

# **SENATE Written Testimony HB 1117- Elopement Device**

Uploaded by: Lesley Lopez

Position: FAV



THE MARYLAND HOUSE OF DELEGATES  
ANNAPOLIS, MARYLAND 21401

**Testimony in SUPPORT of HB 1117: Virginia I. Jones Alzheimer's Disease and Related Dementias Council and the Advisory Stakeholder Group on Autism-Related Needs - Recommendations for Elopement Response Devices**

**Summary:** House Bill 1117, as amended, establishes clear statutory recognition of elopement response devices as assistive technology or medical safety devices under Maryland law, ensuring consistent terminology and classifications across state programs now, and in the future. These devices, often GPS-enabled, allow caregivers and first responders to quickly locate individuals who wander from safe environments, a common and dangerous occurrence in both the autism and dementia communities.

**Background:** Wandering, often called elopement, occurs when a person leaves a safe area or caregiver supervision and becomes lost or disoriented. This behavior is particularly common among individuals with autism and those living with Alzheimer's disease or related dementias. [According to the Centers for Disease Control and Prevention](#), about half of children and youth with autism spectrum disorder have been reported to wander from a safe environment at some point, sometimes quickly and even under close supervision. When this happens, families are often left searching desperately for their loved one while they face immediate risks such as a traffic injury or drowning.

For many families, the threat of wandering is constant. [Research indicates that nearly half of children with autism attempt to wander after age four](#), and roughly one in four incidents results in the child being missing long enough to cause significant concern. Wandering behavior is also common among individuals with dementia; [studies estimate that around 60% of people with dementia will wander at least once](#), and when they become lost the consequences can be severe.

The risks associated with elopement are profound. [Drowning is the leading cause of death for children with autism following wandering episodes](#), and the risk of drowning can be dramatically higher than for other children. In many cases, individuals who wander may not recognize danger or may be unable to communicate their name, address, or recognize that they need help. This creates significant danger not only for the individual but also for families, caregivers, and the broader community when search efforts must be mobilized.

[These situations frequently require rapid responses from local law enforcement, fire departments, and emergency personnel](#). In fact, many missing-person incidents involving individuals with



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autism or dementia begin at home and require coordinated searches of neighborhoods, parks, roads, and nearby waterways. For families and first responders alike, every minute matters.

### **How Elopement Response Devices Work:**

These devices often use GPS or similar technology to help caregivers and authorized responders quickly locate a missing person. When a wandering incident occurs, the ability to identify an individual's real-time location can dramatically reduce the time required to conduct search operations and can significantly increase the likelihood of a safe recovery. [Research indicates that location tracking technologies can substantially reduce search time and improve outcomes](#) when individuals wander from safe environments.

For families caring for a loved one with autism or dementia, these devices provide an additional layer of protection while preserving dignity and independence. Parents of children with autism often describe the challenge of maintaining constant supervision while still allowing their children to learn, play, and participate in community life. Similarly, caregivers of individuals with Alzheimer's disease face the difficult balance between safety and independence for loved ones who may become disoriented and wander.

GPS-enabled response devices help bridge that gap. They allow families to respond quickly if someone leaves a safe environment and allow first responders to begin searches with crucial location information rather than starting from a place where the individual was last seen. In many cases, this technology can transform a potentially life-threatening search into a rapid and safe recovery.

### **Bill Overview:** (As Introduced and Context for Current Version):

As originally introduced, House Bill 1117 addressed this challenge by proposing insurance coverage requirements for medically necessary elopement response devices, including under private insurance and public programs. However, the bill has since been substantially amended. The current version no longer includes any insurance coverage mandate, Medicaid provision, or reimbursement requirement.

Instead, the amended bill focuses solely on statutory classification, ensuring that individuals who are medically determined to be at risk of elopement can have these devices recognized within



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Maryland law as appropriate assistive technology or medical safety devices when referenced in state programs or policy contexts.

### **Amendments to HB 1117:**

The amended version of HB 1117 substantially refines and narrows the bill’s original scope. Key changes include:

- **Elimination of all insurance coverage mandates, including Medicaid:** eliminates the fiscal note from the bill entirely.
- **Edits the classification:** from durable medical equipment (DME) to assistive technology or medical safety equipment allowing them to still qualify for Health Savings Accounts (HSA) and Individualized Education Programs (IEP). These categories are still integrated into insurance coverage frameworks though this bill does not modify assistance programs or insurance parts of Maryland Law.
- Replacement of coverage-focused language with a pure definitional framework.

What remains in the amended bill:

- **Establishes a statutory definition** of “elopement response devices”
- **Ensures consistent terminology** in Maryland law when these devices are referenced in State policy or programmatic contexts

Application of the Definition in Maryland Law:

The amended bill inserts this definition into two key areas of the Annotated Code of Maryland, which gives the term practical meaning across existing State programs:

- *Article – Health – General, §13–3201*
  - Ensures that, within health-related State programs, these devices can be recognized alongside other assistive technologies and safety supports
  - Provides a consistent legal reference point for agencies when interpreting eligibility, program design, or service delivery involving assistive technology



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- Connects the devices, and the issue of elopement and wandering, with our statewide dementia response system and related policies to recognize it as a public safety and health systems issue.
- *Article – Human Services, §7-112.1:*
  - Applies the definition within the Developmental Disabilities Administration (DDA) statutory framework, including in educational settings.
  - Supports consistent recognition of these devices in person-centered planning, service coordination, and programmatic guidance.
  - Elopement response devices will now be understood as legitimate support and safety-related intervention tools.
  - Creates a uniform understanding statewide and supports consistent treatment across regions, providers, and cases.
  - Aligns these devices, and the issue of elopement and wandering, with Federal HCBS (Home and Community-Based Services) requirements and state obligations to ensure participant safety.

