Testimony for HB1014
February 24, 2026; House Health Committee
From: Debra A. Bennett, mental health advocate and former caregiver
Position: Support

My son Ben J. Bennett, Jr. was dually diagnosed and had a severe bi-lateral hearing disability. In December 2024, at age 35, Ben tragically passed away. On December 4th he was found unconscious on a Baltimore street without identification and admitted as a John Doe to the same hospital where he had recently and voluntarily received psychiatric treatment for a month. He had sustained an anoxic brain injury and died 4 days later.

Ben had been discharged from that hospital on November 27. He left the hospital with the hope of "being successful – this time." This is what he told with me during one of our last conversations and thanked me for helping him. I believe he was unable to follow through because of his lack of awareness about his conditions and the deterioration of his brain over time. By this time, Ben had over 25+ prior emergency department (ED) admissions, hospitalizations, and crisis stabilizations.

For the majority of Ben's past ED evaluations, inpatient hospitalizations, and crisis stabilization services, I had to travel to different Maryland counties to personally file an emergency petition with the court because local police and mobile crisis teams refused to petition – either because they interpreted the danger standard as requiring imminent danger, were not willing to consider personal, medical or psychiatric history, or they did not consider psychiatric deterioration to be a danger to self.

In 2021, when Ben lived in Frederick County, he experienced a psychiatric crisis. On a Sunday evening, the police went to his apartment to evaluate him after receiving a complaint from a neighborhood store about demanding and bizarre behavior exhibited when he wanted to purchase cigarettes. His late father and sister drove there from Charles County and Alexandria, VA. They tried to convince the police to petition him for evaluation and asked them to consider his personal and psychiatric history, but to no avail. The police decided that the psychiatric deterioration he was experiencing, did not meet the requirements of the danger standard statute. The mobile crisis unit was not available at that hour on Sunday and the Court was closed. My son continued to deteriorate instead of getting treatment.

Several days later, the resident manager called me frantically reporting that my son was lying in the parking lot. After the police were called by both of us, he still was not petitioned for an evaluation. Three residents complained about his unstable behavior, one filed a Peace Order, and the resident manager was compelled to issue him a Notice to Vacate because he was disturbing the peace. I had to strongly encourage the Assertive Community Treatment (ACT) Team to file an emergency petition.

The narrow interpretation of the danger standard had not only denied my son crucial treatment, it created fear in the community and forced my son into homelessness while he was hospitalized. He was also denied continued mental health support and shelter services in Frederick County. The Frederick ACT assisted in transporting him to Anne Arundel County to try to get residential crisis service. He soon left and was hospitalized in Baltimore City. Finally, after 4 months, I was able to see Ben Jr. He was a frail, psychotic shell of himself and his mental state had significantly deteriorated. Perhaps if the danger standard made explicitly clear that imminent danger is not required, that psychiatric deterioration is a form of danger to self, and required that personal, medical and psychiatric history must be considered if available – my son would have received more timely help before the tragedy of losing his mental stability, housing, and being distant from his family.

HB 1014 makes needed clarifications to Maryland's standard for emergency evaluation and involuntary psychiatric hospitalization – clarifications that will allow individuals with severe mental illness to receive treatment before they reach a point of crisis or tragedy.

Right now, the requirement that a person be "a danger to the life or safety of the individual or others" is often interpreted so narrowly that families and clinicians cannot act until harm is imminent. For people who lack awareness of their illness, this delay can lead to homelessness, victimization, incarceration, or irreversible deterioration.

HB 1014 clarifies that:

- Danger does not need to be imminent.
- Personal and medical history should be considered
- "Danger to self" includes inability to meet basic needs or substantial deterioration in judgment when the person cannot make an informed decision about treatment.

These changes do not expand who can be hospitalized—they simply ensure that the existing standard is applied consistently and humanely. They allow intervention at the point when treatment can still prevent suffering, protect safety, and preserve lives.

While it is too late for Ben, I ask that you support HB 1014 to save the lives others.

Thank you.