



**Testimony Before the House Health Committee
March 11, 2026**

**House Bill 1323 Health Care Decisions Act – Surrogate Decision Making –
Hospital Surrogate Committee
Support**

On behalf of the National Association of Social Workers, Maryland Chapter (NASW-MD), we would like to express our support for House Bill 1323, Health Care Decisions Act – Surrogate Decision Making – Hospital Surrogate Committee.

As social workers serving older adults, we are aware of the increasing number of hospitalized individuals who need urgent medical care but cannot make medical decisions for themselves and have no surrogate. HB 1323 was written as response to this problem. A state workgroup conducted a two-year study on the growing number of expensive and time-consuming public guardianships for patients without family or representatives while in a hospital setting. These hospitalized adults need a surrogate decision-maker due to an injury, illness, disability, and/or cognitive issues impairing their ability to independently provide guidance to the medical treatment team on treatment. This bill provides an alternative to the most restrictive legal intervention, namely a guardianship, which ideally should be used only when that individual has no other alternative to ensure their safety and to access necessary medical care.

HB 1323 creates a surrogate decision-making structure that is interdisciplinary, short-term and provides a means to represent those patients without an advocate or advance directive to guide the treatment team. It provides advocacy via a qualified surrogate committee comprised of medical professionals, social worker/clergy, and patient advocates that seek to act in the patient's best interests, and would be supported by prior training in the areas of core bioethical standards, surrogate decision-making, patient's rights, the best interest standard, confidentiality, documentation and reporting requirements, conflicts of interest, and implicit bias. The goal would be for the surrogate committee to act in the patient's best interests, on decisions of time-sensitive but non-life-threatening care, when that individual is unable to do so on their own accord at that time.

Lastly, this bill would preserve Adult Public Guardianship programs for those with the greatest and gravest need for medical care and ongoing treatment decision-making, while also ensuring that the constitutional rights of vulnerable adults remain intact.

Respectfully,

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