

NON-PRECEDENTIAL DECISION - SEE SUPERIOR COURT O.P. 65.37

IN RE: COMMITMENT OF J.M.	:	IN THE SUPERIOR COURT OF
	:	PENNSYLVANIA
	:	
APPEAL OF: J.M.	:	
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	:	No. 138 WDA 2025

Appeal from the Order Entered January 9, 2025
In the Court of Common Pleas of Allegheny County Orphans' Court at
No(s): 389 of 2024

BEFORE: KUNSELMAN, J., SULLIVAN, J., and STEVENS, P.J.E.*

MEMORANDUM BY SULLIVAN, J.:

FILED: October 16, 2026

J.M. appeals from the order extending her involuntary commitment to inpatient mental health treatment pursuant to 50 P.S. § 7303 ("section 303") of the Mental Health Procedures Act ("MHPA"). For the reasons discussed below, we reverse.

In January 2025, following a hearing, a hearing officer committed J.M. under section 303 to a period of involuntary commitment at Jefferson Hospital not to exceed twenty days. **See** Petition for Review, 1/7/25, at 1 (unnumbered). J.M. sought review of the hearing officer's decision before the Orphans' Court in January 2025. **See id.** The Orphans' Court reviewed the tape of the prior hearing and heard testimony from J.M. **See** N.T., 1/8/25, at 1-21.

* Former Justice specially assigned to the Superior Court.

The Orphans' Court summarized the testimony as follows:

Dr. Dylan Payne [("Dr. Payne")] testified during the January 2, 2025 mental health review hearing before Hearing Officer [Eric] Simon. Dr. Payne was part of [J.M.'s] treatment team at Jefferson Hospital. [J.M.'s] psychiatric diagnosis was severe psychotic disorder, not otherwise specified. Dr. Payne filed the [original s]ection 302 petition because [J.M.] had been consistently refusing to take many of her medications, including the anticoagulant medication, Eliquis, which is prescribed because she has a chronic blood clot in her brain. An MRI taken December 13, 2024[,] confirmed that the blood clot still existed. Dr. Payne said that [J.M.'s] reason for not taking the Eliquis is illogical. He explained "[s]he's at times said that her body produces the medication on its own and so she doesn't need to take it for that reason. Other times she's said that a doctor in Johns Hopkins told her she didn't need to take it." However, the Eliquis was not prescribed by a doctor at Johns Hopkins and Dr. Payne opined that there would be no reason for a doctor at a different facility to give her instructions on how to take that medicine. The ramifications of not taking the Eliquis is that she could have a severe stroke if the clot in her brain was to grow.

Dr. Payne also testified that throughout her admission, [J.M.] refused to consistently take her antipsychotic medication Abilify and has never been cooperative with taking antipsychotic medication in the past. Dr. Payne was concerned that if she was immediately discharged, [J.M.] would continue to not properly care for herself due to her illogical thinking and could potentially have a stroke or some other kind of major medical complication. He hoped that with proper medication she would think more logically about her medical conditions and would comply with taking the Eliquis and her psychiatric medication.

[J.M.'s] testimony was similar during the mental health review hearing and the hearing before [the Orphans'] Court. She stated that Dr. Payne has constantly kept her longer than necessary and has had an ongoing issue with her since she was a child. She can't take the Abilify or Risperdal. She has told Dr. Payne many times that she cannot take antipsychotics or anxiety medications or antidepressants. [J.M.] believes Dr. Payne is not a good doctor for her. She sees a doctor at Johns Hopkins and she believes it is his decision whether she should be on Eliquis. She also has an outpatient therapist.

During the hearing before [the Orphans' C]ourt, [J.M.] stated that she is seeking treatment for her blood clot at John[s] Hopkins and the doctor there took her off of the Eliquis so she could get an MRI to see if the blood clots were changing. This MRI was taken on December 13, 2024. [J.M.] intends to set up medical treatment with the VA since she was in the Air Force. She wants to use the VA [] for her [primary care physician] and neurologist. [J.M.] said if she was released immediately she would comply with the outpatient recommendations while she was getting set up with the VA, except for the medication. [J.M.] said she would not ignore her blood clot and has been taking care of it for years and if released she would also take care of her other medical conditions, but she is not able to take the medications that Dr. Payne prescribes.

