SENATE BILL 480

J1 HB 1017/22 – HGO CF 3lr1712

By: Senators Lewis Young, Ready, Ellis, Beidle, and Smith

Introduced and read first time: February 3, 2023

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

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Mental Health Law - Assisted Outpatient Treatment Programs

- FOR the purpose of authorizing a county to establish an assisted outpatient treatment program; providing that an individual's failure to comply with an order of assisted outpatient treatment issued under a program may be considered by a hearing officer for a certain purpose when determining whether an individual is to be admitted as an involuntary patient at a certain facility or hospital; and generally relating to assisted outpatient treatment programs.
- 9 BY repealing and reenacting, with amendments,
- 10 Article Health General
- 11 Section 10–632
- 12 Annotated Code of Maryland
- 13 (2019 Replacement Volume and 2022 Supplement)
- 14 BY adding to
- 15 Article Health General
- Section 10–6A–01 through 10–6A–11 to be under the new subtitle "Subtitle 6A.
- 17 Assisted Outpatient Treatment Programs"
- 18 Annotated Code of Maryland
- 19 (2019 Replacement Volume and 2022 Supplement)

20 Preamble

- WHEREAS, A small but persistent subset of individuals with severe mental illness struggle to adhere voluntarily to the treatment they require to live safely in the community, in many cases due to an inability through no fault of their own to maintain awareness or understanding of their mental illness; and



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WHEREAS, When individuals with severe mental illness remain untreated, they suffer needlessly from homelessness, poverty, repeated hospitalizations, repeated arrests, trauma, and suicide; and

WHEREAS, Civil commitment to outpatient care combined with adequate resources for treatment and monitoring, known in many states as "assisted outpatient treatment", is a federally recognized best practice for improving treatment adherence and outcomes among individuals with histories of repeated psychiatric crises while reducing systemic costs through avoided hospitalization; and

WHEREAS, Maryland is one of only three remaining states without statutory authority for a civil court to order an individual to adhere to outpatient care; now, therefore,

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, 12 That the Laws of Maryland read as follows:

Article - Health - General

- 14 10-632.
- 15 (a) Any individual proposed for involuntary admission under Part III of this 16 subtitle shall be afforded a hearing to determine whether the individual is to be admitted 17 to a facility or a Veterans' Administration hospital as an involuntary patient or released 18 without being admitted.
- 19 (b) The hearing shall be conducted within 10 days of the date of the initial 20 confinement of the individual.
- 21 (c) (1) The hearing may be postponed for good cause for no more than 7 days, 22 and the reasons for the postponement shall be on the record.
- 23 (2) A decision shall be made within the time period provided in paragraph 24 (1) of this subsection.
- 25 (d) The Secretary shall:
- 26 (1) Adopt rules and regulations on hearing procedures; and
- 27 (2) Designate an impartial hearing officer to conduct the hearings.
- 28 (e) The hearing officer shall:
- 29 (1) Consider all the evidence and testimony of record; and
- 30 (2) Order the release of the individual from the facility unless the record demonstrates by clear and convincing evidence that at the time of the hearing each of the following elements exist as to the individual whose involuntary admission is sought:

