



Promoting support, research, treatment, and public policies that improve and save lives

SB707 Mental Health Law-Danger to the Life or Safety of the Individual or of Others—Definition (Right to Treatment)

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

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Position: Support with amendments passed by the Senate.

Incarceration due to behavior caused by untreated mental illness, homelessness, inability to care for self—resulting in serious illness or death, suicide, assaults, murder, and victimization. These are the tragedies that many Maryland families of those with serious mental illness (SMI), like schizophrenia and bipolar disorder, have told you in their testimony, have resulted from the barrier to timely treatment caused by our current undefined danger standard.

Families are often told by police, judges, hospitals, and treatment professionals across the state, who narrowly interpret the undefined danger standard, that they cannot help by ordering an emergency evaluation or hospitalization until there is imminent suicidal or homicidal behavior.

SB707 enables Treatment before Tragedy by clarifying in statute that the legislature in 2002 removed the word “imminent” from the danger standard. We should not wait to provide an emergency evaluation or involuntary hospitalization for those too ill to recognize their need for treatment, until they have a gun or knife in their hand.

SB707 also clarifies in statute what the Maryland Supreme Court found in 2018 in the case re J.C.N.: Danger to self includes that as a result of a mental illness there is a substantial risk that the individual will be unable to provide for their basic needs, resulting in serious harm, illness or death. Families like Laura Pogliano’s should not have to watch their loved one become critically ill from delusional fear of eating before they can receive evaluation and treatment.

By denying timely treatment, the current danger standard has resulted in the destruction of the continuum of care for those with serious mental illness. So many have been driven into the criminal justice system that the state hospitals now only accept forensic patients. Families are routinely advised to press criminal charges to hopefully obtain needed hospital treatment.

For over 23 years, multiple times, Maryland legislators, unlike those in 49 other states, have ignored families’ pleas for help and refused to pass legislation to define the danger standard to prevent tragedies. Excuses included 1. Not all advocates agree (This year 52 supportive testimonies were submitted, including 32 families, 9 organizations, 6 professionals and 5 consumers. Only 8 organizations and 1 consumer were opposed). Excuse 2. This is not the right time because of elections, other priorities, or the administration is too busy implementing new programs. (Families ask, does that mean it is the right time for us to bury our loved ones that die from suicide or self-neglect?) Excuse 3: We need yet another stakeholder study. (This bill incorporates the recommendations of 3 previous stakeholder groups) Excuse

4. The fiscal note, although undocumented, is too high. (Research shows reduced hospitalization and incarceration costs from timely treatment. How much are the lives of our loved ones worth?)
Excuse 5. The bill may not offer enough protection against inappropriate use. (Current law specifies that in addition to meeting the danger standard, there must be evidence of a mental disorder. Hospitalization requires 3 additional criteria, plus three professional evaluations, a public defender, a judicial review and the opportunity for 2 appeals. In negotiations with the bill's opposition organizations this year, more protective language was included, to the satisfaction of some of the opposition groups.)

Each time families, your constituents, return with testimony of more lives lost to suicide or inability to care for self, incarcerations, homelessness, violence, devastated families, and terrified communities because Maryland's undefined danger standard is a barrier to timely treatment.

This year we are here yet again to plead for help from you, our legislators, and pray there will be no more excuses, but that you will pass SB707 to enable treatment before more tragedies strike us this year.

Analysis of the Fiscal Note for SB707.

There is no analysis, data or research cited by the Office of the Public Defenders to explain their large projected increase in the number of hospital commitment hearings. In addition, there is no consideration of the reduction of the number of justice involved individuals who would need public defenders because of the reduction in arrests from providing timely treatment. Research clearly shows that treatment of psychosis results in reduced arrests, less violence, and reduced rates of hospitalization. This would result in significant savings for the Office of the Public Defender from fewer defendants with mental illness to represent in the criminal justice system, and reduction in commitment hearings by individuals with current repeat hospitalizations who are better stabilized when they receive more timely treatment.