In short, the amended bill does not create any new benefit, mandate, or reimbursement obligation. Instead, it provides a clear and consistent legal definition for future reference in State programs and policy discussions.

**Conclusion:** Wandering or elopement remains one of the most dangerous and distressing challenges faced by families caring for individuals with autism, Alzheimer’s disease, and related dementias. In a matter of seconds, a loved one can leave a safe environment and face life-threatening risks from traffic accidents, injury, or drowning.

While the amended HB 1117 no longer establishes coverage requirements, it still plays an important role by formally recognizing elopement response devices in Maryland law as assistive technology and medical safety devices. This clarity in statute supports consistent understanding across State programs and acknowledges the importance of these tools in protecting vulnerable Marylanders.

House Bill 1117, as amended, reflects an important step in recognizing the role of safety technology in supporting individuals at risk of elopement, their families, and the public safety professionals who respond when emergencies occur.

LESLEY J. LOPEZ  
Legislative District 39  
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Health and Government  
Operations Committee



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ANNAPOLIS, MARYLAND 21401

**References:**

- **Centers for Disease Control and Prevention.** “Wandering (Elopement) and Autism Spectrum Disorder.”  
<https://www.cdc.gov/child-development/disability-safety/wandering.html>
- **National Autism Association.** “Drowning and Wandering Prevention.”  
<https://nationalautismassociation.org/drowning-risk/>
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<https://www.alz.org/help-support/caregiving/stages-behaviors/wandering>
- **National Institute on Aging.** “Wandering and Alzheimer’s Disease.”  
<https://www.nia.nih.gov/health/alzheimers/wandering-and-alzheimers-disease>
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<https://www.mass.gov/info-details/autism-wandering-and-water-safety-information-for-providers-educators>
- **Apricott.** “Elopement and Autism: Understanding the Risks.”  
<https://www.apricott.com/resources/elopement-and-autism>
- **WiFiTalents.** “Elopement Statistics.” <https://wifitalents.com/elopement-statistics/>

**L. Kuespert favorable testimony HB1117.pdf**

Uploaded by: lyndsey kuespert

Position: FAV

April 1, 2026

Senate Finance Committee

Re: HB1117 – Virginia I. Jones Alzheimer's Disease and Related Dementias Council and the Advisory Stakeholder Group on Autism-Related Needs - Recommendations for Elopement Response Devices

Position: SUPPORT

Dear Madam Chair Beidle, Vice Chair Hayes, and Members of the Committee:

My name is Lyndsey Kuespert, and I am paraeducator at Harford Academy in Harford County. I am also the parent of a 10-year-old child with autism and epilepsy. I am writing to express strong support for House Bill 1117, which would expand access to elopement response devices for individuals who are at risk of wandering. The school I work for is highly specialized and has around 130 students ranging from age 3 to 21, all of whom have varying levels of disability. Many of our students are prone to elopement, and protocols are in place to address such a situation. However, as a parent of a child with significant needs due to autism and epilepsy, handling such an emergency is more difficult as I am usually alone with her. This means that I would have no one besides first responders, and possibly neighbors or strangers depending on where we are at the time, to assist in locating her. Drowning is not only a leading cause in children with autism, but also children with epilepsy, and we live in the Chesapeake Bay estuary. Locating a child like mine as quickly as possible is a matter of life and death, what starts as a scary moment can become a life changing tragedy within minutes. House Bill 1117 helps ensure that individuals at risk of elopement have access to critical safety technology. These devices may include wearable safety technology or monitoring systems that help caregivers and responders locate a missing individual quickly during an emergency. Elopement can occur suddenly and without warning. Individuals who wander may not understand dangers such as traffic, bodies of water, extreme weather, or getting lost. My daughter is cognitively a very young toddler, but looks like a 12-year-old. Not only will she not understand danger, but at first glance someone in passing may not recognize that she is in danger. Providing access to elopement response devices:

- Helps caregivers locate a loved one quickly if they go missing
- Improves emergency response times during search situations
- Reduces risks of injury or fatality
- Provides peace of mind for families caring for vulnerable individual.