1	(i)	The individual has a mental disorder;
2	(ii)	The individual needs in-patient care or treatment;
3 4	(iii) individual or of others;	The individual presents a danger to the life or safety of the
5 6	(iv) to the facility;	The individual is unable or unwilling to be voluntarily admitted
7 8 9	(v) [There] SUBJECT TO SUBSECTION (J) OF THIS SECTION, THERE is no available less restrictive form of intervention that is consistent with the welfare and safety of the individual; and	
10 11 12	(vi) If the individual is 65 years old or older and is to be admitted to a State facility, the individual has been evaluated by a geriatric evaluation team and no less restrictive form of care or treatment was determined by the team to be appropriate.	
13 14 15 16 17	(f) A hearing officer may not order the release of an individual who meets the requirements for involuntary admission under subsection (e)(2) of this section on the grounds that a health care provider or an emergency or other facility did not comply with disclosure or notice requirements under $\S 10-625(c)$ or $\S 10-631(b)(5)$ of this subtitle, $\S 10-803(b)(2)$ of this title, or $\S 4-306(c)$ or $\S 4-307(l)$ of this article.	
18 19 20 21	requirements for involu	g officer may not order the release of an individual who meets the ntary admission under subsection (e)(2) of this section on the tual was kept at an emergency facility for more than 30 hours in 4) of this subtitle.
22 23	(h) The parent, guardian, or next of kin of an individual involuntarily admitted under this subtitle:	
24	(1) Shall	be given notice of the hearing on the admission; and
25	(2) May	testify at the hearing.
26 27 28 29	(i) If a hearing officer enters an order for involuntary commitment under Part III of this subtitle and the hearing officer determines that the individual cannot safely possess a firearm based on credible evidence of dangerousness to others, the hearing officer shall order the individual who is subject to the involuntary commitment to:	
30 31	(1) Surre individual's possession; a	ender to law enforcement authorities any firearms in the

Refrain from possessing a firearm unless the individual is granted relief

from firearms disqualification in accordance with \S 5–133.3 of the Public Safety Article.

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(2)

- 1 (J) AN INDIVIDUAL'S FAILURE TO COMPLY WITH AN ORDER OF ASSISTED
- 2 OUTPATIENT TREATMENT ISSUED UNDER AN ASSISTED OUTPATIENT TREATMENT
- 3 PROGRAM ESTABLISHED UNDER SUBTITLE 6A OF THIS TITLE MAY BE CONSIDERED
- 4 BY A HEARING OFFICER IN DETERMINING WHETHER HOSPITALIZATION IS THE
- 5 LEAST RESTRICTIVE FORM OF INTERVENTION THAT IS CONSISTENT WITH THE
- 6 WELFARE AND SAFETY OF THE INDIVIDUAL.
- 7 SUBTITLE 6A. ASSISTED OUTPATIENT TREATMENT PROGRAMS.
- 8 **10–6A–01.**
- 9 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS 10 INDICATED.
- 11 (B) "ASSISTED OUTPATIENT TREATMENT" MEANS A SPECIFIC REGIMEN OF
- 12 OUTPATIENT TREATMENT FOR A MENTAL HEALTH DISORDER TO WHICH AN
- 13 INDIVIDUAL IS ORDERED BY THE COURT TO ADHERE.
- 14 (C) "PROGRAM" MEANS AN ASSISTED OUTPATIENT TREATMENT PROGRAM.
- 15 (D) "TREATMENT PLAN" MEANS A PLAN DEVELOPED BY A TREATING
- 16 PSYCHIATRIST, INCORPORATING ALL OUTPATIENT TREATMENT SERVICES THAT ARE
- 17 DETERMINED TO BE ESSENTIAL AND AVAILABLE FOR THE MAINTENANCE OF AN
- 18 INDIVIDUAL'S HEALTH AND SAFETY.
- 19 **10–6A–02.**
- A COUNTY MAY ESTABLISH AN ASSISTED OUTPATIENT TREATMENT PROGRAM
- 21 IN ACCORDANCE WITH THIS SUBTITLE.
- 22 **10–6A–03.**
- 23 (A) A PETITION FOR ASSISTED OUTPATIENT TREATMENT MAY BE MADE
- 24 UNDER THIS SUBTITLE BY THE DIRECTOR OF A MENTAL HEALTH PROGRAM
- 25 RECEIVING STATE FUNDING UNDER SUBTITLE 9, PART I OF THIS TITLE, OR BY ANY
- 26 INDIVIDUAL AT LEAST 18 YEARS OLD WHO HAS A LEGITIMATE INTEREST IN THE
- 27 WELFARE OF THE RESPONDENT.
- 28 (B) THE PETITION FOR ASSISTED OUTPATIENT TREATMENT SHALL BE IN
- 29 WRITING, SIGNED BY THE PETITIONER, AND SHALL STATE:

