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

MCAA Position: **SUPPORT**

TO: Health Committee

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FROM: Christopher Klein, President
Lamonte Cooke, Legislative Committee
Mary Ann Thompson, Legislative Committee

The Maryland Correctional Administrators' Association supports SB707/HB1014 to define the danger standard required to involuntarily certify persons with serious mental illness to timely access to care and reduce critical decompensation that can lead to incarceration and reinforce the criminalization of mental illness.

Maryland has more people with mental illness in jails and prisons than in all the State's Psychiatric hospitals combined. The number of incarcerated individuals with serious mental illness is backed by reputable data, as the literature confirms. This problem has been discussed ad nauseam. Undoubtedly, many factors contribute to the criminalization of mental illness, but at its root are State laws that have created barriers to hospitalization for the most vulnerable population with severe mental illness. A major barrier to treatment and pertinent to this bill is the unclear definition of danger, which limits the autonomy of community providers or caretakers to seek inpatient treatment for individuals with a known history of mental illness and who are undergoing severe psychiatric decompensation. Since the current danger standard prevents these very sick persons from timely accessing needed hospital care, these individuals are guaranteed an exacerbation of symptoms while in the community. Subsequently, they soon find themselves in a jail cell versus a hospital bed for not meeting the State's danger criteria for hospitalization.

Whereas proper healthcare emphasizes "early" detection and access to treatment to prevent complications of disease, Maryland disregards these same guarantees for our most vulnerable, and ADA-protected citizens who cannot advocate for themselves. Instead, the State expects these individuals to fully decompensate and hurt themselves or others before they are afforded needed inpatient emergency treatment.

If the State disregards a Maryland-licensed treating provider's autonomy to recommend needed emergency hospitalization for his patients, imagine the challenges jail staff face when these patients refuse all medications and staff interventions. They may refuse to shower, sleep, or eat, and can be found naked, drinking toilet water, or smearing feces on themselves. They also face longer incarceration for the same offense committed by their counterparts while awaiting Court competency orders. It can take from 30 to 200 days before they are admitted to the State hospital, so they continue to deteriorate physically and psychiatrically.

We often hear how incarcerated individuals' families say they exhausted every attempt to get their loved ones hospitalized. Tragically, some end up with homicide charges. Maryland has seen tragic outcomes associated with untreated mental illness. Ex. Montgomery and Charles Co. had cases where a woman killed her children, and a man killed his mother in 2011 and 2025, respectively. The current danger standard must be modified so patients with severe mental illness are guaranteed access to involuntary hospitalization to prevent additional psychiatric and physical deterioration, as well as damage to brain function and structure resulting from untreated psychosis.

The MCAA strongly urges the committee to issue a **favorable report on House Bill 1014**.