Prevention is the first line of defense for a child who elopes, the same way the skin is our first line of defense against disease. However, you don't rely solely on your skin's ability to prevent disease, and in the same way, caregivers cannot solely rely on prevention. My entire life, including the way I arrange my home, my schedule, and my free time, my job, everything I do revolves around my daughter's care. This world is not built for her, so my job as her parent is to adapt as much as I can of the world to fit her needs and adapt her to fit where the world can't bend. Caregiving doesn't end when our kids turn 18, the responsibility for her safety and care will never transfer to her as it does with typical children as they get older. As I myself get older, and she does as well, getting bigger and stronger, my ability to structure my home around her safety will decrease. I used to be able to lock the door and her be safe, then a baby gate, then a taller baby gate screwed into the wall and another bolted into her window frame, then alarms, now its all of those things plus covers on the door knobs that as of now she hasn't figured out how to use. But she will, she always does. That will lead to another terrifying close call, a day of research and purchasing the next stage of locks and puzzles to open the doors. Being in public is its own beast to tackle, she has a stroller that's way too small and uncomfortable. That is currently our only option because the strollers cost 3-4 thousand dollars from a medical supply company. If she won't sit in the small stroller, then she walks, and I have to be hypervigilant, ready to run after her at moment's notice, cautious of everyone around us so that she doesn't freak someone out by bumping into them. She also has no concept of stranger danger and could easily be coerced to follow someone or be led away by the hand. House Bill 1117 recognizes that preventative safety tools can save lives. By improving access to elopement response technology, Maryland can better support individuals with disabilities, older adults with cognitive impairments, and the caregivers who work tirelessly to keep them safe. Raising a child with significant needs and disabilities is the loneliest thing I have ever done. Finding help, resources, respite, even equipment that could make this feel manageable is a full-time job in and of itself while many of us are working full-time and caregiving full-time already. Passing this bill would communicate to us as parents that our state does see our kids as human beings deserving of the same care and respect that all other citizens of the state deserve. For these reasons, I respectfully urge the Committee to issue a favorable report on House Bill 1117. Thank you for your time and consideration. Sincerely,

Lyndsey Kuespert

611 Plater St. Aberdeen, MD 21001 [lyndseykuespert@gmail.com](mailto:lyndseykuespert@gmail.com)

410-349-6588

**HB1117 - Favorable template - MC .pdf**

Uploaded by: Madelyn Ciotola

Position: FAV

Date: April 1, 2026

Senate Finance Committee Re: House Bill 1117 – Virginia I. Jones Alzheimer's Disease and Related Dementias Council and the Advisory Stakeholder Group on Autism-Related Needs - Recommendations for Elopement Response Devices (LEAD Act of 2026)

Position: SUPPORT

Dear Chair Madam Beidle and Vice Chair Hayes

My name is Maddy Ciotola, and I am the parent of Lincoln, a 4 year-old boy living with Angelman Syndrome. His diagnosis means that Lincoln will be non-verbal for life, live with an intellectual disability, and have a seizure disorder. Locative devices are crucial for piece of mind for parents of non-verbal, special needs children, and even more so when they have an intellectual disability.

Lincoln started preK this past fall and the thought of that cause our family a lot of concerns and anxiety surrounding him riding a bus, being with caregivers that don't fully-understand him and the potential for him to elope, get lost, or hurt. His locative device gave us a small piece of mind, especially surrounding the bus route and transitions to and from school.

The benefits of a device cannot be understated. However, the devices can be cost-prohibitive for many families. Being a caregiver for a special needs child is time-consuming and even more difficult if that child is also medically complex. Navigating insurance, benefits, therapies, and many other appointments, can make full-time employment more difficult. Even if a family has the support to be able to work or make a decent income, the cost can still be tough to bare.

Devices typically must be purchased then a monthly maintenance or service plan needs to be purchased as well to maintain GPS or cellular functions. For example, our device can be purchased for \$225, then a monthly plan ranging from \$45 to \$65 needs to be paid. Depending on the need, there are different devices with different price points.

There are a variety of services and many benefits that the devices provide giving overworked and overtired parents peace of mind and the smallest relief of anxiety surrounding the child's potential for eloping.

The devices are also mutually beneficial for schools, law enforcement, and EMS. They can mitigate risks to for all parties while ensuring our children and loves ones remain safe.

Legislation like House Bill 1117 helps families access life-saving devices for their kids while creating safer environments for students who may require additional protections due to

disability, cognitive differences, or medical conditions. This gives schools and families the ability to work together on safety planning, Maryland can better protect vulnerable students while respecting privacy and family choice. For these reasons, I respectfully urge the Committee to issue a favorable report on House Bill 1117. Thank you for your time and consideration.

Maddy Ciotola

Mother to Lincoln, Age 4, Angelman Syndrome

[Maddy.ciotola@gmail.com](mailto:Maddy.ciotola@gmail.com)

410-917-6301

**HB 1117 - X - FAV - FIN - ALZ Association.pdf**

Uploaded by: Megan Peters

Position: FAV



**Bill:** HB 1117 - Virginia I. Jones Alzheimer's Disease and Related Dementias Council and the Advisory Stakeholder Group on Autism-Related Needs - Recommendations for Elopement Response Devices

**Committee:** Senate Finance Committee

**Position:** Favorable

**Date:** April 1, 2026

On behalf of the 127,200 Marylanders living with Alzheimer's disease and their 247,000 caregivers, the Alzheimer's Association supports *HB 1117 - Virginia I. Jones Alzheimer's Disease and Related Dementias Council and the Advisory Stakeholder Group on Autism-Related Needs - Recommendations for Elopement Response Devices*. As amended, this bill takes an important step toward improving understanding of and consistency around elopement/wandering risks and safety tools for individuals at risk of elopement, including people living with dementia.

HB 1117 clearly defines elopement, recognizing that it involves situations in which an individual may not be able to recognize danger or safely return without assistance. For people living with dementia, elopement can quickly become a life-threatening emergency. Six in ten people living with dementia will elope at least once, and many do so repeatedly, often becoming lost or disoriented even in familiar settings.<sup>1</sup> Because individuals with dementia can lose the ability to recognize familiar places and faces, elopement can occur at any stage of the disease, and its unpredictability creates fear and stress for caregivers and families.

