

Senate Bill 196.pdf

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MARYLAND PSYCHIATRIC SOCIETY



March 12, 2025

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The Honorable William C. Smith, Jr.
Judicial Proceedings Committee
2 East Miller Senate Office Building
Annapolis, Maryland 21401

Support: Senate Bill 196: Correctional Services - Medication Review Committee - Administration of Psychotropic Medication to an Incarcerated Individual

Dear Chairman Smith & Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS/WPS represent over 1200 psychiatrists and physicians currently in psychiatric training.

MPS/WPS support SB 196: Correctional Services - Medication Review Committee - Administration of Psychotropic Medication to an Incarcerated Individual. We are in support of the establishment of Medication Review Committees for the incarcerated individuals held within prison infirmaries. This process will provide treatment for a population of patients for whom treatment is difficult to coordinate/initiate. This group of individuals with severe mental illness might languish in prisons untreated due to their refusal to take medications and lack of insight into their illness. At the same time, transfer to a state hospital might not be possible due to bed limitations or difficulty meeting criteria for involuntary commitment. The creation of Medication Review Committees will provide an avenue for treatment within the prison infirmary, ultimately allowing those to get the help needed to achieve stability. The bill as currently written is an improvement from the version offered last year because it provides adequate rights protections by mirroring the process currently followed in the hospital clinical review panel process.

For these reasons, we support SB 196. If you have any questions regarding this testimony, please contact MPS lobbyist, Lisa Harris Jones at lisa.jones@mdlobbyist.com.

Respectfully Submitted,
The Maryland Psychiatric Society & Washington Psychiatric Society
Legislative Action Committee

SB196-Correctional Services - Medication Review Co

Uploaded by: Dr. Lynda Bonieskie

Position: FAV



Department of Public Safety and Correctional Services

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RE-ENTRY SERVICES

BILL: SENATE BILL 196

POSITION: SUPPORT

EXPLANATION: Senate Bill 196 seeks to establish a Medication Review Committee within the Department of Public Safety and Correctional Services for the purpose of administering psychotropic medications to incarcerated individuals who refuse the medication.

- The Department cares for, and has custody of, a population of incarcerated individuals who suffer from persistent and debilitating mental illness and refuse mental health treatment.
- Currently, the Department does not have statutory authority to administer psychotropic medications over an incarcerated individual's objection, absent an emergency situation.
- The inability to provide involuntary medication has far reaching consequences. Incarcerated individuals who refuse voluntary treatment face a significant risk of serious harm to themselves and others, are unable to meet their basic physical needs, and demonstrate severe deterioration in their mental and medical conditions and overall quality of life.
- SB 196 stipulates that psychotropic medications cannot be administered to individuals who refuse them, except under specific circumstances. This provision respects the autonomy and rights of incarcerated individuals while also ensuring that their health needs are met.
- This bill will equip clinical staff with the essential tools to stabilize the mental health of incarcerated individuals, while also emphasizing the critical importance of ongoing mental and medical care for their well-being. Appropriate medication management could significantly improve mental and medical health outcomes for these incarcerated individuals, reducing incidents of self-harm and aggression.
- Additionally, the bill establishes a thorough process in which a Medication Review Committee evaluates the treatment options tried and determines whether to approve or deny the use of psychotropic medications for incarcerated individuals. This

ensures that decisions are guided by clinical necessity and ethical standards. By introducing a structured review system, the bill seeks to improve the quality of care for those in custody.

- As part of the medication review process to determine if involuntary medication is clinically appropriate, the incarcerated individual has the right to attend the committee meeting, present information, including witnesses, ask questions and is assigned a lay advisor to assist them through the process.
- If the psychotropic medication is approved, the Medication Review Committee provides the decision to the incarcerated individual, the lay advisor, and is documented in the medical record.
- The incarcerated individual may appeal the decision of the Medication Review Committee to the Office of the Administrative Hearings and has a right to counsel to assist during the appeal process.
- The U.S. Supreme Court's decision in the *Washington v. Harper* decision held that, "given the requirements of the prison environment, the due process clause permits the State to treat a prison inmate who has a serious mental illness with antipsychotic against his will, if the inmate is a danger to himself or others and the treatment is in the inmate's medical interest". The court found the internal institutional review processes established by the Department of Corrections were adequate to ensure the integrity of due process was intact.
- Incarcerated individuals hold a constitutional right to refuse medication; however, this right is carefully balanced against the prison's significant interest in ensuring safety and security. The medication process is carefully designed to uphold and protect the rights of those incarcerated throughout every step.
- The Department and its facilities strive to provide the highest quality of care and intervention for these incarcerated individuals. This bill is crucial for ensuring the mental health and well-being of incarcerated individuals who are seriously mentally ill and refuse psychotropic medication.

CONCLUSION: For these reasons, the Department of Public Safety and Correctional Services respectfully requests this Committee vote **FAVORABLE** on Senate Bill 196.

SB196

Uploaded by: Evelyn Burton

Position: FAV



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 THEMENTAL HEALTH INFIRMARY FOR AT LEAST 2 WEEKS AFTER THE MEDICATIONS ORDERED ARE NO LONGER BEING INCREASED.

SB0196_MHAMD_UNFAV.pdf

Uploaded by: Dan Martin

Position: UNF

**Senate Bill 196 Correctional Services - Medication Review Committee –
Administration of Psychotropic Medication to an Incarcerated Individual**

Judicial Proceedings Committee

January 21, 2026

Position: UNFAVORABLE

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in opposition to Senate Bill 196.

SB 196 would establish a policy for the involuntary administration of psychotropic medication to an incarcerated individual in a state correctional facility in a nonemergency situation.

