Maryland
Hospital Association

Senate Bill 707- Mental Health Law - Danger to the Life or Safety of the Individual or of Others - Definition (Right to Treatment)

Position: ***Support***
February 24, 2026
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 707. Clear, consistent standards are essential when clinicians are making time-sensitive decisions that affect patient care and public safety. SB 707 supports this goal by establishing a definition for "danger to the life or safety of the individual or of others" and clarifying the circumstances under which an individual may meet the dangerousness criterion for involuntary admission or emergency evaluation.

Involuntary admissions and emergency evaluations are essential tools to ensure that an individual who has a mental illness, poses a threat to their own or others' life or safety, and is unwilling or unable to receive psychiatric care, can receive a psychiatric evaluation and, when clinically necessary, be admitted to an inpatient psychiatric care unit. Despite "danger to the life or safety of the individual or others" being a mandatory criterion for these legal processes, the term is not defined in statute. The absence of a statutory definition has contributed to inconsistent interpretation and application by clinicians, law enforcement, and courts across the state. SB 707 would prevent such variability and ensure that everyone who meets the proposed threshold has access to the care and treatment they need.

By clarifying that risk may or may not be imminent and explicitly recognizing an inability to meet basic needs as a form of danger, the definition also moves closer to a preventive standard of care and ensures it can apply to individuals and situations where risk is foreseeable but not immediate.

Patients suffering from a mental health crisis often pose high risk even when that risk is not immediately visible. In some cases, the danger presents as self-neglect, including an inability to meet basic needs or perform activities of daily living. The proposed definition will ensure that these individuals can access care before their condition escalates to a more acute crisis or results in irreversible harm.

To further strengthen clarity and implementation, we also recommend aligning the definition to existing statutes and regulations. In particular, §10–708(g) of the Health-General Article governs the process for administering medication to an individual who refuses it and permits treatment when an individual is at substantial risk of relapsing into a condition that is harmful to their

health or safety. This established standard is familiar to clinicians and will help avoid confusion or ambiguity in clinical and legal application.

Maryland hospitals and health systems support SB 707's efforts to eliminate barriers to care and promote clearer, consistent standards that support timely intervention.

For these reasons, we request a favorable report on SB 707.

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