

February 24, 2026

**House Health Committee
TESTIMONY IN OPPOSITION**

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

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 100,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

Behavioral Health System Baltimore opposes HB1014 - Mental Health Law - Danger to the Life or Safety of the Individual or of Others - Definition (Right to Treatment). This bill would set a new and more expansive definition of dangerousness to be used when evaluating whether an individual satisfies the requirements for an emergency petition (EP) for psychiatric hospitalization. Expanding the circumstances where an EP could be used is unnecessary and will not result in improved care for those suffering with serious mental illness.

HB1014 has several concerning provisions that would result in more people being involuntary committed under more circumstances. The bill establishes new definitions of danger to self, such as failing to meet basic needs like food, clothing and shelter and suffering a deterioration of judgement that might lead to being a danger to self or others at some point in the future. These suggestions have been rejected by the General Assembly before, most recently in 2022. The bill also includes provisions that were not included in the 2022 bill, such as stating that the risk does not need to be imminent and that any risk of engaging in conduct resulting in criminal justice involvement is considered dangerous. These components of the bill’s definition significantly expand who might be involuntarily committed.

Involuntary commitment should be to protect the safety of the individual in crisis, as well as the safety of others. As a clinical tool, it should be used judiciously and only as a last resort. EPs should also be based on clear criteria rather than an assessment of what might happen due to deterioration or a risk that is not considered imminent. Predictions of future dangerousness are notoriously unreliable, with studies consistently finding clinical assessments of future dangerousness to be “accurate in no more than one out of three predictions” and only “slightly more reliable than chance.”^{1, 2}

The introduction of this bill follows efforts from a 2021 workgroup on involuntary commitment. That workgroup recommended improving training on when an EP is appropriate and expanding publicly available data on EPs. Neither of these recommendations have been implemented, but following through on them could help in determining whether a new, more expansive definition is warranted. Similarly, the General Assembly recently established the Assisted Outpatient Treatment (AOT) program that can support individuals through involuntary outpatient treatment. This program should be allowed to be launched prior to changing other aspects of the involuntary commitment protocol.

Voluntary, community-based treatment is much more effective than involuntary treatment. Involuntary commitment should be a last resort. **BHSB urges the House Health Committee to oppose HB 1014.**

For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142

References:

¹ See, e.g., *In re the Detention of D.W., et. al. v. the Department of Social and Health Services*, No. 90110-4 (Supreme Court of Washington, August 7, 2014)

² Monahan, J., Structured Risk Assessment of Violence, *Textbook of Violence Assessment and Management* 17, 20-21 (Simon and Tardiff eds., 2008).