

HB1301 MWPH Dr. Crowder Favorable FIN.pdf

Uploaded by: Bernadette Crowder Johnson

Position: FAV

To: The Honorable Pam Beidle, Chair
Senate Finance Committee

From: Dr. Bernadette Crowder
Neonatologist, Mt. Washington Pediatric Hospital

Date: March 25, 2025

Re: HB1301: Maryland Medical Assistance Program, Maryland Children's Health Program,
and Health Insurance – Transfers to Special Pediatric Hospitals – Prior Authorizations

My name is Dr. Bernadette Crowder, and I am a Neonatologist at Mt. Washington Pediatric Hospital, requesting a **FAVORABLE** report on **HB1301**.

From the perspective of the baby

Imagine the busy ICU. Monitors beeping. Alarms sounding. People racing to the patient in distress. New babies arriving unexpectedly. Procedures needed STAT. All hands on deck. In the beginning, I was the patient who had all the attention. I was born at 24 weeks. I weighed 500 grams (that's the size of a coke bottle). I needed help breathing, my heartbeat was irregular, my temperature was unstable, my skin could not protect me. But they got me past that point. Now I'm working on feeding. I'm working on growing. These things take time I know, but no one comes to spend time with me. At least not more than the obligatory times per day where they make sure there are no unexpected change. So I lay in my room and wait. Wait for a visitor. Wait for a therapist. But I'm ready to do more. I'm ready to start preparing for life outside of this place.

There is a place I can go where people are happy to help me. You see, over here, the squeaky wheel gets the oil. At this new place, Mount Washington Pediatric Hospital, all of the kids get the attention they need. It's the bridge to home. There, I am a priority. Nurses do my cares, and additionally others come to make sure that I practice eating my mouth, and I have appropriate developmental stimulation. They read to me, they give me space to do tummy time. My parents can come and learn how to care for me. I no longer have to stay in a confined space. If I'm old enough, they'll take me to the playroom where I have additional simulations. There are lights and sounds. I can touch new textures. I can hold a rattle... and maybe shake it. There's a big furry animal that let's me lay on him (our facility dogs). I'm not stuck in one room. I'm not stuck by myself. I'm allowed to be challenged like a baby. But if I'm sick, they can still take care of me and they know if I need to go back to the other place

From the doctor

Mt. Washington Pediatric Hospital is the ideal facility for children to transition from ICU care to home. We are able to provide medical support, education to families and empowerment to parents who are bringing home children who may have had significant illness or injury. Wasting days in the ICU when they are no longer ICU status delays progress and impedes an efficient transition to home.

The same is true for the child whose life was interrupted by the fatal car accident that they survived, that house fire, the near drowning, the gunshot, or the sudden cardiac collapse while playing the sport that was going to make them famous. They are now on the mend and really for reentry into the world.

I share these illustrations to show why it is so important to remove barriers to transferring these young people in our hospital where they can get the care they need. I request a favorable report on HB1301.

Crossover Testimony_HB 1301-Transfers to Special P

Uploaded by: Jane Krienke

Position: FAV



Maryland
Hospital Association

House Bill 1301- Maryland Medical Assistance Program, Maryland Children's Health Program, and Health Insurance – Transfers to Special Pediatric Hospitals – Prior Authorizations

Position: *Support*

March 26, 2025

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of House Bill 1301. This bill would eliminate prior authorization requirements for transfers to special pediatric hospitals that provide non-acute medical, rehabilitation, therapy, and palliative services. Removing administrative barriers to facilitate the transition of patients from acute care hospitals to specialty hospitals is critical for ensuring that these children receive care that meets their needs.

Complementary legislation introduced this session ([House Bill 962](#)/[Senate Bill 696](#)– Public Health - Pediatric Hospital Overstay Patients) would address the problem of children and youth boarding in hospitals after they are medically cleared for discharge. As of Feb. 14, 59 children across Maryland were stuck in hospitals, with nearly 29% of them in emergency departments. About 73% of these youth were between the ages of 6 to 17, and 63% of them were waiting to transition to lower levels of care.

