



Maryland  
Hospital Association

## **House Bill 962- Public Health - Pediatric Hospital Overstay Patients**

**Position: *Support***

February 26, 2025

House Health & Government Operations Committee

### **MHA Position**

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to testify in support of House Bill 962.

Maryland hospitals 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 the patient is unable to be discharged home or be transferred to a lower level of care like a residential treatment center.

Since 2018, MHA has worked to address this issue by studying the reasons for these discharge delays, the demographics of these patients, and the unique challenges children and transition-age youth face – especially those in foster care who tend to experience longer delays.

Currently, approximately 59 children across Maryland are stuck in hospitals, with nearly 29% of them in Emergency Departments.

- Approximately 73% of these youth are between the ages of 6 to 17
- Approximately 39% are involved with the Department of Human Services/Local Social Services Agencies
- Approximately 63% are waiting to be placed in Residential Treatment Centers, Foster Homes or Group Homes
- The average length of stay in an inpatient unit after being cleared for discharge is 40 days

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 end up “living” in hospitals experience instability, miss school, are isolated from friends and family and have limited access to the outdoors. They live in stark clinical settings surrounded by sick and injured patients, grieving families, and busy medical staff. Having a child stuck in an emergency department also presents challenges since bed space is often limited, and the medical staff caring for these children and youth are needed to treat life and death emergencies.

HB 962 takes concrete steps to ensure that children are not left waiting in a hospital without the care and support they need by taking the following actions:

- Funds Critical Services – Expands residential treatment center (RTC) capacity to address the severe shortage of available placement options. MHA’s data show the majority of youth are waiting for placement in an RTC.
- Expands Access to Treatment – Ensures state hospitals also participate in the Maryland Mental Health and Substance Use Disorder Registry to provide transparency into the available beds across the state
- Coordinates State Efforts – Establishes a Pediatric Hospital Overstay Coordinator within the Governor’s Office for Children to advocate on behalf of the children and streamline placement efforts. Sometimes youth are connected to multiple state agencies, making it confusing to know which agency is ultimately responsible for the youth. In other cases, if a parent or guardian is not engaged or responsive and no state agency has custody of the child, they are stuck in limbo with no dedicated advocate. The Pediatric Hospital Coordinator will serve as a single point of contact to advocate for the appropriate placement of all children stuck in hospitals.
- Removes Barriers to Placement – Allows hospitals to explore both in-state and out-of-state options simultaneously to avoid unnecessary delays in finding appropriate placements
- Improves Data and Transparency – Mandates an annual report to track progress and identify gaps. The Coordinator would be responsible for reporting to the Governor, House Health & Government Operations Committee, and Senate Finance Committee.

In short, investing in the behavioral health continuum is the only way to ensure children receive the care they need in the most appropriate setting. Transitioning youth into a lower-cost, more appropriate clinical setting will also result in cost-savings for the state in the long term.

HB 962 is not a silver bullet to solve all the challenges within the behavioral health continuum of care. However, this legislation offers a solution that would have an immediate impact on youth who are stuck in Maryland hospitals right now.

For these reasons, we ask for a favorable report on House Bill 962.

For more information, please contact:

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