



Date: February 26, 2025

To: Chair Pena-Melnyk, Vice Chair Cullison and the Health and Government Operations Committee Members

Reference: House Bill 962- Public Health - Pediatric Hospital Overstay Patients

Position: Favorable

Dear Health and Government Operations Committee Members,

On behalf of LifeBridge Health, we urge your strong consideration for House Bill 962. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Hebrew Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County; Grace Medical Center (formerly Bon Secours Hospital), a freestanding medical facility in West Baltimore; and Center for Hope a center of excellence focused on provided hope and services for trauma survivors in Baltimore City.

Pediatric patients being “boarded,” or kept waiting for transfer in emergency departments (ED), are stuck waiting sometimes for days and weeks due to complexity of our current system and the shortage of open inpatient beds in the state, and an even greater lack of community options for placement that serves youth with co-occurring developmental, medical, and behavioral health conditions. Some of these youths are under custody of the state, while many are unfortunately left by parents who simply cannot manage the child’s needs and have no other option.

LifeBridge Health hospitals face ongoing challenges with children and youth staying in emergency departments and inpatient units well beyond medical necessity. In just the last couple of months our hospitals had over sixteen pediatric patients (ages twenty-one and under) that have had a length of stay in the emergency room over 24 hours past assessment. Of those youth assessed five have been in the ED for over 60 days, eight have been there greater than 7 days. Most of these patients were brought to the ED by a parent or guardian, one escorted by courts and one by law enforcement. We had a pediatric male patient, last year, who was at one of our emergency rooms for over 150 days.

Children and youth who live in hospitals often experience instability, miss school, are isolated from friends and family, and have limited access to essential services. Their ability to go outside and participate in activities is also restricted. Additionally, they live in clinical environments with unfamiliar sounds and smells, lacking the comfort of a home-like setting. Especially in the emergency department, staying for a longer length of time can be challenging since bed space can be limited, medical staff caring for these children and youth are needed to treat life and death emergencies. This environment is not therapeutic for extended time periods and can escalate a situation. These experiences have a negative impact on all those involved including the child and the staff.

The ability of state agencies, like SSA, to expand access to appropriate placements is critical. These children and youth deserve to live in appropriate settings, which are licensed to meet their needs. When appropriate placements and service providers are not available, these children and youth can end up lingering in inappropriate settings like hospitals and hotels, waiting for a placement.

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Alternatively, some children and youth are sent out of state when no providers or placements are available to meet their needs. Both scenarios are not sufficient to meet the needs of Maryland's children, youth, and families. We need to ensure that we have an ombudsman who can advocate on behalf of the child and capacity to offer the optimal placement to continue the therapy and oversight to support a child's recovery.

House Bill 962 does not solve this complex issue; however, it would make a significant positive impact on our ability to truly serve children and their families. The bill seeks to achieve the following.

- **Fund Critical Services** – Provides funding to staff and maintain more beds in residential treatment centers, addressing the primary cause of pediatric overstays: a severe shortage of available placement.
- **Expand Access to Treatment** – Ensures that the Maryland Mental Health and Substance Use Disorder Registry includes both private and state services, helping families and providers find appropriate care faster.
- **Coordinate State Efforts** – Establishes a Pediatric Hospital Overstay Coordinator within the Governor's Office for Children to ensure timely placements.
- **Remove Barriers to Placement** – Allows hospitals to explore both in-state and out-of-state options to place children in the most appropriate setting.
- **Improve Data and Transparency** – Mandates an annual report on pediatric hospital overstay patients to identify gaps and track progress.

With all these considerations, we urge a favorable report on House Bill 962.

For more information, please contact:

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