Establishing a shared, statutory definition helps ensure that families, providers, first responders, and state systems are aligned in understanding the risks and urgency involved. Furthermore, the bill defines elopement response devices in a way that reflects how modern safety tools function today, including wearable technologies, sensors, and communication-enabled devices that support rapid location and response.

By establishing clear definitions, acknowledging modern technology, and authorizing advisory bodies to recommend elopement response devices as safety tools, HB 1117 lays a foundation for future progress. For these reasons, the Alzheimer's Association respectfully requests a favorable report. Please contact Megan Peters, Director of Government Affairs at [mrpeters@alz.org](mailto:mrpeters@alz.org) with any questions.

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<sup>1</sup> <https://www.alz.org/help-support/caregiving/stages-behaviors/wandering>

**HB 1117 - X - FAV.pdf**

Uploaded by: Megan Peters

Position: FAV



# *Maryland Senior Citizens Action Network*

## **MSCAN**

*AARP Maryland*

*Baltimore Jewish Council*

*Catholic Charities of Baltimore*

*Central Maryland Ecumenical Council*

*Church of the Brethren*

*Episcopal Diocese of Maryland*

*Housing Opportunities Commission of Montgomery County*

*Lutheran Office on Public Policy in Maryland*

*Maryland Association of Area Agencies on Aging*

*Maryland Catholic Conference*

*Mental Health Association of Maryland*

*Mid-Atlantic LifeSpan*

*National Association of Social Workers, Maryland Chapter*

*Presbytery of Baltimore*

*The Coordinating Center*

*MSCAN Co-Chairs:  
Carol Lienhard  
Megan Peters  
410-921-9005*

The Maryland Senior Citizens Action Network (MSCAN) is a statewide coalition of advocacy groups, service providers, faith-based and mission-driven organizations that support policies that meet the housing, health, and quality of care needs of Maryland's low and moderate-income seniors.

**MSCAN supports HB 1117.** This legislation, as amended, plays an important and constructive role in strengthening Maryland's understanding of elopement and the tools used to address it, particularly for older adults living with Alzheimer's disease and related dementias, as well as individuals with other cognitive, developmental, or neurological conditions.

HB 1117 clearly defines elopement, recognizing that it involves situations in which an individual may not be able to recognize danger or safely return without assistance. Wandering, or elopement, is one of the most dangerous and common dementia-related behaviors. Six in ten people living with dementia will wander at least once, often becoming lost or confused even in familiar settings, and this risk exists at every stage of the disease. Wandering places enormous emotional and logistical strain on family caregivers, long-term care providers, adult day programs, and first responders. Establishing a clear definition in statute helps ensure that agencies, providers, and communities approach elopement with the seriousness it requires.

The bill also creates a shared language across State systems by defining elopement response devices. These definitions reflect how modern safety tools function today, including wearable technologies, sensors, and communication-enabled devices that support rapid location and response. By acknowledging these tools as legitimate assistive and safety supports, HB 1117 helps reduce confusion and inconsistency across programs, providers, and settings.

Lastly, HB 1117 authorizes existing advisory bodies to recommend the use of these devices as safety tools. This ensures that guidance is informed by expertise, lived experience, and evolving best practices.

HB 1117 will lay essential groundwork by establishing definitions, guidance, and a common framework Maryland can build on over time. For these reasons, MSCAN urges a favorable report on HB 1117.

# **R A Lawson HB1117 Senate Testimony.pdf**

Uploaded by: Reginald A. Lawson

Position: FAV

## April 1, 2026 - HB1117 Written Testimony - Finance Committee

### HB1117 - Virginia I. Jones Alzheimer's Disease and Related Dementias Council and the Advisory Stakeholder Group on Autism-Related Needs - Recommendations for Elopement Response Devices

Position: **SUPPORT**

Dear Chair Beidle, Vice Chair Hayes, and Members of the Committee:

My name is **Reginald A. Lawson**, and I write you expressing strong support for **House Bill 1117**.

I am a former caregiver for my mother, who lived 2-hours from me. I tried, with inconsistent success, to engage others to help with watching out for her. Removing her from her home presented emotional, financial and physical challenges for everyone. I learned painfully, it takes more than prayers, good intentions and luck to protect her. I needed to facilitate tangible means to understand and reduce the threats embedded in dementia's lifespan.

During my 4-year caregiving journey, I employed technology where I could. This included cameras, speakers, motion detectors, talking smoke and carbon monoxide sensors, automated lighting and door locking, water and gas shutoff valves systems. This worked fine, until one day she did not return home.

That 2-hour drive that day was filled with terrifying pains of fear, guilt, and helplessness. Alerted family, neighbors and first responders did their best to locate her. I discovered her 4-hours later, soiled and scared in a bedroom closet. I was thankful for her safety, apologetic to her for not finding her sooner, and to everyone else for indulging their time and emotions. I subsequently purchased, in 2012, GPS-infused sneakers which helped to track and locate her quickly during multiple elopements.

Here are some impacts of having responsive devices:

- It allowed me to constantly monitor her active and rest times.
- It provided insights to her range of movement in and out of the house.
- It helped me analyze her behavior patterns for better understanding of her dementia.
- It controlled my anxiety by reducing time to find her and lessening her exposure to danger.
- It respected the efforts, emotions and cost of family, neighbors and first responders.

