

Testimony for HB 1014

February 24, 2026; House Health Committee

From: Amy Henderson, St. Mary's County

Position: Support

I am the mother of an adult son who has bipolar disorder. He was diagnosed 23 years ago, at the age of 20. When he was compliant with medication, he was able to work as a machinist and a welder for several years, maintain a home and take care of his family.

In 2011, my son stopped taking his medication and his condition deteriorated. He was easily agitated, had difficulty sleeping, had trouble at work, and was eventually fired from his job. In January of 2012, he went to Washington, D.C., leaving his wife and two children behind. He slept on the couches of strangers who took pity on him, climbed on statues and napped in trees. He got numerous parking tickets and moving violations. He forgot where he left his car and it was impounded twice. Several times he returned to St. Mary's County and was verbally abusive to friends and relatives. One night, he became enraged and threw objects through the front window of his home. Another time he took items from a gym, thinking the manager would "put it on his tab." He received at least two no-trespassing orders. He refused any treatment.

My husband and I were extremely upset by these events and the feelings of helplessness that overcame us. Family members and friends asked us why we weren't "doing something" about his bizarre behavior. We knew from talking to many other families that the doctors, police, and judges would not petition or order an emergency evaluation until our son threatened to harm himself or someone else. They interpret the current dangerousness standard as meaning only imminent physical harm. We were powerless to get him involuntary hospital treatment.

We believed that we would eventually get a phone call for one of three reasons: our son would be in jail, in an emergency room, or dead. We waited and dreaded what might happen. Then the call came: **our son had climbed up onto the roof of a church and lost his footing. He broke bones in both feet, and in one wrist, and required surgery.** He spent the summer recuperating and coming down from the manic high that had endangered him. His treatment cost close to \$100,000. He was approved for SSDI.

We support changing the language of the laws to include psychiatric deterioration that leads to the inability to care for oneself and the consideration of medical history. We would have been able to access treatment for our son much sooner, helping him avoid life-altering injurie and prolonged mental instability.

Please support **HB 1014**.