- 1 (1) THE PETITIONER'S NAME, ADDRESS, AND RELATIONSHIP, IF ANY, 2 TO THE RESPONDENT;
- 3 (2) THE NAME AND ANY KNOWN ADDRESS OF THE RESPONDENT;
- 4 (3) THAT THE PETITIONER HAS REASON TO BELIEVE THE
- 5 RESPONDENT MEETS THE CRITERIA FOR ASSISTED OUTPATIENT TREATMENT IN §
- 6 10-6A-04 OF THIS SUBTITLE; AND
- 7 (4) FOR EACH CRITERION FOR ASSISTED OUTPATIENT TREATMENT IN
- 8 § 10-6A-04 OF THIS SUBTITLE, THE SPECIFIC ALLEGATIONS OF FACT THAT
- 9 SUPPORT THE PETITIONER'S BELIEF THAT THE RESPONDENT MEETS THE
- 10 CRITERION.
- 11 (C) THE PETITION FOR ASSISTED OUTPATIENT TREATMENT SHALL BE
- 12 ACCOMPANIED BY AN AFFIDAVIT OR AFFIRMATION OF A PSYCHIATRIST, STATING
- 13 THAT THE PSYCHIATRIST IS WILLING AND ABLE TO TESTIFY AT THE HEARING ON THE
- 14 PETITION AND EITHER:
- 15 (1) HAS EXAMINED THE RESPONDENT WITHIN 10 DAYS BEFORE THE
- 16 DATE OF THE PETITION AND HAS CONCLUDED THAT THE RESPONDENT MEETS THE
- 17 CRITERIA FOR ASSISTED OUTPATIENT TREATMENT IN § 10-6A-04 OF THIS
- 18 SUBTITLE; OR
- 19 (2) WAS NOT SUCCESSFUL IN PERSUADING THE RESPONDENT TO
- 20 SUBMIT TO AN EXAMINATION, DESPITE REASONABLE EFFORTS, WITHIN 10 DAYS
- 21 BEFORE THE DATE OF THE PETITION, AND HAS REASON TO BELIEVE THAT THE
- 22 RESPONDENT MEETS THE CRITERIA FOR ASSISTED OUTPATIENT TREATMENT IN §
- 23 **10–6A–04** OF THIS SUBTITLE.
- 24 **10-6A-04.**
- 25 (A) THE COURT MAY ORDER THE RESPONDENT TO RECEIVE ASSISTED
- 26 OUTPATIENT TREATMENT ON A FINDING BY CLEAR AND CONVINCING EVIDENCE
- 27 **THAT:**
- 28 (1) THE RESPONDENT IS AT LEAST 18 YEARS OLD;
- 29 (2) THE RESPONDENT HAS A MENTAL DISORDER;
- 30 (3) THE RESPONDENT HAS DEMONSTRATED A LACK OF COMPLIANCE
- 31 WITH TREATMENT FOR THE MENTAL DISORDER THAT HAS:

