

## Testimony for HB1014

February 24, 2026; House Health Committee

From: Edward Kelley III, Howard County

Position: Support

### TESTIMONY OF EDWARD F. KELLEY III SUPPORTING HB1014

My name is Ed Kelley and my son has paranoid schizophrenia. I have 21+ years real life experience dealing with the inadequacies of our involuntary commitment laws as they exist today. Whether naked in the snow in sub-freezing temperatures – living under a bridge – wandering for weeks talking to himself – or being victimized - I have watched first-hand the unbearable – seeing my son unable to access treatment because he does not believe he has an illness. Last year Governor O’Malley and the administration acknowledged the need to intervene earlier when they announced the funding of a new center intended to get young people at risk into immediate treatment – called The Center for Excellence on Early Intervention for Serious Mental Illness. **The program specifically states that ‘psychosis’ is the specific symptom that makes violence more likely**. **The staff at the center was quoted saying that “we need to make an effort to intervene as early as possible to perhaps salvage lives that might otherwise be lost”; and, goes on to say that “the probability that people with mental illness will become violent increases significantly if they reach psychosis”**. Maryland’s leadership has acknowledged the problem exists – so let’s address it.

On one hand we have groups saying the current laws are just fine. Does anyone on this Committee really believe that is true when we have these testimonies year after year? While we open our hearts and souls to you – others attack our testimony as anecdotal and emotional rhetoric. Is that what you believe when you hear us speak? **If the law is clear – why are we having these discussions year after year?** There are thousands of people in Maryland with the authority to evaluate a person for involuntary admission. Even if we were to assume everyone is well intended in that role – the current law creates confusion and a fear of liability – so they err to the side of taking chances with lives.

During the Continuity of Care sessions in 2013, in which I participated throughout, I asked the opposing groups if there was anything we could get changed - in regard to this issue – and other issues pertaining to the other Bills to be heard today - to better help families across Maryland. **Not one inch of movement. Not one word offered**. While I respect the opposing groups efforts – the fact is that change is required so everyone is on the same page and clarity exists that allows our providers and courts the opportunity to help those who cannot help themselves. This change will not create a huge dragnet. It will not increase stigma or deter persons from seeking help. This Bill is directed at that small population that does not believe they are ill and live with voices, delusions and paranoia.

Where does that leave us? Our son, like many others, does not believe he is ill. **It has been 21 years now – does anyone here really believe that someone with our son’s illness will ‘eventually seek treatment’ – as is suggested by opposing groups? Would you be willing to take that risk if it were your child, spouse or parent?** Are you willing to take that risk as a legislator, after seeing tragedy after tragedy unfold? Why do we acknowledge that those with Alzheimer’s at times cannot make good decisions – yet at the same time deny that same approach to someone who thought they were being hit with microwaves just prior to walking into the DC Naval Yard and killing 12 people while listening to voices? In a February 18 2014 Montgomery Gazette, Montgomery County’s County’s Chief of Behavioral Health and Crisis Services is quoted saying: **We have to be able to recognize [symptoms] and treat them earlier. ... If someone comes in**

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**for a second time, we have to be able to catch that and intervene before things become violent.**”. Dr. Newman, a prominent psychiatrist with Georgetown University is then quoted in the article: **“If they are refusing treatment and not considered an ‘imminent danger,’ they are allowed to sort of rot away with their rights on,” Newman said**. There are also those who feel this can be corrected thru training/education and regulations. While I have the utmost respect for the Administration’s great leadership and talent, people come and go in administrations, and interpretations will be continually fought over based on respective people’s perspective and/or education on the matter. That is why leaving this issue up to training and education is not enough. People only believe that change has been made when something is materially changed. Those who suffer the most deserve to be treated more humanely – and they deserve the right to avoid the stigma – the labeling - that results when they deteriorate due to lack of timely treatment. . What role you as Legislators play here this session to change all that is what remains. Please do the right thing.