



Testimony of Jennifer Dorr, DO, MPH
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HB 962: Public Health - Pediatric Hospital Overstay Patients
Position: FAVORABLE
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House Health and Government Operations Committee

Chair Peña-Melnyk, Vice Chair Cullison and members of the committee, thank you for the opportunity to provide testimony in favor of House Bill 962. My name is Jennifer Dorr, DO, MPH, and I am a child and adolescent psychiatrist at Children's National Hospital. Today, I am representing and speaking on behalf of Children's National and on behalf of both the Maryland Psychiatric Society and the Washington Psychiatric Society. Children's National has been serving the nation's children since 1870. Nearly 60% of our patients are residents of Maryland, and we maintain a network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland.

House Bill 962 aims to have pediatric patients admitted to the least restrictive environment appropriate for their clinical needs. With the establishment of a Pediatric Hospital Overstay Coordinator, and a subsequent study to be conducted of residential and other facilities, this bill has a strong aim and is very important to the quality of life of our pediatric patients.

Being on the front lines, I see what devastation can be caused if a child is unable to be discharged from inpatient care when they are either medically or psychiatrically stabilized, simply due to a lack of appropriate disposition. While working on the inpatient unit at Children's National, I encountered a patient we will call Joe. Joe is a 14-year-old individual who had PTSD from significant abuse as a younger child and a genetic syndrome. He had prior hospitalizations to inpatient psychiatry units and struggled with significant suicidal ideation and other mental health struggles and was ready to be transferred to a residential facility after a few weeks inpatient. However, Joe remained on the psychiatric unit for over 5 months while awaiting placement. This not only took a bed from someone who was waiting in the Emergency Department for an inpatient psychiatric bed and was a huge cost to the system, but also this greatly affected the patient's overall mental health. When a child is stabilized either medically or

psychiatrically but must stay in the hospital for months due to the lack of appropriate placement, it is a serious issue. We need to do better for the children of our nation, and especially our state. This is simply unacceptable. It delays a patient getting back to "real life," may halt social, educational, and developmental growth, and can worsen their overall mental health. They may feel trapped, because essentially, they are trapped. A hospital or an inpatient unit is not an appropriate place for a child to grow up in.

I have many other examples of such patients, including a 15 year-old girl who presented to the psychiatric unit due to violence and aggression at home. Then, during her admission it was discovered that she was being abused at home. The patient's mother eventually gave up custody, but the patient remained on the unit (even though stabilized after a few weeks) for 3-4 months. This is not okay, and quite frankly our system is failing our children. What these children and families need is a stable place to be discharged, and many times this is a higher level of care like residential placement, or even a day program. However, when those options are unavailable, the patients and their families suffer. Many times, these families may be able to be kept together with family and parenting work as an outpatient, but those resources are often not available.

Please help us as child and adolescent psychiatrists help our patients and families. Please don't continue to put us in a position of keeping a child admitted to the hospital simply because there is not an identified place for that child to go. Let's all together stop punishing our children and families who come to the hospital for help, only to then have to remain there for sometimes over a year. Let's not continue to give them significant emotional and financial trauma. Let's do better for our children.

I applaud Chair Peña-Melnyk for introducing this important legislation, which will have life-long benefits for our state's youngest residents and respectfully request a favorable report on HB 962. Thank you for the opportunity to submit testimony. I am happy to respond to any questions you may have.

For more information, please contact:

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