERATED INDIVIDUAL, INCLUDING AN ADVANCED DIRECTIVE IF THERE IS ONE, AND BY OTHER INDIVIDUALS PARTICIPATING IN THE COMMITTEE, AND OTHER INTERESTED INDIVIDUALS SUCH AS THE INCARCERATED INDIVIDUAL'S FAMILY MEMBERS, AND FORMER COMMUNITY PROVIDERS.

(IV) EFFORTS TO SOLICIT INFORMATION AND INFORMATION REVIEWED MUST BE DOCUMENTED.

9-619(M)(2) THE COMMITTEE SHALL PROVIDE A WRITTEN DECISION ON THE ADMINISTRATION OF PSYCHOTROPIC MEDICATION, WHICH SHALL BE PROVIDED TO THE INCARCERATED INDIVIDUAL, THE LAY ADVISOR, ALL PERSONS NOTIFIED OF THE COMMITTEE IN 9-619(F)(1), AND THE INCARCERATED INDIVIDUAL'S TREATMENT TEAM FOR INCLUSION IN THE MEDICAL RECORD.

0-619(R) WHEN PSYCHOTROPIC MEDICATION IS ORDERED IN ACCORDANCE WITH THIS SECTION, ~~NOT LESS FREQUENTLY THAN EVERY 15 DAYS~~, THE TREATING PRACTITIONER SHALL DOCUMENT ANY KNOWN BENEFITS OF TAKING THE MEDICATION TO THE INCARCERATED INDIVIDUAL AND SIDE EFFECTS OF THE MEDICATION THAT AFFECT THE INCARCERATED INDIVIDUAL, NOT LESS FREQUENTLY THAN EVERY DAY FOR THE FIRST WEEK OF A NEW MEDICATION OR INCREASED MEDICATION DOSE, AND THEN NOT LESS FREQUENTLY THAN EVERY 15 DAYS.

9-619(S) WHEN PSYCHOTROPIC MEDICATION IS ORDERED IN ACCORDANCE WITH THIS SECTION, THE INCARCERATED INMATE MUST ALWAYS FIRST BE OFFERED THE OPPORTUNITY TO TAKE THE MEDICATION VOLUNTARILY, BEFORE IT IS ADMINISTERED OVER THE INCARCERATED INDIVIDUAAL'S OBJECTION.

9-619(T) THE INCARCERATED INDIVIDUAL SHALL BE CONTINUOUSLY OBSERVED FOR 6 HOURS AFTER THE INITIAL DOSE OF MEDICATIONS ORDERED IN ACCORDANCE WITH THIS SECTION.

9-619(U) WHEN PSYCHOTROPIC MEDICATION IS ORDERED IN ACCORDANCE WITH THIS SECTION, COMPLAINTS OF NEW SIDE EFFECTS BY THE INCARCERATED INDIVIDUAL MUST BE EVALUATED BY THE TREATING PRACTITIONER WITHIN 24 HOURS, WITH THE TIME DEPENDENT ON THE POTENTIAL HARM OF THE SIDE EFFECT.

9-619(V) WHEN PSYCHOTROPIC MEDICATION IS ORDERED IN ACCORDANCE WITH THIS SECTION, THE INCARCERATED INMATE MUST REMAIN IN THE MENTAL HEALTH INFIRMARY FOR AT LEAST 2 WEEKS AFTER THE MEDICATIONS ORDERED ARE NO LONGER BEING INCREASED.