While there are many reasons behind pediatric hospital overstays, delays because of prior authorization approvals add to the challenge. A delay of even a day or two can lead to unnecessary prolonged suffering for young patients. The unavailability of these beds while the patient is waiting to be transferred further prevents other children from receiving timely care.

Hospitals and health care providers should be able to focus on delivering high-quality care rather than navigating cumbersome approval procedures that serve as a barrier to treatment. Eliminating these requirements will improve patient outcomes and experience—ensuring the right care in the right setting, reducing the administrative burden on providers, and improving throughput at Maryland hospitals.

For these reasons, we request a favorable report on HB 1301.

For more information, please contact:

Jane Krienke, Director, Government Affairs & Policy

Jkrienke@mhaonline.org

Quinn Written Testimony Favorable HB1301.pdf

Uploaded by: Julie Quinn

Position: FAV

To: The Honorable Joseline A. Peña-Melnyk, Chair
Health and Government Operations Committee

From: Julie Quinn
Director of Rehab, Mt. Washington Pediatric Hospital

Date: March 10, 2025

Re: HB1301: Maryland Medical Assistance Program, Maryland Children's Health Program,
and Health Insurance – Transfers to Special Pediatric Hospitals – Prior Authorizations

My name is Julie Quinn, Director of Rehabilitation at Mt. Washington Pediatric Hospital, requesting a **FAVORABLE** report on **HB1301**. This bill would remove barriers to transferring children to Mt. Washington Pediatric Hospital where they can receive the care they need.

The emphasis of medical care in an acute care hospital, such as Johns Hopkins or University of Maryland Medical Center, is to save the child's life. When a child of any age comes to Mt. Washington Pediatric Hospital, our job is to teach children how to live their life to its fullest after an illness or accident. When very young infants come to MWPH we work to provide developmentally appropriate supports for feeding, moving, socializing, and playing. We work with older children on accessing their home (inside and out).

At Mt. Washington, we incorporate our patients, their siblings and family members into normalized experiences; we take children to playrooms, outside and into the community to simulate real-life experiences and prepare them to succeed in their communities.

For a teenager who sustained a spinal cord injury from a gunshot wound, life will look and feel very different when they leave the hospital. Prior to injury, this teen was playing basketball for high school and was preparing for prom and college. Our team has worked with this patient on increasing independence, cooking activities, and involvement in peer support groups. The patient is now living at home and states, "At MWPH I figured out new ways of doing things. I feel empowered to show the world that people with disabilities can live and thrive."

As another example, a very young child who was born healthy got what seems like a cold (but wasn't) around her 2nd birthday. The patient was admitted to an acute care hospital with a horrible infection and spent many months being treated with the most advanced medical technology and they saved the patient's life, but the patient lost a portion of all four limbs. At MWPH we worked with the patient's family to fit the patient with prosthetic limbs and teach the patient to walk again but more importantly we taught this vibrant young child to run and play again. Mom reports that at MWPH, "was the first time the patient got to be around other people, see other kids, and get out of bed. All we wanted was for our child to be a kid – and MWPH gave her that chance."

Children's early years are critically important for cognitive, language and emotional development.

The longer a child is hospitalized, without access to opportunities for play and self-expression, the more likely they are to have later medical, social and developmental problems.

We offer the infant and their caregivers' opportunities for play time on a mat in a playroom, music activities, sensory experiences, early literacy programs, infant massage and caregiver/infant bonding programs. If we give children healthy experiences, and give parents tools to help their children cope, it equates to children who are well-adjusted, have fewer re-hospitalizations, and less need for medical intervention as they age.

You can how important it is to remove as many barriers as possible for children to be transferred into Mt. Washington. Therefore, I respectfully request a **favorable** committee report on **HB1301**.