- 1 (I) AT LEAST TWICE WITHIN THE 48-MONTH PERIOD
- 2 IMMEDIATELY PRECEDING THE FILING OF THE PETITION, BEEN A SIGNIFICANT
- 3 FACTOR IN NECESSITATING HOSPITALIZATION OR RECEIPT OF SERVICES IN A
- 4 CORRECTIONAL FACILITY;
- 5 (II) AT LEAST ONCE WITHIN THE 48-MONTH PERIOD
- 6 IMMEDIATELY PRECEDING THE FILING OF THE PETITION, RESULTED IN AN ACT OF
- 7 SERIOUS VIOLENT BEHAVIOR TOWARD SELF OR OTHERS, OR THREATS OF, OR
- 8 ATTEMPTS AT, SERIOUS PHYSICAL HARM TO SELF OR OTHERS; OR
- 9 (III) RESULTED IN THE ISSUANCE OF A COURT ORDER IN THE
- 10 STATE FOR ASSISTED OUTPATIENT TREATMENT THAT EXPIRED WITHIN THE
- 11 6-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE PETITION AND IN
- 12 THE INTERIM HAS CAUSED A SUBSTANTIAL INCREASE IN SYMPTOMS OF MENTAL
- 13 ILLNESS THAT SUBSTANTIALLY INTERFERE WITH OR LIMIT ONE OR MORE MAJOR
- 14 LIFE ACTIVITIES AS DEFINED IN THE FEDERAL AMERICANS WITH DISABILITIES ACT;
- 15 (4) THE RESPONDENT IS CAPABLE OF SURVIVING IN THE COMMUNITY
- 16 WITH APPROPRIATE OUTPATIENT TREATMENT AND SUPPORT;
- 17 (5) IN VIEW OF THE RESPONDENT'S TREATMENT HISTORY AND
- 18 BEHAVIOR AT THE TIME THE PETITION IS FILED, THE RESPONDENT IS IN NEED OF
- 19 ASSISTED OUTPATIENT TREATMENT IN ORDER TO PREVENT A RELAPSE OR
- 20 DETERIORATION THAT WOULD LIKELY MAKE THE RESPONDENT A DANGER TO THE
- 21 LIFE OR SAFETY OF THE RESPONDENT OR OTHERS;
- 22 (6) THE RESPONDENT IS UNLIKELY TO ADEQUATELY ADHERE TO
- 23 OUTPATIENT TREATMENT ON A VOLUNTARY BASIS, AS DEMONSTRATED BY THE
- 24 RESPONDENT'S RECENT HISTORY OF TREATMENT NONADHERENCE OR SPECIFIC
- 25 ASPECTS OF THE RESPONDENT'S CLINICAL CONDITION THAT INTERFERE WITH THE
- 26 RESPONDENT'S ABILITY TO MAKE RATIONAL AND INFORMED DECISIONS
- 27 REGARDING MENTAL HEALTH TREATMENT; AND
- 28 (7) Assisted outpatient treatment is the least restrictive
- 29 ALTERNATIVE APPROPRIATE TO MAINTAIN THE HEALTH AND SAFETY OF THE
- 30 RESPONDENT.
- 31 (B) TIME THAT THE RESPONDENT SPENT HOSPITALIZED OR INCARCERATED
- 32 MAY NOT BE INCLUDED WHEN CALCULATING THE TIME PERIOD UNDER SUBSECTION
- 33 (A)(3)(I) OR (II) OF THIS SECTION.
- 34 **10–6A–05**.

