

HOUSE BILL 1485

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By: **Chair, Health Committee**

Introduced and read first time: February 13, 2026

Assigned to: Health

Committee Report: Favorable

House action: Adopted

Read second time: March 1, 2026

CHAPTER _____

1 AN ACT concerning

2 **Public Health – Crisis Response System – Resources for Family Members and**
3 **Trauma–Informed Care Training**
4 **(Tiarra’s Law)**

5 FOR the purpose of requiring the Maryland Department of Health to develop a certain
6 pamphlet relating to State and national crisis support resources; requiring certain
7 health care providers and representatives of the Office of the Chief Medical
8 Examiner to give the pamphlet to an individual under certain circumstances;
9 requiring the Department to conduct a review of certain trauma–informed care
10 training; and generally relating to the crisis response system.

11 BY repealing and reenacting, with amendments,
12 Article – Health – General
13 Section 10–1403
14 Annotated Code of Maryland
15 (2023 Replacement Volume and 2025 Supplement)

16 BY repealing and reenacting, without amendments,
17 Article – Public Safety
18 Section 14–3A–01(a) and (e)
19 Annotated Code of Maryland
20 (2022 Replacement Volume and 2025 Supplement)

21 Preamble

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 WHEREAS, On May 17, 2020, Tiarra Brown, a Maryland resident living with sickle
2 cell disease, died following an overdose after developing a dependence on prescription
3 opioids that had been prescribed to manage her chronic pain; and

4 WHEREAS, Following Ms. Brown's death, stigma associated with substance use
5 contributed to the mistreatment of her family and friends, exacerbating their trauma
6 despite the medical circumstances underlying her condition; and

7 WHEREAS, Ms. Brown's family was not provided meaningful information, guidance,
8 or survivor support resources by first responders or the Office of the Chief Medical
9 Examiner, and the only documentation provided to her mother was a receipt for Ms.
10 Brown's body; and

11 WHEREAS, This series of events highlights the pervasive stigma associated with
12 drug overdose-related deaths and reveals deficiencies in first response practices,
13 information sharing, and survivor support services; and

14 WHEREAS, Studies show that people of color are disproportionately affected by
15 overdose deaths, underscoring longstanding racial inequities in public health systems and,
16 consequently, in emergency response practices; and

17 WHEREAS, Families' encounters with first responders are often highly traumatic
18 because overdose incidents are frequently framed as criminal investigations; and

19 WHEREAS, A structured framework is needed to train first responders, emergency
20 medical service personnel, behavioral health providers, and core service agencies to
21 promote consistent, compassionate, and culturally responsive practices in their
22 engagement with family members; and

23 WHEREAS, In response to these circumstances, overdose and substance use
24 disorder community partners assessed these events and developed parameters intended to
25 prevent further systemic failures; now, therefore,

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

28 **Article – Health – General**

29 10–1403.

30 (a) The Crisis Response System shall include:

31 (1) A State 9–8–8 Suicide and Crisis Lifeline in each jurisdiction or region
32 to:

33 (i) Provide a single point of entry to the Crisis Response System;

1 (ii) Coordinate with the national 9–8–8 Suicide and Crisis Lifeline
2 to provide the full range of services provided by the national 9–8–8 Suicide and Crisis
3 Lifeline, including:

- 4 1. Supportive counseling;
- 5 2. Suicide prevention;
- 6 3. Crisis intervention;
- 7 4. Referrals to additional resources; and
- 8 5. Direct dispatch or warm hand–offs to mobile crisis
9 response and stabilization services and other immediate services as needed;

10 (iii) Coordinate with the local core service agency or local behavioral
11 health authority, police, 3–1–1, 2–1–1, or other local mental health hotlines, emergency
12 medical service personnel, and behavioral health providers; and

13 (iv) Provide other programs that may include:

- 14 1. A clinical crisis telephone line for suicide prevention and
15 crisis intervention;
- 16 2. A hotline for behavioral health information, referral, and
17 assistance;
- 18 3. Clinical crisis walk–in services, including:
 - 19 A. Triage for initial assessment;
 - 20 B. Crisis stabilization until additional services are available;
 - 21 C. Linkage to treatment services and family and peer support
22 groups; and
 - 23 D. Linkage to other health and human services programs;
- 24 4. Critical incident stress management teams, providing
25 disaster behavioral health services, critical incident stress management, and an on–call
26 system for these services;
- 27 5. Crisis residential beds to serve as an alternative to
28 hospitalization;
- 29 6. A community crisis bed and hospital bed registry,
30 including a daily tally of empty beds;

