

**Testimony for HB 1014**  
**February 24, 2026; House Health Committee**  
**From:** Liz Montaner, Annapolis, Anne Arundel County

**Position: Support**

I am the mother of a 41-year-old son diagnosed with undifferentiated schizophrenia. After graduating from Colgate University in 2009, my son began showing signs of a mental illness. He was interning on Capitol Hill when he started expressing grandiose ideas such as his ability to influence legislation with his eye movements. Unfortunately, my son was the only person who did not believe he was ill. He had a neurological deficit called anosognosia which prevented him from understanding that many of his thoughts were not reality based. He saw no reason for any psychiatric treatment and refused it.

We had heard that even if we were able to convince him to go to a hospital in Maryland it was unlikely he would be admitted because he was not of obvious danger to himself or others. After several months of trying to convince our son that he needed medication we asked him to leave our house. We explained that we could not provide food and shelter without his treatment compliance. It was extremely difficult to ask our son to leave home knowing he was very ill. I believe many families are not able to take this step and yet currently in Maryland it may be the only way to have a shot at treatment.

**My son ended up in New York City in the middle of a snowstorm without any coat to protect him from the weather. He called to say he had stomach cancer and was trying to get home to die with his family. We found him in Penn Station and convinced him to go to an emergency room to check out his “cancer”.** Once inside, the hospital was able to involuntarily commit him within 24 hours based on his inability to take care of his basic survival needs. He was kept for almost a month and was finally stabilized on medications.

If Maryland had less restrictive laws governing involuntary commitment, we might have obtained treatment sooner for our son. Research shows that early intervention results in better the long-term outcomes. That was certainly true for my own psychiatric emergency almost 40 years ago. Within days of my first psychotic break I was placed in a psychiatric hospital, was kept for almost three months, and have never had another mental health incident. My son, unfortunately, has not been as fortunate and will likely spend the rest of his life battling this horrendous illness.

Please support HB 1014 so my son will not be denied treatment in the future!