

Department of Legislative Services
Maryland General Assembly
2026 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 279

(Chair, Health Committee)(By Request - Departmental -
Public Safety and Correctional Services)

Health

Judicial Proceedings

Correctional Services - Medication Review Committee - Administration of
Psychotropic Medication to an Incarcerated Individual

This departmental bill establishes a policy for the administration of psychotropic medication to an incarcerated individual convicted of a crime and sentenced to the Division of Correction (DOC) in a “mental health care facility” within a State correctional facility who refuses the medication. The policy parallels current law provisions governing the administration of psychiatric medication in State mental health facilities. The bill (1) specifies when psychotropic medication may be administered; (2) provides for the composition, procedures, and responsibilities of a medical review committee that determines whether to administer psychotropic medication on a nonemergency basis; (3) outlines the rights of an incarcerated individual in relation to committee meetings and decisions, including a right to an administrative hearing (conducted by the Office of Administrative Hearings (OAH)) and an appeal to the circuit court; and (4) requires a treating provider, when administration of psychotropic medication is ordered, to document the benefits and side effects of the medication on a specified interval. The bill also establishes reporting requirements for the Department of Public Safety and Correctional Services (DPSCS) related to the administration of medication. **The bill takes effect July 1, 2026.**

Fiscal Summary

State Effect: DPSCS can implement the bill with existing budgeted resources. OAH general fund expenditures may increase beginning in FY 2027, as discussed below. The bill is not anticipated to significantly affect the finances of the Judiciary. Revenues are not affected.

Local Effect: The bill is not anticipated to materially affect local finances. Any increase in workload for the circuit courts is not anticipated to be significant.

Small Business Effect: DPSCS has determined that this bill has minimal or no impact on small business (attached). The Department of Legislative Services concurs with this assessment. (The attached assessment does not reflect amendments to the bill.)

Analysis

Bill Summary:

Definitions

“Committee” means a medication review committee established in accordance with the bill that convenes to determine whether to approve the administration of psychotropic medication on a nonemergency basis to an incarcerated individual who refuses to accept psychotropic medication as prescribed.

“Lay advisor” means an individual who is knowledgeable about mental health practice and can assist incarcerated individuals with understanding the process outlined in the bill, the incarcerated individual’s rights under the bill, and how to assert those rights.

“Mental health care facility” means a mental health unit within DOC that is licensed by the Office of Health Care Quality as a health care facility within a correctional facility under Maryland regulations to provide mental health care to incarcerated individuals and in which (1) a psychiatrist supervises treatment; (2) a psychiatrist or psychiatric nurse practitioner is available for consultation whenever a psychiatrist or psychiatric nurse practitioner is not present; and (3) there is 24-hour nurse staffing.

“Treating provider” means a licensed psychiatrist or psychiatric nurse practitioner.

Involuntary Administration of Psychotropic Medication

In an emergency, psychotropic medication can be administered to an incarcerated individual who refuses the medication on the order of a treating provider when the incarcerated individual presents an imminent danger to the life or safety of self or others.

In a nonemergency, psychotropic medication can be administered to an incarcerated individual who refuses the medication if the treating provider has recommended the involuntary administration because:

- the incarcerated individual has a mental disorder and is incapacitated to the point that the individual cannot perform basic life-sustaining function in general

- population within a correctional facility and requires inpatient care in a mental health care facility;
- due to the mental disorder, the incarcerated individual manifests severe mental or physical health deterioration and presents a serious danger to the life and safety of self or others;
 - the incarcerated individual is unable or unwilling to give informed consent to the administration of psychotropic medication;
 - there are no less restrictive treatment interventions, including encouraging voluntary medication compliance, consistent with the welfare and safety of the individual;
 - the use of psychotropic medication is clinically indicated as the most appropriate treatment for the incarcerated individual's condition according to current practice for restoring or preventing further deterioration of the incarcerated individual's mental or physical health; and
 - a committee has determined that psychotropic medication should be administered over the objection of the incarcerated individual.