Responsive devices have improved in cost and performance which will greatly help stakeholders caring for those who have lost their self-reliance. Approving **House Bill 1117** would enhance response, reduce anxiety, and provide greater safety - for caregivers, families, neighbors, and first responders assisting those that are prone to elopement.

I respectfully urge the Committee to issue a **favorable report on House Bill 1117**.

Thank you for your time and consideration.

Sincerely,



Reginald A. Lawson  
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# **HB 1117 - Elopement Response Devices – Insurance a**

Uploaded by: Sara Westrick

Position: FAV



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**HB 1117 – Virginia I. Jones Alzheimer’s Disease and Related Dementias Council  
and the Advisory Stakeholder Group on Autism-Related Needs –  
Recommendations for Elopement Response Devices  
Senate Finance Committee  
April 1, 2026  
FAVORABLE**

Good afternoon, Chair Beidle, Vice Chair Hayes, and members of the Senate Finance Committee. Thank you for the opportunity to testify in support of House Bill 1117 regarding elopement response devices. We appreciate Delegate Lopez and the many cosponsors of this important legislation.

My name is Sara Westrick, Advocacy Director for AARP Maryland, representing approximately 850,000 members and bringing the experiences and priorities of Marylanders over 50 to policy discussions.

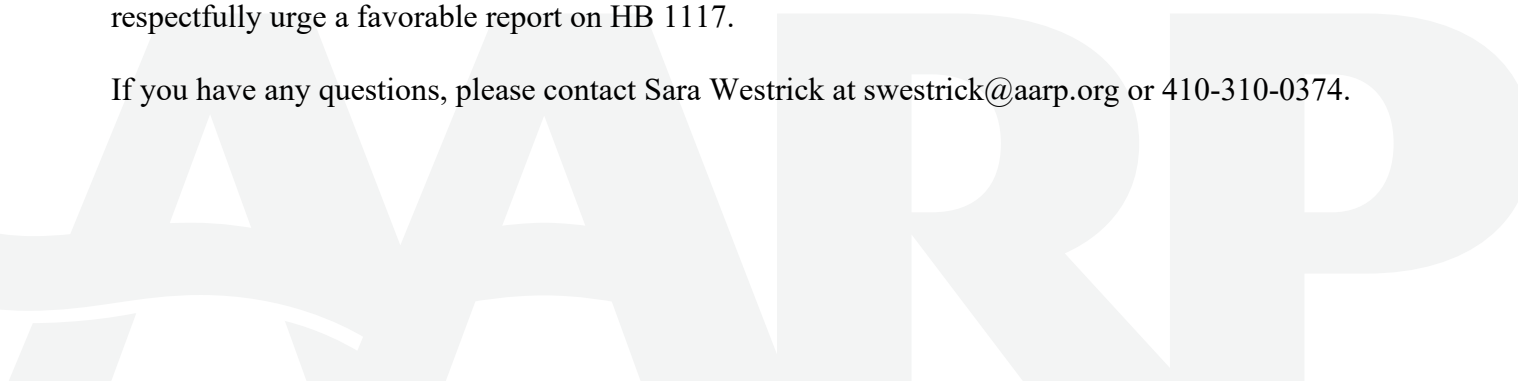
We worked closely with Laila’s Gift and other partners to develop the LEAD Act package of bills, including HB 1117, which addresses the often-overlooked issue of elopement and wandering among individuals with cognitive, developmental, and neurological conditions.

Elopement affects thousands of Maryland families, caregivers, schools, and long-term care providers each year. Children and adults with autism, Alzheimer’s disease and related dementias, and other conditions frequently wander or attempt to leave safe environments, creating life-threatening risks. Families live with the constant fear that a loved one may slip out a door or window and encounter traffic, water, extreme temperatures, or other hazards. HB 1117 recognizes elopement as a public health and safety issue.

AARP Maryland supported the original bill and continues to do so, as amended. This bill defines “elopement response device” and authorizes the Virginia I. Jones Alzheimer’s Disease and Related Dementias Council and the Advisory Stakeholder Group on Autism-Related Needs to recommend the use of elopement response devices as safety tools. This is a critical part of the solution to elopement because these devices are not optional but essential safety tools for many families.

HB 1117 provides support to families across the lifespan, particularly those caring for individuals with autism, dementia, or other cognitive disabilities. For these reasons, we respectfully urge a favorable report on HB 1117.

If you have any questions, please contact Sara Westrick at [swestrick@aarp.org](mailto:swestrick@aarp.org) or 410-310-0374.



**Lailas Gift HB1117\_Senate Finance.pdf**

Uploaded by: Shari Bailey

Position: FAV



**LAILA'S GIFT**  
*Celebrating One Gift at a Time*

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Date: April 1, 2026

Senate Finance Committee

Re: House Bill 1117 – Elopement Response Devices – Virginia I. Jones Alzheimer's Disease and Related Dementias Council and the Advisory Stakeholder Group on Autism-Related Needs - Recommendations for Elopement Response Devices

Position: **SUPPORT**

Dear Madam Chair Beidle, Vice Chair Hayes, and Members of the Committee:

My name is Shari Bailey, and I am the founder of Laila's Gift, a Maryland nonprofit dedicated to supporting individuals with non-apparent disabilities and the families who care for them. I am also the mother of a nonverbal daughter with autism and a rare genetic syndrome who is at risk of elopement. I respectfully submit this testimony in strong support of House Bill 1117.

