

HOUSE BILL 279

E5

(PRE-FILED)

6lr0096
CF SB 196

By: **Chair, Health Committee (By Request – Departmental – Public Safety and Correctional Services)**

Requested: September 16, 2025

Introduced and read first time: January 14, 2026

Assigned to: Health

A BILL ENTITLED

1 AN ACT concerning

2 **Correctional Services – Medication Review Committee – Administration of**
3 **Psychotropic Medication to an Incarcerated Individual**

4 FOR the purpose of authorizing the establishment of a medication review committee within
5 the Department of Public Safety and Correctional Services that convenes to
6 determine whether to approve the administration of psychotropic medication to a
7 certain incarcerated individual under certain circumstances; providing that
8 psychotropic medication may not be administered to an incarcerated individual who
9 refuses the medication except under certain circumstances; providing for the
10 membership and operating procedures of a medication review committee;
11 establishing certain rights of an incarcerated individual in connection with the
12 convening of a medication review committee; establishing procedures for a certain
13 administrative review and appeal of the decision of a medication review committee;
14 requiring a certain treating practitioner to document certain matters under certain
15 circumstances; and generally relating to medication review committees.

16 BY adding to
17 Article – Correctional Services
18 Section 9–619
19 Annotated Code of Maryland
20 (2025 Replacement Volume)

21 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
22 That the Laws of Maryland read as follows:

23 **Article – Correctional Services**

24 **9–619.**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 **(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS**
2 **INDICATED.**

3 **(2) "COMMITTEE" MEANS A MEDICATION REVIEW COMMITTEE**
4 **ESTABLISHED IN ACCORDANCE WITH THIS SECTION THAT CONVENES TO DETERMINE**
5 **WHETHER TO APPROVE THE ADMINISTRATION OF PSYCHOTROPIC MEDICATION ON**
6 **A NONEMERGENCY BASIS TO AN INCARCERATED INDIVIDUAL WHO REFUSES TO**
7 **ACCEPT PSYCHOTROPIC MEDICATION AS PRESCRIBED.**

8 **(3) "LAY ADVISOR" MEANS AN INDIVIDUAL WHO IS KNOWLEDGEABLE**
9 **ABOUT MENTAL HEALTH PRACTICE AND CAN ASSIST INCARCERATED INDIVIDUALS**
10 **WITH UNDERSTANDING THE PROCESS OUTLINED IN THIS SECTION.**

11 **(4) "LICENSED MENTAL HEALTH INFIRMARY" MEANS A DESIGNATED**
12 **UNIT WITHIN A STATE CORRECTIONAL FACILITY THAT IS LICENSED BY THE**
13 **MARYLAND DEPARTMENT OF HEALTH AS A MENTAL HEALTH INFIRMARY.**

14 **(B) THIS SECTION APPLIES ONLY TO LICENSED MENTAL HEALTH**
15 **INFIRMARIES WITHIN STATE CORRECTIONAL FACILITIES.**

16 **(C) PSYCHOTROPIC MEDICATION MAY NOT BE ADMINISTERED TO AN**
17 **INCARCERATED INDIVIDUAL WHO REFUSES THE MEDICATION, EXCEPT:**

18 **(1) IN AN EMERGENCY, ON THE ORDER OF A PRACTITIONER WHEN**
19 **THE INCARCERATED INDIVIDUAL PRESENTS AN IMMINENT DANGER TO THE LIFE OR**
20 **SAFETY OF SELF OR OTHERS; OR**

21 **(2) IN A NONEMERGENCY, IF THE TREATING PRACTITIONER HAS**
22 **RECOMMENDED THE INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC**
23 **MEDICATION BECAUSE:**

