Testimony for HB1014
February 24, 2026; House Health Committee
From: Rayetta Michael, Co-Owner of Help in the Home, LLC
Position: Support

Testimony in Support of Clarifying the "Danger to Self" Standard

My name is Rayetta Michael, and I am the Co-Owner of Help in the Home, LLC. Our agency provides support and treatment to individuals living with severe and persistent mental illness.

Maryland's current involuntary treatment law allows individuals who could otherwise live lives of meaning, purpose, and dignity to refuse treatment and instead endure marginal, often deplorable conditions—marked by isolation, fear, homelessness, and the inability to meet basic physical needs. Too often, families are left powerless, waiting until their loved one becomes "dangerous enough" to qualify for hospitalization, while praying that irreversible health consequences, violence, or death can be avoided.

This bill would clarify that an individual who cannot meet their basic survival needs meets the standard of being "dangerous to self." That clarification would allow people who are so ill that they lack insight into their condition to receive the treatment they urgently need.

In my 25-year career, I have personally known three individuals who were murdered by someone experiencing psychosis. One was Dr. Wayne Fenton, whose death received national attention. Shortly before his murder, he wrote in The Washington Post that we would never allow our aging parents with Alzheimer's disease to live on the streets, yet our laws permit our adult children with brain diseases to do exactly that. The other two victims were parents who were doing everything they could to care for their adult children—children whose only alternative, under current law, was the street.

I have also witnessed two men in the grip of psychosis refuse to eat because of delusional beliefs. Despite clear and escalating medical risk, they were denied intervention because they were not deemed an "active danger to self or others." **Only when they became emaciated and developed edema from organ failure—conditions reflected in critical lab values—did they finally meet the statutory threshold**. Their families had already watched them deteriorate for weeks.

Finally, I can share the story of a young woman who after several years of treatment and healing was living in her own apartment and working. At this time, she had support workers meeting with her twice a month and regular phone contact with her parents. It was obvious to those who cared about her when she stopped taking her medication. She deteriorated to the point of no longer being able to care for herself then left to live on the street. When arrested for trespassing, she was found incompetent to stand trial. After taking enough medication to go before the judge. She was discharged to a crisis bed in Maryland and walked away. The last contact her parents had was in November 2018, when a truck driver who found her hitchhiking to Chicago called them out of concern. It was cold, she had very little with her, and he purchased a coat and offered to help arrange transportation home. She declined further assistance and has not been heard from since.

These stories are not rare exceptions—they reflect systemic gaps in our current legal framework.

I respectfully urge you to pass this bill to clarify the "danger to self" standard. Severe mental illness is a brain disease. When individuals lack the capacity to recognize their need for treatment and cannot meet their most basic survival needs, the law should allow timely intervention. Appropriate treatment can prevent irreversible medical harm, violence, and death—and can restore individuals to lives of safety, dignity, and hope.