

Testimony in Support of House Bill 962

Public Health – Pediatric Hospital Overstay Patients

Before the Health and Government Operations Committee: February 26, 2025

The Public Health Law Clinic submits this testimony in support of House Bill 962 – Public Health – Pediatric Hospital Overstay Patients, which is designed to reduce the length of time pediatric patients remain in the hospital after medical clearance. According to a 2022 report by the Maryland Hospital Association, an average of 50 children each week resided in hospital facilities across the State despite being medically cleared for discharge. Adolescents remained in the Emergency Department or an in-patient setting beyond medical clearance for many reasons, including waiting for Local Departments of Social Services (LDSS) or for placement in a behavioral health facility.¹ Babies who are medically cleared remain while waiting for LDSS or for an inpatient pediatric rehabilitation bed. In 2024, a total of 102 children in the care and custody of LDSS experienced a hospital overstay.² Pediatric hospital overstay patients face serious negative health consequences because a hospital is an unsuitable environment for children, particularly when the child remains in the hospital for weeks or even months beyond the need for care. House Bill 962 would begin to address the pediatric hospital overstay crisis in Maryland by strengthening State coordination and support for hospitals caring for children after medical clearance.

This bill would reduce pediatric overstays for children by requiring the Maryland Department of Health (MDH) and the Department of Human Services (DHS) to transfer and treat pediatric hospital overstay patients in the least restrictive setting possible. Most significantly, House Bill 962 would establish a Pediatric Hospital Overstay Coordinator in the Governor’s Office for Children, which would support State agencies and hospitals in more quickly relocating children when they have been medically cleared to leave the hospital. The bill also allows hospitals to explore in-state and out-of-state placement options concurrently for pediatric overstay patients.

Hospitals are not appropriate settings for the long-term care of children. Time spent in a hospital staffed by medical professionals equipped to deliver acute care in response to physical trauma or illness can be especially difficult for vulnerable youth navigating the foster care system. This environment can potentially retraumatize children who may have recently experienced or witnessed violence or abuse. Even in the best-case scenario, a child residing long-term in a hospital is unlikely to receive basic care requirements like time outside, socialization with family and friends, and access to education. Hospitalization can lead to long-term behavioral and psychological difficulties in children, and adverse effects of hospitalization on children have further been found to be stronger when parents are not present.³

¹ Pediatric Hospital Overstay Data Collection Project, Maryland Hospital Association (2022), https://mgaleg.maryland.gov/cmtetestimony/2022/app/14I-S_o5hYUDorM40m8F6EtEtBpcAyyUF.pdf

² *Report on Hospital Stays, Average Length of Stay, and Placements After Discharge*, MD DEPT. HUMAN SERVS. (Feb. 6, 2025), https://dlslibrary.state.md.us/publications/JCR/2024/2024_144-145_2024.pdf.

³ Ami Rokach, *Psychological, Emotional and Physical Experiences of Hospitalized Children*, 2 Clin. Case Rep. Rev. 399, 399–400 (2022).

Though this bill alone will not eliminate all pediatric overstays, it can help reduce harm to children for whom the State is responsible. Additional support for MDH and DHS will still be needed to expand capacity in community-based foster homes and residential treatment centers. House Bill 962 will assist hospitals by allowing them to concurrently explore both in-state and out-of-state placement options for medically cleared children when appropriate. Currently, hospitals must first exhaust all in-state options before pursuing out-of-state options, extending the duration that children remain pediatric overstay patients. Additionally, this bill would establish a Pediatric Hospital Overstay Coordinator in the Governor’s Office for Children, providing MDH and DHS greater support in reducing pediatric overstays while alleviating bureaucratic strain for hospitals that must prioritize providing acute care.

The progress House Bill 962 can make for children navigating the foster care system, however, will best be complimented by investment and improvement in community-based care settings like kinship care with family members, foster homes with resource parents, and professionally-staffed group homes. The consistency and normalcy provided by these settings help children maintain connections with family, school, and friends—crucial stability that results in preferable health and education outcomes.⁴ To this effect, we value DHS’s work in the last year to reduce pediatric hospital overstay patients by developing new kinship care resources, regulations, and further implementing an incentivized compensation structure for residential care providers. DHS’s recently released guidance policy for LDSS responsibilities to youth housed in hospitals and hotels provides necessary direction for LDSS to provide continuous support to pediatric hospital overstay patients.⁵

Conclusion

No child should have to reside in an emergency department or in-patient hospital room beyond medical necessity. The negative health consequences of pediatric hospital overstays include social, emotional, and mental harm as overstay patients do not receive proper care for their social and emotional needs and lack access to important positive forces in their lives, such as peers, the outdoors, and education. Eliminating pediatric overstays will require robust coordination across State agencies and hospitals, and House Bill 962 is a modest step toward making that coordination a reality. For these reasons, we request a favorable report on House Bill 962.

This testimony is submitted on behalf of the Public Health Law Clinic at the University of Maryland Carey School of Law and not by the School of Law, the University of Maryland, Baltimore, or the University of Maryland System.

⁴ Sarah A. Font & Elizabeth T. Gershoff, *Foster Care: How We Can, and Should, Do More for Maltreated Children*, 33 SOC. POL’Y REP. 1, 4, 9 (2020), available at <https://doi.org/10.1002/sop2.10>.

⁵ LDSS RESPONSIBILITIES OF YOUTH IN HOSPITALS AND HOTELS: SSA-CW #25-02, MD DEPT. HUMAN SERVS. (released Feb. 7, 2025).