- 1 (A) (1) NOT LATER THAN THE DATE OF THE PSYCHIATRIST'S TESTIMONY 2 REQUIRED UNDER § 10–6A–06 OF THIS SUBTITLE, THE PETITIONER SHALL PROVIDE 3 A TREATMENT PLAN IN WRITING TO THE COURT AND THE RESPONDENT.
- 4 (2) FOR EACH SERVICE LISTED IN THE TREATMENT PLAN, A 5 COMMUNITY-BASED PROVIDER THAT HAS AGREED TO PROVIDE THE SERVICE TO 6 THE RESPONDENT SHALL BE IDENTIFIED TO PROVIDE THE SERVICE.
- 7 (3) IF THE TREATMENT PLAN INCLUDES MEDICATION, THE TYPES OF 8 MEDICATION TO BE TAKEN SHALL BE IDENTIFIED, ALTHOUGH THE SPECIFIC 9 MEDICATIONS OR DOSES NEED NOT BE IDENTIFIED.
- 10 **(B) (1)** THE RESPONDENT, THE RESPONDENT'S GUARDIAN, THE RESPONDENT'S HEALTH CARE AGENT, AND ANY INDIVIDUAL DESIGNATED BY THE RESPONDENT SHALL BE GIVEN A REASONABLE OPPORTUNITY TO PARTICIPATE IN THE DEVELOPMENT OF THE TREATMENT PLAN.
- 14 (2) If the respondent has executed a mental health advance 15 directive, any directions included in the advance directive shall be 16 honored in the development of the treatment plan unless considered 17 contrary to the best interest of the respondent by the treating 18 psychiatrist.
- 19 **10–6A–06**.
- 20 (A) (1) ON RECEIPT OF A PETITION FOR ASSISTED OUTPATIENT TREATMENT THAT MEETS THE REQUIREMENTS OF § 10–6A–03 OF THIS SUBTITLE, THE COURT SHALL SCHEDULE THE DATE FOR A HEARING.
- 23 (2) THE HEARING SHALL BE NOT LATER THAN 3 BUSINESS DAYS 24 AFTER THE DATE THE PETITION IS RECEIVED BY THE COURT.
- 25 (3) AN ADJOURNMENT SHALL BE GRANTED ONLY FOR GOOD CAUSE SHOWN AND IN CONSIDERATION OF THE NEED TO PROVIDE ASSISTED OUTPATIENT TREATMENT EXPEDITIOUSLY.
- 28 (B) (1) THE RESPONDENT SHALL BE ENTITLED TO BE REPRESENTED BY COUNSEL OF THE INDIVIDUAL'S CHOICE AT THE HEARING AND AT ALL STAGES OF THE PROCEEDINGS.
- 31 (2) If the respondent is unable to afford an attorney, 32 REPRESENTATION SHALL BE PROVIDED BY AN ENTITY THAT THE COUNTY 33 DESIGNATES TO PROVIDE REPRESENTATION FOR THE RESPONDENT.

- 1 (C) AT THE HEARING, THE RESPONDENT SHALL BE GIVEN AN OPPORTUNITY
 2 TO PRESENT EVIDENCE, TO CALL WITNESSES ON THE RESPONDENT'S BEHALF, AND
 3 TO CROSS-EXAMINE ADVERSE WITNESSES.
- 4 (D) IF THE RESPONDENT DOES NOT APPEAR AT THE HEARING AFTER 5 REASONABLE EFFORTS TO SECURE THE RESPONDENT'S APPEARANCE, THE COURT 6 MAY CONDUCT THE HEARING IN THE RESPONDENT'S ABSENCE.
- 7 (E) (1) THE COURT SHALL SUSPEND THE HEARING IF THE RESPONDENT 8 HAS NOT BEEN EXAMINED BY A PSYCHIATRIST WITHIN 10 DAYS BEFORE THE DATE 9 OF THE PETITION.
- 10 (2) IF THE RESPONDENT HAS REFUSED TO BE EXAMINED BY THE
 11 PSYCHIATRIST WHOSE AFFIDAVIT OR AFFIRMATION ACCOMPANIED THE PETITION,
 12 THE COURT MAY INVITE THE RESPONDENT TO CONSENT TO EXAMINATION BY A
 13 PSYCHIATRIST APPOINTED BY THE COURT.
- 14 IF THE RESPONDENT DOES NOT CONSENT TO THE **(3) (I)** EXAMINATION, OR HAS NOT APPEARED AT THE HEARING AFTER REASONABLE 15 16 EFFORTS TO SECURE THE RESPONDENT'S APPEARANCE, AND THE COURT FINDS 17 PROBABLE CAUSE TO BELIEVE THAT THE ALLEGATIONS IN THE PETITION ARE TRUE, 18 THE COURT MAY DIRECT THAT THE RESPONDENT BE TAKEN INTO CUSTODY AND 19 TRANSPORTED TO AN APPROPRIATE FACILITY FOR EXAMINATION BY A 20 PSYCHIATRIST.
- 21 (II) THE RETENTION OF THE RESPONDENT AT A FACILITY IN 22 ACCORDANCE WITH SUBPARAGRAPH (I) OF THIS PARAGRAPH MAY NOT EXCEED 24 HOURS.
- 24 (4) A HEARING SUSPENDED IN ACCORDANCE WITH THIS SUBSECTION 25 SHALL RESUME EXPEDITIOUSLY AFTER THE COMPLETION OF THE REQUIRED 26 EXAMINATION.
- (F) (1) THE PETITIONER'S PRESENTATION OF EVIDENCE SHALL INCLUDE
 THE TESTIMONY OF A PSYCHIATRIST WHOSE MOST RECENT EXAMINATION OF THE
 RESPONDENT OCCURRED WITHIN 10 DAYS BEFORE THE DATE OF THE PETITION AND
 WHO RECOMMENDS ASSISTED OUTPATIENT TREATMENT.
- 31 (2) THE PSYCHIATRIST SHALL STATE THE FACTS AND CLINICAL 32 DETERMINATIONS PROVIDING THE BASIS FOR THE PSYCHIATRIST'S OPINION THAT 33 THE RESPONDENT MEETS EACH OF THE CRITERIA FOR ASSISTED OUTPATIENT 34 TREATMENT IN § 10–6A–04 OF THIS SUBTITLE.

