JOHNS HOPKINS
UNIVERSITY & MEDICINE

TO: The Honorable Senator Pam Beidle, Chair
Senate, Finance Committee

FROM: Michael Huber
Director, Maryland Government Affairs

SB696
Favorable

DATE: February 18, 2025

RE: SB696 – Public Health – Pediatric Hospital Overstay Patients

Johns Hopkins University & Medicine supports **Senate Bill 696 – Public Health - Pediatric Hospital Overstay Patients.** This bill seeks to provide more appropriate placements for pediatric overstay patients in Maryland's hospitals. These are patients under the age of 22 who are in hospitals more than 24 hours after it has been determined they do not have any medical reason to remain in a hospital. It does this by creating accountability and capacity. Accountability comes through the creation of a coordinator position to ease administrative burdens for placements and capacity comes from the mandated funding for staffing of existing beds in a more appropriate setting.

The impact of holding children awaiting state placement is significant. Johns Hopkins feels for these children and hope that we can collaborate on a solution that is beneficial for all involved. However, due to the requirement to hold these children, who by definition do not have medical or psychiatric admission needs, we are denying care to others who do. Below we've briefly described the resources required by Johns Hopkins Children Center (JHCC) to care for these patients.

Hospital Bed Utilization
In 2024, we had a total of **1,591** days of boarding. Of these 1,039 days, or 65%, were children awaiting Department of Social Services placement. That equals 3-5 beds out of our total of 80 acute care and 15 inpatient psychiatry beds that were offline for the entire year.

Mental Health Care for DSS Boarders while at JHCC
We provide additional care for these young people when they are here for an extended period of time based on our boarder process. If they are moved to a medical, acute care bed from an Emergency Room bed (typically after 72 hours), we implement a behavioral health plan, and they are seen by psychology personnel weekly. We also assist with the home and health referral for school.

We prioritize the safety of these children under our supervision. When youth are admitted to an inpatient acute care bed due to a lack of safe options in the community, we restrict their ability to leave the inpatient unit to prevent them from eloping from the hospital.

Academic support
They attend, if they choose (we cannot force if they refuse, which some do), academic lessons provided by Baltimore City Public Schools Home and Hospital Program.

Staff support
Additionally, we have weekly care coordination meetings with the Department of Social Services (DSS) teams and Social Security Administration (SSA) to collaborate on placements and their overall needs. Overall, our Social Work team spends an average of six hours a week on each child's care coordination. Nursing also spends an increased amount of time with each child on their behavioral

needs. We have 1:1 staff supervision and security detail, which is an additional cost. Lastly, some of the children have destroyed medical rooms, taking them offline for weeks after they leave. They have broken toilets, sinks, beds, walls, windows, etc. The cost has been over of $30,000 on at least one occasion.

Financial Concerns
While caring for these DSS patients, we have children in medical beds without medical needs. Frequently are writing off $2,500/day to hold these patients. We are providing room and board, nursing, security, medications, etc. without reimbursement for our costs. More critically, they are occupying beds that are desperately needed by children with medical need in our own emergency room and across the state.

Impact of Bed Utilization by DSS Boarding population
As referenced, in 2024, JHCC provided over 1000 bed days of care to children and youth under DSS custody, whose medical condition did not necessitate hospital admission.

During this time, **218** transport calls requesting admission were denied - **218** children in the state of Maryland could not receive urgent medical care at JHCC. Of those patients denied admission to JHCC due to lack of bed availability, **39** required critical care and were airlifted or urgently transported to pediatric care facilities in Washington D.C., Pennsylvania or Delaware. The impact of additional transport time on the survival of these critically ill children cannot be reliably estimated, but we know that additional time is not beneficial for care and outcomes for them. JHCC is the only pediatric Level I trauma/burn center in Maryland and the only pediatric facility in Maryland that provides ECMO, thus the highest acuity of care. Denial of any such need places a life in imminent danger. In 2024, we denied access to JHCC **90** times due to lack of beds.

These resources are extended during the overstay because there is simply not enough appropriate settings for these children to go to. These children need therapeutic, safe environment with the space, education, and resources available to heal and grow. This bill requires the State to make the necessary investments to create these placements and help these children. In the interest of these young people and on behalf of our clinical and social work teams who are responsible for caring for them while they are in our hospitals, we **ask for a favorable report on SB696**.