Orphans' Court Opinion, 7/17/25, at 1-3 (record citations omitted).

The Orphans' Court upheld the hearing officer's determination. **See**

Order, 1/8/25, at 1 (unnumbered). It found:

[t]he Commonwealth established that [J.M.] was a risk to herself through the testimony of Dr. Payne, who testified that [J.M.] is in need of the medication Eliquis and without this medication she could have a severe stroke. [J.M.] refused to take the Eliquis and has refused to consistently take her antipsychotic medication. Dr. Payne testified that an extended commitment for continued treatment was necessary because [J.M.'s] reasoning was currently illogical, but her reasoning would become logical with continued treatment and then she would recognize the need for these medications. [J.M.'s] testimony that she was being supervised by a competent neurologist was rebutted by Dr. Payne when he testified that Eliquis was not prescribed by a doctor at John[s] Hopkins and there would be no reason for a doctor at a different facility to give her instructions on how to take that medicine. Furthermore, [J.M.] testified that the doctor at John[s] Hopkins took her off Eliquis so she could have the MRI, which she had already received before her commitment in January of 2025.

Orphans' Court Opinion, 7/17/25, at 5-6. The instant, timely appeal followed.¹

On appeal, J.M. raises the following issues:

- I. Whether the evidence was insufficient to sustain the petitioner's 303 recommendation where the Commonwealth failed to establish that J.M. was a risk to herself or and failed to rebut that she was otherwise supervised by a competent neurologist?
- II. Whether the [Orphans' C]ourt erred in upholding the 303 recommendation of J.M. because the Commonwealth failed to show that the civil commitment of J.M. was the least restrictive approach consistent with adequate treatment as required by 50 P.S. § 7102?

J.M.'s Brief at 4.

When reviewing a court order for involuntary commitment, "we must determine whether there is evidence in the record to justify the court's findings. Although we must accept the trial court's findings of fact that have support in the record, we are not bound by its legal conclusions from those facts." ***In re S.O.***, 311 A.3d 1132, 1135 (Pa. Super. 2024) (citation omitted).

The MHPA provides in pertinent part:

Whenever a person is severely mentally disabled and in need of immediate treatment, he may be made subject to involuntary emergency examination and treatment. A person is severely mentally disabled when, as a result of mental illness, his capacity to exercise self-control, judgment and discretion in the conduct of his affairs and social relations or to care for his own personal needs is so lessened that he poses a clear and present danger of harm to others or to himself, as defined in subsection (b)[.]

¹ J.M. and the Orphans' Court complied with Pa.R.A.P. 1925.

50 P.S. § 7301(a).

The MHPA states there is a clear and present danger to self if within the past thirty days:

(i) the person has acted in such manner as to evidence that he would be unable, without care, supervision and the continued assistance of others, to satisfy his need for nourishment, personal or **medical care**, shelter, or self-protection and safety, and that **there is a reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days** unless adequate treatment were afforded under this act; or

50 P.S. § 7301(b)(2)(i) (emphases added). Further, the United States Supreme Court has stated:

[t]here is ... no constitutional basis for confining . . . persons involuntarily if they are dangerous to no one and can live safely in freedom That the State has a proper interest in providing care and assistance to the unfortunate goes without saying. But the **mere presence of mental illness** does not disqualify a person from preferring his home to the comforts of an institution.

O'Connor v. Donaldson, 422 U.S. 563, 575 (1975) (emphasis added).

The petition here sought extended mental health treatment pursuant to section 303. That provision provides “[a]pplication for extended involuntary emergency treatment may be made for any person who is being treated pursuant to [section] 302 whenever the facility determines that the need for emergency treatment is likely to extend beyond 120 hours.” 50 P.S. § 7303(a) (footnote omitted). To support such a commitment, the county must present clear and convincing evidence of the need. **See In re Vencil**, 152 A.3d 235, 242 (Pa. 2017). Clear and convincing evidence is the “**highest**

standard of proof utilized in civil proceedings, requiring evidence that is **'so clear, direct, weighty, and convincing** as to enable the [trier of fact] to come to a clear conviction, without hesitancy, of the truth of the precise facts [in] issue.'" **Id.** at 237 n. 1 (citation omitted, emphases added).