Medical Review Committee

Composition: A medical review committee must comprise the chief psychiatrist for the region where the mental health care facility is located, another psychiatrist, and a mental health professional who is not a physician. An individual who is directly responsible for implementing the incarcerated individual's treatment plan may not serve as a committee member. The Director of Mental Health (or their designee) must assign an impartial lay advisor to assist the incarcerated individual with the process set forth in the bill.

Required Notice and Rights of the Incarcerated Individual: At least 10 business days before convening the committee, the Director of Mental Health (or their designee) must give the incarcerated individual, the lay advisor, and if applicable, the incarcerated individual's guardian of the person or surrogate decision maker and attorney, written notice of (1) the date, time, and location of the scheduled committee meeting; (2) the purpose of the committee; and (3) a complete description of the following rights. In connection with the convening of a committee, an incarcerated individual has the right to:

- attend the committee meeting (but not committee deliberations);
- present information, including witnesses;
- ask questions of any person presenting information to the committee;
- request assistance from a lay advisor;
- be informed of their own diagnosis, the identity of the assigned lay advisor, and the clinical need for the psychotropic medication (including potential side effects and material risks and benefits of taking or refusing the medication); and
- have a lawyer or other advocate of choice present.

The chair of a committee may postpone or continue the committee for good cause for up to seven days and take appropriate measures necessary to conduct the committee in an orderly fashion.

Report from Treating Psychiatric Provider: No less than 72 hours prior to a committee meeting, the treating provider must distribute to the committee members, the incarcerated individual, the lay advisor, and the incarcerated individual's attorney (if any), a detailed report of the incarcerated individual's medical record, including:

- the basis for the request to administer psychotropic medication on a nonemergency basis;
- the incarcerated individual's diagnosis, behaviors observed, and current mental status;
- a description of daily functioning;
- recommended psychotropic medication and any alternative medications that could be effective for the individual;
- a proposed treatment plan that details the supportive services and therapies that will be offered to the individual in conjunction with the proposed medication;
- methods used to encourage voluntary medication adherence;
- voluntary and involuntary medication history;
- a description of the less intrusive treatment alternatives considered or attempted; and
- any information obtained through a signed release of information from prior community providers and the incarcerated individual's family members or guardian.

Before determining whether to approve the administration of psychotropic medication, the committee must review the treating provider's report and meet to receive information and clinically assess the incarcerated individual's need for medication by:

- consulting with the incarcerated individual about their reason for refusing the psychotropic medication prescribed and their willingness to accept alternative treatment, including other medication;
- consulting with the treating providers and medical staff about the incarcerated individual's current treatment plan and alternative modes of treatment that have been considered;
- receiving information presented by the incarcerated individual and others participating in the committee;
- providing the incarcerated individual with the opportunity to ask questions, as specified; and

- reviewing the consequences of both requiring the administration of psychotropic medication and the continued refusal of the medication.

Basis for Approval of Psychotropic Medication: The committee may approve the administration of psychotropic medication and may recommend and approve alternative medication if it determines that:

- the medication is prescribed by a psychiatric provider to treat the incarcerated individual's mental disorder;
- the administration of psychotropic medication represents a reasonable exercise of professional judgment; and
- without the medication, the incarcerated individual is at substantial risk of continued self-harm and dangerous behaviors because the individual will (1) remain seriously mentally ill with no significant relief of the psychiatric symptoms that cause the incarcerated individual to be a danger to self or others while in the mental health care facility or would cause the incarcerated individual to be a danger to self or others if discharged or (2) relapse into a condition in which the incarcerated individual is unable to provide for the individual's essential human needs of health and safety.

Committee Decision: The committee must base its decision on its clinical assessment of the information contained in the incarcerated individual's record and information presented to the committee. The committee must meet privately to render a decision and document its consideration of the issues and the basis for its decision. The committee must provide a written decision on the administration of medication and proposed treatment plan to the incarcerated individual, the lay advisor, the incarcerated individual's guardian of the person (if any), and the individual's treatment team.

