

SB707 Testimony

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Position: Support

Imagine the terror of finding your son lifeless, nonresponsive, and blue in the face. This has been my experience. My son has almost died twice and will soon be homeless. My husband and I live in fear every single day that my son will die from another suicide attempt, or continued inability to care for himself, if SB707 does not become law this year. My husband and I live in constant fear for our own lives because Maryland's current, undefined "danger standard" has been a barrier to treatment for our son for the past five years.

Our adult son, who lives with severe mental illness is a college graduate, but since 2020, his condition has progressed to the point where he has lost insight into his illness and refuses all treatment including mental and medical- including for his asthma, which can be life threatening. His judgment, reasoning, and ability to care for himself have significantly deteriorated.

Over the past five years, we have called the police to our home more than 25 times and contacted the mobile crisis team multiple times due to threats, aggression, and psychiatric crises. Each time, we were told the same thing: he did not meet the standard for intervention because he was not an imminent danger—even though his history clearly showed escalating risk. Emergency petitions we have filed were denied. His history of psychosis, violence, repeated hospitalizations, and a prior suicide attempt were not meaningfully considered in assessing the danger.

At hospitals, we have faced the same barrier. When our son refused medication, doctors declined to take him to hearings for involuntary admission because they believed he did not meet the current danger standard. As a result, he was repeatedly discharged untreated.

In September of 2023, we filed for emergency evaluation because during a manic episode he was throwing lighted incense on the floor. He was transferred to Sheppard Pratt where the doctors unsuccessfully tried to convince him to take medication. At his hearing, the judge ruled that he did not meet the danger standard and released him. Under SB 707, which requires consideration of medical and psychiatric history and a substantial risk of harm, he would have qualified for continued treatment.

Because of the current undefined danger standard, our son has been denied treatment for five years.

Our son attempted suicide by ingesting car refrigerant. He was admitted to the ICU at Holy Cross Hospital. After he was medically stabilized, we still faced resistance to psychiatric commitment because he did not meet the narrow danger standard. We live with the fear that the next attempt will be fatal.

As I stated previously, our son is unable to meet his basic medical needs. He has asthma but refuses his medication, even during visible respiratory distress. Recently, he was gasping for breath. We called an ambulance, but he refused transport. We were told he did not meet the standard for involuntary psychiatric evaluation and hospital treatment which could restore his capacity to understand and accept life-saving medical care.

When experiencing a manic episode, our son is aggressive and threatening toward us. Every day in our home is like navigating a minefield as we never know what is going to set him off. We live in constant fear that we could be harmed in our own home. Before turning in for the night, we have to lock our bedroom door. We hide anything that can be used as a weapon, especially after what happened to the Reiner's in California. We have even been advised to file a protective order against our son—but we chose not to, because he is too ill to understand it and would likely end up in jail instead of receiving treatment. And to be honest, we continue to hold out hope that with treatment he could be restored to who he once was: a loving, kind, and thriving, and ambitious young man with a bright future.

Now, we have been forced to take the heartbreaking step of filing for his eviction. This means our son may soon be homeless—not because we do not love him, but because we are trying to stay alive. We are also hoping that he would rather get treatment than be homeless.

Families like mine are forced to watch our loved one's decline, knowing they need treatment but lacking the legal ability to help. We are told to “wait until something happens.” That is not a compassionate policy. That is a reactive policy, and one that is dangerous and can end up with someone losing their life.

By the time the legal threshold for intervention is met, families are often facing crisis, homelessness, incarceration, or irreversible harm.

SB 707 addresses this gap. It recognizes that:

- danger can be a substantial risk, not only imminent harm
- a person's medical, personal, and psychiatric history must be considered
- inability to meet basic needs—including medical care—is itself a form of danger

These clarifications do not criminalize mental illness. They prevent tragedy. Treatment before tragedy is not punishment — it is protection.

Our son is not a statistic. He is a human being with dignity, intelligence, and potential. But severe mental illness can rob individuals of insight into their own condition. When that happens, families and clinicians need tools to intervene before harm occurs.

My greatest fear is that if SB 707 does not pass this year, my son—or my husband or I—will die.

We urge this committee to support SB 707 so that families like mine do not have to wait for irreversible harm before help becomes available.

Thank you for your time and consideration.