Currently, an individual may be medicated against their will only after they have been involuntarily admitted to a state psychiatric hospital. This is true even for individuals in state correctional facilities. An application for involuntary commitment must be effectuated and the individual must be transferred from the correctional facility where an Administrative Law Judge will determine at a hearing whether the person should be committed. Only then, after the person has met the criteria for involuntary commitment, will a medical review panel convene to determine whether the individual should be medicated against their will. This process ensures the patient meets the criteria for commitment and receives medication in the context of treatment in a hospital setting.

There are undoubtedly challenges with the existing procedure. However, we urge that this issue be studied during the interim before any changes are made. Any review should involve the participation of interested stakeholders and include the following:

- A thorough analysis of the challenges associated with the current procedure
- An estimate of the number of individuals who would be subject to the new procedure
- A full examination of the cost required to properly staff the proposed changes, including the cost of legal representation for the individuals involved
- A cost benefit analysis of this solution as well as other possible remedies to determine the best course of action

For the reasons above, **MHAMD opposes SB 196 and urges an unfavorable report**, but we look forward to working with the General Assembly and the Department of Public Safety and Correctional Services to properly address this issue.

For more information, please contact Dan Martin at (410) 978-8865

SB 196 UNF MOPD Forced Med DOC Draft.pdf

Uploaded by: Elizabeth Hilliard

Position: UNF



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CHIEF OF STAFF

ELIZABETH HILLIARD
DIRECTOR OF GOVERNMENT RELATIONS

POSITION ON PROPOSED LEGISLATION

BILL: Senate Bill 196 - Correctional Services - Medication Review Committee - Administration of Psychotropic Medication to an Incarcerated Individual

FROM: Maryland Office of the Public Defender

POSITION: Unfavorable

DATE: Jan 21, 2026

The Maryland Office of the Public Defender respectfully requests that the Committee issue an unfavorable report on Senate Bill 196 for the following reasons:

Senate Bill 196 seeks to allow the Department of Public Safety and Correctional Services (DPSCS) to forcibly administer psychotropic medications to incarcerated individuals who are housed in a Licensed Mental Health Infirmiry ("LMHI"). One of the primary concerns with this bill is that Licensed Mental Health Infirmaries are not equivalent to hospitals within a correctional institution. Of critical importance are the differences in staffing and regulatory requirements. Licensed hospitals, including mental hospitals, have a licensed physician, such as a psychiatrist, *physically present or on call at all times*. A Licensed Mental Health Infirmiry within a prison has no such requirement. Rather they are required to have a psychiatrist *on call* around the clock. COMAR 10.7.12.09.

Senate Bill 196 seeks to allow forcible administration of psychotropic medication in Licensed Mental Health Infirmaries in two circumstances:

First, in "emergency situations," defined as situations when the incarcerated individual presents an imminent danger to the life or safety of self or others by order of a "practitioner."

Second, Senate Bill 196 permits forcible administration of psychotropic medications in "non-emergency situations" if the following seven conditions are met:

1. The person has a mental disorder
2. Is housed on the Licensed Mental Health Infirmiry because their mental disorder makes them unable to be housed within the general population
3. The person is a danger to the life and safety of themselves or others.
4. The person is either unwilling to consent to taking psychotropic medication or unable to consent because of their mental disorder
5. There are no less restrictive treatment interventions, consistent with the welfare and safety of the individual

6. The use of psychotropic medication is the most appropriate treatment for the person's condition.
7. A review committee has determined the medications should be administered over the person's objection.

Senate Bill 196 creates a process whereby a "medication review committee" shall review the practitioner's recommendation for forcible medication and determine whether administration is appropriate. Currently, the review committee shall consist of the chief psychiatrist for the region where the LMHI is located, another psychiatrist, and a mental health professional who is not a psychiatrist or physician. Recommendations for medications should only be made by medical personnel.

Additionally, the bill provides for the assignment of a lay advisor to assist the incarcerated person with the review committee process, and lays out the processes to be utilized by a review committee.

As to the committee process, Senate Bill 196 requires the committee to review a report generated by the treating psychiatrist, and to conduct a meeting for the purpose of clinically assessing the person's need for medication. At that meeting the committee is required to consult with the person about their reason for refusing the psychotropic medication and their willingness to accept alternative treatments, including other medications. The committee is also required to consult with treating clinicians responsible for initiating and implementing the proposed treatment plan. The committee is required to allow the incarcerated person to present information and the opportunity to ask questions of the people presenting the information. Lastly, the committee is required to review the consequences of administering the psychotropic medication and the consequences of the incarcerated person's continued refusal.

The committee may approve the forcible administration psychotropic medication if the following criteria are met:

- 1) The medication is prescribed by a "psychiatric provider" for the purpose of treating the person's mental disorder.
"Psychiatric provider" is not defined and therefore is likely not limited to licensed psychiatrists, or even licensed professionals who are otherwise permitted to prescribe medication.
- 2) The administration of medication is a reasonable exercise of professional judgment, and
- 3) Without medication the incarcerated person is at substantial risk of continued self-harm and dangerous behaviors caused by remaining seriously mentally ill with no significant relief in the symptoms that require them to be housed in the Mental Health Infirmery; or would cause the person to be a danger to themselves or others if sent back to the general population; or to relapse into a condition where they are unable to provide for their own essential needs.

