

WHY WE OPPOSE H.1801/S.1115 establishing Involuntary Outpatient Commitment/Assisted Outpatient Treatment

This bill would be hugely expensive, diverting funds from proven mental health services.

- In Maryland, which recently enacted outpatient commitment, it was estimated that the state’s 23 counties would each need to spend \$250K to \$5M annually on associated costs.¹ In California, the costs exceeded \$1B.
- Outpatient commitment creates a legally-enforceable entitlement to community mental health and other benefits for people who do not want these services and continues long waiting lists for people who actively seek care.
- Outpatient commitment puts judges, not the Legislature, in charge of allocating funding for mental health services.
- Outpatient commitment forces unwilling mental health agencies and professionals to provide treatment to people who they do not know and who they may not even believe need the treatment ordered by a court.
- The GAO has found federal studies of involuntary outpatient commitment’s efficacy to be “inconclusive.”²

This bill dramatically expands the number of people who can be forcibly treated, not just those who, under current law, are civilly committed or incompetent to make extraordinary treatment decisions.

- It applies to people who do not present any risk to themselves or others and to people with a wide range of types of mental health disorders.
- It applies to people who are legally competent to make their own treatment decisions

This bill risks a return to the days of asylums and institutionalization.

The Trump Administration wants to reward states who respond to

individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves, through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities via civil commitment or other available means...

- *Ending Crime and Disorder on America’s Streets, Executive Order (July 24, 2025) (emphasis added)*

This bill disproportionately affects BIPOC and LGBTQIA+ communities.

- A 2025 study of New York’s involuntary commitment law found disparate impact on people of color. Of 3,674 people subject to NY outpatient commitment orders, 38% were Black (although Black people make up only 17.7% of the state’s population), 26% were Hispanic (but make up only 19.8% of the population), and 31% were white (but make up 54% of the population).³
- We believe other marginalized populations will also be targeted. For example, trans people are at risk because they more likely than the general population to be diagnosed with borderline personality disorder.⁴

This bill is opposed by a coalition of organizations representing thousands of MA residents:

Arise for Social Justice, Springfield A Tribe Called Black Center for Public Representation Committee for Public Counsel Services Disability Law Center Disability Policy Consortium Jane Doe Inc.	Kiva Centers Mass. Advocating for Change Together Mass. Assoc. for Mental Health Mass. Psychiatric Rehabilitation Collaborative Mental Health Legal Advisors Committee Metro Boston Recovery Learning Community National Coalition for Mental Health Recovery	National Empowerment Center NE Recovery Learning Community Prisoner Legal Services Roots Up SE Recovery Learning Community Wildflower Alliance Wild Ivy Social Justice Network
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¹ Dinah Miller, Outpatient Civil Commitment: A Look at Maryland’s New Legislation, 41 Psychiatric Times (2024), <https://www.psychiatrytimes.com/view/outpatient-civil-commitment-a-look-at-marylands-new-legislation>.

² GAO, HHS Assessments of Assisted Outpatient Treatment Have Yielded Inconclusive Results (July 2025), <https://files.gao.gov/reports/GAO-25-107526/index.html>.

³ NY Lawyers in the Public Interest, Implementation of Kendra’s Law Continues to be Severely Biased (2025), <https://www.nyipi.org/wp-content/uploads/2025/03/Implementation-ofKendras-Law-Continues-to-be-Severely-Biased-Report-1.pdf>.

⁴ Rodriguez-Seijas, Morgan & Zimmerman, Transgender and Gender Diverse Patients Are Diagnosed with Borderline Personality Disorder More Frequently Than Cisgender Patients Regardless of Personality Pathology (2024), <https://pubmed.ncbi.nlm.nih.gov/39735379/>,