If the committee approves the administration of psychotropic medication, the decision must specify (1) the medication approved, including its dosage and frequency range; (2) the duration of the approval (which may not exceed 90 days); and (3) the reason that alternative treatments were rejected by the committee. If the committee approves the administration of psychotropic medication, the decision must also contain (1) notice of the right to request a hearing; (2) the right to request representation or assistance of an attorney or other advocate of the individual's choice; and (3) the name, address, and telephone number of the designated State protection and advocacy agency and the attorney referral service. The lay advisor must promptly (1) advise the incarcerated individual of their right to appeal the decision and provide the appeal form; (2) if the individual requests a hearing, notify the Director of Mental Health (or their designee) and give the incarcerated individual written notice of the date, time, and location of the hearing; and (3) advise the individual of the provision for renewal of an approval.

An initial committee decision to authorize the administration of medication must be stayed for 72 hours. If a request for hearing is filed, the stay must remain in effect until an administrative decision is issued.

Right to Administrative Hearing and Appeal of Committee Decisions

An incarcerated individual may request an administrative hearing to appeal the committee's decision within 72 hours of receiving the committee decision. An incarcerated individual may have an attorney or other advocate of choice present at the hearing. Within 24 hours of receiving the request, the Director of Mental Health (or their designee) must forward the request to OAH, which must conduct a hearing and issue a decision within 10 calendar days of the committee's decision. The administrative hearing may be postponed by agreement of the parties or for good cause shown.

An administrative law judge (ALJ) must conduct a *de novo* hearing to determine whether the standards and procedures required by the bill have been met. At the hearing, the individual representing the mental health care facility (1) may introduce the decision of the committee as evidence and (2) must prove, by a preponderance of the evidence, that the standards and procedures under the bill have been met. The ALJ must state on the record the findings of fact and conclusions of law. The determination of the ALJ is a final decision for the purpose of judicial review of a final decision under the Administrative Procedure Act (APA).

Within 14 calendar days from the ALJ's decision, the individual or the mental health care facility may appeal the decision to the circuit court on the record from the hearing. The scope of review must be as a contested case under APA. Review must be on the audio tape and does not need a transcription, unless either party to the appeal requests it. A request for transcription must be made at the time the appeal is filed. OAH must prepare the transcription before the appeal hearing, and the party that requested the transcription must bear the cost. The circuit court must hear and issue a decision on a *de novo* appeal within 7 calendar days from the date it was filed.

Other Rights of the Incarcerated Individual

An incarcerated individual must remain in the mental health care facility throughout the committee process and, if applicable, the hearing process.

Each incarcerated individual in a mental health care facility must:

- receive appropriate humane treatment and services in a manner that restricts the incarcerated individual's personal liberty only to the extent necessary and consistent with the individual's treatment needs and applicable legal requirements;

- be free from restraints or seclusions except for restraints or seclusions that are (1) used only during an emergency in which the individual's behavior places the individual or others at serious threat of violence or injury and (2) ordered in writing by a physician or directed by a registered nurse if a physician's order is obtained within two hours of the action; and
- be free from prone restraint and from restraint that (1) applies pressure to the individual's back; (2) obstructs the individual's airway or impairs the individual's ability to breathe; (3) obstructs a staff member's view of the individual's face; or (4) restricts the individual's ability to communicate distress.

Statements made by an incarcerated individual in connection with a committee may not be used as evidence to charge the individual with a crime or as the basis for a loss of diminution credits.

If an incarcerated individual is deemed competent after the administration of psychotropic medication, the lay advisor must advise the individual of their right to complete an advance directive for mental health services.

Documentation of Benefits and Side Effects

When administration of psychotropic medication is ordered, the treating provider must:

- document any known benefits of taking the medication to the incarcerated individual and side effects of the medication that affect the incarcerated individual at least (1) every day for the first week after initiation of medication or increased dosage and (2) once every 10 days thereafter;
- offer the incarcerated individual the opportunity to take the medication voluntarily before it is administered involuntarily; and
- document all assessments of the individual's medication efficacy, side effects, and updated treatment plan in the medical record.

Renewals of Administration of Medication

Before an approval period expires, if the incarcerated individual continues to refuse psychotropic medication, a committee may be convened to evaluate a renewal. If a committee approves the renewal, the administration of medication does not need to be interrupted when the incarcerated individual requests administrative review of the renewal.