The committee must base its decision on the clinical information presented and it must meet privately when rendering its decision. The committee is required to document its consideration of the issues and basis for its decision. That written decision must be provided to the incarcerated person, the lay advisor, and the person's treatment team. If the committee approves forcible administration of medication they must also notify the incarcerated person of the right to request an administrative hearing within 72 hours of receiving the decision, and an appeal of that hearing to the Circuit Court. The committee's authorization to forcibly medicate a person is stayed during that 72 hours; and if a hearing is requested the order is stayed until an ALJ renders a decision. Senate Bill 196 further lays out a procedure for requesting and conducting administrative hearings before an Administrative Law Judge regarding the committee's decision. The preponderance of evidence standard applies at these de novo hearings. The bill does not provide the right to an attorney. Additionally, an appeal on the record of the ALJ's decision may be heard by a Circuit Court Judge in accordance with the Administrative Procedures Act. It does not provide the right to an attorney.

Finally, Senate Bill 196 requires the treating practitioner to document any known benefits of taking the medication and the side effects of that medication on the incarcerated person at least once every two weeks.

The Office of the Public Defender has numerous concerns with the bill:

First and foremost, forcibly administering medications is an extreme violation of an individual's body, mind, and humanity. Current constitutional law dictates that in rare and imminently dangerous circumstances an incarcerated individual can only be subject to forcible medication if there is a finding that it is in the best interest of the incarcerated individual. Second, administering medications against a person's will is dangerous, and there is a significant risk of harm and this bill does not sufficiently mitigate those risks. Third, DPSCS has a history of failing to safely or adequately administer basic somatic health care, which often involves less severe side effects than the psychotropic medications discussed in this bill. Fourth, this bill does not adequately protect the constitutional rights of the people being forcibly medicated, and does not comport with existing Maryland Law regarding forcibly medicating hospital patients. Fifth, Senate Bill 196 permits forcible medication in emergency situations without defining what constitutes an emergency or a requirement that a licensed physician prescribe the medication and in non-emergency situations, which is completely inappropriate. Sixth, other more appropriate, and less dangerous measures could be taken to accomplish the same goals.

Forcibly administering medication is an extreme violation of an individual's body, mind, and humanity.

The act of forcibly medicating a person, even in a hospital setting, requires several people to hold the individual down while a clinician injects the medication, typically in the buttocks or hip. One

individual who was forcibly medicated in a hospital described the experience in a YouTube video “My Experience with Forced Medication”¹ as follows:

I was brought to the hospital by police... I was very agitated, being brought by the police, and very scared of being kept in the cinderblock room with the metal bedframe. It was all very jarring and was getting agitated and I upset. I was suicidal at the time and trying to hurt myself. Instead of trying to talk to me and de-escalate, a flood of people came rushing into the room, lifted me up by my limbs, strapped my arms, strapped my legs to the bed so that I couldn't move. I was in a starfish position and I couldn't move. They administered meds by a shot into my buttocks or the side of my thigh. It was horrifically traumatizing. I remember screaming at the top of my lungs to please stop and please untie me and to please not medicate me. I did not want the medication, I did not want to be held against my will. I did not want any of this... What happened was an authoritarian approach to just sedating and medicating someone who is posing a bit of a problem. It happened again when I was in a solitary confinement room. I was getting agitated, I was very scared. What happened next was that 6 huge men slammed the door open, security guards and nurses rushed in and pinned me to the ground, stripped me of all my clothes so that I was completely naked, and again injected me with medication to sedate me. And I think an antipsychotic was administered as well. It was just so dehumanizing and awful.”

Forcibly medicating people is dangerous and carries with it significant risk of harm.

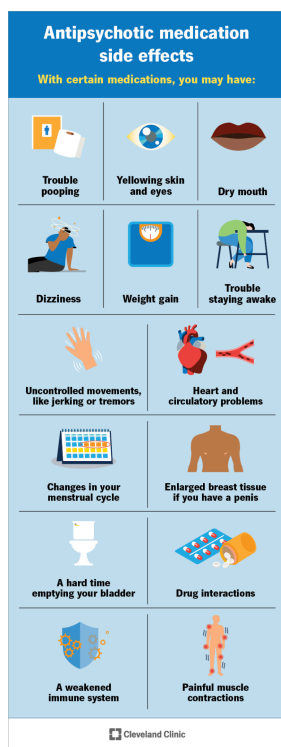
As described above, the very process of forcibly medicating people causes harm. In a prison setting, administering forced medication to incarcerated individuals will require Corrections Officers to physically extract people from cells (likely cells in which the individual is already being held with no bedsheets and no clothing), and restrain them so that medical staff can forcibly inject them. The bill does not specify any guidance on the use of restraints before, during, or after the administration of the refused medication. Notably, Senate Bill 196 does not prevent use of four point restraints, meaning the individual could be strapped down at each wrist and ankle in a spread eagle position on a gurney. This process itself is inherently dangerous to both the incarcerated individuals and staff. Despite these serious safety concerns, Senate Bill 196 makes no provision for training requirements for corrections officers in assisting with forcible medication, in fact, the bill does not provide for any safety protocols for the forcible administration of psychotropic medication.

Senate Bill 196 does not define “licensed practitioner”, or specify who must administer the medication. Further, the bill does mandate the administration take place with a psychiatrist and physician present, which should be required given the severity of the side effects risked by the administration of psychotropic medication. And, to potentially compound this harm, SB 196

¹ YouTube Video: My Experience with Forced Medication, Lauren Kennedy West: <https://www.youtube.com/watch?v=vejAlrkRue8>

requires only that the “treating practitioner” document any known benefits and side effects to the incarcerated individual every two weeks.²

The physical administration of the medication is not the only safety concern presented by forced medication. Many psychotropic medications have dangerous side effects that require monitoring by physicians and nurses. A 2024 study found that nearly all of the participants, individuals living with severe and persistent mental illness, experienced at least one side effect of medication and many experienced more than one.³ For example, the Cleveland Clinic lists potential side effects⁴ including: tardive dyskinesia (involuntary movements such as lip smacking, grimacing, frowning, and thrusting or rocking of the pelvis), painful muscle contractions, dizziness and sedation, heart and circulatory problems, high blood sugar, high blood pressure, high cholesterol, immune disruption, constipation, urinary retention, and weight gain. Some side effects, like tardive dyskinesia may not be reversible only treatable with the use of yet another medication.