24 **(I) THE INCARCERATED INDIVIDUAL HAS A MENTAL DISORDER;**

25 **(II) DUE TO THE MENTAL DISORDER, THE INCARCERATED**
26 **INDIVIDUAL IS UNABLE TO FUNCTION IN GENERAL POPULATION WITHIN A**
27 **CORRECTIONAL FACILITY AND REQUIRES INPATIENT CARE IN A LICENSED MENTAL**
28 **HEALTH INFIRMARY WITHIN THE DEPARTMENT;**

29 **(III) THE INCARCERATED INDIVIDUAL PRESENTS A DANGER TO**
30 **THE LIFE AND SAFETY OF SELF OR OTHERS;**

1 (IV) THE INCARCERATED INDIVIDUAL IS UNABLE OR UNWILLING
2 DUE TO A MENTAL DISORDER TO GIVE INFORMED CONSENT TO THE
3 ADMINISTRATION OF PSYCHOTROPIC MEDICATION;

4 (V) THERE ARE NO LESS RESTRICTIVE TREATMENT
5 INTERVENTIONS, INCLUDING ENCOURAGING VOLUNTARY MEDICATION
6 COMPLIANCE, CONSISTENT WITH THE WELFARE AND SAFETY OF THE INDIVIDUAL;

7 (VI) THE USE OF PSYCHOTROPIC MEDICATION IS CLINICALLY
8 INDICATED AS THE MOST APPROPRIATE TREATMENT FOR THE INCARCERATED
9 INDIVIDUAL'S CONDITION ACCORDING TO CURRENT PRACTICE FOR RESTORING OR
10 PREVENTING FURTHER DETERIORATION OF THE INCARCERATED INDIVIDUAL'S
11 MENTAL OR PHYSICAL HEALTH; AND

12 (VII) A COMMITTEE HAS DETERMINED, IN ACCORDANCE WITH
13 THE PROVISIONS OF THIS SECTION, THAT PSYCHOTROPIC MEDICATION SHOULD BE
14 ADMINISTERED OVER THE OBJECTION OF THE INCARCERATED INDIVIDUAL.

15 (D) (1) A COMMITTEE SHALL CONSIST OF THE FOLLOWING INDIVIDUALS
16 APPOINTED BY THE DIRECTOR OF MENTAL HEALTH FOR THE DEPARTMENT OR THE
17 DIRECTOR'S DESIGNEE:

18 (I) THE CHIEF PSYCHIATRIST FOR THE REGION WHERE THE
19 LICENSED MENTAL HEALTH INFIRMARY IS LOCATED;

20 (II) ANOTHER PSYCHIATRIST; AND

21 (III) A MENTAL HEALTH PROFESSIONAL WHO IS NOT A
22 PHYSICIAN.

23 (2) THE DIRECTOR OF MENTAL HEALTH OR THE DIRECTOR'S
24 DESIGNEE SHALL APPOINT A CHAIR OF THE COMMITTEE FROM AMONG ITS
25 MEMBERS.

26 (3) AN INDIVIDUAL WHO IS DIRECTLY RESPONSIBLE FOR
27 IMPLEMENTING THE TREATMENT PLAN FOR THE INCARCERATED INDIVIDUAL
28 UNDER REVIEW MAY NOT SERVE AS A MEMBER OF THE COMMITTEE.

29 (E) THE DIRECTOR OF MENTAL HEALTH OR THE DIRECTOR'S DESIGNEE
30 SHALL ASSIGN AN IMPARTIAL LAY ADVISOR TO ASSIST THE INCARCERATED
31 INDIVIDUAL WITH THE PROCESS SET FORTH IN THIS SECTION.

