



Strategies for Youth

February 13, 2026

The Honorable Cindy Friedman
Chair, Senate Committee on Health Care Financing
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Boston, MA 02133
Cindy.Friedman@masenate.gov

The Honorable John Cronin
Vice Chair, Senate Committee on Health Care Financing
24 Beacon Street, Room 218
Boston, MA 02133
John.Cronin@masenate.gov

Dear Chair Friedman, Vice Chair Cronin, and Honorable Members of the Senate Committee on Health Care Financing:

Re: Opposition to S.1115, *An Act to provide continuum of care for severe mental illness*

As Massachusetts organizations working to advance the rights of individuals who face barriers due to poverty, lack of housing, mental health and physical disabilities, juvenile system involvement, and discrimination, we oppose S.1115, An Act to Provide Continuum of Care for Severe Mental Illness.

This bill establishes forced psychiatric involuntary outpatient commitment. Courts could require an adult who has “severe mental illness” and is “gravely disabled” to accept treatment – most likely antipsychotic medication – or face involuntary hospitalization and loss of liberty.

We oppose this bill because it: 1) potentially will sweep thousands into a system of forced treatment; 2) disproportionately impacts marginalized populations; 3) will divert funds from proven services.

1) This bill affects thousands of members of our community

This bill will have a far reach.

- It applies to individuals with “severe mental illness,” which could include people with psychotic disorders, bipolar disorder, depression, anxiety disorders, eating disorders, or personality disorders.
- It covers those who were involuntarily hospitalized or incarcerated twice in the past three years **or** those who had threatened/engaged in serious violent behavior or physical harm.
- The other criteria for an order – services would prevent serious harm to the individual or others, likelihood of benefit, and lack of voluntary participation in outpatient services – are subjective and broad.

Thus, this bill would potentially affect thousands of people, not just those who under current law are incompetent to make treatment decisions.

2) This bill disproportionately affects marginalized populations

This bill will disproportionately affect marginalized populations, including people from BIPOC and LGBTQIA+ communities.

- New York’s involuntary commitment law disproportionately affects people of color. A 2009 study found that courts were five times as likely to impose outpatient commitment on African American people versus white people.¹ A 2025 study found that of 3,674 individuals subject to NY outpatient commitment orders, 38% were Black (although Black people constitute only 17.7% of the state’s population), 26% were Hispanic (but 19.8% of the population), and 31% were white people (but 54% of the population).²
- Trans people are more likely than the general population to be diagnosed with borderline personality disorder.³

3) This bill diverts funding from services that we know work.

A system of outpatient commitment will divert funding from critical proven mental health services, as it requires new funding in implementation, enforcement, oversight, and legal representation.⁴

We should use our limited state resources to promote autonomy and independent living for people with disabilities, upstream and low barrier models of care, supportive housing, community-based services, voluntary mental health and substance use services, and peer-directed and operated programs.

For all these reasons, we oppose S.1115. Thank you for your consideration.

Sincerely,

Anna S. Richardson, Esq., Co-Executive Director & Chief Counsel, Veterans Legal Services

Anthony Pierro, Esq., Executive Director, Strategies for Youth

¹ Jeffrey Swanson et al., Racial Disparities In Involuntary Outpatient Commitment: Are They Real?, 28 Health Affairs 816 (May/June 2009), <https://sci-hub.se/10.1377/hlthaff.28.3.816>.

² New York Lawyers in the Public Interest, Implementation of Kendra’s Law Continues to be Severely Biased (2025), <https://www.nylpi.org/wp-content/uploads/2025/03/Implementation-ofKendras-Law-Continues-to-be-Severely-Biased-Report-1.pdf>.

³ Transgender and Gender Diverse Patients Are Diagnosed with Borderline Personality Disorder More Frequently Than Cisgender Patients Regardless of Personality Pathology, Rodriguez-Seijas, Morgan & Zimmerman, 2024, <https://pubmed.ncbi.nlm.nih.gov/39735379/>

⁴ Maryland Association of County Health Officers estimated that each of Maryland’s 23 counties would spend from \$250,000 to up to \$5 million annually on associated costs. 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>.