MARYLAND PSYCHIATRIC SOCIETY

February 20, 2026

The Honorable Heather Bagnall
Health Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Support With Amendment: HB 1014: Mental Health Law - Danger to the Life or Safety of the Individual or of Others - Definition (Right to Treatment)

Dear Chairwoman Bagnall& Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS/WPS represent over 1200 psychiatrists and physicians currently in psychiatric training.

MPS/WPS Supports With Amendment: HB 1014: Mental Health Law - Danger to the Life or Safety of the Individual or of Others - Definition (Right to Treatment) MPS and WPS very much support that HB 1014 corrects serious inadequacies in current law. While some have contended that the current law allows for some latitude in interpretation, in practice, its meaning has been taking literally and had to decisions having harmful consequences. The law has had the effect of 1) limiting what the judge can consider to the patient's condition at the immediate time of the hearing and 2) the lack of a provision for "grave disability, i.e. inability to provide for health, nutrition, or safety. Our proposed amendments are attached.

The proposed bill directs the decision maker to think beyond the immediate situation and consider personal and medical history—including symptoms/behavior leading to confinement and pattern of behavior in similar episodes. So, if a patient was dangerous prior to confinement, and symptoms have not been stabilized, one might reasonably conclude that danger persists and authorize involuntary hospitalization, i.e. even if, within the structure of the inpatient until, the dangerous behavior did not emerge. The bill also states that a patient can be determined to be dangerous when the danger is not imminent. We support the idea that a patient that a patient can be considered dangerous without having engaged in overt dangerous behavior at the time of the hearing. Persistent symptoms in who was previously dangerous can itself constitute substantial foreseeable risk. However, we think the language, "whether or not the risk is imminent" implies an indefinite timeframe. Instead, our amendment suggests requiring that the anticipated dangerous behavior occur in the "foreseeable future," i.e that one is considering behavior related to the current episode of illness.

In adding to the definition of dangerousness the inability to provide for one's basic needs, the proposed bill would have Maryland join 47 other jurisdictions in incorporating a "grave disability" standard into our law. This standard allows the state to intervene when a person's mental illness has so impaired functioning that they cannot meet basic survival needs, even absent imminent violence, thereby preventing foreseeable harm, medical decline, and criminalization. Too many family have watched helplessly as their loved ones, pursuant to current law, are discharged prematurely, continue to deteriorate to the point of serious psychosocial or physical damage, that cannot easily be undone.

With respect to our other amendments, we think that (C) (2) should be deleted. It seems that there are many scenarios in which a patient's behavior could lead to criminal justice involvement without being its being dangerous, e.g. trespassing, shoplifting. Also, while we realize half of the states' involuntary commitment laws do incorporate "likely to deteriorate" language, we're not comfortable with (C) (3) for two reasons: (1) to require finding that patient is unable to make an informed decision is superfluous and excessively burdensome and 2) since the entire subsection as amended would embodies the concept of foreseeable danger, the (C) (3) language seems overly broad and risks leading to inappropriate confinement.

To conclude, MPS and WPS support the intent of HB1014, but believe our suggested amendments strike the right balance between the need to provide treatment to our most ill patients and the need to preserve their basic rights. With our proposed amendments, MPS and WPS ask the committee for a favorable report on HB1014.

If you have any questions regarding this testimony, please contact MPS lobbyist, Lisa Harris Jones at lisa.jones@mdlobbyist.com.

Respectfully Submitted,
The Maryland Psychiatric Society & Washington Psychiatric Society
Legislative Action Committee

(C) "DANGER TO THE LIFE OR SAFETY OF THE INDIVIDUAL OR OF OTHERS" MEANS A SUBSTANTIAL RISK, ~~WHETHER OR NOT THE RISK IS IMMINENT AND~~ IN CONSIDERATION OF THE INDIVIDUAL'S CURRENT CONDITION AND, IF AVAILABLE, PERSONAL, MEDICAL, AND PSYCHIATRIC HISTORY, THAT AS A RESULT OF THE MENTAL DISORDER THE INDIVIDUAL WILL IN THE FORSEEABLE FUTURE:

(1) CAUSE BODILY HARM TO THE INDIVIDUAL OR ANOTHER INDIVIDUAL; OR

~~**(2) ENGAGE IN CONDUCT THAT WILL RESULT IN CRIMINAL JUSTICE INVOLVEMENT;**~~

(~~3~~) (2) BE UNABLE~~, EXCEPT FOR REASONS OF INDIGENCE,~~ TO PROVIDE FOR THE INDIVIDUAL'S BASIC NEEDS, INCLUDING FOOD, CLOTHING, SHELTER, MEDICAL CARE, SELF–PROTECTION, OR SAFETY, TO SUCH A DEGREE AS TO CREATE A SUBSTANTIAL RISK OF SERIOUS BODILY HARM, SERIOUS ILLNESS, OR DEATH; ~~OR~~

~~**(4) SUFFER SUBSTANTIAL DETERIORATION OF THE INDIVIDUAL'S JUDGMENT, REASONING, OR ABILITY TO CONTROL BEHAVIOR, PROVIDED THAT THE INDIVIDUAL IS CURRENTLY SUBSTANTIALLY IMPAIRED IN THE INDIVIDUAL'S ABILITY TO MAKE A RATIONAL AND INFORMED DECISION AS TO WHETHER TO SUBMIT TO TREATMENT, THAT WILL LIKELY RESULT IN THE INDIVIDUAL MEETING ONE OF THE CRITERIA ENUMERATED UNDER THIS SUBSECTION.**~~

[(c)**]** **(D)** "Electronic record" means a document communicated, received, or stored by electronic means.

[(d)**]** **(E)** "Licensed clinical marriage and family therapist" means an individual who is licensed under Title 17, Subtitle 3A of the Health Occupations Article to practice clinical marriage and family therapy.

[(e)**]** **(F)** "Licensed clinical professional counselor" means an individual who is licensed under Title 17, Subtitle 3A of the Health Occupations Article to practice clinical professional counseling.

[(f)**]** **(G)** "Physician" means an individual who is licensed under Title 14 of the Health Occupations Article to practice medicine in this State.

[(g)**]** **(H)** "Psychiatric nurse practitioner" means an individual who is:

(1) Licensed as a registered nurse and certified as a nurse practitioner under Title 8 of the Health Occupations Article; and

(2) Practicing in the State as a certified registered nurse practitioner–psychiatric mental health.