

TO: The Honorable Sandy Bartlett, Chair
House Judiciary Committee

FROM: Annie Coble
Assistant Director, Maryland Government Affairs

HB980
Favorable with
Amendments

DATE: February 26, 2026

RE: HB980 FAMILY LAW AND STATE GOVERNMENT - CHILD PROTECTION AND THE OFFICE OF THE CHILD WELFARE OMBUDSMAN (KANAIYAH'S LAW)

Johns Hopkins supports **HB980 Kanaiyah's Law** with an amendment. This bill streamlines processes and creates accountability by the State to better support children in their custody. Improving the care for children in State custody should be the top priority, and we are pleased that the Sponsor is bringing this to the attention of the General Assembly. This is an important issue for Johns Hopkins as frequently children in State custody end up in our hospitals until appropriate, longer term placements can be identified. This negatively impacts the child, and hospital operations.

In 2024, Johns Hopkins Children's Center (JHCC) experienced 1,591 days of pediatric overstay, which is the classification used to define children who are left in hospitals without residential placement. Of these 1,039 days, or 65%, were children awaiting Department of Social Services placement. These children are left in the hospital without receiving support services that they are entitled to because of policies limiting when the State/local agencies can officially take care and custody.

Pediatric hospital overstays also impact our ability to fulfill our core function of providing acute medical care to those in need. Last year, alone, 162 transport calls requesting admission were denied due to lack of bed capacity at JHCC. Of the 162 calls denied admission, 16 required critical care and were airlifted to pediatric facilities in neighboring jurisdictions.

We do note that hospitals are not included in the current proposed definition of an unlicensed setting but should be. Hospitals are not appropriate placements for these children, beyond what is medically necessary. We support MHA's amendment to include hospitals in the definition of an unlicensed setting.

In our experience, there is a great deal of variability between the understanding and implementation of DHS/SSA policies by the local jurisdictions. We would encourage there to be more alignment amongst the variation, so we can be assured there will be the same support for children regardless of where they reside. The Ombudsman created in this bill would help create this alignment and accountability.

Another concern is that there is no centralized way to count children in overstay status at the hospital, due to the absence of a reliable state-wide database, forcing children in overstay status to be counted on a by-hospital basis. One of the main reasons for the absence of a state-wide database is the State's policy dictating when it will take "care and custody" of children. Under the current practice, the State does not take "care and custody" of a child until an appropriate placement is confirmed, which often leaves a child in hospitals for weeks while efforts to identify a placement are underway, but not counted under the State's criteria as officially in "overstay" status. Again, the Ombudsman created in

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this bill would help change these practices to account for children in need of assistance, stuck in hospitals, rather than those already in “care and custody.”

Again, Johns Hopkins is incredibly appreciative of the Sponsor and the Committee for dedicating time to finding a solution to this problem and helping Maryland’s most vulnerable citizens.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE with MHA’s amendment** committee report on HB980.