Kimber Watts, chief attorney for the forensic mental health division of the Office of the Public Defender, even admitted at the hearing for SB707 that the bill "might result in fewer people being detained on minor charges." In fact, research shows the "Consequences of treatment nonadherence [to antipsychotics] include a "fourfold increase in the risk of suicide... increased rates of hospitalization...[and] arrests" ¹

In addition to reducing arrests for charges, such as disturbing the peace, and trespassing, research shows that treatment also reduces violent crimes. Dr. Thomas Insel, a past director of the National Institute on Mental Health (NIMH), has stated: "The data I believe are fairly unambiguous...An active psychotic illness is associated with irrational behavior and violence can be part of that.... And the numbers are rather stunning. There is an association between untreated psychosis and violence. [There is] a fifteen-fold reduction in the risk of homicide, with ... treatment." ²

One report indicated that 40% of people in Maryland jails had a current mental health disorder and 1 in 4 suffered from a serious mental illness.³ A reduction in arrests due to timely treatment would result in considerable savings of Public Defender resources currently devoted to pre-trial hearings, repeat competency hearings and trials.

It is apparent that the Maryland Health Department does not agree with the Public Defender's prediction of a significant increase in the number of individuals being hospitalized under SB1040. The Health Department predicted no fiscal effect which indicates they do not expect to see increased expenses for hospitalization for Medicaid patients.

This bill is designed not to increase the number of hospital commitments but rather to facilitate earlier

treatment for the same individuals who would currently have to become more ill and dangerous before they qualify for hospitalization under the current danger standard. Research shows that longer durations of untreated psychosis result in worse illness severity and global functioning.⁴ Other research found that, repeated episodes of untreated psychosis can result in longer hospitalizations and concluded that earlier treatment results in better stabilization, and less frequent subsequent hospitalizations.⁵

STATE SAVINGS: Under current law, individuals are often not hospitalized until they reach a very acute stage of illness, which requires extended hospital stays. Enabling hospitalization at an earlier stage of illness will allow the same individuals to be better stabilized with shorter hospital stays, reduce repeat hospitalizations, and greatly reduce Medicaid costs.

LOCAL GOVERNMENT SAVINGS: Significant savings should be expected from reducing criminal justice involvement. Their largest budget item is psychotropic medications for which there is no Medicaid cost share. Police Expenditures are also expected to decrease due to greater psychiatric stabilization from earlier treatment intervention.

SOCIETAL COSTS: Recent research⁶, estimated the total societal cost for schizophrenia in Maryland in 2024 was \$366,755,997,000. This included costs for direct services, such as healthcare, disability income, housing and homeless services, justice system interactions and incarceration. Indirect costs included non-employment, reduced wages, reduced quality of life, shorter life expectancy and caregiver costs. Based on the data presented we estimate that in Maryland, incarceration alone costs \$173,892,000 per year for individuals with schizophrenia.

In conclusion, research indicates that enabling treatment and reducing the length of time the individual with psychosis is untreated, will reduce arrests and rates of hospitalizations, thus decreasing the costs of the Public Defenders, the state and the counties.

HUMAN COST: Finally, we need to ask, what value should be assigned to a life lost to suicide, inability to care of self, incarceration, homicide, or homelessness due to an untreated serious mental illness.

References:

1. DJ Jaffe. *insane consequences*. Pg 77-78
2. DJ Jaffe. *insane consequences*. Pg 33
3. Maryland's Behavioral Health and Public Safety Center of Excellence Strategic Plan Page 1
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4. Schimmelmann BG et al. Impact of duration of untreated psychosis on pre-treatment baseline, and outcome characteristics in an epidemiological first-episode psychosis cohort. *J Psychiatric Research* 2008 Oct; 42(12) 982-90.
5. Martone, Gerald. April 2020. *Is Psychosis Toxic to the Brain?* *Current Psychiatry*.
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6. National and State Societal Costs of Schizophrenia in the US in 2024 by Holly B. Krasa et al, *JAMA Psychiatry* Published online January 28, 2026.
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