

TO: Chair Beidle and members of the Senate Finance Committee

FROM: Theresa Walker, Registered Nurse

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 you today as a registered nurse who works on the front lines of patient care, to urge a favorable report for SB 549, the H.E.R. Continuity of Care Act.

In my professional practice, I navigate the delicate balance between patient privacy, autonomy, and the necessity of comprehensive care every single day. I see the healthcare system from the inside, and I can unequivocally state that a patient's support network is one of the most critical components of their stabilization and recovery. When a patient is experiencing a severe mental health crisis, they are often in a fog that makes self-advocacy nearly impossible. The pure name of the bill is at the heart of what these patient's need: healing, equity, and representation.

Currently, there is a systemic breakdown in how facilities handle familial involvement during these psychiatric emergencies. I routinely witness two major issues that SB 549 directly addresses:

- **The Disruption of Clinical Continuity:** As a nurse, I rely heavily on the consistent caregivers—the mothers, grandmothers, and advocates—who know the patient's baseline, their history, and the nuances of their condition. When facilities block families who have legally executed documents in place, they are not just isolating a vulnerable individual; they are actively stripping the healthcare team of vital clinical context. This systemic wall of silence directly contributes to premature discharges and the "revolving door" of psychiatric readmissions.
- **The Illusion of Informed Consent:** In the midst of a mental health emergency, simply handing a patient a complex legal form is not enough. Patients are often not adequately or verbally informed of their right to have family or a designated advocate participate in their treatment plan. SB 549's "Plain Language" requirement is vital. It ensures that facilities are held to a standard of clear communication, guaranteeing that a patient truly understands their options for support.

SB 549 ensures that when a family takes the responsible step of putting legal directives in place, those documents are honored, not ignored by the facility. It mandates that patients are actively informed of their rights so that their chosen advocates are allowed to be partners in their care.

We cannot achieve true stabilization when the people who know the patient best are locked out of the room. I respectfully ask for a favorable report on SB 549 to ensure that medical emergencies are met with comprehensive, informed, and family-supported care.

Thank you,
Theresa Walker, RN