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HB1301 - MWPH - Favorable - FIN.pdf

Uploaded by: Mary Miller

Position: FAV

To: The Honorable Pam Beidle, Chair
Senate Finance Committee

From: Mary Miller, FACHE
CFO, Mt. Washington Pediatric Hospital

Date: March 26, 2025

Re: HB1301: Maryland Medical Assistance Program, Maryland Children's Health Program, and Health Insurance – Transfers to Special Pediatric Hospitals – Prior Authorizations

My name is Mary Miller, and I am the CFO at Mt. Washington Pediatric Hospital, requesting a **FAVORABLE** report on House Bill 1301: Maryland Medical Assistance Program, Maryland Children's Health Program, and Health Insurance – Transfers to Special Pediatric Hospitals – Prior Authorizations

This bill will help address barriers to getting children into our hospital, and about how reducing these barriers can be a part of the state's efforts to address pediatric overstay. It does this by prohibiting the use of prior authorization for transfers into Mt. Washington.

These delays happen because we are waiting for insurance companies to issue a prior authorization. Without this authorization, we risk receiving no payment – zero – for the entire inpatient stay.

We have met with the MCO and Commercial payers to ask them to voluntarily end the requirement for prior authorization. Four of the nine MCO's have done so; none of the commercial payers have. During Covid all MCO prior authorization requirements were waived. Every single one of the admissions without prior authorization were later confirmed to be appropriate. Not a single one was later denied. The system can work.

We know that acute care hospitals struggle with pediatric overstay. Some unnecessary overstay can be reduced if patients can move from acute care to our pediatric specialty care without delays caused by unneeded insurance company paperwork.

Thank you for your attention to this matter, and for your support of this vulnerable population of Maryland's children. We respectfully request a favorable report on this bill.

HB 1301 - MDH - FIN - LOSAA.docx (1).pdf

Uploaded by: Meghan Lynch

Position: FAV



Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, DrPH, MHSA, Acting Secretary

March 26, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: House Bill (HB) 1301 - Maryland Medical Assistance Program, Maryland Children's Health Program, and Health Insurance – Transfers to Special Pediatric Hospitals – Prior Authorizations - Letter of Support as Amended

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support as amended for House Bill (HB) 1301 - Maryland Medical Assistance Program, Maryland Children's Health Program, and Health Insurance – Transfers to Special Pediatric Hospitals – Prior Authorizations. HB 1301 prohibits Maryland Medicaid and its Managed Care Organizations (MCOs) from prior authorizations of transfers to special pediatric hospitals.

As of January 2025, at least six of the nine MCOs have stopped requiring prior authorizations for transfers to Mount Washington Pediatric Hospital, the predominant specialty pediatric hospital impacted by this legislation. The six MCOs that waive prior authorization continue to apply concurrent review and other utilization management to ensure that the care provided after transfer is medically appropriate. The concurrent review process starts from the date of admission. When a similar policy that suspended prior authorization for hospital transfers was in place during the COVID-19 Public Health Emergency (PHE), notification by the receiving facility to the MCO was required within 72 hours of admission.

The Department supports the amended bill that adopted language to make the provisions applicable only to specialty pediatric hospitals located within Maryland, thereby eliminating the projected fiscal impact of the original bill.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

Ryan Moran, DrPH, MHSA
Acting Secretary

HB1301 - Pediatric Hospitals - Hopkins - Support F

Uploaded by: Michael Huber

Position: FAV

TO: The Honorable Pam Beidle, Chair
Senate, Finance Committee

HB1301
Favorable

FROM: David Stockwell
Chief Medical Officer, Johns Hopkins Children's Center

DATE: March 26, 2025

RE: HB1301 – Maryland Medical Assistance Program, Maryland Children's Health Program and Health Insurance – Transfers to Special Pediatric Hospitals – Prior Authorization

Johns Hopkins supports **HB1301 – Maryland Medical Assistance Program, Maryland Children's Health Program, and Health Insurance – Transfers to Special Pediatric Hospitals – Prior Authorizations**. This bill prohibits the use of prior authorization for admissions to pediatric hospitals. It will maximize the existing capacity of specialized hospitals and help improve patient throughput at Maryland's general hospitals.