- 1 (G) (1) THE PETITIONER'S PRESENTATION OF EVIDENCE SHALL INCLUDE 2 THE TESTIMONY OF A TREATING PSYCHIATRIST, WHO MAY BE BUT NEED NOT BE THE 3 EXAMINING PSYCHIATRIST WHO TESTIFIED UNDER SUBSECTION (F) OF THIS 4 SECTION, TO EXPLAIN THE TREATMENT PLAN.
- 5 (2) FOR EACH CATEGORY OF PROPOSED TREATMENT, THE TREATING
 6 PSYCHIATRIST SHALL STATE THE CLINICAL BASIS FOR THE DETERMINATION THAT
 7 THE TREATMENT IS ESSENTIAL TO THE MAINTENANCE OF THE RESPONDENT'S
 8 HEALTH OR SAFETY.
- 9 (3) THE TREATING PSYCHIATRIST SHALL TESTIFY AS TO THE 10 PARTICIPATION, IF ANY, OF THE RESPONDENT IN THE DEVELOPMENT OF THE 11 TREATMENT PLAN.
- 12 (4) IF THE RESPONDENT HAS EXECUTED A MENTAL HEALTH ADVANCE
 13 DIRECTIVE, THE TREATING PSYCHIATRIST SHALL STATE THE CONSIDERATION
 14 GIVEN TO ANY DIRECTION INCLUDED IN THE ADVANCE DIRECTIVE IN DEVELOPING
 15 THE TREATMENT PLAN.
- 16 (H) THIS SECTION MAY NOT BE CONSTRUED TO AUTHORIZE A COURT TO 17 COMPEL THE TESTIMONY OF A PSYCHIATRIST.
- 18 **10–6A–07.**
- 19 (A) IF, AFTER HEARING ALL RELEVANT EVIDENCE, THE COURT DOES NOT
 20 FIND BY CLEAR AND CONVINCING EVIDENCE THAT THE RESPONDENT MEETS THE
 21 CRITERIA FOR ASSISTED OUTPATIENT TREATMENT, THE COURT SHALL DENY THE
 22 PETITION.
- 23 (B) (1) IF, AFTER HEARING ALL RELEVANT EVIDENCE, THE COURT FINDS
 24 BY CLEAR AND CONVINCING EVIDENCE THAT THE RESPONDENT MEETS THE
 25 CRITERIA FOR ASSISTED OUTPATIENT TREATMENT, THE COURT SHALL ORDER THE
 26 RESPONDENT TO COMPLY WITH ASSISTED OUTPATIENT TREATMENT FOR A PERIOD
 27 NOT TO EXCEED 1 YEAR.
- 28 (2) THE COURT'S ORDER SHALL INCORPORATE A TREATMENT PLAN
 29 THAT SHALL BE LIMITED IN SCOPE TO THE ELEMENTS INCLUDED IN THE
 30 TREATMENT PLAN PRESENTED TO THE COURT, BUT SHALL INCLUDE ONLY THOSE
 31 ELEMENTS THAT THE COURT FINDS BY CLEAR AND CONVINCING EVIDENCE TO BE
 32 ESSENTIAL TO THE MAINTENANCE OF THE RESPONDENT'S HEALTH OR SAFETY.

