

Bill Summary

Pediatric Hospital Overstays



Senate Bill 696 and House Bill 962 take critical steps to reduce pediatric hospital overstays in Maryland. The legislation requires the Maryland Department of Health (MDH) and the Department of Human Services (DHS) to ensure that pediatric patients under age 22 who remain in emergency departments or inpatient units for more than 48 hours after being medically cleared are transferred to the least restrictive setting. The law also mandates the appointment of pediatric hospital overstay coordinators in each department and establishes a work group to address the use of unlicensed placements, such as hospitals and hotels, for foster youth.

Key Takeaways

- State Budget Investment: Allocates \$3 million to expand residential treatment center bed capacity.
- Use of Bed Registry: Requires state hospitals to participate in the Maryland Mental Health and Substance Use Disorder Registry and Referral System (bed registry).
- New Coordinator Roles: Establishes one pediatric hospital overstay coordinator in MDH and one in DHS to manage overstay cases.
- Concurrent Placement Searches: Authorizes hospitals to explore both in-state and out-of-state placement options simultaneously to prevent delays.
- Requires an annual report tracking key data, including:
 - Length of stay
 - Responsible state agency (if applicable)
 - Needed services
 - Placement options
 - Additional relevant information
- Work Group on Unlicensed Placements:
 - Tasked with ending placements of foster youth in unlicensed settings
 - Must convene monthly to assess needs, develop a resource and implementation plan, and establish a timeline to end these placements
 - Required to report findings and recommendations to the Maryland General Assembly by Oct. 1, 2025

What's Next

- MDH and DHS will each appoint a pediatric hospital overstay coordinator to begin implementation.
- MHA will participate in the Work Group on Children in Unlicensed Settings and Pediatric Hospital Overstays