



Maryland
Hospital Association

Senate Bill 191- Family Law - Children in Need of Assistance - Unlicensed Settings

Position: *Letter of Information*

January 14, 2025

Senate Judicial Proceedings Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to provide information on Senate Bill 191.

Maryland Hospital Association agrees that hotels, shelters, and offices are not appropriate placement options for the long-term needs of children and youth in foster care. Similarly, hospitals are also unlicensed and inappropriate placement options. However, without increasing capacity for placements such as residential treatment centers across the state to meet the needs of children and youth, these placements are likely to continue.

Maryland hospitals have and continue to face challenges with children and youth staying in emergency departments and inpatient units beyond medical necessity. This means a medical professional has deemed the patient ready for discharge, but for a variety of reasons the patient is unable to transition either to another level of care like a residential treatment center or home (inclusive of a parent or guardian's home, foster home, or group home).

Children and youth in foster care tend to face longer delays.

Hospitals are qualified to deliver care to meet the acute needs of children and youth. However, utilizing hospitals as a long-term placement option for days, weeks, months, and, in some extreme cases, a year or more, presents numerous challenges and concerns.

Children and youth who live in hospitals often destabilize, miss school, are isolated from friends and family, do not have access to certain services and are restricted in their ability to go outside and engage in activities. Additionally, they are often living in clinical environments. Especially in the emergency department, bed space is often limited, and the medical staff caring for these children and youth are needed to treat life and death emergencies.

Since 2018, MHA has worked to quantify the reasons for these discharge delays and understand the demographics of these patients. Each study identified unique challenges children and transition-age youth face, especially those in foster care.

In 2021 and 2022, MHA collected data focused solely on children and youth up to age 21, who had been in an emergency department longer than 24 hours or admitted to an inpatient unit beyond medical necessity.

Recent MHA data showed the following:

- Pediatric hospital overstay study (2021, eight weeks)
 - Average age of patient was 14 years old
 - Most common causes of delays:
 - Waiting for action by the Department of Social Services
 - Waiting for an inpatient psychiatric placement

- Pediatric hospital overstay study (2022, 12 weeks)
 - 70% of patients were between 13-17 years old
 - On average, 48 youths experienced a discharge delay each week
 - 30% of patients were involved with the Department of Social Services
 - 27% of patients were delayed because there was no available placement

We are happy to provide additional information to the Committee on this topic and appreciate the Department of Human Services' attention to this critical issue.

For more information, please contact:
Jane Krienke, Director, Government Affairs & Policy
Jkrienke@mhaonline.org