For all of these reasons, forcibly administering psychotropic medications, especially to severely unwell individuals, requires oversight and monitoring that can only truly be achieved in hospital settings in order to ensure the safety and well being of all involved. Notably, the Office of Health Care Quality and Disability Rights Maryland conducts on site inspections of hospitals, this bill makes no provision for the oversight needed when forcibly administering medications.

DPSCS historically has a poor track record of administering health care.

There is no indication that DPSCS will be able to provide adequate oversight to ensure the safety and well being of patients being forcibly medicated as contemplated in Senate Bill 196. The Department of Legislative Audits released a report on its fiscal audit of DPSCS healthcare contracts in November 2024,⁵ and gave a presentation to the Joint Audit and Evaluation Committee regarding this audit as well as the audit of DPSCS Central Operations in December 2024.⁶ The audit found that DPSCS could not support that staffing levels were sufficient to provide all

² A review of other states policies regarding forced psychotropic medication can be found at <https://link.springer.com/article/10.1186/s40352-023-00204-1>.
³ Collins JC, Wheeler AJ, McMillan SS, Hu J, El-Den S, Roennfeldt H, O'Reilly CL. Side Effects of Psychotropic Medications Experienced by a Community Sample of People Living With Severe and Persistent Mental Illness. Health Expect. 2024 Dec. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11632627/pdf/HEX-27-e70122.pdf>
⁴ <https://my.clevelandclinic.org/health/treatments/24692-antipsychotic-medications>
⁵ Audit Report. Department of Public Safety and Correctional Services Incarcerated Individual Healthcare Contracts. November 2024. <https://dls.maryland.gov/pubs/prod/NoPblTabPDF/DPSCS-HealthCont24.pdf>
⁶ Department of Legislative Services, Office of Legislative Audits. Presentation to Joint Audit and Evaluation Committee. December 10, 2024. All reports and a pdf of the presentation and meeting video can be found : <https://www.ola.state.md.us/Search/Report?keyword=&agencyId=&dateFrom=&dateTo=>

required services.⁷ What's more, DPSCS expressed concern with the contractors ability to recruit and retain the necessary levels of staff *prior* to awarding the contracts.⁸ Currently, DPSCS has two LMHI. But there is nothing to prevent or regulate the creation of an LMHI in most DPSCS facilities if not all of its facilities. There is no evidence to suggest that DPSCS either already has medical staff required to do this, or that they will be able to have sufficient staff by July 1, 2026—the bill's effective date. As the Legislative Audit concludes, DPSCS has routinely failed to provide for critical physical and mental health examinations. DPSCS “did not follow up with the mental health contractor to ensure that missing screenings and incomplete physical exams were completed.”⁹ The Audit found that in just three months, DPSCS’s mental health contractor failed to evaluate an incarcerated individual for suicide risk 548 times. In the same three months, the contractor failed to examine an incarcerated individual’s mental health 682 times.¹⁰ Accordingly, the Audit concluded that DPSCS consistently failed to provide adequate oversight for the evaluation of clients’ physical and mental health. The Department’s failure to ensure routine evaluations and examinations indicates that the Department cannot adequately provide treatment as complex and precarious as managing and forcibly administering psychotropic medication.

DPSCS has taken remedial measures in light of the problems described in the November 2024 Audit by negotiating a new contract with a different provider. But there has been a new audit conducted of this contract. The relatively new Office of the Correctional Ombudsman is also tasked with ensuring safety and accountability in Correctional Facilities. However as a relatively new office they have filed relatively few reports and none address the facilities with Mental Health Infirmaries.

In short, DPSCS has an insufficient ability to monitor patients' side effects, adverse reactions, or the risk of long term and permanent damage from psychotropic medications.

Senate Bill 196 does not adequately protect the constitutional rights of the people being forcibly medicated, and does not comport with existing Maryland Law regarding forcibly medicating hospital patients.

Contradictions with other Maryland Law

In the analogous Health General statute (HG § 10-708), which provides the process for administering involuntary medication in hospitals, the panel must “[a]ssist the individual and the treating physician to arrive at a mutually agreeable treatment plan” before determining whether to approve the forcible administration of medication. Senate Bill 196, under subsection (J), includes no such requirement to support a collaborative relationship between the incarcerated individual and their doctor; this intimates a preference for compelled medication. Senate Bill 196 fails to provide the level of transparency seen in HG § 10-708. For instance, Senate Bill 196 requires the committee to make a decision in private; per HG 10-708, the decision *may* be made

⁷ *Id.*

⁸ *Id.* at page 11.

⁹ *Id.* at 12;16.

¹⁰ *Id.* at 17.

privately, but could also be made in the presence of the patient. Critically, Senate Bill 196 allows a committee to compel medication where alternative treatments are available and acceptable to both parties, where HG §10-708(h)(3) would not.