For families like mine, elopement is not simply wandering. It is a life-threatening emergency that can occur in seconds. Many children and adults with autism, dementia, and other cognitive disabilities experience elopement behaviors that place them at risk of traffic accidents, drowning, exposure, or other serious harm.

House Bill 1117 addresses a critical gap in how we define, understand, and deploy safety tools for individuals at risk. This legislation establishes a clear definition of elopement response devices, recognizing them as essential assistive safety tools that support prevention, rapid response, and recovery when an individual goes missing.

These devices may include wearable technologies, door and window alert systems, and other tools that help caregivers and first responders act quickly and effectively in an emergency. By clearly defining these tools in statute, Maryland can create a more consistent and informed approach to how they are recommended, understood, and utilized across care settings.

For many families, these technologies are the difference between minutes and tragedy. Yet today, there is no standardized pathway to ensure families are informed about these options or that professionals across systems are aligned in how they recommend them as part of a comprehensive safety plan.



House Bill 1117 creates the opportunity to:

- Establish a formal definition of elopement response devices as life-saving assistive technology
- Support more consistent and informed recommendations by providers, care teams, and community systems
- Strengthen safety planning for individuals at risk across the lifespan
- Improve coordination between caregivers and first responders during critical incidents
- Help prevent injuries and fatalities among vulnerable Marylanders

Elopement is a reality faced by thousands of families across the lifespan. Children with autism, adults with intellectual disabilities, and older adults living with dementia are all at risk. Maryland has an opportunity to lead the nation by recognizing that clearly defined, well-integrated safety tools save lives.

House Bill 1117 is one of five bills included in The LEAD Act, a comprehensive, bipartisan initiative designed to strengthen Maryland's preparedness and coordination when elopement incidents occur. Together, these measures ensure that families, schools, healthcare providers, and first responders have the awareness, coordination, and training needed to respond quickly and effectively when a vulnerable individual goes missing.

As both a mother and an advocate, I know firsthand how terrifying it is to lose sight of a loved one who cannot communicate their location, name, address, or danger. Caregivers should not have to navigate these risks without clear guidance, support, and access to the tools that can save lives.

For these reasons, I respectfully urge the committee to give **House Bill 1117 a favorable report.**

Thank you for your time and consideration.

Warm regards,



Shari Bailey  
Founder, CEO, Caregiver  
Laila's Gift

**HB1117\_FIN\_FWA\_MDOD\_2026.03.30.docx.pdf**

Uploaded by: Anne Blackfield

Position: FWA



**BILL: HB 1117**

**POSITION: FWA - Favorable with Amendments**

COMMITTEE: Finance

HEARING DATE: April 1, 2026

SUBMITTED BY: Maryland Department of Disabilities

217 East Redwood Street, Suite 1300, Baltimore, MD 21202

Dear Chair Beidle, Vice Chair Hayes, and Committee Members

The Maryland Department of Disabilities (MDOD) is pleased to submit this letter of support with amendments for **HB 1117, Virginia L. Jones Alzheimer's Disease and Related Dementia Council and the Advisory Stakeholder Group on Autism-Related Needs - Recommendations for Elopement Devices**. MDOD houses the State Coordinator for Autism Strategy ("the Coordinator") who chairs and staffs the Advisory Stakeholder Group for Autism-Related Needs (ASGARN). MDOD requests amendments to clarify the legislation, as well as align it with best practices regarding assistive technology and better integrate it into ASGARN's functions.

MDOD supports the goal of increasing access to elopement response devices for those who want and require them. We are concerned with the current language in HB 1117 authorizing ASGARN to "recommend the use of elopement response devices." As written, this could be interpreted as a directive to a government advisory group to endorse commercial products or provide clinical recommendations to individuals to use a particular product.

MDOD believes that the selection of assistive technology should be a clinical process led by trained professionals, such as occupational therapists or licensed assistive technology professionals. These clinicians can perform comprehensive assessments to match a device's specific features—such as GPS tracking, two-way communication, or specialized mounting for sensory sensitivities—to an individual's unique needs. Furthermore, MDOD hesitates to have one of its advisory bodies recommend specific commercial products. Appearing to promote particular vendors could present significant ethics and liability concerns for ASGARN members and the State.

To address these concerns, MDOD proposes amendments to reflect the types of policy-based activities performed by the Coordinator and ASGARN. As laid out in statute in 7-112, ASGARN's role is to consult with and advise the Coordinator on the State's autism strategy. To maintain consistency with existing statute, MDOD requests that ASGARN's role be amended in HB 1117 to that of consulting with the Coordinator to recommend policies that improve individualized access to

these tools (accomplished through Amendments 1 and 2 below). MDOD also proposes an amendment to integrate these efforts into the statutorily-required Maryland Strategic Plan for Autism-Related Needs (Amendment 3)..