Johns Hopkins Medicine co-owns MWPH with the University of Maryland Medical System. This bill will allow the Mount Washington Pediatric Hospital (MWPH) to more effectively play its vital role in the broader spectrum of care available to children in Maryland. This committee is well aware of the challenges faced by children in Maryland who are stuck in acute-care hospitals when that level of care is no longer needed. Johns Hopkins also supports HB962 Public Health – Pediatric Hospital Overstay Patients, which addresses a different component of this problem.

At Johns Hopkins Children's Center (JHCC), we provide high quality acute care to pediatric patients. Our top priority is the safety and well-being of children. We are proud of the work we do on behalf of our patients. However, it is important for the patients and for the hospital to transfer those patients seamlessly when their needs can be met at a lower level of acuity. This helps ensure patients receive the type of care they need. It also helps ensure that the hospital's beds are available for those children that need them.

In this sense, then, this bill seeks to address a problem very much related to that of pediatric overstay. In those cases, children who no longer have medical necessity to remain in JHCC do so for an extended period of time because there is no place for them to go. This bill is similarly concerned with children who no longer meet medical necessity for JHCC, and are ready for a lower-intensity care at MWPH. Because payors require prior authorization before transfer, we see patients sit for a day or more. And each day counts. The cumulative impact on the hospital of an extra unnecessary day here and there is significant. This is especially true when our hospital remains at or above capacity. Johns Hopkins appreciates this committee's attention to so many issues that stand in the way of our ability to care for Maryland's children. We urge a **FAVORABLE** committee report on **HB1301**.

HB1301.PriorAuthorizations.Tmy. Senate, Final .pdf

Uploaded by: Samuel Rosenberg

Position: FAV

SAMUEL I. “SANDY” ROSENBERG
Legislative District 41
Baltimore City

Health and Government Operations
Committee

Chair

Health Occupations and
Long-Term Care Subcommittee

House Chair

Joint Committee on Administrative,
Executive, and Legislative Review



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

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Testimony of Delegate Samuel I Rosenberg

Before the Finance Committee

In Support of

House Bill 1301

Maryland Medical Assistance Program, Maryland Children’s Health Program, and Health Insurance – Transfers to Special Pediatric Hospitals – Prior Authorizations

Madam Chair and Members of the Finance Committee:

Prior authorizations represent a present threat to Maryland’s healthcare system and its current and future patients that must be mitigated. They require a doctor or provider to obtain approval of a patient’s health plan before providing that patient any healthcare services.

Authorization typically takes several days and forces hospitals to delay admissions to avoid risking nonpayment for the entire length of an in-patient stay.

Our healthcare system has disproportionately prioritized healthcare administration over investment in actual healthcare. Reflecting this, nationally, the Peterson-KFF health system tracker shows that there is a 10:1 administrator-to-doctor ratio. The tracker also demonstrates how the number of healthcare administrators increased over 3,800 percent between 1970 and 2019, compared to a 200-percent increase in the number of doctors.

House Bill 1301 represents a continuation of our office's efforts from the introduction of House Bill 1376 (2024) to eliminate prior authorizations and improve efficiency in our healthcare system. During the COVID-19 pandemic, these MCO prior authorizations to special pediatric hospitals were suspended, and transfers from acute care were expedited. Moreover, all expedited admissions during this time were later confirmed to be medically appropriate. While we continue to see substantial shortages of healthcare workers, any viable method for increased efficiency will be crucial.

It is both cruel and unnecessary to require prior authorization before conducting any evaluation of the type of care and resources that would be needed for this post-acute treatment.

