



Maryland
Hospital Association

February 6, 2026

To: The Honorable Cory McCray, Chair, **Senate Health & Human Services Subcommittee**

Re: Letter of Information – Maryland Department of Health Overview

Dear Chair McCray,

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

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. Thanks to the work of this subcommittee, \$3 million in funding was allocated 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. Unfortunately, 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 or guardians are not present or participating in their care.

We anticipate legislation this session to help address these ongoing issues and appreciate this Subcommittee's leadership. We are happy to provide additional information as you deliberate the budget for MDH and the Behavioral Health Administration.

For more information, please contact:
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