

## **Written Testimony in Support of Maryland Senate Bill 549**

### *Mental Health – Treatment Plans for Individuals in Facilities – Participation of Family Members or Other Individuals*

Dear Chair, Vice Chair, and Members of the Committee,

I am writing to express strong support for Maryland Senate Bill 549, which strengthens patient-centered care by ensuring that individuals receiving mental-health treatment have the opportunity to involve trusted support persons in treatment planning when appropriate.

Mental health treatment rarely occurs in isolation. Many individuals rely on family members or trusted advocates to assist with medication adherence, transportation to appointments, recognition of early warning signs of relapse, and implementation of treatment recommendations. When supportive individuals are appropriately informed and included in treatment planning, continuity of care is strengthened and the likelihood of successful recovery increases.

This collaborative approach becomes especially important when an individual's mental illness significantly impairs judgment, insight, or decision-making capacity. Individuals experiencing severe psychiatric symptoms may at times be unable to fully understand treatment recommendations or effectively advocate for their own needs. In these circumstances, family members or trusted support persons often serve as a stabilizing presence—helping ensure that treatment plans are followed, medications are taken as prescribed, and appointments are maintained. Excluding these individuals from the treatment planning process can create barriers to recovery and disrupt continuity of care.

SB 549 appropriately balances the need for patient autonomy with the realities of serious mental illness. The bill ensures that patients are informed of their right to authorize participation by a trusted support person in treatment planning discussions, while preserving the patient's ability to withdraw consent at any time when they have the capacity to do so. The legislation also acknowledges existing legal mechanisms such as mental health advance directives, durable powers of attorney for healthcare, and supported decision-making agreements that may designate individuals who are authorized to assist in care when a patient's capacity is compromised.

Importantly, SB 549 includes several safeguards designed to protect vulnerable individuals and prevent potential exploitation. The bill requires medical providers to exercise professional judgment in determining whether the participation of a designated individual is supportive of the patient's wellbeing. If a provider determines that involvement could cause emotional or physical harm, undermine treatment, or otherwise be inconsistent with the patient's best interests, the provider retains the authority to limit or deny participation.

These protections are particularly important for individuals who may be mentally incompetent or whose illness significantly limits their ability to assess the intentions of others. By requiring provider confirmation that the designated individual is supportive and appropriate, the legislation helps ensure that family members or others are not attempting to take advantage of vulnerable

individuals. This safeguard maintains a critical layer of professional oversight while still allowing patients to benefit from the involvement of trusted support persons.

Concerns have also been raised regarding privacy and confidentiality. These concerns are understandable given the sensitive nature of mental health treatment. However, SB 549 maintains strong confidentiality protections by requiring patient authorization before any participation occurs and by allowing providers to restrict information sharing when clinically warranted. Rather than weakening privacy protections, the bill reinforces the patient's right to decide who may be involved in their care while preserving the clinician's ability to intervene if concerns arise.

Questions regarding administrative burden are also addressed by the fact that the procedures contemplated by this legislation—informing patients of their rights and documenting consent—are consistent with existing healthcare practices. Healthcare providers routinely obtain written consent for treatment decisions and release of information, making these requirements a modest and manageable extension of current protocols.

Mental health recovery is strengthened when treatment providers, patients, and trusted support systems work collaboratively. For individuals whose illness may impair their ability to advocate for themselves, the involvement of supportive family members or trusted individuals can be essential in maintaining stability and ensuring continuity of care. By requiring both patient authorization and clinical confirmation that participation is appropriate and supportive, SB 549 creates a balanced framework that protects vulnerable individuals while promoting coordinated and effective mental-health care.

For these reasons, I respectfully urge the committee to provide a favorable report on Senate Bill 549.

Thank you for your time and consideration.

Respectfully submitted,  
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Clinical Psychologist