



MedStar Health

9 State Circle, Ste. 303
Annapolis, MD 21401
C 410-916-7817
kimberly.routson@medstar.net

Kimberly S. Routson
Assistant Vice President,
Government Affairs - Maryland

SB 696 – Public Health – Pediatric Hospital Overstay Patients

Position: **Support**
Senate Finance Committee
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MedStar Health is the largest healthcare provider in Maryland and the Washington, D.C. region. MedStar Health offers a comprehensive spectrum of clinical services through over 400 care locations, including 10 hospitals, 33 urgent care clinics, ambulatory care centers and an extensive array of primary and specialty care providers. We are also home to the MedStar Health Research Institute and a comprehensive scope of health-related organizations all recognized regionally and nationally for excellence. MedStar Health has one of the largest graduate medical education programs in the country, training 1,150 medical residents annually, and is the medical education and clinical partner of Georgetown University. As a not-for-profit healthcare system, MedStar Health is committed to its patient-first philosophy, emphasizing care, compassion, and clinical excellence, supported by a dedicated team of over 35,000 physicians, nurses and many other clinical and non-clinical associates.

SB 696 addresses the issue of pediatric patients under the age of 22 who remain in hospital inpatient settings or emergency departments for more than 24 hours, after being medically cleared for discharge or transfer. One of the most challenging situations in caring for our communities is when a child is brought to the emergency department, is treated and stabilized, and no longer needs acute care services but cannot find an appropriate placement to discharge the patient. These children often spend days and weeks in the emergency department, and some spend months in our inpatient units while we search for an appropriate placement. MedStar Health has countless heartbreaking stories of youth that lack schooling, proper socialization and emotional engagement while stuck in these inappropriate settings. The bill creates a coordinating function in the Governor's Office for Children that will be crucial to organizing state agencies and programs to drive positive outcomes for these children.

Pediatric overstays can be attributed to several causes: lack of bed capacity and insufficient reimbursement rates, lack of accountability and transparency to support the needs of youth and families in crisis, and outdated processes and administrative burdens that prevent patients from accessing the care they need in a timely manner. Patients experiencing the longest overstays are generally either under the custody of DHS or under a parent's custody but essentially are abandoned in the emergency departments. Furthermore, hospital inpatient psychiatric units also face challenges with long overstays while waiting for numerous state agency approvals for pediatric patients. These overstays are a gross disservice to the children and to the community. As a result, critical beds and resources are not available for acute care patients.

This bill is a necessary step forward in protecting this vulnerable population. Without intervention, these youth will continue to be left behind. The need for coordination efforts, updates from agencies seeking to place the pediatric patients, and a workgroup to determine the least restrictive places are essential to providing care efficiently and addressing issues of health equity and disparities across our state.

For the reasons above, MedStar Health urges a ***favorable*** report on **SB 696**.

It's how we treat people.