HB1301 passed with amendments in the Health and Government Operations Committee. Those amendments, which were concurred in by the Maryland Department of Health, waive prior authorization for patient transfers only within the state of Maryland. HB1301 passed the House on March 17th with 136 yea votes and one nay vote. These changes lower the fiscal note for this legislation to zero.

HB1301 would vastly improve the efficiency and effectiveness of Maryland's healthcare system, and I urge the committee to issue a favorable report.

March 26th, 2025

Dr. Klein MWPH Favorable HB1301 FIN.pdf

Uploaded by: Scott Klein

Position: FAV

To: The Honorable Pam Beidle, Chair
Senate Finance Committee

From: Scott Klein, MD, MHSA
CEO, Mt. Washington Pediatric Hospital

Date: March 26, 2025

Re: HB1301: Maryland Medical Assistance Program, Maryland Children's Health Program,
and Health Insurance – Transfers to Special Pediatric Hospitals – Prior Authorizations

My name is Scott Klein, CEO of Mt. Washington Pediatric Hospital. I am writing to request a **FAVORABLE** report on **HB1301**.

Mt Washington is a unique hospital – a specialty children's hospital. We help transition children from the ICU to home through intensive rehabilitation and parent training in a lower cost environment. The patients we serve have medical and social complexity. 75% are on Medicaid and impacted by social determinants of health. We regularly admit patients needing complex discharge planning. Better to tackle complex discharges in a lower cost environment than the ICU.

We are co-owned by the University of Maryland Medical System and Johns Hopkins Medicine. We partner with pediatric providers throughout Maryland to ensure children receive the right care, in the right place, at the right time. A properly functioning system of care ensures that we provide valuable healthcare in the most cost-effective way.

Maryland's system of care encourages movement of patients expeditiously from high cost to lower cost environments and any delays add waste to the system. The prior authorization process to transfer patients to MWPH is an example where waste is added to the system. As we have seen during Covid, RSV and with the past year's work with some payers, waiving prior authorization allows for more rapid movement of patients to the right environment with no downside. The patient does not benefit from prior authorization nor does the provider. Since we have had no retroactive denials from any of the payers participating, it would appear the prior authorization process does not benefit the payers either.

What the prior authorization process does do is delay transfer. Arranging a bed, coordinating ambulance transportation, and ensuring parents can be available for transport requires knowing when authorization will be in place. This often means scheduling 2-3 days ahead in hopes authorization will go through. For the payers where prior authorization is not required, the teams can arrange transfer as soon as the patient is ready. Any days lost are wasted for the patient and the system. For 450+ admissions, that is a lot of waste for something that doesn't seem to provide value for anyone. Given the difficulty with hospital throughput and emergency room delays, this is an opportunity to ensure an acute pediatric bed is available for those who desperately need one.

The House of Delegates amended HB1301 to clarify that the bill only applies to pediatric hospitals located in the State of Maryland. We support this amendment. The Maryland Department of Health does as well, as you can see in their favorable with amendments testimony submitted to the House on March 15, which is attached.

As a pediatrician who has worked with medically fragile children my entire career, I know the value of our patients reaching us as quickly as possible to take the next steps in their journey home.

For these reasons I respectfully request a favorable report on HB1301.



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 15, 2025

The Honorable Joseline Peña-Melnyk
Chair, House Health and Government Operations Committee
241 House Office Building
Annapolis, MD 21401-1991

RE: House Bill (HB) 1301 - Maryland Medical Assistance Program, Maryland Children's Health Program, and Health Insurance – Transfers to Special Pediatric Hospitals – Prior Authorizations - Letter of Support with Amendments

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments for House Bill (HB) 1301 - *Maryland Medical Assistance Program, Maryland Children's Health Program, and Health Insurance – Transfers to Special Pediatric Hospitals – Prior Authorizations*. HB 1301 prohibits Maryland Medicaid and its Managed Care Organizations (MCOs) from prior authorizations of transfers to special pediatric hospitals.