MDOD Amendment 1:

Page 4, Line 8: Strike “7-112.1” and replace with “7-111.1”

MDOD Amendment 2:

Page 5, Line 10: Strike “Advisory Stakeholder Group on Autism-Related Needs” and replace with “State Coordinator for Autism Strategy”

Page 5, Line 11: Strike “may recommend” and replace with “shall, as part of the strategic plan required under 7-111 of this subtitle, make recommendations to address the risks of wandering and elopement, including”

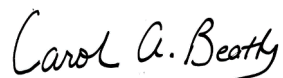
So that page 5, lines 10-12 would read: (B) THE ~~ADVISORY STAKEHOLDER GROUP ON AUTISM-RELATED NEEDS~~ STATE COORDINATOR FOR AUTISM STRATEGY ~~MAY RECOMMEND~~ SHALL, AS PART OF THE STRATEGIC PLAN REQUIRED UNDER SECTION 7-111 OF THIS SUBTITLE, MAKE RECOMMENDATIONS TO ADDRESS THE RISKS OF WANDERING AND ELOPEMENT, INCLUDING THE USE OF ELOPEMENT RESPONSE DEVICES AS SAFETY TOOLS FOR INDIVIDUALS WHO ARE AT RISK OF ELOPEMENT BECAUSE OF AUTISM.

MDOD Amendment 3

In Maryland Human Services Article, at 7-111(c), we recommend adding a new 7-111(c)(7) that specifies: “(7) assessing resources to address wandering and elopement, including the use of elopement response devices, as specified in 7-111.1.”

Thank you for your careful attention to this critical issue. We respectfully request **a favorable report on HB 1117 with adoption of these amendments**. We look forward to working with the Committee to ensure this legislation effectively supports Marylanders with autism and their families.

Sincerely,



Carol Beatty  
Secretary, Maryland Department of Disabilities

**HB1117\_DDCouncil.ArcMD\_SWA.pdf**

Uploaded by: Rachel London

Position: FWA



Maryland Developmental  
Disabilities Council  
CREATING CHANGE · IMPROVING LIVES



## Senate Finance Committee

### HB 1117: Virginia L. Jones Alzheimer's Disease and Related Dementia Council and the Advisory Stakeholder Group on Autism-Related Needs – Recommendations for Elopement Devices

April 1, 2026

Position: **Support with Amendments**

Maryland Developmental Disabilities Council (Council) and The Arc Maryland are statewide organizations that work to protect and advance the rights and quality of life of people with disabilities and their families. Both organizations are members of the Advisory Stakeholder Group on Autism-Related Needs (ASGAN). We participate in discussions, make recommendations about policy, and provide input to the Coordinator for Autism Strategy and on the Maryland Strategic Plan for Autism-Related Needs. As such, we support HB 1117 with the following amendments that better align with the function and responsibility of ASGAN and the Coordinator for Autism Strategy:

- Page 4, Line 8: Strike 7-112.1 and ADD 7-111.1
- Page 5, Lines 10-12: (B) ~~THE ADVISORY STAKEHOLDER GROUP ON AUTISM-RELATED NEEDS STATE COORDINATOR FOR AUTISM STRATEGY MAY RECOMMEND~~ SHALL, AS PART OF THE STRATEGIC PLAN REQUIRED UNDER SECTION 7-111 OF THIS SUBTITLE, MAKE RECOMMENDATIONS TO ADDRESS THE RISKS OF WANDERING AND ELOPEMENT, INCLUDING THE USE OF ELOPEMENT RESPONSE DEVICES AS SAFETY TOOLS FOR INDIVIDUALS WHO ARE AT RISK OF ELOPEMENT BECAUSE OF AUTISM.
- In Maryland Human Services Article 7-111(c), ADD a new 7-111(c)(7): *STRATEGIES TO ADDRESS WANDERING AND ELOPEMENT, INCLUDING THE USE OF ELOPEMENT RESPONSE DEVICES, AS SPECIFIED IN 7-111.1.*”

#### **WHAT does this bill do?**

- Allows the Dementia Council and ASGAN to “recommend the use of elopement response devices as safety tools for individuals who are at risk of elopement because of autism.”

Elopement response devices are designed to prevent and manage wandering in children and adults, including older adults. They are things like door alarms, wearable GPS trackers, and sensors. Some families choose to use these assistive technology devices to reduce the risks associated with wandering, and they can provide a level of security and safety to families and

staff. The choice and use of assistive technology devices is best left to families with the support from trained professionals, like occupational therapists or licensed assistive technology professionals, who can do an assessment of the person, environment, and available devices, and make specific recommendations based on the person's unique needs.

As members of ASGARN, we understand that families of people with disabilities, and older adults need and want more information, resources, and better access to devices to keep their loved ones safe. ASGARN can and should make policy based recommendations, but should not make recommendations about devices for specific people, products, or vendors. Since current language could be interpreted to require that, we support HB 1117 with the amendments outlined above.

Contact: Rachel London, Council Executive Director: [RLondon@md-council.org](mailto:RLondon@md-council.org)

# **Autism Strategy HB1117 Letter of support with amen**

Uploaded by: Victoria Rodriguez-Roldan

Position: FWA

Carol A. Beatty, Secretary  
Anne Blackfield, Deputy Secretary



Wes Moore, Governor  
Aruna Miller, Lt. Governor

**HB 1117**  
**April 1, 2026**

**Favorable with**  
**Amendments**

**House Finance**  
**Committee**

SUBMITTED BY: Victoria Rodríguez-Roldán  
State Coordinator for Autism Strategy, MDOD  
Chair of Advisory Stakeholder Group on Autism Related Needs

Dear Members of the Finance Committee,

In my capacity as the State Coordinator for Autism Strategy and Chair of the Advisory Stakeholder Group for Autism-Related Needs (ASGARN), I am pleased to submit this letter of support with amendments for **HB 1117, Virginia L. Jones Alzheimer's Disease and Related Dementia Council and the Advisory Stakeholder Group on Autism-Related Needs - Recommendations for Elopement Devices**. HB 1117 proposes in part to authorize ASGARN to make recommendations on elopement response devices for autistic individuals. I support MDOD's proposed amendments, which are included in MDOD's written testimony.