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

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

(2) THE PURPOSE OF THE COMMITTEE; AND

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

(G) IN CONNECTION WITH THE CONVENING OF A COMMITTEE, AN INCARCERATED INDIVIDUAL HAS THE RIGHT TO:

(1) ATTEND THE COMMITTEE MEETING, EXCEPT FOR THE DISCUSSION CONDUCTED TO ARRIVE AT A DECISION;

(2) PRESENT INFORMATION, INCLUDING WITNESSES;

(3) ASK QUESTIONS OF ANY PERSON PRESENTING INFORMATION TO THE COMMITTEE;

(4) REQUEST ASSISTANCE FROM A LAY ADVISOR; AND

(5) BE INFORMED OF:

(I) THE IDENTITY OF THE ASSIGNED LAY ADVISOR;

(II) THE INCARCERATED INDIVIDUAL'S DIAGNOSIS; AND

(III) THE CLINICAL NEED FOR THE PSYCHOTROPIC MEDICATION, INCLUDING POTENTIAL SIDE EFFECTS AND MATERIAL RISKS AND BENEFITS OF TAKING OR REFUSING THE MEDICATION.

(H) THE CHAIR OF A COMMITTEE MAY:

(1) POSTPONE OR CONTINUE THE COMMITTEE FOR GOOD CAUSE, FOR UP TO 7 DAYS; AND

(2) TAKE APPROPRIATE MEASURES NECESSARY TO CONDUCT THE COMMITTEE IN AN ORDERLY MANNER.

1 **(I) (1) BEFORE A COMMITTEE MEETS, THE TREATING PSYCHIATRIC**
2 **PROVIDER SHALL PROVIDE A DETAILED REPORT OF THE INCARCERATED**
3 **INDIVIDUAL'S MEDICAL RECORD TO INCLUDE:**

4 **(I) THE BASIS FOR THE REQUEST TO ADMINISTER**
5 **PSYCHOTROPIC MEDICATION ON A NONEMERGENCY BASIS;**

6 **(II) THE INCARCERATED INDIVIDUAL'S DIAGNOSIS, BEHAVIORS**
7 **OBSERVED, AND CURRENT MENTAL STATUS;**

8 **(III) A DESCRIPTION OF DAILY FUNCTIONING;**

9 **(IV) RECOMMENDED PSYCHOTROPIC MEDICATION;**

10 **(V) METHODS USED TO ENCOURAGE VOLUNTARY MEDICATION**
11 **ADHERENCE;**

12 **(VI) VOLUNTARY AND INVOLUNTARY MEDICATION HISTORY;**
13 **AND**

14 **(VII) A DESCRIPTION OF THE LESS INTRUSIVE TREATMENT**
15 **ALTERNATIVES CONSIDERED OR ATTEMPTED.**

16 **(2) THE REPORT SHALL BE DISTRIBUTED TO THE COMMITTEE**
17 **MEMBERS NOT LESS THAN 72 HOURS BEFORE THE COMMITTEE IS TO MEET.**

18 **(J) BEFORE DETERMINING WHETHER TO APPROVE THE ADMINISTRATION**
19 **OF PSYCHOTROPIC MEDICATION, THE COMMITTEE SHALL:**

20 **(1) REVIEW THE REPORT GENERATED BY THE TREATING**
21 **PSYCHIATRIC PROVIDER UNDER SUBSECTION (I) OF THIS SECTION; AND**

22 **(2) MEET FOR THE PURPOSE OF RECEIVING INFORMATION AND**
23 **CLINICALLY ASSESSING THE INCARCERATED INDIVIDUAL'S NEED FOR MEDICATION**
24 **BY:**

25 **(I) CONSULTING WITH THE INCARCERATED INDIVIDUAL**
26 **REGARDING THE REASON FOR REFUSING THE PSYCHOTROPIC MEDICATION**
27 **PRESCRIBED AND THE INCARCERATED INDIVIDUAL'S WILLINGNESS TO ACCEPT**
28 **ALTERNATIVE TREATMENT, INCLUDING OTHER MEDICATION;**

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

(III) RECEIVING INFORMATION PRESENTED BY THE INCARCERATED INDIVIDUAL AND OTHER INDIVIDUALS PARTICIPATING IN THE COMMITTEE;

(IV) PROVIDING THE INCARCERATED INDIVIDUAL WITH AN OPPORTUNITY TO ASK QUESTIONS OF ANYONE PRESENTING INFORMATION TO THE COMMITTEE; AND

(V) REVIEWING THE CONSEQUENCES OF REQUIRING THE ADMINISTRATION OF PSYCHOTROPIC MEDICATION AND THE CONSEQUENCES OF CONTINUED REFUSAL OF PSYCHOTROPIC MEDICATION.

