Testimony for SB707
February 24, 2026; Senate Finance Committee
From: L. Cooper, St. Mary's County
Position: Support

My adult son has bipolar disorder. He was diagnosed in 2001 at the age of 20. At that time, he and our whole family had much to learn about managing severe mental illness, as well as how our health care system would undermine access to timely treatment. For a time, my son was compliant with taking prescribed medications for his illness. He worked full-time for several years as a machinist and a welder. He maintained a home and took care of his family.

In 2011, my son's condition deteriorated severely after he stopped taking his medications. He was easily agitated, had difficulty sleeping, and eventually was fired from his job. In January of 2012, he went to Washington, DC, leaving his wife and two young children behind. He "couch surfed" in the homes of strangers who took pity on him, climbed on statues and skate-boarded all over the city. He got numerous parking tickets and moving violations. Forgetting where he had left his car, it was impounded twice. Several times, he returned to St. Mary's County and was verbally abusive to family members and friends. One night, he became enraged and threw objects through the front window of his home. Another time, he shoplifted and said he thought the store owner would "put it on his tab." He issued at least two no-trespassing orders.

His father and I were extremely upset by those events and the feelings of helplessness that overcame us. People asked why we weren't "doing something" about our son's bizarre behavior. We knew from talking to other parents that the local doctors, police, and judges would not petition for an emergency evaluation until our son threatened to harm himself or someone else. In addition, local ER doctors would not certify patients for involuntary hospital admission unless there had been a threat of physical harm to self or others, since they interpreted the current "dangerousness" standard to mean only imminent physical harm. Therefore, we were powerless to get him involuntary hospital treatment.
We resigned ourselves to anticipating one of three phone calls: that our son was in jail, in an emergency room, or dead. And so we waited and dreaded what might happen.

In April we received a call from an ER doctor telling us that our son had climbed onto the roof of a building and lost his footing. The fall resulted in fractures in both of his feet and in one wrist, requiring multiple surgeries and extensive follow-up. He spent the summer recuperating and coming down from the manic high that had endangered him. His treatment cost nearly $100,000 and he was approved for SSDI. In the fall of 2012, my son's condition had turned to deep depression and irritability. **After an altercation with his wife, he assaulted her and ended up in jail**. Several months later, he was released and began the long, slow journey to recovery.

I strongly believe that if the standard for involuntary evaluation and hospital treatment were changed to include language contained in SB707, families like mine wouldn't face the trauma that we went through when our son was so ill. Families need the language of the law changed to clarify that there need only be a reasonable expectation of danger, not imminent danger, and that "danger" includes psychiatric deterioration that leads to the inability to care for oneself, or the possibility of criminal justice involvement, and that medical history should be considered.

Thank you for attending to this important issue.