The broad purpose of the MDOD amendments is to ensure that wandering and elopement, including recommendations regarding access to elopement response devices, becomes a formal part of the Statewide Autism Strategic Plan required under Maryland Human Services Article § 7-111. I will note that while the topic of wandering and elopement is not specifically mentioned in § 7-111, ASGARN recognizes the urgency and importance of wandering and elopement. I believe that specifically adding wandering and elopement to the statutory requirements for the strategic plan in § 7-111 will ensure that it remains a priority of ASGARN's work in the future.

#### **MDOD Amendments 1 and 2: Reassigning Implementation to the Coordinator**

Amendments 1 and 2 propose moving HB 1117 from Maryland Human Services Article § 7-112.1 to § 7-111.1, and clarifying that the Coordinator shall ensure that recommendations regarding access to elopement response devices are part of the autism strategic plan.

Maryland Human Services Article § 7-111 establishes the Governor-appointed State Coordinator for Autism Strategy within MDOD. In consultation with ASGARN, the Coordinator's core duties are to identify and evaluate existing services for individuals with autism and their families, and to develop, monitor, and evaluate a strategic plan for addressing autism-related needs in the State. This plan must include national benchmarks and other performance measures to evaluate success in areas such as employment, housing, health care, and training for first responders and criminal justice professionals. The Coordinator is required in § 7-111 to submit an annual report

to the Secretary of Disabilities, the Governor, and the General Assembly regarding the development, implementation, and effectiveness of the strategic plan.

Maryland Human Services Article § 7-112 establishes ASGARN, designates the Coordinator as the chair, and specifies the group membership. Per § 7-112, ASGARN's primary mandate is to work with the Coordinator on the State's strategic plan required under § 7-111 for addressing autism-related needs. This work includes four key responsibilities: identifying and evaluating existing services for individuals with autism and their families, developing the strategic plan, promoting and evaluating its implementation, and recommending changes as necessary.

I agree with MDOD's amendments to move HB 1117 under § 7-111 as § 7-111.1 and clarifying that the Coordinator (rather than ASGARN) must ensure that recommendations are made regarding wandering and elopement. While ASGARN is responsible for providing input and monitoring implementation of the strategic plan, the Coordinator bears the ultimate responsibility of ensuring the strategic plan is developed, implemented, and reported on to the Governor and the General Assembly.

I also support MDOD Amendment 2's clarification that the Coordinator and ASGARN's recommendations regarding elopement devices should be provided in the strategic plan and therefore should be policy-oriented. ASGARN's diverse membership—which includes legislators, self-advocates, caregivers, and educators—was not designed for technical assistive technology expertise. Requiring specific product recommendations would exceed the group's original scope, possibly risk exposing the members to improper solicitations from product vendors, and create potential liability for the State should someone be harmed by a recommended device. Amendment 2 correctly aligns the new legislative mandate with ASGARN's role in advising on policies and programs rather than specific commercial products.

### **MDOD Amendment 3: Aligning Amendment 2 with the Autism Strategic Plan**

MDOD's Amendment 3 proposes to add assessing the efficacy of wandering and elopement resources, including elopement response devices, to the autism strategic plan required in § 7-111. Amendment 3 merely aligns Amendment 2 with the autism strategic plan.

The use of technology is one important piece of the puzzle for addressing the risks of elopement; it is also a deeply personal choice whose use must be tailored to meet the needs of the individual and their family or caregivers. Thank you for your consideration of this matter. I respectfully request **a favorable report for HB 1117 with the amendments** proposed by MDOD.

Sincerely,

Victoria M. Rodríguez-Roldán, J.D.  
Coordinator of State Autism Strategy

## **ATTACHMENT 1: MDOD Amendments**

### MDOD Amendment 1:

Page 4, Line 8: Strike “7-112.1” and replace with “7-111.1”

### MDOD Amendment 2:

Page 5, Line 10: Strike “Advisory Stakeholder Group on Autism-Related Needs” and replace with “State Coordinator for Autism Strategy”

Page 5, Line 11: Strike “may recommend” and replace with “shall, as part of the strategic plan required under 7-111 of this subtitle, make recommendations to address the risks of wandering and elopement, including”

So that page 5, lines 10-12 would read: ~~(B) THE ADVISORY STAKEHOLDER GROUP ON AUTISM-RELATED NEEDS~~ STATE COORDINATOR FOR AUTISM STRATEGY MAY RECOMMEND ~~SHALL, AS PART OF THE STRATEGIC PLAN REQUIRED UNDER SECTION 7-111 OF THIS SUBTITLE, MAKE RECOMMENDATIONS TO ADDRESS THE RISKS OF WANDERING AND ELOPEMENT, INCLUDING THE USE OF ELOPEMENT RESPONSE DEVICES AS SAFETY TOOLS FOR INDIVIDUALS WHO ARE AT RISK OF ELOPEMENT BECAUSE OF AUTISM.~~

### MDOD Amendment 3

In Maryland Human Services Article, at 7-111(c), we recommend adding a new 7-111(c)(7) that specifies: “(7) assessing resources to address wandering and elopement, including the use of elopement response devices, as specified in 7-111.1.”