(K) THE COMMITTEE MAY APPROVE THE ADMINISTRATION OF PSYCHOTROPIC MEDICATION AND MAY RECOMMEND AND APPROVE ALTERNATIVE MEDICATION, IF THE COMMITTEE DETERMINES THAT:

(1) THE MEDICATION IS PRESCRIBED BY A PSYCHIATRIC PROVIDER FOR THE PURPOSE OF TREATING THE INCARCERATED INDIVIDUAL'S MENTAL DISORDER;

(2) THE ADMINISTRATION OF PSYCHOTROPIC MEDICATION REPRESENTS A REASONABLE EXERCISE OF PROFESSIONAL JUDGMENT; AND

(3) WITHOUT THE MEDICATION, THE INCARCERATED INDIVIDUAL IS AT SUBSTANTIAL RISK OF CONTINUED SELF-HARM AND DANGEROUS BEHAVIORS RESULTING FROM THE INDIVIDUAL:

(I) REMAINING SERIOUSLY MENTALLY ILL WITH NO SIGNIFICANT RELIEF OF THE PSYCHIATRIC SYMPTOMS THAT:

1. CAUSE THE INCARCERATED INDIVIDUAL TO BE A DANGER TO SELF OR OTHERS WHILE IN THE LICENSED MENTAL HEALTH INFIRMARY; OR

2. WOULD CAUSE THE INCARCERATED INDIVIDUAL TO BE A CONTINUED DANGER TO SELF AND OTHER INCARCERATED INDIVIDUALS IF DISCHARGED FROM THE LICENSED MENTAL HEALTH INFIRMARY; OR

1 (II) RELAPSING INTO A CONDITION IN WHICH THE
2 INCARCERATED INDIVIDUAL IS UNABLE TO PROVIDE FOR THE INDIVIDUAL'S OWN
3 ESSENTIAL HUMAN NEEDS OF HEALTH AND SAFETY.

4 (L) (1) THE COMMITTEE SHALL BASE ITS DECISION ON ITS CLINICAL
5 ASSESSMENT OF THE INFORMATION CONTAINED IN THE INCARCERATED
6 INDIVIDUAL'S RECORD AND INFORMATION PRESENTED TO THE COMMITTEE.

7 (2) THE COMMITTEE SHALL MEET PRIVATELY TO RENDER A
8 DECISION.

9 (M) (1) THE COMMITTEE SHALL DOCUMENT ITS CONSIDERATION OF THE
10 ISSUES AND THE BASIS FOR ITS DECISION ON THE ADMINISTRATION OF
11 PSYCHOTROPIC MEDICATION.

12 (2) THE COMMITTEE SHALL PROVIDE A WRITTEN DECISION ON THE
13 ADMINISTRATION OF PSYCHOTROPIC MEDICATION, WHICH SHALL BE PROVIDED TO
14 THE INCARCERATED INDIVIDUAL, THE LAY ADVISOR, AND THE INCARCERATED
15 INDIVIDUAL'S TREATMENT TEAM FOR INCLUSION IN THE MEDICAL RECORD.

16 (3) IF THE COMMITTEE APPROVES THE ADMINISTRATION OF
17 PSYCHOTROPIC MEDICATION, THE DECISION SHALL SPECIFY:

18 (I) THE PSYCHOTROPIC MEDICATION APPROVED AND THE
19 DOSAGE AND FREQUENCY RANGE;

20 (II) THE DURATION OF THE APPROVAL, NOT TO EXCEED THE
21 MAXIMUM TIME ALLOWED UNDER SUBSECTION (Q) OF THIS SECTION; AND

22 (III) THE REASON THAT ALTERNATIVE TREATMENTS, INCLUDING
23 OTHER MEDICATION, WERE REJECTED BY THE COMMITTEE.

