

TO: The Honorable William Smith, Chair
Judicial Proceedings Committee

FROM: Leslie Ford Weber
Associate Director, Maryland Government Affairs

DATE: February 12, 2024

RE: SB759. Estates and Trusts – Guardianship of the Person of a Disabled Person – Expedited Proceedings

Johns Hopkins supports **SB759 Estates and Trusts – Guardianship of the Person of a Disabled Person – Expedited Proceedings**. This bill would set reasonable deadlines for Maryland courts to rule on petitions for guardianship of disabled persons when a hospital is recommending transfer to an appropriate facility after there is no longer a medical necessity to remain hospitalized. It would also improve efficiency by clarifying that virtually hearings are the default method unless the party seeking appointment as guardian requests an in-person hearing.

Johns Hopkins operates four hospitals in Maryland in three different jurisdictions: Baltimore City, Howard County and Montgomery County. All of our facilities care for individuals who have needs for medical treatment, but lack decisional capacity. In the best case, once the necessity for acute medical care has been resolved, the individuals either return to the setting where they came from prior to admission or are easily transferred to an appropriate facility for ongoing treatment and support of their conditions.

Too many patients in Maryland, however, experience delays in what should be a routine process, especially if there is no legally identified decision maker available, or willing, to support an individual who lacks capacity to make decisions about their next level of care. In these cases, Johns Hopkins health system employees work tirelessly to identify appropriate locations that will accept the patient and then must petition the courts for guardianship of the person in order to safely discharge the patient.

When the courts fail to act in a timely manner, the patients – who no longer need medical care – are stuck. They continue to occupy beds that are needed for patients who need medical treatment. This contributes to the backlog for care and long wait times in our emergency departments which is a matter of statewide concern.

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On an individual level, these patients have a greater risk of decline. They are isolated from meaningful supportive social and emotional care available in other appropriate treatment settings. They risk acquiring additional infections.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on **SB759**.