Right to Counsel

All people, including those who are incarcerated, have a significant liberty interest in avoiding the unwanted administration of antipsychotic drugs under the Due Process Clause of the Fourteenth amendment, and Maryland Declaration of Rights.¹¹ This includes the right to meaningful hearings, an appeal and the right to counsel. For hospital patients being involuntarily medicated, Health General Article §10-708 details the legal standards appellate procedures for involuntary administration of medication. Regarding the right to counsel, Senate Bill 196 acknowledges that an incarcerated individual has the right to request assistance from a lay advisor and to be advised of their identity. This lay advisor appears to owe no fiduciary duty to the individual facing forced medication. Further, there are no guidelines on the lay advisor's connection with DPSCS or the incarcerated individual. In contrast, Health General §10-708(v)(1) not only acknowledges this right but also requires the hospital to inform the patient of the name and contact information for the lay advisor. Incarcerated people have limited access to contact with people outside of the prison to ask for help. Being given a name without a means of contacting the advisor is tantamount to blocking that assistance. Further, while Senate Bill 196 does require that individuals be advised of their right to request an administrative hearing to appeal a committee decision, it makes no provision for supplying people with counsel at administrative hearings. By contrast Health General §10-708(i)(4)(2) requires notice of the right to an appeal to be given, and also requires them to be advised of the right to an attorney and given the contact information of the designated State protection and advocacy agency and the Lawyer Referral Service.

In similar hospital situations Legal Aid and private attorneys have contracts to provide counsel at these hearings. The Office of the Public Defender has no information about the cost of these contracts. Currently, given that forced medication hearings could apply to incarcerated individuals in three different facilities with LMHI, if OPD were required to represent people in these hearings, this would require OPD to have two attorneys assigned to these hearings, depending on the number and frequency. In addition to attorneys, OPD would need support staff and potentially to consult with experienced psychiatrists regarding the medical necessity of the proposed medication.

Senate Bill 196 permits forcible medication in emergency situations without defining what constitutes an emergency or a requirement that a licensed physician prescribe the medication.

As noted above, this bill seeks to enable LMHI within DPSCS to forcibly administer psychotropic medication without “in an emergency, on order of a practitioner, when the incarcerated individual presents an imminent danger to the life or safety of self or others.” Senate Bill 196, page 2, Lines 14-20. Notably the bill fails to define “practitioner.” This is inconsistent with other Maryland laws

¹¹ Washington v. Harper, 494 U.S. 210 (1990) ; Williams v. Wilzack, 319 Md. 485 (1990).

that require emergency medication to be ordered by a physician. It is unclear whether the term “practitioner” includes only medical professionals permitted to prescribe medications (physicians, nurse practitioners, and some physician assistants) or whether the term encompasses people who are not authorized to prescribe medications.

Further, the term emergency is not clearly defined by the statute. In correctional facilities a wider array of behaviors are considered infractions and could be considered “safety” issues when they would not be considered as such in either the community or in hospital settings. For example, in a DPSCS facility it is conceivable that someone disagreeing with or talking back to guards would be considered an emergency that presents an imminent danger to the safety of others.

The goals of this bill can and should be effectuated more safely and appropriately by other means.

Incarcerated individuals with serious mental illness would be much better served by receiving the treatment they need in order to become psychiatrically stable in hospitals rather than in prisons. Health General § 10-614(b) specifically contemplates involuntary admission to facilities from the Division of Corrections but limits involuntary admission to apply to situations where the Behavioral Health Administration agrees to pay the expenses.

It provides:

(a) Except as provided in subsection (b) of this section, application for involuntary admission of an individual to a facility or Veterans' Administration hospital may be made under this part by any person who has a legitimate interest in the welfare of the individual.

(b) If the Administration agrees to pay the appropriate expenses, application for involuntary admission to a facility of an incarcerated individual in an institution under the Division of Correction or the Patuxent Institution may be made under this part by the Division or the Patuxent Institution.

By striking “if the Administration agrees to pay the appropriate expenses” from subsection (b) it would be clear DPSCS can make an application for involuntary admission to a hospital with or without BHA's agreement to pay the expenses for hospitalization. Budgetary concerns over the difference in costs to house individuals in prisons as compared to state hospitals could be allayed by allowing BHA to request reimbursement for those costs at a set per diem rate.

Regulations facilitating this already exist. COMAR 12.02.09.03 details how inmates are to be transported to and from psychiatric hospitals, and Correctional Services 11-509 addresses the application of diminution credits for periods of time when people are hospitalized.

For serious medical issues such as those contemplated by the bill, a hospital setting must be the only place that administration of psychotropic medications can safely and justly occur.

For these reasons, the Maryland Office of the Public Defender urges this Committee to issue an unfavorable report on Senate Bill 196.

Submitted by: Maryland Office of the Public Defender, Government Relations Division.

**Authored by: Kimber D. Watts, Supervising Attorney Forensic Mental Health Division
Kimberlee.watts@maryland.gov, 410-767-1839**

MD SB 196_NPAP_UNFAV.pdf

Uploaded by: Keisha James

Position: UNF



UNFAVORABLE - SB 196

Written Testimony of National Lawyers Guild-National Police Accountability Project, Keisha James, Staff Attorney

Senate Judicial Proceedings Committee – Wednesday, January 21, 2026

Dear Chair Smith, Vice Chair Waldstreicher, and Members of the Committee,

The National Lawyers Guild National Police Accountability Project (“NPAP”) is a nonprofit organization dedicated to holding law enforcement officers accountable to constitutional and professional standards. We urge you to give an unfavorable review to SB 196, which will allow incarcerated individuals to be forcibly administered psychotropic drugs without their consent. Individuals suffering from mental illness or experiencing a mental health crisis need continuous medical and psychiatric care and treatment provided by mental healthcare professionals in a clinical setting—not one-off administrations of forced medication in a correctional setting without adequate mental health support.

The administration of psychotropic drugs to an individual unwilling to take them will result in increased negative contact with correctional officers. Correctional officers are trained to use force to maintain control and security within the facility. This training can condition officers to misperceive erratic behavior in individuals as a threat to immediately subdue rather than a non-violent symptom of a mental health condition. This threat mindset, in turn, has catastrophic consequences.¹ The mere presence of correctional officers can escalate a mental health crisis into a hectic and dangerous situation. With officers transporting and restraining individuals against their will to facilitate the administration of drugs, individuals will be subjected to cell extractions and uses of force that could escalate into unnecessary or even deadly force if officers perceive behavior indicative of a mental health condition as “aggressive” or “resistant.”

