Maryland
Hospital Association

March 4, 2026

To: The Honorable Emily Shetty, Chair, **House Health & Social Services Subcommittee**
The Honorable Dana Jones, Vice Chair, **House Health & Social Services Subcommittee**

Re: Letter of Information – Maryland Department of Health Behavioral Health Administration

Dear Chair Shetty and Vice Chair Jones,

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to testify in support with amendments on the Behavioral Health Administration's budget.

In the fall, MHA submitted a letter to the Department of Budget & Management to request that the $3 million in the state's fiscal year 2026 budget for behavioral health investments to address pediatric hospital overstays, be maintained in the Governor's FY 2027 budget.

This funding was intended to staff five additional beds at the John L. Gildner Regional Institute for Children and Adolescents (RICA) in alignment with the authorizing language in SB 696/HB 962 Public Health – Pediatric Hospital Overstay Patients and Workgroup on Children in Unlicensed Settings and Pediatric Overstays, which took effect July 1, 2025. To date, these beds are still not available.

The Maryland Department of Health (MDH) reports that in FY 2026, BHA plans to spend $3.9 million to support the Brook Lane Hospital overstay stabilization program. MHA applauds this investment in Brook Lane, which has demonstrated positive outcomes for these youth. However, Brook Lane's beds are consistently at capacity, and, importantly, these beds function as a holding space rather than a treatment destination. The youth occupying them have already been accepted into a placement and are waiting for a bed to open. This underscores the need for more placements equipped to meet the complex needs of the youth who frequently experience hospital overstays.

The MDH analysis also states part of the $3.9 million will go to support the 211 Press 4 Program, which helps hospital emergency departments facilitate care coordination services for behavioral health patients. We also applaud this investment and encourage BHA to leverage 211 to assist with data collection and tracking of pediatric hospital overstays. The current process is manual and ripe with errors and flaws.

Pediatric patients are often stuck in hospital emergency departments and inpatient units longer than medically necessary due to a shortage of community-based treatment capacity.

Hospitals are qualified to deliver care to meet the *acute* needs of children and youth. However, hospitals have become de facto long-term placement options for days, weeks, months, and, in some extreme cases, a year or more. This harms patients, who remain in settings ill-equipped to meet their needs, and strains hospitals, which lose critical bed capacity while awaiting appropriate placements.

We appreciate the collaboration with BHA and look forward to continued partnership as we work to prevent pediatric hospital overstays and support vulnerable youth in our state.

For more information, please contact:
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