Testimony for HB 1014
February 24, 2026; House Health Committee
From: Marianne Eichenberger, Howard County

Position: Support

I am an advanced practice mental health nurse of 43 years living in Howard County. This legislation would improve a mental health practitioner's ability to provide more timely treatment by providing a clearer definition of "danger". The current Involuntary Treatment law does not define "a danger to the life or safety of the individual or of others." Clinicians, police, judges, and other evaluators are forced to define danger, which has created a narrow interpretation of danger as "imminent" danger. Those struggling with severe mental illness who are unable to satisfy basic survival needs such as safety, clothing, and food are not included in this limited interpretation.

The proposed bill would clarify that danger need not be "imminent" but would include those with mental illness that are unable to provide for basic needs.

The evidence shows that severely mentally ill clients who do not receive treatment in earlier stages of their illness or that have had to have multiple re-stabilizations, have a poorer response to future treatment and poorer long-term outcomes. Another negative consequence is these individuals often come to mental health care through the prison system. It is critical to help individuals into treatment so they can make informed decisions regarding their future treatment.

I worked with a client that was homeless, hearing voices that told them that others around them were the devil and need to be stopped. The client entered the system after robbing a store for food and threatening to harm the store's cashier. The client was able to enter the forensic system because of these charges and receive treatment even though they did not believe they had an illness at that time. This individual after treatment stated, "This saved my life." They described the horror of living on the streets, searching for food in garbage cans, and not understanding that the voices were not real. If the definition of danger had been clarified, this individual would have been able to receive treatment sooner.

Involuntary hospitalization requires that at least 2 more often 3 (psychiatrist, physician and mental health provider) make the determination that involuntary care is required. **Please realize that as care providers we do not make this decision for involuntary treatment lightly and that criteria are and must be followed. Our first responsibility is to our clients.**

Maryland is among the 5 states in the nation with the most restrictive standards. I have worked in a state that used a clearer definition of "danger." The clinicians appreciated the guidance in the provision of care to those seriously mentally ill unable to make rational decision because they did not understand they were ill. This bill will not cost money, because earlier treatment results in shorter hospitalizations and less use of the forensic system – police, courts and corrections.

I ask all members of the Committee to support this bill.

I appreciate the time you have taken to consider this vital issue