¹ Jamie Fellner, *Callous and Cruel: Use of Force against Inmates with Mental Disabilities in US Jails and Prisons*, Human Rights Watch (May 12, 2015), available at <https://www.hrw.org/report/2015/05/12/callous-and-cruel/use-force-against-inmates-mental-disabilities-us-jails-and> (report detailing incidents in which correctional staff used chemical sprays, electric stun weapons, restraint chairs and beds, and physical force on incarcerated individuals with mental health conditions, resulting in broken bones, lacerations requiring stitches, second-degree burns, deep bruises, damaged internal organs, and, in some cases, death).



Because a law enforcement response is fundamentally incompatible with the safety needs of individuals experiencing mental health crises, the problem of correctional officer use of force against individuals in crisis or suffering from psychosis cannot be solved by additional training. Instead, the only viable solution is to remove individuals with severe mental illness from correctional settings and place them in clinical settings, preferably in community-based programs, where they can receive adequate mental health care and treatment services.

SB 196 seeks to bypass the issue of mentally ill incarcerated individuals not receiving proper treatment and care to manage their mental illness in favor of controlling an individual's behavior in the moment by administering psychotropic drugs. However, without meaningful mental health services, individuals who receive these drugs will not get better. Without routine care, these individuals will continue to mentally decompensate.²

We urge you to give SB 196 an unfavorable review. I am happy to answer questions. You can contact me at keisha.npap@nlg.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Keisha James', written over a white background.

Keisha James

National Police Accountability Project

² Christine Thompson and Taylor Elizabeth Eldridge, *Treatment Denied: The Mental Health Crisis in Federal Prisons*, The Marshall Project (Nov. 21, 2018), available at <https://www.themarshallproject.org/2018/11/21/treatment-denied-the-mental-health-crisis-in-federal-prisons> (citing cases where incarcerated individuals were forcibly medicated but did not receive mental healthcare).

SB 196 testimony final.pdf

Uploaded by: Luciene Parsley

Position: UNF



Empowering People to Lead Systemic Change
The Protection and Advocacy System for the State of Maryland

1500 Union Ave., Suite 2000, Baltimore, MD 21211
Phone: 410-727-6352 | Fax: 410-727-6389
DisabilityRightsMD.org

Senate Judicial Proceedings Committee
SB 196 – Correctional Services – Medication Review Committee – Administration of
Psychotropic Medication to an Incarcerated Individual
January 21, 2026 at 11:00 AM
Position: Unfavorable

Disability Rights Maryland (DRM) is Maryland’s state-designated Protection and Advocacy organization, with responsibility under law to protect individuals with disabilities from abuse, neglect and civil violations. Over the past decade, DRM has investigated the mental health care provided to individuals with mental illness state correctional facilities, finding the care seriously inadequate, particularly those housed on segregation (restrictive housing) units. We have visited and toured many of the state’s facilities, have reviewed thousands of pages of medical records, engaged with representatives of the Department of Public Safety and Correctional Services (DPSCS), and communicated with incarcerated individuals with disabilities throughout the State. In December 2025, we toured the new Mental Health Tiers at Western Correctional Institution in Cumberland with our experts. DRM has found that the mental health care provided to many incarcerated individuals with mental illness is constitutionally deficient¹ and appreciates attempts to improve care.

However, SB 196 allows seriously mentally ill incarcerated individuals to be subject to various psychotropic medications against their will without proper protections and within an inadequate treatment environment. Given the current DPSCS mental health structure, which involves a private for-profit mental health care provider who has not provided services as required in its contract and which operates without proper oversight by DPSCS, and the lack of protections and treatment that should accompany any consideration of forcible care, DRM urges this Committee to reject the bill. Recognizing the critical importance of proper mental health care, DRM suggests that the subject of the bill be considered for further study. DRM offers to participate in any such process.

DRM’s Concerns Include:

The Inadequate Environment: Disability Rights Maryland hears frequently from incarcerated individuals and their loved ones that mental health treatment and supports are not available. From DRM’s experiences, the complaints are valid. The Department of Legislative Services, Office of Legislative Audits review of Incarcerated Individuals Healthcare Contracts (November 25, 2024) noted that audits dating back to February 2007 have identified issues with the health care contracts. DPSCS’ current contractor, Centurion, provides both mental health and somatic

¹ In 2021, after sharing reports with DPSCS and engaging in attempts to remedy the serious harms DRM observed for years, DRM filed *DRM v. Scruggs*, Case No. 1:21-cv-02959-MJM, in federal district court to ensure the rights of individuals with serious mental illness to be free from the harm caused by segregation and to ensure the provision of constitutionally adequate mental health care for individuals in segregation. That case is pending.

health care services to DPSCS state facilities. Centurion was also providing mental health care in DPSCS state facilities during the previous 5-year contracting period (which was extended by a year). Included among the audits' recent findings are:

- DPSCS awarded the medical and mental health contracts despite concerns with the contractors;
- DPSCS did not monitor the contracts to ensure critical health exams were conducted;
- DPSCS did not monitor the contracts to ensure required staffing was provided;
- DPSCS did not monitor the contracts to ensure adequacy of ordered pharmaceuticals;
- DPSCS could not demonstrate that the staffing levels were sufficient to provide required services;
- The mental health and medical contractors failed to provide all the required staff in any month of their respective contracts;
- DPSCS did not assess the mental health contractor liquidated damages totaling approximately \$10.5 million between March 2022 and January 2024; and
- DPSCS did not follow up with the mental health contractor to ensure that missing screenings and incomplete physical exams were completed. In a three-month audit in 2023, the mental health contractor did not complete 548 required Suicide Risk Evaluations and 682 required Mental Health Exams.