J.M. argues the Orphans' Court's analysis "is flawed." J.M.'s Brief at 16. She states she was seeking medical treatment for her blood clot from a different provider, Dr. Payne's disagreement with that physician's actions is insufficient to commit her, and that Dr. Payne's warnings were of **possible** events **if** the clot grew, not medical certainties.² **See id.**

Section 303 petition proceedings are subject to a rapid and informal procedure. The MHPA strikes a balance between "the state's valid interest in imposing and providing mental health treatment and the individual patient's rights," and provides procedures balancing those interests. **In re Hutchinson**, 454 A.2d 1008, 1010 (Pa. 1982).

The standard to commit an individual under section 7301(b)(2)(i) is a stringent one. This Court has explained:

[r]ecognizing the substantial curtailment of liberty inherent to an involuntary commitment, our Supreme Court has cautioned that the courts must strictly interpret and adhere to the statutory

² We briefly note that it is not clear if J.M. remains committed. Based upon her brief, it appears her commitment had been extended but it is unclear for how long. In any event, this Court has generally found because of the informal and rapid procedures in MHPA cases, the mootness exception for issues capable of repeating but yet escaping appellate review applies. **See Commonwealth ex rel. Kearney v. Rambler**, 32 A.3d 658, 663 (Pa. 2011). Therefore, we will review J.M.'s claims.

requirements for commitment. In interpreting section 301(b)(2)(i), this Court has held that . . . [w]ithout evidence that the individual **would die or suffer serious bodily injury or serious physical debilitation in the immediate future unless [s]he was committed**, the statutory requirement ha[s] not been met. Similarly, for involuntary commitment, it is not sufficient to find only that the person is in need of mental health services. The court must also establish that there is a reasonable probability of death, serious injury or serious physical debilitation to order commitment.

In re T.T., 875 A.2d 1123, 1126-27 (Pa. Super. 2005) (citations omitted, emphasis added).

Here, the Orphans' Court relied on Dr. Payne's, her treating psychiatrist's testimony. **See** Trial Court Opinion, 7/17/25, at 6; Commonwealth's Brief at 3. Dr. Payne is not the doctor who prescribed the anti-coagulant medication. **See** N.T., 1/2/25, at 3 (unnumbered) (Dr. Payne stating the anti-coagulant medication was prescribed by a doctor at the Allegheny Health Network). Dr. Payne did not testify as an expert and did not offer any factual or legal basis for opining about blood clots, the effect of temporarily stopping the medication, or for his statement that a doctor offering a second opinion would not stop medication when doing new testing. **See Id.** at 2-5 (unnumbered).

In his testimony, Dr. Payne stated J.M. suffered from severe "psychotic disorder, not otherwise specified." **Id.** at 2 (unnumbered). Dr. Payne stated that J.M.'s thinking was "illogical." **Id.** at 3 (unnumbered). Dr. Payne, while stating that J.M. would not take anti-psychotic medication or the anti-coagulant medication for the blood clot, admitted she was taking her diabetes

and blood pressure medication as prescribed. **See id.** Dr. Payne claimed J.M. stated she did not need the anti-coagulant medication because “her body produces the medication on its own” and that her new doctor had taken her off the medication. **Id.** When asked why J.M. needed continued treatment, Dr. Payne explained:

my hope would be that if we can give her proper medication, that her thinking regarding her medical conditions would become more logical and she would start to comply with that as well as with the psychiatric medication.

Id. at 5. Moreover, his discussion of the effect of not taking the anti-coagulant medication, again, we note he provided no factual or scientific evidence in support of this opinion, was that **if** she continued not to take the medication the clot **might** grow and “she could potentially have” a stroke or other complications. **Id.** at 4; **see also id.** at 5. Dr. Payne did not provide any statistic regarding this likelihood of any of these events happening, let alone that they would happen within the “immediate future” as our law requires. **See T.T.**, 875 A.2d at 1126-27; 50 P.S. § 7301(b)(2)(i). Dr. Payne did not testify J.M. was delusional, actively suicidal, made threats of self-harm, or suffered from hallucinations. **See N.T.**, 1/2/25, at 2-5 (unnumbered).

