



Written Testimony: SB 550

BILL: SB 550 – Health Care Decisions Act – Surrogate Decision Making – Mental Disorders

IDENTIFY AS: The **H.E.R. Parity Act** (Health - Equity - Representation)

COMMITTEE: Senate Finance Committee

HEARING DATE: February 24, 2026

POSITION: SUPPORT (FAV)

NAME: Theresa Smith

To: Chair Beidle and members of the Senate Finance Committee

Testimony:

As a Policy Analyst, a Special Education Advocate, and a Mother of an adult child with a mental health disorder (among other multiple disabilities), I am writing in **strong support** of **SB 550**.

Fellow advocates have identified this bill as the **H.E.R. Parity Act** (Health -Equity-Representation).

My family has been trapped in a cycle of systemic failure across multiple Maryland counties. I have stood alongside my child, managing their physical and mental health needs for their entire life. I have always been their voice when they have been voiceless, consistently advocating for their true wishes and needs, especially in a crisis. Yet, despite this lifelong dedication and having an Advanced Health Directive and Power of Attorney (POA) in place, I have been repeatedly blocked from authorizing treatment for a mental disorder on their behalf. I have never sought to override my child's autonomy, but to **uphold** it and I believe other loved ones have this same regard.

In one instance, an Emergency Room doctor was prepared to release my child immediately, only to reverse the decision and admit them once I was allowed to provide critical information regarding the severe safety risks posed to themselves and others. Subsequently, this crisis had about a three-week hospitalization and greater than eight weeks of partial hospitalization.

The procedural negligence I witnessed includes:

- **Administrative Communication Breakdowns:** During one admission, a family meeting was held and next steps were agreed upon. However, an insurance hurdle arose that I could have resolved immediately had I been consulted. Instead, my child was improperly discharged to a facility that was entirely unequipped to care for them. I later learned there was a communication breakdown between the hospital and the referring

psychiatrist on the insurance side. The hospital thought authorization was not in place for the referral and it indeed was in place.

- **Obstructed Consent & Failure to Consult:** At multiple facilities, my child was never consulted about their own options for release, especially for stabilization. Often, I would only learn of a discharge when I received a phone call to pick them up. Upon arrival, I would discover my child was completely unaware of their care options, and the facilities refused to rectify the issue or pause the release to allow for proper surrogate intervention.
- **Unsafe Discharge Practices:** One facility, located an hour away from my residence, discharged my child with no transportation plan and gave me a 30-minute ultimatum to arrive. This request was physically impossible to meet. While I was fighting to ensure my child's healthcare needs were met, my out-of-state sister was forced to coordinate their transportation home. Upon my child's return, we discovered the facility had even lost their clothing.

Because I was barred from acting as a surrogate for treatment for a mental disorder, my child was repeatedly released into unsafe conditions. This led to a predictable cycle: multiple crises, subsequent hospitalizations, and eventually, avoidable involvement with the criminal justice system—all of which place an immense, entirely preventable financial burden on our state.

Please note, guardianship is not the solution. When capacity and competency are regained, guardianship is unnecessary and overly restrictive. What is required is a system that honors a Health Directive and the patient's documented wishes through an empowered surrogate.

The **H.E.R. Parity Act** ensures that a surrogate's voice is recognized and that mental health treatment is afforded the same legal respect as physical health. I respectfully urge a **favorable report** on SB 550. Passing this bill will protect not only my child, but every vulnerable individual in our mental health community whose voice—and whose family's voice—is currently being ignored.

Sincerely,

A handwritten signature in blue ink that reads "T. Smith". The signature is fluid and cursive, with the first name "T." and the last name "Smith" clearly legible.

Theresa Smith

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