



SB196 Correctional Services – Medication Review Committee

Judicial Proceedings Committee

January 21, 2026

From: Evelyn Burton, Maryland Advocacy Chair of Schizophrenia & Psychosis Action Alliance.

POSITION: FAVORABLE WITH AMENDMENTS

We support the treatment of psychotic illness as early as possible, to prevent harm to self or others, victimization, and the permanent destruction of brain tissue during active psychosis.

The hallucinations and delusions of psychosis can be pure torture. It has led to self harm such as gouging out an eye to try and stop terrifying hallucinations. Others bang their head against the wall to try and stop the incessant voices. Suicide is all too common.

Inmates with severe mental illness have a constitutional right to appropriate treatment in a hospital. Currently, since there are insufficient state psychiatric hospital beds, they are very rarely admitted. Instead, they suffer and deteriorate in restricted housing for behaviors resulting from untreated psychosis.

Medication can help. Some refuse voluntary medication because of delusions of poison. Others have anosognosia, a brain condition which prevents them from recognizing they are ill and need medication.

We support the expansion of state hospital beds as the most appropriate way to treat those who are a danger to self or others. However, since insufficient hospital beds are available, to quickly relieve suffering and facilitate treatment and recovery, and meet the constitution right to treatment of incarcerated individuals, we therefore support SB196 with amendments to include vital safeguards to:

1. Assure the “lay advisor” has appropriate knowledge and qualifications.
2. Assure that the facility, staffing, and medical oversight are appropriate to ensure safety.
3. Assure that the Medication Review Committee receives information from the family, outpatient providers and others to enable safe and efficacious decisions.

Please see the following recommended amendments.

9-619(A)(3) “LAY ADVISOR” MEANS AN INDIVIDUAL WHO IS KNOWLEDGEABLE ABOUT MENTAL HEALTH PRACTICE, THE PROCEDURES IN CORRECTIONAL SERVICES §9-619, PSYCHOSIS AND ANOSOGNOSIA AS DEMONSTRATED BY PASSING AN EXAM DEVELOPED BY THE HEALTH DEPARTMENT, AND CAN ASSIST INCARCERATED INDIVIDUALS WITH UNDERSTANDING THE PROCESS OUTLINED IN THIS SECTION.

9-619(A)(4)

(I) THE HEALTH DEPARTMENT SHALL ESTABLISH LICENSING CRITERIA FOR A MENTAL HEALTH INFIRMARY, EQUIVALENT TO THE STANDARDS OF CARE AND STAFFING REQUIREMENTS IN A STATE PSYCHIATRIC HOSPITAL;

(II) A PSYCHIATRIST MUST SUPERVISE TREATMENT IN A MENTAL HEALTH INFIRMARY.

(III) A MENTAL HEALTH INFIRMARY MUST HAVE 24 HOUR NURSE STAFFING;

(III) A MENTAL HEALTH INFIRMARY MUST PROVIDE INDIVIDUAL AND GROUP THERAPY AT LEAST FIVE TIMES A WEEK, TO THOSE ABLE TO PARTICIPATE.

9-619 (C)(IV)

(A) THE PRACTITIONER MUST EVALUATE WHETHER OR NOT THE INCARCERATED INDIVIDUAL IS UNABLE, DUE TO A MENTAL DISORDER, TO GIVE INFORMED CONSENT TO THE ADMINISTRATION OF PSYCHOTROPIC MEDICATION.

(B) THE FINDINGS OF THE EVALUATION MUST BE DOCUMENTED IN WRITING.

9-619 (F)

~~(1) THE DIRECTOR OF MENTAL HEALTH OR THE DIRECTOR’S DESIGNEE SHALL GIVE THE INCARCERATED INDIVIDUAL AND THE LAY ADVISOR FOLLOWING INDIVIDUALS WRITTEN NOTICE AT LEAST 10 BUSINESS DAYS BEFORE CONVENING THE COMMITTEE THAT SHALL INCLUDE THE FOLLOWING INFORMATION~~

(I) THE INCARCERATED INDIVIDUAL

(II) THE LAY ADVISOR;

(II) THE INCARCERATED INDIVIDUAL’S GUARDIAN OF THE PERSON, IF THERE IS ONE;

(IV) THE INCARCERATED INDIVIDUAL’S HEALTH CARE AGENT, IF THERE IS ONE AND THERE IS NO GUARDIAN OF THE PERSON;

(V) MEMBERS OF THE INCARCERATED INDIVIDUAL’S IMMEDIATE FAMILY DESIGNATED BY THE INCARCERATED INDIVIDUAL.

