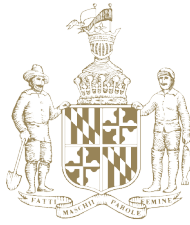


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THE MARYLAND HOUSE OF DELEGATES
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February 15, 2022

Good afternoon Madam Chair and members of the Appropriations Committee. I'm here today to present HB 406 - Children in Out-of-Home Placement- Placement in Medical Facilities. With one exception, this bill is identical to a bill this Committee passed out during the 2020 session sponsored then by Delegate Lierman. Unfortunately, the day after the bill crossed to the Senate, we shut down because of COVID.

The main purpose of this bill is to address hospital overstays for children in DHS custody. It specifies the conditions under which a child can be admitted for psychiatric or behavioral health needs, and requires the department to take timely action when it is no longer medically necessary for the child to be in a hospital setting. The one difference from two years ago is the addition of a reporting requirement for DHS to notify the Office of the Public Defender whenever a child is moved to a different placement. This will allow the Public Defender to track where the children are being placed and prevent the Department from picking up a child overstaying at a hospital and checking them into another hospital, which has repeatedly been done.

There is no reason that the Department cannot open new group homes, residential treatment facilities, or other treatment centers. Back during the 2018 session, DHS asked me to sponsor legislation to allow more flexibility in issuing additional licenses to circumvent certificate of need processes when there were no available placements. Since passing that legislation, at their request, only last year did the Department open four, and only to stave off a pending class action lawsuit on behalf of the children in their care. Let me be clear, not four facilities. Four beds.

These children are being dumped in hospitals and emergency departments, being brought in initially for acute care, and then left there after it's been determined it is no longer medically necessary for them to stay. Because it is not considered medically necessary, Medicaid will not reimburse the costs, and our hospitals are forced to eat the costs. These kids are sitting alone in hospital rooms or crowded EDs, with minimal staff interaction, no socialization with peers, no schooling, not being allowed outside, etc. This situation is unacceptable. And with our current state of emergency, it is a health risk to keep them in hospitals, and it wastes precious beds.

At the present time, there is a child at Johns Hopkins who has been living in the hospital for six months. Another child has lived at Sheppard Pratt for over a year.

I am aware of concerns some advocates have about the bill about potential unintended consequences. If the department feels like they have to get the kids out of hospitals before they've found a placement, there is concern that they could end up being housed in hotels or even sleeping on the floor of DHS offices. Neither of those is a good solution, although it is harder to not pay for a hotel room than a hospital bed. I am happy to work with the advocates on finding a solution that all are more comfortable with, and that is the purpose of the bill's proposed work group to find a solution.

I am also disappointed in the Attorney General's opposition. It appears that the AG's information is wrong and needs to be addressed. These children, for the most part, are not in psychiatric facilities. In fact, there are only 12 juvenile psychiatric beds in the entire state - another issue that this Administration has repeatedly failed to address. These children are mostly in regular hospital rooms or emergency department beds. Their mental health issues are varied and unique and a psychiatric facility is not always the most appropriate course of residence or treatment. Residential treatment facilities, group homes, living back home with family and one-to-one care are all appropriate approaches based on the individual needs of the children.

The problem is that the Administration has simply not wanted to spend the money to do what is right by these children, and dumping them in a hospital is, at the moment, free to the Administration. Only legislation or the threat of lawsuits spur their actions.

The goal of this bill is not to take kids out of a hospital setting if it is medically necessary, but rather to help those who don't need to be in a hospital to find a better placement, and to keep all stakeholders accountable and aware of the status of the children. I am happy to answer any questions, and ask the committee for a favorable report on HB406.