Incarcerated individuals maintain a constitutional liberty right to control their own body, including the medications that go into it. The U.S. Supreme Court has opined that this right may only be abridged to meet an important governmental interest, such as significant danger to self or others within the institution. DRM is aware that the mental health care for many individuals who refuse medication is significantly inadequate and there does not appear to be any foreseeable possibility of moving such individuals to the state hospitals, where they may receive better clinical services. ***However, authorizing forced medication without requiring provision of critically needed companion services and without adequate protections is not the answer.*** Instead, a thoughtful evaluation of what is required for critical licensed mental health units within DPSCS is required.

Other Considerations:

1. **Due Process Protections Should Be Provided.** Incarcerated individuals should have the same right to counsel and appeal as individuals facing involuntary medication in Maryland's hospitals and psychiatric units. Due process requires that incarcerated individuals are only involuntarily medicated when they meet legal requirements. Pursuant to Md. Code Ann., Health-General § 10-708, individuals in psychiatric hospitals and psychiatric units of general hospitals have the right to an attorney to represent them in any appeal before the Office of Administrative Hearings, and the

legal right to appeal their case to Circuit Court if they disagree with the Administrative Law Judge's decision. In the federal system, public defenders are notified prior to clients being involuntarily medicated, so they can defend their clients' rights to be free from medication when it would unfairly harm their underlying criminal case or otherwise violate their clients' constitutional and civil rights. SB 196 does not provide for legal counsel to be provided to incarcerated individuals in licensed mental health infirmaries in DPSCS facilities who are proposed for involuntary medication.

2. **Clarify What Is Meant By "State Correctional Facilities."** Page 2, line 15 states that the provisions of SB 196 apply only in "state correctional facilities." MD Code, State Finance and Procurement, § 11-101 defines "State Correctional Facilities" as correctional institutions, and all places of correctional confinement, that are located within the State of Maryland and are primarily operated by the Maryland State government." It is unclear whether this definition is intended to include Baltimore City's detention facilities, which are operated by DPSCS, or even local detention centers. We recommend that this be clarified with an amendment to the bill. There are many more protections that need to be provided if pretrial defendants were to be involuntarily medicated.
3. **Clarify What Is a "Licensed Mental Health Infirmary."** SB 196 page 2, lines 11-13 define "Licensed Mental Health Infirmary" as "a designated unit within a state correctional facility that is licensed by the Maryland Department of Health as a mental health infirmary." The term "Mental Health Infirmary" is not used in Maryland statute or regulation, or by the Office of Health Care Quality (OHCQ). Instead, OHCQ has licensed three "Health Facilit[ies] within a Correctional Institution" in DPSCS-operated facilities, pursuant to Health-General § 19-318, which I have attached to my testimony. However, it is important to know that there are **no** standards for a "mental health infirmary." The Department of Health and OHCQ do not provide monitoring or review of DPSCS facilities, except to issue licenses. Therefore, it is critical that there is clarity about how clinical oversight is to be provided in "Licensed Mental Health Infirmaries."

DRM recommends that an amendment be adopted to clarify that a Licensed Mental Health Infirmary is the same thing as what OHCQ calls a "Health Center with a Correctional Institution" and that appropriate medical and mental health clinicians must be available on-site 24 hours a day, 7 days a week. Individuals should not be involuntarily medicated outside of such facilities. To do otherwise would subject individuals to an unreasonable risk of harm, and even death, because they could not be adequately monitored by mental health and medical clinicians in other correctional settings.

DRM is also concerned that provision of involuntary medication may result in further harms, such as cell extractions, use of mace, or other force. **Provision of involuntary medications should be administered in a private clinical setting.**

4. **Provision of Other Supportive Therapies and Treatment.** To be most effective, psychotropic medication often must be accompanied by counseling, therapy, group therapy, and/or psychosocial programs. A Medication Review Committee convened to consider forcible medication should be required to consider both (1) whether there are less intrusive mental health services that should be provided to ameliorate the danger of risk of harm, and (2) whether the forcible medication needs to be accompanied by other treatment in order to justify its use and provide proper care. Such supportive therapies are currently extremely limited in DPSCS facilities; when they do exist, they often consist of packets provided to individuals to complete in their cells.
5. **Individuals Should Have the Right to an Independent Advocate and to Review Medication History and Requests for Alternative Medications.** More consideration should be given to who and how an advocate for the individual who is seriously mentally ill is to be provided. As drafted, there is no clarity in the bill for who can be in this role. In state hospitals, there exist independent “rights advisors” who are specifically tasked and trained for their positions. The individual should have the right to include another advocate of their choice, including a family member who can share information and support the individual. We also recommend an amendment permitting the incarcerated individual who is subject to a Medication Review Committee to be specifically permitted to share information with the committee about what medications they believe would be or have in the past been helpful to their mental health, and what they are willing to take. The Medication Review Committee should be directed to give due weight to the perspective of the incarcerated individual in this regard.
6. **Medication Formularies.** DRM has heard frequently that the medication provided by DPSCS is not the medication previously prescribed for an individual and that that medication may not be on the DPSCS formulary. The person who is subject to forcible medication and their advocate, with consent, must be provided access to the individual’s medical history and information about alternative medications and potential side effects. The Medication Review Committee should be directed to give due weight to the perspective of the incarcerated individual in this regard and have access to processes for when a non-formulary medication may be authorized.
7. **Individuals Should Receive a Copy of the Medication Review Committee’s Report.** On page 5, lines 16-17, the Report should also be provided to the individual who the subject of a Medication Review Committee and their advocate or lay advisor.