Reporting Requirements

By December 1 annually, DPSCS must submit a report to the Maryland Department of Health on the administration of psychotropic medication in a nonemergency, including:

- the number of times a committee (1) was convened; (2) approved the administration of medication; (3) was convened to decide on a renewal; and (4) approved a renewal; and
- for each incarcerated individual for whom administration was approved, the medication given and the length of time the medication was forcibly given.

Current Law:

Involuntary Administration of Psychiatric Medications in a Mental Health Facility

Under § 10-708 of the Health-General Article, psychiatric medication prescribed for the treatment of a mental disorder may not be administered to an individual in a mental health facility who refuses the medication except (1) in an emergency, on the order of a physician where the individual presents a danger to the life or safety of the individual or others or (2) in a nonemergency, when the individual is hospitalized involuntarily or committed for treatment by order of a court and the medication is approved by a clinical review panel.

A clinical review panel consists of (1) the clinical director of the psychiatric unit, if the clinical director is a physician, or a physician designated by the clinical director; (2) a psychiatrist; and (3) a mental health professional, other than a physician. A person who is directly responsible for implementing the individual's treatment plan may not be part of the panel.

Clinical Review Panel Process

The chief executive officer of the facility (or their designee) must give the individual and the lay advisor written notice containing specified information at least 24 hours prior to convening a panel. The individual may attend the panel meeting (but not panel deliberations) and has specified rights at the panel meeting, including presenting information and witnesses; asking questions of presenters to the panel; and requesting assistance from a lay advisor (an individual at a facility who is knowledgeable about mental health practice and who assists individuals with rights complaints).

Prior to determining whether to approve the administration of medication, the panel must (1) review the individual's clinical record; (2) assist the individual and the treating physician to arrive at a mutually agreeable treatment plan; and (3) meet for the purpose of receiving information and clinically assessing the individual's need for medication by

consulting with the individual and facility personnel, receiving information presented by the individual and other persons participating in the panel, providing the individual with an opportunity to ask questions of anyone presenting information to the panel, and reviewing the potential consequences of requiring the administration of medication and of withholding the medication from the individual.

The panel may approve the administration of medication or medications and may recommend and approve alternative medications if the panel determines that:

- the medication is prescribed by a psychiatrist for the purpose of treating the individual's mental disorder;
- the administration of medication represents a reasonable exercise of professional judgment; and
- without the medication, the individual is at substantial risk of continued hospitalization because the individual will (1) remain seriously mentally ill with no significant relief of the mental illness symptoms that caused the individual to be a danger to the individual or others while in the hospital, resulted in the individual being committed to a hospital, or would cause the individual to be a danger to the individual or others if released from the hospital; (2) remain seriously mentally ill for a significantly longer period of time with the mental illness symptoms described above; or (3) relapse into a condition in which the individual is unable to provide for the individual's essential human needs of health or safety.

A panel may not approve the administration of medication where alternative treatments are available and are acceptable to both the individual and the facility personnel who are directly responsible for implementing the individual's treatment plan.

A panel must document its consideration of the issues and the basis for its decision on the administration of medication(s) and must provide a written decision on the administration of medication(s). The decision must be provided to the individual, the lay advisor, and the individual's treatment team for inclusion in the individual's medical record.

If a panel approves the administration of medication(s), the decision must contain specified information, including a list of the approved medication(s), dosage information, and the duration of the panel's approval of treatment, which cannot exceed 90 days.

Appeals of Clinical Review Panel Decisions

An individual may request an administrative hearing to appeal the panel's decision by filing a request for hearing with the chief executive officer of the facility (or their designee) within 48 hours of receipt of the decision of the panel. An individual has a right to legal representation at the hearing. Hearings are conducted before OAH, and an initial panel

decision authorizing the administration of medication must be stayed for 48 hours or until the issuance of OAH's decision if the individual requested a hearing.

OAH must conduct a hearing and issue a decision within 7 calendar days of the decision by the panel, but the hearing may be postponed by agreement of the parties or for good cause shown. Within 14 calendar days from the decision of the ALJ, the individual or the facility may appeal the decision, and the appeal must be to the circuit court on the record from the hearing conducted by OAH. The scope of review in the circuit court must be as a contested case under APA. The circuit court must hear and issue a decision on an appeal within 7 calendar days from the date the appeal was filed.

