

Public Comment: Continuity of Care and the Power of Informed Advocacy – Support for SB 549

TO: Chair Beidle and members of the Senate Finance Committee

FROM: Natalie Harris

HEARING DATE: March 10, 2026

BILL: SB 549 – Mental Health – Treatment Plans for Individuals in Facilities – Participation of Family Members or Other Individuals (The H.E.R. Continuity of Care Act)

POSITION: SUPPORT (FAV)

Dear Chair Beidle and Members of the Finance Committee,

I am writing to express strong support for Maryland Senate Bill 549, the H.E.R. Continuity of Care Act. As a person with a social work background, I have seen firsthand how complex and overwhelming mental health systems can be for individuals receiving care and their families. SB 549 takes an important step toward strengthening patient-centered care by ensuring individuals in mental health facilities have the opportunity to involve a trusted family member or support person in treatment planning.

Mental health treatment is most effective when patients are informed, supported, and empowered. Allowing individuals to designate a trusted participant in treatment discussions promotes transparency, strengthens communication between providers and families, and helps patients better understand their diagnoses and treatment plans. These supportive relationships are often critical to maintaining continuity of care after discharge and preventing avoidable crises.

The principles reflected in SB 549 are also consistent with core social work values, including respect for the dignity and worth of the person, the importance of human relationships, and the promotion of client self-determination. Ensuring patients are informed of their right to include a trusted support person strengthens autonomy while still respecting patient privacy and clinical judgment.

Other states have already recognized the importance of these protections. Illinois, for example, provides similar frameworks that allow individuals to designate supporters in healthcare decision-making. Under 755 ILCS 43 – Supported Decision-Making Agreements Act, individuals may formally appoint trusted supporters to assist them in understanding and communicating about their care. Additionally, 755 ILCS 40 – Mental Health Treatment Preference Declaration Act allows individuals to document their mental health treatment preferences and designate individuals to help ensure those preferences are honored. These laws demonstrate how collaborative decision-making can strengthen patient rights and improve continuity of care.

SB 549 reflects a compassionate and practical approach to behavioral health care by recognizing the value of informed advocacy and supportive relationships. No individual navigating mental health treatment should have to do so alone.

For these reasons, I respectfully urge the Committee to issue a favorable report for SB 549.

Respectfully,

Natalie Harris