



Date: February 24, 2026

Senate Finance Committee

Senate Bill 550 — Health Care Decisions Act – Surrogate Decision Making – Mental Disorders

Senate Finance Committee

Position: Favorable

Dear Chair Beidle and Members of the Senate Finance Committee,

On behalf of LifeBridge Health, a nonprofit, community-focused health system providing comprehensive care—which includes mental health services to over 15000 Maryland residents per year across the continuum of care. LifeBridge Health strongly supports Senate Bill 550, which would amend the Health-General Article to remove the prohibition that currently prevents a designated surrogate decision-maker from authorizing treatment for a mental disorder when an individual has been certified as lacking the capacity to make an informed health care decision.

Under current law, surrogates may make health care decisions on behalf of an incapacitated individual, including consent for treatment of physical health conditions. However, the law explicitly *excludes* mental health treatment from surrogate authority even when a clinician has determined an individual to lack decision-making capacity—creating an inconsistent and unnecessary barrier to care. SB 550 appropriately aligns mental health decision-making authority with the broader framework for medical surrogate decision-making. Health conditions can significantly impair decision-making capacity as is often seen when suffering from encephalopathy from brain cancer or uncontrolled diabetes etc. When an individual’s mental health symptoms prevent safe participation in treatment planning, clinicians and families are often left without a lawful mechanism to proceed with essential care—even when treatment is necessary to prevent deterioration.

Surrogates often best understand an individual’s values and treatment preferences. Designated surrogates—whether family members or trusted representatives—are positioned to make informed decisions consistent with the individual’s known wishes, values, and best interests. Allowing surrogates to authorize mental health treatment supports person-centered care and shared decision-making. Removing the prohibition promotes continuity and quality of care. Aligning mental health decision authority with that for other health conditions reduces unnecessary delays in initiating appropriate treatment and supports timely, coordinated care across disciplines.

SB 550 reflects a modern, equitable approach to health care decision-making that respects patient autonomy while ensuring that individuals with behavioral health disorders have equitable access to medically necessary care when they are unable to make decisions themselves. For these reasons, LifeBridge Health urges a favorable report on SB 550.

Respectfully,

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