24 (4) IF THE COMMITTEE APPROVES THE ADMINISTRATION OF
25 PSYCHOTROPIC MEDICATION, THE DECISION SHALL CONTAIN NOTICE OF THE RIGHT
26 TO REQUEST AN ADMINISTRATIVE HEARING AND APPEAL UNDER SUBSECTIONS (O)
27 AND (P) OF THIS SECTION.

28 (N) IF THE COMMITTEE APPROVES THE ADMINISTRATION OF
29 PSYCHOTROPIC MEDICATION, THE LAY ADVISOR PROMPTLY SHALL:

1 **(1) INFORM THE INCARCERATED INDIVIDUAL OF THE RIGHT TO**
2 **REQUEST AN ADMINISTRATIVE HEARING AND APPEAL THE DECISION UNDER**
3 **SUBSECTIONS (O) AND (P) OF THIS SECTION; AND**

4 **(2) ADVISE THE INCARCERATED INDIVIDUAL OF THE PROVISION FOR**
5 **RENEWAL OF AN APPROVAL UNDER SUBSECTION (Q) OF THIS SECTION.**

6 **(O) (1) AN INDIVIDUAL MAY REQUEST AN ADMINISTRATIVE HEARING TO**
7 **APPEAL THE COMMITTEE'S DECISION BY FILING A REQUEST FOR HEARING WITH THE**
8 **DIRECTOR OF MENTAL HEALTH FOR THE DEPARTMENT OR THE DIRECTOR'S**
9 **DESIGNEE WITHIN 72 HOURS OF RECEIPT OF THE DECISION OF THE COMMITTEE.**

10 **(2) WITHIN 24 HOURS OF RECEIPT OF A REQUEST FOR HEARING, THE**
11 **DIRECTOR OF MENTAL HEALTH OR THE DIRECTOR'S DESIGNEE SHALL FORWARD**
12 **THE REQUEST TO THE OFFICE OF ADMINISTRATIVE HEARINGS.**

13 **(3) (I) AN INITIAL COMMITTEE DECISION AUTHORIZING THE**
14 **ADMINISTRATION OF MEDICATION SHALL BE STAYED FOR 72 HOURS.**

15 **(II) IF A REQUEST FOR HEARING IS FILED UNDER THIS**
16 **SUBSECTION, THE STAY SHALL REMAIN IN EFFECT UNTIL THE ISSUANCE OF THE**
17 **ADMINISTRATIVE DECISION.**

18 **(4) THE OFFICE OF ADMINISTRATIVE HEARINGS SHALL CONDUCT A**
19 **HEARING AND ISSUE A DECISION WITHIN 10 CALENDAR DAYS OF THE DECISION BY**
20 **THE COMMITTEE.**

21 **(5) THE ADMINISTRATIVE HEARING MAY BE POSTPONED BY**
22 **AGREEMENT OF THE PARTIES OR FOR GOOD CAUSE SHOWN.**

23 **(6) THE ADMINISTRATIVE LAW JUDGE SHALL CONDUCT A DE NOVO**
24 **HEARING TO DETERMINE WHETHER THE STANDARDS AND PROCEDURES IN THIS**
25 **SECTION HAVE BEEN MET.**

26 **(7) AT THE HEARING, THE INDIVIDUAL REPRESENTING THE**
27 **FACILITY:**

28 **(I) MAY INTRODUCE THE DECISION OF THE COMMITTEE AS**
29 **EVIDENCE; AND**

30 **(II) SHALL PROVE, BY A PREPONDERANCE OF THE EVIDENCE,**
31 **THAT THE STANDARDS AND PROCEDURES OF THIS SECTION HAVE BEEN MET.**

