Testimony by Sabah Muhammad, Sr. Legislative and Policy Counsel for Treatment Advocacy Center - Submitted to Health Committee Regarding Hearing: SB707 -Mental Health Law - Definition of Danger to the Life or Safety of the Individual or of Others (Right to Treatment)

4/1/2026

POSITION: STRONG SUPPORT

Thank you, Madame Chair Bagnall, for this opportunity to submit testimony.

My name is Sabah Muhammad. I serve as Senior Legislative and Policy Counsel for Treatment Advocacy Center (TAC). TAC is a national non-profit dedicated to eliminating barriers to timely and effective treatment for individuals with a diagnosis of severe mental illness (SMI). Prior to my work with TAC, I served as a Public Defender in Henry, County Georgia. I am also a family member to a loved one with a diagnosis of SMI.

The language of SB707 does not raise a constitutional issue[1]. "Every state's inpatient civil commitment law authorizes hospitalization when an individual poses a danger of harm to self or others"[2]. Those entirely opposed to SB707 generally believe all civil commitment or state intervention *should* be unconstitutional. It is a theoretical debate. A debate that is inappropriate to place on the shoulders of SB707. SB707 narrows the definition of danger by giving statutory language where there is none. The number of people needing hospitalization won't change, neglecting them until it's too late will change. SB707 will not predict future harm but offer treatment before a preventable tragedy or incarceration. Earlier intervention of individuals in danger would help to reduce the time it takes to pull them out of psychosis and can free up beds by reducing the average length of stay[3]. The other 48 states, with similar definitions, were free to define danger, it's time for Maryland to do the same. In the context of SB707, danger is defined by a mental disorder and substantial harm, therefore the law does not violate any constitutionally protected rights.

Evaluating SB707 and Constitutional Standards

The argument that SB707 is unconstitutional rests upon a fundamental misapplication of landmark Supreme Court precedents that address entirely different legal issues. By attempting to define Maryland's danger standard the legislation focuses on urgency during a mental health crisis rather than the procedural or environmental concerns central to federal case law.

[1] O'Connor v. Donaldson, 422 U.S. 563 (1975), Addington v. Texas, 441 U.S. 418 (1979), and Olmstead v. L. C., 527 U.S. 581 (1999) are powerful landmark decisions that gave important liberty rights to individuals with a diagnosis of mental illness capable of living in the community safely. SB707 is about individuals with mental illness who are incapable of living safely in the community without state support or intervention. These cases are not connected to the language of SB707.

[2] https://www.tac.org/wp-content/uploads/2023/11/Grading-the-States-2020.pdf

[3] A minimum of 50 beds per 100,000 people is considered necessary to provide minimally adequate treatment for individuals with severe mental illness. Maryland fails to meet this minimum standard. Maryland currently has 15.3 beds per 100,000 citizens.

Clarifying the Scope of Precedent

Legal challenges against SB707 often incorrectly cite cases that do not govern the definition of "danger" within a state's civil commitment framework. These cases serve as pillars for individual liberties, but they are distinct from the state's authority to define the triggers for intervention:

Addington v. Texas: This case strictly establishes that the Fourteenth Amendment requires a standard of "clear, unequivocal, and convincing evidence" for involuntary commitment. SB707 does not alter this evidentiary burden; it merely clarifies the conditions, such as homelessness or chronic danger, that necessitate state action.

O'Connor v. Donaldson: The court ruled that mental illness alone is insufficient for commitment without a finding of danger. SB707 remains fully compliant here, as it does not remove the necessity of proving danger; it explicitly seeks to refine what constitutes a dangerous condition for those unable to survive independently.

Olmstead v. L.C.: This ruling centers on the rights of individuals to receive care in the least restrictive environment. Because SB707 targets individuals whose severe, untreated illness prevents them from navigating the community safely, the question of environmental placement is secondary to the immediate need for protective intervention.

Legislative Authority and Due Process

States possess the constitutional authority to define the threshold of dangerousness required for intervention. SB707 operates within this established state power without infringing upon due process rights.

1. Defining Danger: The Supreme Court has consistently left the specific criteria for defining "danger to self or others" to the individual states. Providing clarity where definitions are currently vague strengthens the legal framework rather than undermining it.
2. Procedural Integrity: Because SB707 is silent on court procedures, it leaves existing due process requirements, such as notice and hearings, completely intact. The bill focuses exclusively on the definition of danger, ensuring the state can support those who are currently unable to care for their own survival.

Distinguishing Need from Theoretical Debate

Critics of SB707 often conflate the rights of individuals capable of community living with the needs of those suffering from debilitating, persistent illness. While landmark cases like Olmstead protect the integration of those who can live safely in the community, they do not prohibit state intervention for those whose illness renders them incapable of self-preservation.

Ultimately, SB707 represents a focused legislative effort to address a critical gap in support. By clarifying the definition of danger, Maryland is not challenging the protections afforded by the Constitution; rather, it is fulfilling its responsibility to provide a concrete, compassionate framework for those who have fallen through the existing safety net. It's time to stop delaying the passage of a robust danger standard.

Maryland has already had the stakeholder meetings, the hearings, the committees, the sub committees, the fact-finding missions, and the work group consensus. Maryland has the data. There are 166,256 Maryland citizens with a diagnosis of SMI[4]. Around 600 Maryland citizens die by suicide[5] each year[6]. 19% of Maryland's jail and prison population have a diagnosis of SMI. "6,360 people in Maryland are homeless and 1 in 4 live with a serious mental illness"[7]. When our loved ones are not well enough to avoid danger on their own our job is to protect them. A well-defined danger standard does that. Our loved ones are not dying for failure to make a choice between resources. They are too sick to choose, and we are complicit in a system that prioritizes tragedy over treatment.

Near daily, as an advocate for TAC, I welcome family members to the painstaking world of SMI advocacy. A world with stigma so compounded, advocates with lived experiences expect our loved ones with SMI to "snap out of psychosis and act right". A world where broken systems are normalized, illness is ignored, and legislation to protect our vulnerable loved ones takes decades to pass. A world where strangers place themselves between us, well-meaning caregivers, and our fatally ill family members, and claim to know better. If our loved ones were well enough, they would tell you, all mental health advocacy is not the same.

Our loved ones are not choosing suicide, jail, homelessness, and persistent psychosis, those are the dangerous situations they cannot avoid because of untreated SMI, those the dangerous situations SB707 will help to mitigate. Our loved ones would not thank anyone for the freedom to survive these dangerous conditions alone and unsupported. If our loved ones were well, they would not thank us for the gift of autonomy but find discontent in our neglect. Maryland, it is time to define the dangerous reality that comes with untreated SMI. Some of our loved ones, whose names I pray you haven't forgotten, cannot speak from beyond and tell you about the danger they faced in their final moments. It is time to define that danger.

I've spent over a decade listening to lawmakers lament on the atrocities of suicide and preventable fatal outcomes connected to untreated and undertreated SMI. They all claim they will do anything to help; Maryland, it's time to help, it's time to define danger.

Please vote favorably for SB707.

Sincerely,

Sabah Muhammad

[4] https://www.tac.org/map_directory/Maryland/
[5] https://sprc.org/wp-content/uploads/2022/11/2020-Maryland-State-Suicide-Prevention-Plan.pdf
[6] https://usafacts.org/answers/how-many-people-die-by-suicide/state/maryland/
[7] https://www.nami.org/wp-content/uploads/2023/07/MarylandStateFactSheet.pdf