

Public Comment: Lessons from Illinois – Support for SB 550

TO: Chair Beidle and members of the Senate Finance Committee

FROM: Parchenney N Donley, Concerned Aunt and Federal Taxpayer

HEARING DATE: February 24, 2026

BILL: SB 550 – Health Care Decisions Act – Surrogate Decision Making – Mental Disorders  
(The H.E.R. Parity Act)

POSITION: SUPPORT (FAV)

Testimony

I am writing as a concerned aunt and a federal taxpayer who has watched my family member—a mother and tireless advocate—battle a healthcare system that is currently structured to fail. While I am not a resident of Maryland, I live in Illinois, a state that has already recognized the common-sense necessity of surrogate decision-making for healthcare, and I have seen how such a framework provides stability where there would otherwise be chaos.

I have witnessed the painful decompensation of my nephew/niece. Because Maryland law currently forbids a surrogate from authorizing essential mental health stabilization, I have seen a cycle of "procedural negligence" that is as expensive as it is cruel.

The Illinois Model: A Success Story

In my home state of Illinois, the Health Care Surrogate Act (755 ILCS 40/) has long provided a pathway for families to act when a loved one lacks decisional capacity.

\* Effectiveness: Illinois law allows for private decision-making between families and doctors, significantly reducing the "associated emotional distress" and "associated costs" of judicial involvement.

\* Efficiency: By allowing surrogates to step in without a court order, Illinois avoids the "revolving door" crisis. When a medical professional identifies a lack of capacity, the family is empowered to authorize stabilization immediately. This prevents the very medical-to-legal pipeline that I am currently watching my family endure in Maryland.

\* Fiscal Impact: Illinois' proactive approach ensures that state and federal Medicaid dollars are spent on effective, timely treatment rather than the waste of repeated emergency room "boarding."

The Federal Stake: Protecting Medicaid Resources

When a state law forces a medical crisis, it doesn't just hurt the family; it strains the federal budget. As a federal taxpayer, I have a direct interest in how Maryland manages its healthcare laws. When Maryland's current statutes create barriers to care, it places an undue burden on our shared national resources:

- \* Medicaid Inefficiency: We are paying for "emergency band-aids" because Maryland law cuts the safety net that families are trying to provide.

- \* Systemic Strain: Preventing stabilization drives up the national cost of healthcare and increases the burden on federal disability and justice systems.

#### A Common-Sense Solution

SB 550 is the solution Maryland needs. It mirrors the effectiveness we see in states like Illinois by:

- \* Empowering the Surrogate: Allowing a voice for mental health stabilization in the same way we do for physical health.

- \* Choosing Parity over Guardianship: Providing a precise, temporary tool for crisis management rather than the expensive, legally heavy-handed route of court-ordered guardianship.

We have a responsibility to ensure our laws are not straining the system through unnecessary barriers. I urge a FAVORABLE report on SB 550 to bring Maryland in line with successful, common-sense models like the one we rely on in Illinois.

Sincerely,

Parchenney Donley