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HB 406 – Children in Out-of-Home Placements – Placement in Medical Facilities

Position: *Support*

March 30, 2022

Senate Budget & Taxation Committee
Senate Judicial Proceedings Committee

Bill Summary

HB 406 would require local departments of health and social services to find a placement for a child determined not to require hospitalization or pay a fine into a Foster Care Support Fund.

MedStar Health's Position

One of the most frustrating situations in caring for our communities is when a child with a disability, cognitive impairment, or behavioral health issue is brought to the emergency department, is treated and stabilized, and no longer needs acute care services but we cannot find an appropriate placement to discharge the child to. These children often spend days and weeks in the emergency department, and some spend months in our inpatient unit while we search for an appropriate placement. Some argue that because the child is in a safe environment, that child is not to be prioritized by the state for placement.

This is a disservice to the child who should be in a more appropriate setting. It is a disservice to the community when a bed is occupied by someone who does not need acute care services. And, it is a disservice to health care providers who need to care for acute patients.

It is clear the state does not have sufficient resources to properly care for these children. A survey last fall by the Maryland Hospital Association found that the weekly average for youth in hospitals meeting "overstay criteria" is 50 (25 youth in in-patient units / 25 youth in the emergency department). The average age for the youth meeting "overstay criteria" was 14, with an even split between males and females. Typically, these patients are waiting for Department of Social Services placement or waiting for inpatient psychiatric placement. Common reasons for discharge delays include: 1) aggressive behaviors; 2) developmental disabilities and/or autism with psychiatric features; 3) sexually relative behaviors, and; 4) age (too young/too old for available youth placement). These are some of the most vulnerable patients we care for and they should have access to the care they need in the most appropriate setting.

For the reasons listed above, we respectfully ask that you give HB 406 a ***favorable*** report.