



February 20, 2026

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Delegate Heather Bagnall, Chair  
Delegate Bonnie Cullison, Vice Chair  
Health Committee  
240 Taylor House Office Building  
241 Taylor House Office Building  
Annapolis, Maryland 21401

**RE: HB 1014 – Mental Health Law – Danger to the Life or Safety of the Individual or of Others – Definition (Right to Treatment)**

**Position: OPPOSE**

Dear Chair Bagnall, Vice Chair Cullison, and Members of the Committee:

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, asks the House Health Committee to **provide an unfavorable report on HB 1014.**

HB 1014 expands the definition of “danger to the life or safety of the individual or of others” to include a substantial risk of harm **whether or not the risk is imminent and to encompass predictions that an individual may engage in conduct resulting in criminal justice involvement.** While the bill seeks to broaden access to treatment, and we support the intent of HB 1014, its proposed definition departs significantly from longstanding clinical and legal standards governing involuntary admission. Current Maryland law appropriately requires evidence of a present and clinically supported risk tied to an individual’s current condition. This focus on current dangerousness reflects well-established principles that involuntary confinement must be based on demonstrable, immediate need rather than speculative future risk.

*The bill asks mental health practitioners to make determinations that exceed the limits of clinical science and professional reliability.* Mental health practitioners cannot confidently assess an individual who may present a risk of harm to others when that risk is not imminent. *Likewise, predicting that an individual is at substantial risk of engaging in conduct that will result in criminal justice involvement is inherently uncertain and not a clinically valid standard for involuntary psychiatric intervention.* The prediction of future behavior, particularly distant or non-imminent behavior, remains highly unreliable, even under structured assessment methods, and becomes increasingly speculative as the timeframe expands. Expanding the definition of dangerousness beyond imminent risk therefore creates a standard that cannot be applied consistently or reliably by clinicians. Existing law already provides mechanisms to address individuals who present a current danger to themselves or others or who are unable to protect their own safety. These standards appropriately balance the need for treatment with the protection of individual liberty.

At the same time, the **Maryland Psychological Association supports the principle reflected in §10–601(C)(3), lines 10–13,** which addresses circumstances in which an individual is unable to provide for 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. This standard reflects a clinically recognizable condition associated with severe mental illness and functional incapacity and is consistent with established legal and clinical frameworks governing involuntary intervention. The focus on an individual’s current functioning and ability to meet essential needs provides a more objective and clinically grounded basis for intervention while appropriately protecting both public safety and individual welfare.

For these reasons, the **Maryland Psychological Association respectfully urges an unfavorable report on HB 1014.** If we can provide any additional information or be of any assistance, please do not hesitate to contact the Chair of MPA’s Legislative Committee, Dr. Stephanie Olarte, at [mpalegislativcommittee@gmail.com](mailto:mpalegislativcommittee@gmail.com).

Respectfully submitted,

*Stephanie Wolf, JD, Ph.D.*  
Stephanie Wolf, JD, Ph.D.  
President

*Stephanie Olarte, Ph.D.*  
Stephanie Olarte, Ph.D.  
Chair, MPA Legislative Committee

cc: Barbara Brocato & Dan Shattuck, MPA Government Affairs