1 B. The proportion of crises resolved through transfer to a
2 higher level of care;

3 7. Crisis stabilization center usage; and

4 8. Crisis stabilization center discharge data, including:

5 A. The proportion of crises resolved through a discharge to
6 home; and

7 B. The proportion of crises resolved through a discharge to a
8 higher level of care;

9 (ii) Through data obtained from consumers and family members who
10 have received services from the Crisis Response System collected through ongoing data
11 collection from 9–8–8 call, text, and chat providers and other crisis providers that is
12 reported annually; and

13 (iii) Through annual crisis services data collection on the
14 involvement of law enforcement, involuntary status of clients, and diversion from higher
15 levels of care, including hospitals.

16 (b) The data derived from the evaluation of outcomes of services required under
17 subsection (a)(3) of this section shall be:

18 (1) Collected, analyzed, and publicly reported on or before December 1 each
19 year, beginning in 2026;

20 (2) Disaggregated by race, gender, age, and zip code; and

21 (3) Used to formulate policy recommendations with the goal of decreasing
22 criminal detention and improving crisis diversion programs and linkages to effective
23 community health services.

24 (c) The Crisis Response System services shall be implemented as determined by
25 the Administration in collaboration with the core service agency or local behavioral health
26 authority serving each jurisdiction and community members of each jurisdiction.

27 **(D) (1) THE DEPARTMENT SHALL DEVELOP A PAMPHLET TO INFORM THE**
28 **PUBLIC ABOUT THE CRISIS RESPONSE SYSTEM, THE STATE AND NATIONAL 9–8–8**
29 **SUICIDE AND CRISIS LIFELINES, AND PROGRAMS PROVIDED BY THE STATE 9–8–8**
30 **SUICIDE AND CRISIS LIFELINE.**

31 **(2) (I) IN THIS PARAGRAPH, “HEALTH CARE PROVIDER” HAS THE**
32 **MEANING STATED IN § 14–3A–01 OF THE PUBLIC SAFETY ARTICLE.**

1 **(II) A HEALTH CARE PROVIDER OR REPRESENTATIVE OF THE**
 2 **OFFICE OF THE CHIEF MEDICAL EXAMINER SHALL PROVIDE THE PAMPHLET**
 3 **DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION TO AN INDIVIDUAL:**

4 **1. ON REQUEST; OR**

5 **2. WHEN REASONABLY APPROPRIATE IN CONNECTION**
 6 **WITH A DEATH, AN OVERDOSE, OR A BEHAVIORAL HEALTH CRISIS RESPONSE.**

7 **[(d)] (E)** An advance directive for mental health services under § 5–602.1 of this
 8 article shall apply to the delivery of services under this subtitle.

9 **[(e)] (F)** This subtitle may not be construed to affect petitions for emergency
 10 evaluations under § 10–622 of this title.

11 **Article – Public Safety**

12 14–3A–01.

13 (a) In this subtitle the following words have the meanings indicated.

14 (e) “Health care provider” means:

15 (1) a health care facility as defined in § 19–114(d)(1) of the Health –
 16 General Article;

17 (2) a health care practitioner as defined in § 19–114(e) of the Health –
 18 General Article; and

19 (3) an individual licensed or certified as an emergency medical services
 20 provider under § 13–516 of the Education Article.

21 **SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Department of**
 22 **Health shall:**

23 (1) conduct a review of any trauma–informed care training, including
 24 training regarding family engagement and post–incident support following overdose or
 25 behavioral health crises, that is provided to health care providers, as defined in §
 26 14–3A–01 of the Public Safety Article; and

27 (2) on or before December 1, 2026, report to the General Assembly, in
 28 accordance with § 2–1257 of the State Government Article, on its findings and
 29 recommendations resulting from the review for changes to the trauma–informed care
 30 training required for health care providers.

1 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July
2 1, 2026.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.