As of January 2025, at least six of the nine MCOs have stopped requiring prior authorizations for transfers to Mount Washington Pediatric Hospital, the predominant specialty pediatric hospital impacted by this legislation. The six MCOs that waive prior authorization continue to apply concurrent review and other utilization management to ensure that the care provided after transfer is medically appropriate. The concurrent review process starts from the date of admission. When a similar policy that suspended prior authorization for hospital transfers was in place during the COVID-19 Public Health Emergency (PHE), notification by the receiving facility to the MCO was required within 72 hours of admission.

As written, this legislation would prohibit prior authorization of *all* transfers to specialty pediatric hospitals, including to those located out of state, which is expected to result in a significant fiscal impact. To eliminate the projected fiscal impact of this bill, the Department respectfully requests an amendment to make the provisions applicable only to specialty pediatric hospitals located within Maryland. If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

Ryan Moran, DrPH, MHSA
Acting Secretary

In the House Health and Government Operations
Committee:

AMENDMENTS TO HOUSE BILL 1301

(First Reading File Bill)

On page 3, in line 13, after "HOSPITAL" insert "WITHIN THE STATE OF MARYLAND". On

page 3, in line 27, after "HOSPITAL" insert "WITHIN THE STATE OF MARYLAND".

HB 1301 - LOS - UMMS Senate Hearing.pdf

Uploaded by: Will Tilburg

Position: FAV

TO: Chair Pamela Beidle, and Members, Senate Finance Committee

FROM: Kristin J. Bryce
Senior Vice President and Chief External Affairs Officer
University of Maryland Medical System

DATE: March 24, 2025

RE: House Bill 1301 – Maryland Medical Assistance Program, Maryland Children’s Health Program and Health Insurance – Transfers to Special Pediatric Hospitals – Prior Authorization

Position: Favorable

The University of Maryland Medical System (“UMMS”) strongly supports House Bill 1301 – Maryland Medical Assistance Program, Maryland Children’s Health Program and Health Insurance – Transfers to Special Pediatric Hospitals – Prior Authorization, and requests a favorable committee report. This bill would prohibit the use of prior authorization for transfers into pediatric specialty hospitals, and thereby expand access to care for children with serious, chronic and/or complex medical conditions, and improve patient throughput at Maryland’s general hospitals.

UMMS co-owns Mount Washington Pediatric Hospital (MWPH) with Johns Hopkins Medicine. MWPH is uniquely suited to treat children who need post-acute care for complications of premature birth, severe birth defects, multi-system chronic illnesses, and rehabilitation due to accident or injury. The hospital has an average inpatient daily census of 45, with 75% of inpatients covered by Maryland Medical Assistance. It also provides over 60,000 outpatient visits per year, including rehabilitation therapies, specialty clinics, and much-needed behavioral health services.

Pediatric specialty hospitals such as MWPH experience a variety of operational and financial barriers that delay critical care for vulnerable pediatric patients. The most significant barrier is the prior authorization requirement mandated by several managed care organizations (MCOs) and all other commercial payers before a pediatric patient may be transferred to a pediatric specialty hospital. MWPH and other pediatric specialty hospitals have met with the MCO and commercial payers and requested that they voluntarily end the prior authorization requirement. To date, 5 out of 9 MCOs have committed to eliminating the practice, but all commercial payers continue to require prior authorization.

The prior authorization process typically takes several days, which delays critical care and exacerbates the issue of pediatric overstays and bed shortages in acute care hospitals. These

delays are completely unnecessary. During the COVID-19 pandemic all MCO prior authorization requirements were temporarily waived, and every single admission during this period was later confirmed to be appropriate. Simply put, the prior authorization requirements prevent timely and desperately needed care without preventing any medically unnecessary care.

For these reasons, the University of Maryland Medical System supports HB 1301, and respectfully requests a *favorable* report on the bill.

For more information, please contact:
Kristin Bryce, SVP and Chief External Affairs Officer
University of Maryland Medical System
KJonesBryce@umm.edu