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**THE MARYLAND HOUSE OF DELEGATES**  
ANNAPOLIS, MARYLAND 21401

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**House Bill 1485 - Public Health - Crisis Response System - Resources for Family Members and Trauma-Informed Care Training (Tiarra's Law)**

Madam Chair, Mr. Vice Chair and members of the esteemed members of the Senate Finance Committee thank you for the consideration of House Bill 1485, and thank you for the opportunity to present this written testimony in favor of House Bill 1485.

The bill requires the Maryland Department of Health to develop a standardized, accessible resource pamphlet outlining State and national crisis services, including the 9-8-8 Suicide and Crisis Lifeline and other behavioral and mental health supports and programs.

In specified circumstances, and upon request or when reasonably appropriate in connection with a death, overdose, or behavioral health crisis response, relevant information shall be shared with family members. This requirement applies regardless of whether the initial point of contact is an emergency medical technician in a home setting, hospital staff, or personnel from the medical examiner's office.

This ensures consistency across settings. It ensures that wherever a Marylander encounters the system in one of life's most devastating moments, they receive clear direction.

No Maryland family should experience the gravity of a behavioral health crisis or overdose death – whether at home, in a hospital, or at the medical examiner's office – and be left without a clear pathway to support. And just as importantly, no interaction with our healthcare system or with government employees should compound the trauma they are already carrying. House Bill 1485 is about meeting families in that reality.

The bill also directs the Department to review trauma-informed care training for relevant healthcare professionals and report back to the General Assembly. Because emergency response is

about more than intervention. It is about how we communicate in the aftermath. The tone we use. The clarity we provide. The recognition that families are absorbing shock, not just information.

Maryland has invested in crisis infrastructure with 9-8-8, mobile crisis teams, and statewide behavioral health services. But resources only matter if they are placed directly into the hands of families, in a form they can return to later when the fog begins to lift and the questions finally surface.

This legislation does not create a new bureaucracy. It does something both modest and deeply humane. It ensures that individuals facing the loss of a loved one to overdose or a health crisis are treated with dignity and receive meaningful information to help them in the immediate aftermath.

Families are already traumatized by these deaths. We have a responsibility to ensure that no healthcare provider or government employee adds to that trauma through inconsistency, bias, silence, or a lack of direction. I respectfully ask for a favorable report.