

## **Testimony for HB 1014**

**February 24, 2026; House Health Committee**

**From:** Laura Pogliano, 4010 Linkwood Rd, Baltimore, MD 21210

**Position:** Support

My son became severely debilitated, catatonic, unable to walk or speak, and nearly died of starvation and dehydration because Maryland's Danger Standard for psychiatric emergency evaluation was a barrier to critical hospital treatment.

In early April of 2012, my son announced he was crippled and went to bed in the middle of the day. He believed his ankle was pulverized, he had a brain tumor, and his back was broken in three places. He promised to get up when he healed. I asked him, "When will that be?" He said that he wasn't sure, but probably not soon.

In the next two weeks, he quit eating and drinking. He couldn't trust anyone to bring him food. He saw poison being pumped into the water supply. He could only use the bathroom with assistance. He smelled, his clothes were turning black, his lips were crusted and cracked, and his hair matted. I sat by his bed for days on end, putting ice chips in his mouth, and wiping his face, begging him to make a good decision for himself and see a doctor.

Two weeks later, police crept up the stairs to his room and helped him, shaking, weak, and filthy, into a squad car to go to the hospital.

**If you think that's an odd series of events, it's because I left something important out. My son was severely mentally ill. He had schizophrenia, a thought disorder that includes hallucinations, delusions, and paranoia. Before the April events, he had quit taking a medicine called Clozapine, used for hard-to-treat cases.** Between February and March, he quit bathing and changing his clothes. He became disorganized and missed work, then got fired. He began sitting in the living room all day, not speaking, and staring at a television that wasn't turned on. He made no phone calls, saw no friends, made no attempts to engage in any activity. He couldn't answer even direct questions.

He was sicker than he'd ever been. He really, really needed to get to a hospital.

In early April, I phoned the Crisis Intervention team two times. I told them he was not eating or drinking, could no longer get up or walk. They said that he did not meet the danger standard for emergency evaluation and refused to come to evaluate him. I told them that he had required hospitalization 8 times in the past 4 years but they could not take that into account. Finally, I went to the local courthouse and begged a judge for an emergency petition which requires a peace officer to take the individual with a mental illness who presents a danger to self or others, to a hospital emergency room for a psychiatric

evaluation. The police served it the next morning. He was sent to Johns Hopkins Hospital where he refused medication. **In two weeks, he'd gone from functioning to being catatonic and in a wheel chair. He was 20 years old, a former athlete, pianist and drummer.**

On April 16th, he was committed to the hospital by an Administrative Law Judge. He was still in a wheelchair, still in his same clothes, unmedicated and now with his eyes rolling back. A week later, a medical panel decided that medication over objection was warranted. He was still in a wheelchair, in the same filthy clothes, but was now mute and catatonic. After a 48-hour appeal process, he finally received an injection of an antipsychotic. He was unmedicated overall approximately three months, two of those weeks spent hospitalized while he was legally barred from treatment. He'd lost forty pounds and required almost two months of hospital treatment to stabilize. That was a result of waiting to be able to seek care until he was considered a danger to himself according to the common interpretation of Maryland's poorly define danger standard. The standard was interpreted as requiring *imminent* danger and did not consider refusing food and water or psychiatric deterioration when incapable of rational thought as a danger to self. **After successful, competent medical care, he was able to walk his sister down the aisle at her wedding on July 28th.**

I want to ask you: What should I have done as a mother, when my son went to bed and tried to starve himself to death? One of the absurdities of our situation is that if my son had any other brain disorder, I would be legally negligent and abusive in not seeking medical help, but with the same injured brain. In a different disability, I am "supporting a choice" he makes to starve himself while delusional. I'm sure he was not sorry that I violated his rights, or fought to give him his life back. These are the realities of making families wait for treatment until your adult child meets the current danger standard.

In all, he was hospitalized 86 days, at a cost of over \$300,000.

**My son passed away in 2015.** For the last 8 years I have run a weekly support group for families in Maryland and across the US whose loved ones are severely mentally ill. I have yet to meet a family who didn't live in mortal fear of both *not meeting a danger standard* to qualify for treatment, and also *meeting a danger standard*, which literally almost always involves violence, police, arrests, and incarceration. My situation, I've learned, was not unique. It's a systemic failure that we can no longer allow to continue, for both the health of the patient and families, and for the larger implications for society.

Please support **HB 1014** to help fix this inhumane system.