

Testimony for HB1014

February 24, 2026; House Health Committee

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Position: Support

My name is Jessica Berman Kaufman, and I reside in Howard County, Maryland. I am the mother of a 26-year-old son living with schizophrenia and severe cannabis use disorder. Unfortunately, my son lacks insight that he lives with these severe mental illnesses, a symptom called Anosognosia.

In the midst of a serious psychotic break, completely disassociated from reality, unmedicated, and making veiled threats toward a family member, my husband and I begged the police and later physicians to hospitalize him involuntarily so he could be stabilized. Instead, our son remained actively psychotic for almost a year, unmedicated, and not believing he needed treatment. Unable to care for any of his basic personal needs and lacking capacity to make rational decisions about medical care, our son may have “died with his rights on.”

In June 2024, our son voluntarily walked into a hospital emergency room and was admitted to the psychiatric unit. For the first time in months my husband and I breathed a sigh of relief. But, fewer than 18 hours later, we received a call that our son wanted to leave. The doctors agreed our son required intensive psychiatric treatment for his psychosis and mania, but because our son did not appear imminently “suicidal” or “homicidal,” the psychiatrist determined he did not meet Maryland’s standard for involuntary evaluation and hospital admission, which only vaguely requires an individual “to present a danger to the life or safety of the individual or others.” The doctor told us that because our son understood if he left the hospital he may be homeless, he had sufficient “capacity” to make that choice.

The temperatures outside exceeded 104 degrees that day - my son had no transportation, no money, no phone, no food, and only the clothes on his back. Frightened for his safety, my husband and I brought our son home. Life in our household became increasingly chaotic and unpredictable. My husband and I felt helpless and hopeless watching our son continue to decompensate - he lost everything. A college graduate with a degree in sociology, our son was fired from his job, spent his life's savings, and maxed out his credit cards resulting in massive debt. We begged our son to get help but instead he disappeared - for almost six weeks we did not know where he was. On the verge of homelessness, his fear of living on the street finally led him to agree to seek admission to a residential treatment facility, but only so he would have housing.

Ultimately, after a year in residential treatment taking anti-psychotic medication, our son found work as an SAT tutor, and currently lives independently. However, our son still does not comprehend the gravity of his illness.

Under Maryland’s current “danger” standard, families like mine are helpless to secure desperately needed timely treatment for our loved ones who lack insight, are unable to provide for basic needs (nourishment, medical care, shelter, self-protection, safety) creating a substantial risk of serious bodily harm, serious illness, or death; or lack capacity to make treatment decisions. Research shows that prompt treatment: shortens hospital stays, prevents brain damage caused by untreated psychosis, and improves long-term outcomes and recoveries.

I urge you to vote in favor of HB 1014.

Sincerely,

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