February 4, 2026

Chair Bagnall, Vice Chair Cullison, and distinguished members of the Health Committee,

NAMI Maryland appreciates the opportunity to provide some context and perspective on HB279. This bill would create committees to approve or disapprove the administration of psychotropic medication in licensed mental health infirmaries in state correctional facilities against an incarcerated individual's objections in non-emergency situations.

People with mental illness are disproportionately represented in jails and prisons across the U.S. Nearly two in five incarcerated individuals have a history of mental illness, which is more than double the rate in the general population. Maryland's lack of an appropriate number of psychiatric beds in non-forensic settings exacerbates this trend; people living with serious mental illness (SMI) often cannot access inpatient treatment in a timely manner, and their symptoms worsen. Because of this, our state facilities have unfortunately become the default mental health providers for many. But this isn't a role they're equipped to fulfill, and it often comes at a high cost to individuals' well-being.

NAMI Maryland believes that all people should have the right to make their own decisions about mental health treatment. The goal should always be to support individuals in making their own decisions about their own care, and this is true regardless of whether or not a person is justice involved. However, there are rare instances where voluntary engagement is not possible. In these circumstances, an individual might not even be aware that they are living with SMI symptoms and that is the basis for refusing treatment. These are difficult situations in which involuntary administration of medication may become a necessary part of their care, but it should never be the first or only option. In these cases, a careful, thoughtful approach is extremely important and the rights of the individual must be at the forefront of that process.

HB279 provides some important guardrails to ensure that the incarcerated individual's rights are respected. It's vital that any decision to administer psychotropic medication be thoroughly considered, with all alternatives explored, and the decision ultimately guided by clinical judgment. This bill makes sure that the individual has the right to participate in the decision-making process, whether it's attending meetings, presenting their own information, or appealing decisions through an administrative hearing. These safeguards are critical in ensuring that an individual's rights are not overlooked or infringed upon.

However, it's also important to acknowledge that providing care in jails is not ideal. Marylanders living with SMI should be able to receive treatment in facilities designed for mental health care—facilities that are not forensic in nature. They should be availed of such care before their symptoms can play a role in justice involvement. Unfortunately, we have neither enough community-based services nor civil commitment beds in the state. Until that issue is addressed,

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we are left with the reality that many individuals with mental health conditions will continue to be incarcerated without adequate support.

While it's crucial to protect individual liberties, we must also recognize that there are instances where someone's mental health needs may require intervention, even if they're not aware of their condition. A bill like this should always prioritize the protection of civil rights, but it should also create a framework for ensuring that individuals get the care they need when they are unable to make those decisions for themselves.

NAMI Maryland respectfully asks that the Health Committee and the General Assembly retain the guardrails contained in this legislation that look to the best interest of the justice involved person who is living with SMI. We also ask that the Committee keep in mind the main reason that such legislation may be necessary—Maryland's lack of outpatient community-based options, as well as a lack of non-forensic, or civil psychiatric beds.

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