Renewals of Administration of Medications

Prior to expiration of an approval period and if the individual continues to refuse medication, a panel may be convened to decide whether renewal is warranted. If a clinical review panel approves the renewal of the administration of medication or medications, the administration of medication(s) need not be interrupted if the individual appeals the renewal of approval. When medication is ordered pursuant to the approval of a panel, and at a minimum of every 15 days, the treating physician must document any known benefits and side effects to the individual.

Background: The bill establishes a process for administration of psychotropic medication on a nonemergent basis in mental health care facilities within State correctional facilities for individuals convicted of a crime and sentenced to DOC. The process is parallel to that under current law regarding the administration of psychiatric medication in State mental health facilities. Currently, DPSCS only administers psychotropic medication to incarcerated individuals on an emergency basis, which reduces dangerous behavior only for a short period. DPSCS advises that long-term use of involuntary medication has been successfully used in correctional facilities and psychiatric hospitals for many years to provide proper medical and mental health care to individuals with incurable mental illness.

Approximately 12% of incarcerated individuals in DPSCS facilities have a serious mental illness and refuse medication. This negatively impacts the individuals themselves, as well as those around them and the staff who care for them. Because of their mental illness, those individuals often are unable to make rational decisions or follow instructions of personnel, leading to use of force against them. Additionally, DPSCS advises that those individuals often have comorbid medical conditions such as hypertension, diabetes, or obesity that are untreated, as they do not understand that they have medical conditions.

Many of these individuals are released to the community, but do not receive sufficient re-entry planning due to their instability. DPSCS advises that recidivism rates are higher for those released without complete re-entry plans, and released individuals often end up homeless and lack proper mental and medical health care. DPSCS notes that the bill is

intended to allow the department to administer psychotropic medication to an incarcerated individual to improve their level of functioning and overall health.

State Expenditures: OAH advises that they currently conduct clinical review panel hearings at State mental health facilities on a weekly basis. The bill requires adding two DPSCS facilities to OAH's hearing schedule – Patuxent Institution and Maryland Correctional Institution for Women – with up to 35 individuals between the two facilities potentially requiring hearings. As the number of these incarcerated individuals who may request a hearing is unknown, the exact number of additional hearings that OAH must conduct under the bill cannot be reliably estimated at this time.

Therefore, general fund expenditures may increase beginning in fiscal 2027 by an indeterminate amount to the extent OAH requires additional ALJs to conduct hearings for incarcerated individuals at DPSCS. *For illustrative purposes only*, should OAH require one additional ALJ, general fund expenditures increase by approximately \$175,000 in fiscal 2027. This estimate reflects the cost of hiring one full-time ALJ, and includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses. Out-year expenditures associated with hiring one ALJ range from \$154,100 in fiscal 2028 to \$175,600 in fiscal 2031.

Additional Information

Recent Prior Introductions: Similar legislation was introduced within the last three years. See HB 779 of 2025.

Designated Cross File: SB 196 (Chair, Judicial Proceedings Committee)(By Request - Departmental - Public Safety and Correctional Services) - Judicial Proceedings.

Information Source(s): Judiciary (Administrative Office of the Courts); Maryland Department of Health; Department of Public Safety and Correctional Services; Office of Administrative Hearings; Department of Legislative Services

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ANALYSIS OF ECONOMIC IMPACT ON SMALL BUSINESSES

TITLE OF BILL: Correctional Services - Medication Review Committee - Administration of Psychotropic Medication to an Incarcerated Individual

BILL NUMBER: HB279

PREPARED BY: Jason Davidson, Director, Government and Legislative Affairs

PART A. ECONOMIC IMPACT RATING

This agency estimates that the proposed bill:

WILL HAVE MINIMAL OR NO ECONOMIC IMPACT ON MARYLAND SMALL BUSINESS

OR

WILL HAVE MEANINGFUL ECONOMIC IMPACT ON MARYLAND SMALL BUSINESSES

PART B. ECONOMIC IMPACT ANALYSIS