- 1 (A) IN THIS SECTION, "MATERIAL CHANGE" MEANS AN ADDITION OR A
 2 DELETION OF A CATEGORY OF SERVICES TO OR FROM THE TREATMENT PLAN OR ANY
 3 DEVIATION FROM THE TERMS OF THE TREATMENT PLAN RELATING TO THE
 4 ADMINISTRATION OF MEDICATION.
- 5 (B) AT ANY TIME DURING THE PERIOD OF AN ORDER FOR ASSISTED OUTPATIENT TREATMENT, THE PETITIONER OR RESPONDENT MAY MOVE THAT THE 7 COURT STAY, VACATE, OR MODIFY THE ORDER.
- 8 (C) A MATERIAL CHANGE TO THE TREATMENT PLAN OF A RESPONDENT 9 UNDER COURT ORDER DOES NOT REQUIRE THE RESPONDENT'S COMPLIANCE 10 UNLESS EXPLICITLY AUTHORIZED IN ADVANCE BY THE TERMS OF THE COURT 11 ORDER OR INCORPORATED BY THE COURT ON A FINDING BY CLEAR AND 12 CONVINCING EVIDENCE THAT THE MATERIAL CHANGE IS ESSENTIAL TO THE 13 MAINTENANCE OF THE RESPONDENT'S HEALTH OR SAFETY.
- 14 (D) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, NOT LATER
 15 THAN 5 BUSINESS DAYS AFTER RECEIVING A PETITION FOR A MATERIAL CHANGE TO
 16 THE INCORPORATED TREATMENT PLAN, THE COURT SHALL HOLD A HEARING.
- 17 **(2)** IF THE RESPONDENT INFORMS THE COURT THAT THE RESPONDENT AGREES TO THE PROPOSED MATERIAL CHANGE, THE COURT MAY INCORPORATE THE MATERIAL CHANGE INTO THE TREATMENT PLAN WITHOUT A DESCRIPTION.
- 21 (E) NONMATERIAL CHANGES TO THE TREATMENT PLAN SHALL BE DEEMED 22 TO REQUIRE THE RESPONDENT'S COMPLIANCE WITHOUT FURTHER ACTION BY THE 23 COURT.
- 24 (F) THIS SECTION MAY NOT BE CONSTRUED TO REQUIRE A TREATING 25 PSYCHIATRIST TO DELAY CHANGES TO THE RESPONDENT'S TREATMENT PLAN AS 26 CIRCUMSTANCES MAY IMMEDIATELY REQUIRE.
- 27 **10–6A–09**.
- 28 (A) IF, AFTER REASONABLE EFFORTS TO SOLICIT COMPLIANCE, THE
 29 RESPONDENT HAS MATERIALLY FAILED TO COMPLY WITH THE ORDER OF ASSISTED
 30 OUTPATIENT TREATMENT, A TREATING PSYCHIATRIST MAY CONSIDER THE FAILURE
 31 TO COMPLY AS PERTINENT INFORMATION IN DETERMINING WHETHER A PETITION
 32 FOR EMERGENCY EVALUATION UNDER § 10–622 OF THIS TITLE IS WARRANTED.