The evidence presented here does not meet the high clear and convincing evidence standard used in civil proceedings. Dr. Payne failed to support his conclusory opinions with any specific facts that show clear and

convincing facts that support self-harm or self-care issues.³ **See** N.T. 1/2/25, at 2-5 unnumbered. Dr. Payne testified J.M. suffered from a mental illness, was not thinking logically and would be better served by taking psychiatric medication, and he believed she needed to take the anti-coagulant medication. **See id.** Dr. Payne concluded it would be safer for J.G. to remain involuntarily committed for a longer period. **See id.** at 5. Even accepting all those assertions as true, they fail to show J.M. was such a danger to herself that she was at risk of death or serious injury. **See T.T., supra.** Further, both the United States Supreme Court and our Supreme Court have recognized both the constitutional right to bodily integrity and the common law right to refuse medical treatment. **See Cruzan by Cruzan v. Director, Missouri Dept. of Health**, 497 U.S. 261, 277-80 (1990) (discussing the common law and constitutional right of a competent person to refuse medication and medical treatment); **Allegheny Reproductive Health**

³ We note that J.M.'s uncontroverted testimony was she was seeing a therapist, a primary care physician, a hematologist, and a neurologist for her medical conditions. **See** N.T., 1/8/25, at 5-6, 9, 14. She had stopped taking the anti-coagulant medication because her new doctor at Johns Hopkins wanted to do an MRI and would discuss resuming medication at their next appointment. **See id.** at 6. As a veteran, J.M. was in the process of setting up care from the Veteran's Administration and she was willing to comply with their recommendations. **See id.** at 7-8. She stated she understood the consequences of not taking anti-coagulant medication. **See id.** In fact, J.M.'s testimony can be summarized not as she was unwilling to obtain treatment for her various medical and psychiatric conditions but that she was unwilling to be treated **by Dr. Payne**. **See** N.T., 1/2/25, at 6-8 (unnumbered); N.T., 1/8/25, at 6-15.

Centers v. Pennsylvania Department of Human Services, 309 A.3d 808, 904-05 (Pa. 2024) (discussing the link between the right to bodily integrity and the right to refuse medical treatment).

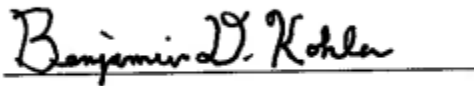
Here, the record supports only the “mere presence of mental illness” as expressed in ***O’Connor***, 422 U.S. at 575. Thus, we conclude, as a matter of law, the evidence in the instant matter was insufficient to show J.M. was a danger to herself. ***See Interest of J.G.***, 320 A.3d 1286, 1292-93 (Pa. Super. 2024) (holding the evidence was insufficient to sustain commitment and show patient was a danger to herself where patient “suffered from a mental illness, made poor decisions, lacked insight, was not getting sufficient sleep, and would be better served by taking psychiatric medication . . . [and] would be safer for J.G. to remain involuntarily committed for a longer period.”); ***In Interest of Green***, 417 A.2d 708, 710-11 (Pa. Super. 1980) (affirming trial court’s denial of continued involuntary commitment pursuant to section 7301(b)(2)(i) where evidence showed patient had previously engaged in self-harming behavior but had improved during his treatment, and there was no testimony he was a “clear and present danger” to himself or others, but psychiatrist sought continued placement so that patient could continue to receive beneficial treatment). ***Compare T.T.***, 875 A.2d at 1127-28 (holding evidence sufficient to sustain continued section 7301(b)(2) commitment where T.T.’s mental health issues so impacted his physical health that he could not walk, suffered from muscle atrophy, and was in danger of permanent

disability); ***In re S.B.***, 777 A.2d 454, 458-59 (Pa. Super. 2000) (holding evidence sufficient to sustain a further section 7301(b)(2) commitment where S.B. made direct threats of self-harm, required safety checks while hospitalized, and refused to sign a safety plan, eat, or take medication).

Because the evidence was insufficient to sustain the further commitment of J.M. pursuant to section 7301(b)(2)(i), we are constrained to reverse the trial court's commitment order.

Order reversed.

Judgment Entered.

A handwritten signature in black ink, reading "Benjamin D. Kohler", is written over a horizontal line.

Benjamin D. Kohler, Esq.
Prothonotary

10/16/2026