

# MARYLAND PSYCHIATRIC SOCIETY



February 19, 2026

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The Honorable J. Sandy Bartlett  
Judiciary Committee  
101 Taylor House Office Building  
Annapolis, Maryland 21401

Support: HB 1306: Assisted Outpatient Treatment - Surrender or Seizure of Firearms

Dear Chairwoman Bartlett & 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 Supports: HB 1306: Assisted Outpatient Treatment - Surrender or Seizure of Firearms. MPS/WPS strongly support for House Bill 1306, restricting firearm access for patients in Maryland's Assisted Outpatient Treatment (AOT) program, for our most severely ill psychiatric patients.

This bill addresses a critical gap created during the passage of 2024's HB576/SB453, which established AOT programs statewide. While that legislation was a crucial step forward in mental health treatment, the following amendment language inadvertently created a loophole allowing potentially dangerous individuals to retain firearms during mandatory treatment.

10-6A-02(B)(2): "This subtitle may not be construed to abridge or modify any civil right of the respondent, including any right relating to a license, permit, certification, privilege, or benefit under any law."

This language was adopted when the bill passed, although it inadvertently indicated that a potentially dangerous individual with a mental illness could be allowed to retain possession of a legal weapon. This contradicts the clear intent of the bill and also contradicts existing law regarding civil commitment and weapon ownership, specifically Health-General §10-632 et. seq. This law allows an administrative law judge to require the committed patient to surrender any firearms in their possession and to bar them from possessing a firearm in the future unless they are granted relief from this restriction. SB509 corrects this oversight by aligning AOT firearm restrictions with existing laws regarding civil commitment under Health-General §10-632 by modifying Public Safety §5-133 et. seq. to be consistent with existing law which bars gun ownership from individuals suffering from a mental disorder who also have a history of violence. The prohibition is time-limited and expires with the assisted outpatient treatment order.

Individuals under AOT orders represent our most severely ill psychiatric population - these are not individuals receiving routine outpatient care for anxiety or depression. Rather, AOT candidates have demonstrated severe psychiatric illness leading to repeated hospitalizations or incidents of violence, along with documented non-adherence to voluntary treatment. Many experience profound psychosis, severe mood disorders, or other conditions that significantly impair their judgment and insight. While the common narrative paints these patients as dangerous to others, the fact is that they are at highest risk of harming themselves— an outcome that this bill hopes to prevent.

The research on suicide risk and firearm access is unequivocal. Every study examining this issue has found that access to firearms significantly increases suicide risk. Handgun owners have dramatically elevated suicide risks - men who own handguns are eight times more likely to die by firearm suicide compared to non-owners, while women handgun owners face a staggering 35-times higher risk (Studdert et al (2020) New England Journal of Medicine)

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Last year's tragic self-inflicted shooting at Baltimore's Eastside District Courthouse underscores the urgency of addressing this issue. Crucially, many suicide attempts occur within just 10 minutes of suicidal thought. For individuals under AOT orders who are already at heightened risk due to severe mental illness, immediate access to firearms during periods of crisis can be fatal. This impulsive factor means restriction - including limiting firearm access - a vital suicide prevention strategy.

HB1306 represents a targeted, evidence-based approach to protecting our most vulnerable patients during periods of acute psychiatric crisis. The bill requires courts to report AOT orders to the NICS system to ensure proper implementation while maintaining due process protections. The temporary nature of AOT orders means these restrictions are not permanent but rather provide a critical safety net during periods of highest risk.

This legislation fills an important gap in our current mental health and public safety framework. By temporarily restricting firearm access for individuals under court-ordered treatment, we can reduce preventable deaths while supporting recovery. We strongly urge a favorable report on HB1306. As such, we ask the committee for a favorable report on HB1306.

If you have any questions regarding this testimony, please contact MPS lobbyist, Lisa Harris Jones at [lisa.jones@mdlobbyist.com](mailto:lisa.jones@mdlobbyist.com).

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