- 1 (B) If A PETITION FOR EMERGENCY EVALUATION IS FILED, THE TREATING 2 PSYCHIATRIST SHALL NOTIFY THE COURT IN WRITING OF THE REASONS FOR AND 3 FINDINGS OF THE EVALUATION.
- 4 (C) IN RESPONSE TO THE NOTICE, OR AT ANY TIME DURING THE PERIOD OF
 5 THE ASSISTED OUTPATIENT TREATMENT ORDER ON ITS OWN MOTION, THE COURT
 6 MAY CONVENE THE PARTIES FOR A CONFERENCE TO REVIEW THE PROGRESS OF THE
 7 RESPONDENT.
- 8 (D) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION,
 9 FAILURE TO COMPLY WITH AN ORDER OF ASSISTED OUTPATIENT TREATMENT IS NOT
 10 GROUNDS FOR A FINDING OF CONTEMPT OF COURT OR FOR INVOLUNTARY
 11 ADMISSION UNDER THIS TITLE.
- 12 (2) FAILURE TO COMPLY WITH AN ORDER OF ASSISTED OUTPATIENT
 13 TREATMENT MAY BE CONSIDERED BY A HEARING OFFICER IN DETERMINING,
 14 PURSUANT TO § 10–632 OF THIS TITLE, WHETHER HOSPITALIZATION IS THE LEAST
 15 RESTRICTIVE FORM OF INTERVENTION THAT IS CONSISTENT WITH THE WELFARE
 16 AND SAFETY OF THE INDIVIDUAL.
- 17 **10–6A–10.**
- 18 (A) WITHIN 30 DAYS BEFORE THE EXPIRATION OF AN ORDER OF ASSISTED
 19 OUTPATIENT TREATMENT, A PETITIONER MAY PETITION THE COURT TO ORDER
 20 CONTINUED ASSISTED OUTPATIENT TREATMENT FOR A PERIOD NOT TO EXCEED 1
 21 YEAR FROM THE DATE OF THE EXPIRATION OF THE CURRENT ORDER.
- 22 (B) IF THE COURT'S DISPOSITION OF THE PETITION FILED UNDER 23 SUBSECTION (A) OF THIS SECTION DOES NOT OCCUR BEFORE THE DATE OF THE 24 EXPIRATION OF THE CURRENT ORDER, THE CURRENT ORDER SHALL REMAIN IN 25 EFFECT UNTIL THE DISPOSITION.
- 26 (C) THE PROCEDURES FOR OBTAINING ANY ORDER UNDER THIS SECTION 27 SHALL BE IN ACCORDANCE WITH THE PROVISIONS OF THIS SUBTITLE.
- 28 **10–6A–11.**
- 29 (A) ON OR BEFORE DECEMBER 1 EACH YEAR, THE ADMINISTRATION SHALL 30 SUBMIT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2–1257 OF THE 31 STATE GOVERNMENT ARTICLE, A REPORT ON EACH PROGRAM ESTABLISHED 32 UNDER THIS SUBTITLE THAT INCLUDES:

- 1 (1) THE NUMBER OF INDIVIDUALS WHO WERE ORDERED TO RECEIVE 2 ASSISTED OUTPATIENT TREATMENT DURING THE IMMEDIATELY PRECEDING 3 12-MONTH PERIOD;
- 4 (2) THE EFFECT OF ASSISTED OUTPATIENT TREATMENT, IF ANY, ON 5 THE INCIDENCE OF HOSPITALIZATION, ARRESTS, AND INCARCERATION AMONG 6 INDIVIDUALS ORDERED TO RECEIVE ASSISTED OUTPATIENT TREATMENT; AND
- 7 (3) A COST SAVINGS ANALYSIS REGARDING THE FUNDS SAVED BY 8 INDIVIDUALS RECEIVING OUTPATIENT TREATMENT.
- 9 **(B)** A JURISDICTION THAT ESTABLISHES A PROGRAM UNDER THIS SUBTITLE SHALL PROVIDE INFORMATION TO THE ADMINISTRATION THAT THE ADMINISTRATION DETERMINES IS NECESSARY FOR THE PURPOSE OF COMPLYING WITH SUBSECTION (A) OF THIS SECTION.
- SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2023.