1 **(8) THE ADMINISTRATIVE LAW JUDGE SHALL STATE ON THE RECORD**
2 **THE FINDINGS OF FACT AND CONCLUSIONS OF LAW.**

3 **(9) THE DETERMINATION OF THE ADMINISTRATIVE LAW JUDGE IS A**
4 **FINAL DECISION FOR THE PURPOSE OF JUDICIAL REVIEW OF A FINAL DECISION**
5 **UNDER THE ADMINISTRATIVE PROCEDURE ACT.**

6 **(P) (1) WITHIN 14 CALENDAR DAYS FROM THE DECISION OF THE**
7 **ADMINISTRATIVE LAW JUDGE, THE INDIVIDUAL OR THE FACILITY MAY APPEAL THE**
8 **DECISION TO THE CIRCUIT COURT ON THE RECORD FROM THE HEARING**
9 **CONDUCTED BY THE OFFICE OF ADMINISTRATIVE HEARINGS.**

10 **(2) THE SCOPE OF REVIEW SHALL BE AS A CONTESTED CASE UNDER**
11 **THE ADMINISTRATIVE PROCEDURE ACT.**

12 **(3) (I) REVIEW SHALL BE ON THE AUDIOPHONIC TAPE WITHOUT**
13 **THE NECESSITY OF TRANSCRIPTION OF THE TAPE, UNLESS EITHER PARTY TO THE**
14 **APPEAL REQUESTS TRANSCRIPTION OF THE TAPE.**

15 **(II) A REQUEST FOR TRANSCRIPTION OF THE TAPE SHALL BE**
16 **MADE AT THE TIME THE APPEAL IS FILED.**

17 **(III) THE OFFICE OF ADMINISTRATIVE HEARINGS SHALL**
18 **PREPARE THE TRANSCRIPTION PRIOR TO THE APPEAL HEARING, AND THE PARTY**
19 **REQUESTING THE TRANSCRIPTION SHALL BEAR THE COST OF TRANSCRIPTION.**

20 **(4) THE CIRCUIT COURT SHALL HEAR AND ISSUE A DECISION ON AN**
21 **APPEAL WITHIN 7 CALENDAR DAYS FROM THE DATE THE APPEAL WAS FILED.**

22 **(Q) (1) ADMINISTRATION OF PSYCHOTROPIC MEDICATION IN**
23 **ACCORDANCE WITH THIS SECTION MAY NOT BE APPROVED FOR LONGER THAN 90**
24 **DAYS.**

25 **(2) (I) BEFORE EXPIRATION OF AN APPROVAL PERIOD UNDER**
26 **PARAGRAPH (1) OF THIS SUBSECTION, IF THE INCARCERATED INDIVIDUAL**
27 **CONTINUES TO REFUSE PSYCHOTROPIC MEDICATION, A COMMITTEE MAY BE**
28 **CONVENED TO DECIDE WHETHER RENEWAL IS WARRANTED.**

29 **(II) IF A COMMITTEE APPROVES THE RENEWAL OF THE**
30 **ADMINISTRATION OF PSYCHOTROPIC MEDICATION, THE ADMINISTRATION OF**
31 **MEDICATION NEED NOT BE INTERRUPTED WHEN THE INCARCERATED INDIVIDUAL**
32 **REQUESTS ADMINISTRATIVE REVIEW OF THE RENEWAL.**

1 **(R) WHEN PSYCHOTROPIC MEDICATION IS ORDERED IN ACCORDANCE WITH**
2 **THIS SECTION, NOT LESS FREQUENTLY THAN EVERY 15 DAYS, THE TREATING**
3 **PRACTITIONER SHALL DOCUMENT ANY KNOWN BENEFITS OF TAKING THE**
4 **MEDICATION TO THE INCARCERATED INDIVIDUAL AND SIDE EFFECTS OF THE**
5 **MEDICATION THAT AFFECT THE INCARCERATED INDIVIDUAL.**

6 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
7 1, 2026.