(VI) IF THE INCARCERATED INDIVIDUAL HAS BEEN CERTIFIED AS BEING INCAPABLE OF GIVING INFORMED CONSENT TO THE ADMINISTRATION OF PSYCHOTROPIC MEDICATION AND HAS NO GUARDIAN OR HEALTHCARE AGENT, THEN AN INDIVIDUAL IN THE SPECIFIED ORDER OF PRIORITY IN HEALTH GENERAL §5-605(2)(ii-vi)

(2) THE NOTICE SHALL INCLUDE THE FOLLOWING INFORMATION:

(I) THE DATE, TIME AND LOCATION OF THE SCHEDULED COMMITTEE MEETING;

(II) THE PURPOSE OF THE COMMITTEE;

(III) A COMPLETE DESCRIPTION OF THE RIGHTS OF AN INCARCERATED INDIVIDUAL UNDER SUBSECTION (G) OF THIS SECTION

(IV) A STATEMENT THAT INTERESTED PARTIES MAY SUBMIT OR PRESENT RELEVANT INFORMATION REGARDING THE INCARCERATED INDIVIDUAL’S PHYSICAL,

PSYCHIATRIC AND MEDICATION HISTORY, INCLUDING TRIALS, SIDE EFFECTS, AND EFFICACY.

9-619(J)

(II) CONSULTING WITH THE TREATING CLINICIANS WHO ARE RESPONSIBLE FOR INITIATING AND IMPLEMENTING THE INCARCERATED INDIVIDUAL'S MEDICAL AND PSYCHIATRIC TREATMENT PLAN PLANS ABOUT THE CURENT TREATMENT PLAN PLANS AND ALTERNATIVE MODES OF TREATMENT, INCLUDING MEDICAION, THAT HAVE BEEN CONSIDERED;

(III) RECEIVING INFORMATION PRESENTED BY THE INCARCERATED INDIVIDUAL, INCLUDING AN ADVANCED DIRECTIVE IF THERE IS ONE, AND BY OTHER INDIVIDUALS PARTICIPATING IN THE COMMITTEE, AND OTHER INTERESTED INDIVIDUALS SUCH AS THE INCARCERATED INDIVIDUAL'S FAMILY MEMBERS, AND REVIEWING INFORMATION WHICH THE MUST DOCUMENT THEY HAVE SOLICITED FROM THE INCARCERATED INDIVIDUAL'S IMMEDIATE FAMILY, FORMER COMMUNITY PROVIDERS, AND MARYLAND MEDICAID;

9-619(M)(2) THE COMMITTEE SHALL PROVIDE A WRITTEN DECISION ON THE ADMINISTRATION OF PSYCHOTROPIC MEDICATION, WHICH SHALL BE PROVIDED TO THE INCARCERATED INDIVIDUAL, THE LAY ADVISOR, ALL PERSONS NOTIFIED OF THE COMMITTEE IN 9-619(F)(1), AND THE INCARCERATED INDIVIDUAL'S TREATMENT TEAM FOR INCLUSION IN THE MEDICAL RECORD.

0-619(R) WHEN PSYCHOTROPIC MEDICATION IS ORDERED IN ACCORDANCE WITH THIS SECTION, NOT LESS FREQUENTLY THAN EVERY 15 DAYS, THE TREATING PRACTITIONER SHALL DOCUMENT ANY KNOWN BENEFITS OF TAKING THE MEDICATION TO THE INCARCERATED INDIVIDUAL AND SIDE EFFECTS OF THE MEDICATION THAT AFFECT THE INCARCERATED INDIVIDUAL, NOT LESS FREQUENTLY THAN EVERY DAY FOR THE FIRST WEEK OF A NEW MEDICATION OR INCREASED MEDICATION DOSE, AND THEN NOT LESS FREQUENTLY THAN EVERY 15 DAYS.

9-619(S) WHEN PSYCHOTROPIC MEDICATION IS ORDERED IN ACCORDANCE WITH THIS SECTION, THE INCARCERATED INMATE MUST ALWAYS FIRST BE OFFERED THE OPPORTUNITY TO TAKE THE MEDICATION VOLUNTARILY, BEFORE IT IS ADMINISTERED OVER THE INCARCERATED INDIVIDUAAL'S OBJECTION.

9-619(T) THE INCARCERATED INDIVIDUAL SHALL BE CONTINUOUSLY OBSERVED FOR 6 HOURS AFTER THE INITIAL DOSE OF MEDICATIONS ORDERED IN ACCORDANCE WITH THIS SECTION.

9-619(U) WHEN PSYCHOTROPIC MEDICATION IS ORDERED IN ACCORDANCE WITH THIS SECTION, COMPLAINTS OF NEW SIDE EFFECTS BY THE INCARCERATED INDIVIDUAL MUST BE EVALUATED BY THE TREATING PRACTITIONER WITHIN 24 HOURS, WITH THE TIME DEPENDENT ON THE POTENTIAL HARM OF THE SIDE EFFECT.

9-619(V) WHEN PSYCHOTROPIC MEDICATION IS ORDERED IN ACCORDANCE WITH THIS SECTION, THE INCARCERATED INMATE MUST REMAIN IN THE MENTAL HEALTH INFIRMARY FOR AT LEAST 2 WEEKS AFTER THE MEDICATIONS ORDERED ARE NO LONGER BEING INCREASED.