For reasons stated above, DRM urges the Committee to reject the bill and to permit stakeholders to spend the time needed to address the issues presented by DRM and others who oppose the proposed legislation but support the provision of adequate mental health care in DPSCS facilities.

Should you have any questions or need additional information, please contact Luciene Parsley, Litigation Director at Disability Rights Maryland, at lucienep@disabilityrightsmd.org or at 443-692-2494.



MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF HEALTH CARE QUALITY
SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228

License No. 02-037

Issued to:

Maryland Correctional Institution - Women,
Women's Mental Health Center
P O Box 535, 7943 Brockbridge Road
Jessup, MD 20794

Type of Facility: Health Facility Within a Correctional Institution

This license has been granted to:

STATE OF MARYLAND DEPARTMENT OF PUBLIC SAFETY AND
CORRECTIONAL SERVICES

Number of Beds: 14

Date Issued: July 1, 2018

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, Title 19 Section 318 Annotated Code of Maryland, 1982 Edition, and subsequent supplements and is subject to any and all statutory provisions, including all applicable rules and regulations promulgated thereunder. This document is not transferable.

Patricia Tomoko May MD

Director

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.



**MARYLAND
DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE QUALITY
SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228**

License No. 02-022

Issued to: **Patuxent Institute
Post Office Box 700
Jessup, MD 20794**

Type of Facility: Health Facility Within a Correctional Institution

This license has been granted to:

MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

Number of beds: 190

Date Issued: July 1, 2018

Expiration: Non-Expiring

Authority to operate in this State is granted to the above entity pursuant to the Health-General Article, Title 19 Annotated Code of Maryland, 2015 Replacement Volume, and subsequent supplements and is subject to any and all statutory provisions, including all applicable rules and regulations promulgated thereunder. This document is not transferable.

Patricia Tomasko May, MD
Executive Director

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.



**MARYLAND DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE QUALITY
7120 SAMUEL MORSE DRIVE, SECOND FLOOR
COLUMBIA, MARYLAND 21046-3422**

License No. 30-107

Issued to: **Baltimore Central Booking Intake Center
300 E. Madison Street
Baltimore, MD 21202**

Type of Facility: **Health Facility Within a Correctional Institution**

This License has been granted to:

**STATE OF MARYLAND DEPARTMENT OF PUBLIC
SAFETY AND CORRECTIONAL SERVICES**

Number of Beds: **32**

Date Issued: **July 1, 2018**

Expiration Date: **Non-expiring License**

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, Title 19 Section 318 Annotated Code of Maryland, 1982 edition, and subsequent supplements and is subject to any and all statutory provisions, including all applicable rules and regulations promulgated thereunder. This document is not transferable.

Patricia Tomsko May, MD

Director

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.

SB 196_AFSCME3_INFO.pdf

Uploaded by: Denise Gilmore

Position: INFO



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Patrick Moran – President

**SB 196 – Correctional Services – Medication Review Committee – Administration of
Psychotropic Medication to an Incarcerated Individual
Judicial Proceedings Committee
Wednesday, January 21**

LETTER OF INFORMATION

AFSCME Maryland Council 3 represents approximately 55,000 public service workers across varying levels of government including city, county, state, and higher education. AFSCME members are on the frontlines every day delivering critical public services our communities depend on. This includes workers in our state correctional and mental health facilities who directly witness and experience the impacts of individuals with severe mental illness who refuse medication after being sentenced to a state facility.

Senate Bill 196 allows the Department of Public Safety and Correctional Services to establish a process for the involuntary administration of psychotropic medication for an incarcerated individual in a state correctional facility.

In 2018, AFSCME worked with the General Assembly and allies to pass legislation to expedite the Clinical Review Panel process in state mental health facilities operated by the Maryland Department of Health. The goal was that patients who pose a danger to themselves or others receive timely treatment after being admission.¹ This legislation was prompted by AFSCME members working in hospital admissions and long-term care units who witnessed firsthand the challenges of providing meaningful care before a patient had the opportunity to become stabilized with medication. Every day the stabilizing medication could not be administered, was a day the patient could not feel better. During the stabilization process, state hospital staff carefully monitor patient behaviors, assess side effects, and ensure patient safety. With adequate resources, these dedicated professionals help patients adhere to their treatment plans, engage patients in rehabilitative services, and play a critical role in restoring individuals to a point where they can safely return to their communities.

AFSCME remains concerned that inadequate staffing levels, aging facility infrastructure, and the Department's primary role as an incarcerating—rather than treatment-focused—agency continue to hinder the effective implementation of this program. Last year, the Department of Corrections spent more than \$200 million on overtime costs due to chronic staffing shortages.² The professionally trained treatment teams that operate in state mental health facilities to monitor individuals following the involuntary administration of psychotropic medication do not exist in state correctional facilities.

¹ 2018, Ch. 702/703. [Criminal Procedure – Incompetency and Criminal Responsibility – Court-Ordered Evaluation](#)

² December 1, 2025, DBM Overtime Report – Key Findings – [Presentation to JCFPPPO](#)

As a result, AFSCME members continue to have serious unanswered questions about the proposed legislation. For example, what protections will be in place for an incarcerated individual who is adjusting to a new medication and may feel sluggish, vulnerable to assault, and leaves the infirmary for the mess hall? Will an untrained correctional officer who is already responsible for the movement of hundreds of incarcerated individuals also be expected to monitor and safeguard this person?

AFSCME Maryland Council 3 members in our state correctional facilities and in our state mental health facilities continue to believe that Corrections is no place to treat mental illness. Our state mental health facilities should be properly resourced and utilized for these purposes.

Thank you for considering this information as your deliberate on Senate Bill 196.

