



Maryland
Hospital Association

February 5, 2026

To: The Honorable Nancy King, Chair, **Senate Education, Business & Administration Subcommittee**

Re: Letter of Information – Governor’s Office for Children Budget Hearing

Dear Chair King,

On behalf of the Maryland Hospital Association’s (MHA) member hospitals and health systems, we appreciate the opportunity to provide information on how the Governor’s Office for Children could play a pivotal role in addressing pediatric overstays in Maryland hospitals.

Maryland hospital emergency departments and inpatient units are serving as living spaces for children and youth who have been medically cleared for discharge but remain living in the hospital for days, weeks, or months because there is no other placement option available. Generally, these youth are waiting for placement in a residential treatment center, therapeutic foster home, or group home. These children and youth are living in a restrictive hospital environment that does not serve their needs. Not only are these children and youth impacted, but other sick pediatric patients with acute care needs are not able to access beds currently occupied by these kids.

According to Maryland Department of Health (MDH), Maryland Department of Human Services (DHS) and MHA, as of January 8, 2026, there were thirty-two (32) children across Maryland experiencing a pediatric hospital overstay. Twenty-five (25) youth were in inpatient units and seven were in emergency departments. Of these youth, seven were in the care and custody of DHS, nine were pending a voluntary placement agreement and five of the youth and their families were working with DHS. In total, 21 out of the 32 youth were known to DHS.

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 experience instability, miss school, are isolated from friends and family, and have limited access to essential services. Their ability to go outside and participate in activities is also restricted. They live in clinical environments, lacking the comfort of a home-like setting. Staying for a longer length of time, especially in an emergency department, can be traumatic for the child and challenging for the hospital and medical staff since bed space is limited, and the staff caring for these children are needed to treat life and death emergencies.

House Bill 962/Senate Bill 696 – Public Health - Pediatric Hospital Overstay Patients from the 2025 session, sought to address this problem by building in-state behavioral health capacity. The bill authorized \$3 million in funding for the John L. Gildner Regional Institute for Children and

Adolescents. An additional \$3 million was allocated to the Department of Juvenile Services for beds. As of today, none of these beds are available.

House Bill 962/Senate Bill 696 also created two coordinator positions – one within DHS and one within MDH, to help support these children and youth. However, these children often are known to multiple state agencies. There is no single agency maintaining a complete count of how many children are experiencing a pediatric hospital overstay or placement in other unlicensed settings. There is no unified data system or cross-agency accountability structure that can track these children in real time. There is no central state agency responsible for these youth if they are not under an agency's care and custody, and their parents are guardians but are not present or participating in their care.

The Governor's Office for Children (GOC) is uniquely positioned to play a greater role in facilitating this cross-agency coordination and exercising executive-level oversight. The GOC could be especially helpful for advocating for children and youth who are not in state custody, including those in the process of entering state custody.

We anticipate legislation this session to help address these ongoing issues and have been working closely with the Health and Social Services Subcommittee on solutions. We are happy to provide additional information to the Subcommittee and look forward to working with the Governor's Office for Children to support all Maryland's children and youth.

For more information, please contact:

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