Maryland
Hospital Association

House Bill 980 - Family Law and State Government - Child Protection and the Office of the Child Welfare Ombudsman (Kanaiyah's Law)

Position: ***Support with Amendments***
February 26, 2026
House Judiciary 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 980 with amendments.

We support HB 980 because it would prohibit the Department of Human Services from placing foster youth in unlicensed out of home placements, such as hotels. However, we respectfully request that the Committee amend the bill to clarify that hospital emergency departments and inpatient units may not be used as out of home placements for foster youth who have been medically cleared and do not require acute medical care. Hospitals are licensed to provide medical treatment and stabilization and are not regulated or intended to function as out of home placements.

While hospitals are inappropriate and unsafe places for youth who do not need medical care, this practice continues to occur across Maryland.

According to state and MHA data, as of Jan. 31, 2026, there were 33 children across Maryland experiencing a pediatric hospital overstay—13 girls and 20 boys. Twenty-four of them were actively involved with the state, with seven in the care and custody of DHS, 17 pending a voluntary placement agreement, and five of the youth and their families working with DHS.

Maryland hospital emergency departments and inpatient units are inappropriately serving as out of home placements for children and youth who have been medically cleared for discharge. These youth remain in the hospital for days, weeks, and months because there is no other placement option available. Generally, these youth are waiting to be placed in a residential treatment center, therapeutic foster home, or group home. Sometimes a facility has accepted these youth, but a bed is not yet available. In these circumstances, hospitals become holding sites, where children wait for an unknown amount of time for appropriate care, while frontline hospital staff do their best to meet their needs and provide a sense of normalcy.

Acute care hospital beds are meant for short-term stabilization. They were never meant for long-term stays and are not appropriate or licensed for the long-term non-medical care of a child. The inappropriate use of these beds is harmful.

Children and youth with true medical emergencies and acute care needs cannot access the care they need. And the children and youth stuck waiting for an open bed in another placement remain in an overly restrictive environment that is not equipped to provide the care and treatment they need.

Using acute care hospitals as a waiting place for children and youth who have been medically cleared is harmful and unsustainable. MHA and the hospital field propose the attached amendment to define hospitals as unlicensed out of home placements for the purpose of housing children and youth in the care and custody of the state.

We respectfully urge the Committee to adopt this clarifying amendment so that medically cleared youth are cared for in the most appropriate out-of-home placement and hospitals can remain focused on delivering acute care to those who need it. At the same time, we must continue working to ensure sufficient, appropriate placement options are available across the continuum of care.

These placements should be therapeutic, home-like and not more restrictive than necessary. Maryland's children and youth deserve nothing less than our best.

For these reasons, we request a favorable report on HB 980 with the proposed amendment.

For more information, please contact:
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MHA Proposed Amendment to House Bill 980:

Amendment No. 1. On pg. 6, line 15, strike "setting" line 16, and insert "**OUT OF HOME PLACEMENT**".

Amendment No. 2. On pg. 6, line 16 after "licensed," and insert, "**BY THE DEPARTMENT OF HUMAN SERVICES OR DEPARTMENT OF HEALTH FOR CUSTODY, PLACEMENT, WELFARE, AND HOUSING OF CHILDREN."**

Amendment No. 3. On pg. 6, line 17, strike "setting," and insert, "**OUT OF HOME PLACEMENT"**

Amendment No. 4. On pg. 6, line 20, strike, "and".

Amendment No. 5. On pg. 6, line 23, insert, "4. **A HOSPITAL AS DEFINED IN HEALTH GENERAL 19-301 AND A FREESTANDING MEDICAL FACILITY AS DEFINED IN HEATLH GENERAL 19-3A-01."**

Amendment No. 6. On pg. 7, line 30, strike, "BE PLACED" and insert, "**STAY**."

Proposed Amendments:

(3) (I) "UNLICENSED ~~SETTING~~ **OUT OF HOME PLACEMENT**" MEANS ~~A SETTING FOR~~ **AN OUT–OF–HOME PLACEMENT** THAT IS NOT LICENSED **BY THE DEPARTMENT OF HUMAN SERVICES OR DEPARTMENT OF HEALTH FOR CUSTODY, PLACEMENT, WELFARE, AND HOUSING OF CHILDREN.**

(II) "UNLICENSED ~~SETTING~~ **OUT OF HOME PLACEMENT**" INCLUDES:
1. A HOTEL, MOTEL, OR SHORT–TERM RENTAL;
2. A SHELTER DESIGNATED TO MEET THE NEEDS OF A CHILD WHO HAS RUN AWAY OR WHO IS HOMELESS; ~~AND~~
3. AN OFFICE BUILDING OR OTHER NONRESIDENTIAL ENVIRONMENT; **AND**
4. A HOSPITAL AS DEFINED IN HEALTH GENERAL 19-301 AND A FREESTANDING MEDICAL FACILITY AS DEFINED IN HEATLH GENERAL 19-3A-01.

(c) In establishing the out–of–home placement program the Administration**:**

(1) shall:

[(1)**]** **(I)** provide time–limited family reunification services to a child placed in an out–of–home placement and to the parents or guardian of the child, in order to facilitate the child's safe and appropriate reunification within a timely manner;

[(2)**]** **(II)** concurrently develop and implement a permanency plan that is in the best interests of the child; and

[(3)**]** **(III)** provide training on an annual basis for the staff at each local department who administer requests for voluntary placement agreements for children with developmental disabilities or mental illnesses under subsection (b) of this section**; AND**

(2) MAY NOT ALLOW A CHILD TO ~~BE PLACED~~ STAY IN AN UNLICENSED OUT OF HOME PLACEMENT.