

Testimony for SB707

February 24, 2026; Senate Finance Committee

From: Judith Kerner-McIver, Howard County

Position: Support

I am the mother of a son with schizophrenia, who had to move her son away to another state because Maryland's laws for involuntary evaluation and treatment were barriers to his recovery. As a volunteer teacher for NAMI *Family to Family* a 12 week class and a facilitator for a NAMI *Family Support Group*, I hear of many families that have encountered the same barriers.

My son had his 1st psychotic break in 2007, just after simultaneously earning two Bachelor of Science degrees in Engineering with honors. Since then, **he has been mostly non-compliant** toward medication for his schizophrenia and psychosis **due to anosognosia (lack of insight that he has a serious brain disorder)**. He believes that the voices he hears (auditory hallucinations) are God speaking directly to him; thus he refuses to take medicines that would reduce or eliminate those communications from God.

The controlling voices wreak havoc in his life & the lives of his extended family who work so hard to help him. Worse yet was my frustration and **inability to get him help in the state of Maryland due to inadequate laws** regarding such emergency evaluation and involuntary hospitalization. Here are two examples of many attempts we made to get him help:

- We called the Mobile Crisis Team/Howard County Police Department to get him an emergency psychiatric evaluation in 2012 after he punched holes in our home's walls and was barely eating on a daily basis. **We were told that he was not "dangerous enough"** to himself or others to be admitted into Howard County General Hospital;
- He was driving himself around a tri-state area (PA-MD-VA) at high speeds, in a psychotic state, without eating or drinking anything. This was also **not considered enough "danger to himself or others" to get him a psychiatric evaluation** and involuntary treatment.

In subsequent trips to PA in 2012, his erratic behavior and then-homeless state resulted in an involuntary hospitalization because they immediately recognized his obvious poor condition and psychosis. The law in Pennsylvania for involuntary emergency evaluation, much like the standard proposed in **SB707** allows for consideration of "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". The Pennsylvania standard for involuntary hospital admission, similar to **SB707** includes the "inability, without assistance, to satisfy need for nourishment, personal or medical care, shelter, or self-protection and safety".

After returning to Maryland he suffered serious debilitation in 2013. We physically moved him to a PA apartment so he could benefit from PA involuntary commitment laws. We should not have had to move our son away from his support system in MD to another state to get the treatment he desperately needed. Forty-six other states have, in statute, consideration of a person's ability to care for themselves.

It is past time that Maryland updated our law.