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Title: Medical Autonomy	Directive Number: OPS.130.0015
Related Statute and Regulations: COMAR 12.14.03.03N and 12.14.04.02D Md. Code Ann., Corr. Servs. §9-601 Md. Code Ann., Corr. Servs. §11-203 28 C.F.R. §115	Supersedes: DPDS.130.0009 – Medical Autonomy, Issued October 8, 2013
	Responsible Authority:
Related Standards: 5-ACI-6B-01 NCCHC A-03 ACI .02N 5-ACI-6B-02 NCCHC E-01 ACI .05B 5-ACI-6B-03 NCCHC E-02 ADC.02N NCCHC E-09 ADC.05B NCCHC G-01	Signature on File Oscar Jerkins Chief Medical Officer
	Effective Date: September 1, 2025
Related Directives and Manuals: 130 Program Series - Medical	
Variance: No Division or Facility Directive is Permitted	Number of Pages: 5

.01 Purpose.

This directive recognizes a qualified healthcare provider’s authority to make independent clinical decisions and take appropriate action regarding patient healthcare services with the informed consent of the patient, and consistent with correctional facility security procedures.

.02 Scope.

This directive applies to all healthcare personnel, correctional employees, contracted healthcare vendors, and non-agency employees within a correctional facility.

.03 Policy.

- A. A qualified healthcare provider shall make decisions with the informed consent of their patient, and consistent with Department policy, clinical guidelines, professional standards, and applicable laws regarding:

- (1) Medical care;

- (2) Mental health care;
- (3) Dental care;
- (4) Pharmaceutical matters; and
- (5) Specialty care.

B. A correctional employee may only restrict access to healthcare services when there is a threat to the safety or security of the facility and only with documented confirmation from the facility managing official, assistant managing official, or chief of security that such restriction is necessary to maintain the order and security of the facility in accordance with COMAR 12.14.03.03N and 12.14.04.02D.

.04 Definitions.

A. In this directive, the following terms have the meanings indicated.

B. Terms Defined.

- (1) Correctional Employee.
 - (a) “Correctional employee” means an individual employed by the Department whose duties involve the supervision, care, and custody of an incarcerated individual or the operation of a correctional facility.
 - (b) “Correctional employee” includes:
 - (i) Correctional administrator;
 - (ii) Correctional officer;
 - (iii) Correctional supervisor or
 - (iv) Managing official.
- (2) “Correctional officer” has the meaning stated in Correctional Services Article, §8-201, Annotated Code of Maryland
- (3) Employee.
 - (a) “Employee” means an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position.

- (b) “Employee” includes:
 - (i) A contractor;
 - (ii) A special appointee;
 - (iii) A volunteer; or
 - (iv) An intern.
- (4) “Healthcare vendor (vendor)” means vendor contracted by the Department to provide medical, mental health, pharmacy, and dental services to incarcerated individuals.
- (5) “Incarcerated individual” has the meaning stated in the Correctional Services Article, §1-101, Annotated Code of Maryland.
- (6) “Mandated employee” has the meaning stated in the Public Safety Article, §3-207, Annotated Code of Maryland
- (7) “Non-agency employee” means an individual who, by contract or other lawful arrangement, provides services to an incarcerated individual or the Department.
- (8) “Patient” means an incarcerated individual who has made a sick call request or is receiving healthcare services from the Department or Department’s vendor.
- (9) Qualified healthcare provider.
 - (a) “Qualified healthcare provider” means a healthcare practitioner licensed, certified, or otherwise authorized to provide healthcare services in the ordinary course of business or professional practice.
 - (b) “Qualified healthcare provider” includes healthcare vendor (vendor).

.05 Responsibilities.

- A. The Department's health authority, also known as the Chief Medical Director or Director of Clinical Services, shall oversee the development and implementation of healthcare policies for the Department, in coordination with the Deputy Director of Clinical Services, the Director of Nursing, the Director of Mental Health Services, and the Deputy Director of Mental Health Services. These responsibilities include:
 - (1) Establishing standard operating procedures;
 - (2) Developing clinical guidelines;

- (3) Reviewing or adopting protocols submitted by privatized contractors as appropriate; and
- (4) Delegating clinical care responsibility to the healthcare vendor through contracted agreements as stipulated in *Chapter 10 - Medical Autonomy, OPS.130.0009 – Healthcare Administration Manual*.

B. A qualified healthcare provider shall:

- (1) Comply with the Department’s clinical operations manuals;
- (2) Maintain clinical independence, ensuring that medical decisions are made without interference from non-clinical correctional employees;
- (3) Provide chronic disease management, medication administration, and specialty care referrals to ensure continuity of care;
- (4) Provide patients the opportunity to discuss medical, mental health, pharmaceutical, dental, and specialty care needs during initial and follow-up consultations;
- (5) Ensure compliance with Departmental policies and directives addressing the requirement to provide necessary and reasonable accommodations for patients with disabilities in accordance with the Americans with Disabilities Act (ADA).;
- (6) Provide trauma-informed care to patients who report experiencing abuse (e.g., sexual, physical, or psychological) and/or victimization.

C. A correctional employee may not:

- (1) Override a qualified healthcare provider’s clinical decision regarding medical, mental health, dental, pharmaceutical, or specialty care; or
- (2) Restrict access to healthcare services except when there is a threat to the safety or security of the facility and only with documented confirmation from the facility managing official, assistant managing official, or chief of security that such restriction is necessary to maintain the order and security of the facility in accordance with COMAR 12.14.03.03N and 12.14.04.02D.

D. A nonagency or non-correctional employee may not:

- (1) Override a qualified healthcare provider’s clinical decision regarding medical, mental health, dental, pharmaceutical, or specialty care; or
- (2) Restrict a patient’s access to healthcare services.

- E.** In the event of a safety or security related issue, the chief of security shall immediately notify the healthcare vendor and facility managing official of the safety or security related issue that may impact the delivery of healthcare services.
- F.** The Department's Chief Medical Director shall, in consultation with the facility's managing official, review and resolve any restrictions imposed by a correctional employee within 24 hours.

.06 Appendix.

There are no appendices to this directive.

.07 History.

- A.** This directive rescinds DPDS.130.0009, titled Medical Autonomy and issued on October 30, 2009.
- B.** This directive rescinds CRDET.130.0009, titled Medical Autonomy and issued on October 8, 2013.
- C.** This directive supersedes provisions of existing communication with which it may conflict.

.08 Distribution.

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S - Correctional Facility Administrators, Healthcare Vendors