



Cornell Brooks Public Policy

House Appropriations Committee

Date: March 3, 2026

HB1559 Children in Unlicensed Settings and Pediatric Hospital Overstay Patients – Placement

Position: FAVORABLE

Dear Chair Barnes and Committee Members,

We are pleased to offer strong support for HB1559. The State Policy Advocacy Clinic at the Jeb E. Brooks School of Public Policy at Cornell University* comprises undergraduate and MPA students who research, design, and advocate for a wide variety of concrete, human-rights focused state policy solutions together with legislators, academics, community members, and nonprofit organizations. In recent years, Clinic teams have successfully contributed to the drafting and advancement of state legislation, produced fiscal and implementation analyses used by lawmakers, and authored numerous in-depth white papers and policy memoranda. The Clinic's work spans health care policy, immigrant rights, children's rights, criminal justice reform, democracy and good governance, disability rights, and consumer protection.

HB1559 makes significant progress in updating Maryland's child welfare legislation to better protect and support children placed in unlicensed settings and those who fit the definition of a pediatric hospital overstay patient. The bill defines and explicitly prohibits the placement of children in unlicensed settings – a move that is long overdue following the tragic death of 16-year-old Kanaiyah Ward while she was living in a Baltimore hotel in September 2025.

The bill also helps prevent pediatric hospital overstay patients from falling through the cracks and remaining in hospitals for extended periods of time without a plan for permanent placement. It does so by requiring the Placement Manager of the Child and Youth Placement Review Panel to convene a Rapid Response Placement Team when a child has fit the definition of a pediatric hospital overstay patient for more than 72 hours. This team, which will meet daily until a suitable placement is found, brings together many of the relevant service providers and State agencies to take coordinated responsibility for the child's care and work toward securing a safe and appropriate licensed placement as quickly as possible. The Rapid Response Placement Team represents a critical step forward in addressing the troubling median length of stay for children who experience overstays from admission to discharge, which was 47 days in SFY 2023,¹ with at least 2 children spending over 300 days in a psychiatric emergency room or inpatient facility.²

¹ Small, L., Brunsink, A. M., Heisler, K., Lardner, M., Naqvi, S. & Olson, S. (2024). *Maryland Social Services Administration Placement Needs Assessment: Final Report*. Chicago, IL: Chapin Hall at the University of Chicago,

<https://dhs.maryland.gov/documents/Local%20Offices/Baltimore%20City/Consent%20Decree/72nd%20Compliance%20Report/72nd%20Report/Att.%20A.pdf>.

² Office of Program Evaluation and Government Accountability. (2026). *Scoping Evaluation of the Social Services Administration*. Annapolis, MD: Maryland Department of Legislative Services, <https://dls.maryland.gov/pubs/prod/ProgEval/ScopingEvaluationofSSA.pdf>.

Additionally, HB1559 directs its new Interagency Council on Children, Youth, and Families to develop a model for standardized data collection regarding critical information that pertains to pediatric hospital overstay patients. This mandate is especially important in light of several Maryland oversight reports³ noting concerns about the improper or inconsistent use of the current statewide case management system, Child, Juvenile, and Adult Management System (CJAMS). HB1559 highlights and seeks to address the need for clearer standards and more reliable data practices across agencies.

Finally, the bill directs its new Advisory Council on Maryland's System of Care for Children, Youth, and Families to examine the New Jersey Children's System of Care Model and provide recommendations on how Maryland can replicate aspects of its model. *The State Policy Advocacy Clinic has done extensive research on the New Jersey model and wholeheartedly supports this initiative as a promising opportunity to strengthen Maryland's system of care.* In the last two decades, New Jersey's child welfare system transformed from what advocates used to call a "dumping ground for every problem"⁴ to a national leader in child welfare. The state now boasts the lowest rate of children removed from their homes and placed in foster care in the country in 2021,⁵ and a massive decline in the number of children in its foster care system from 10,000 children in 1999 to less than 3,000 kids at the end of 2023.⁶ New Jersey achieved these results through a series of major structural and programmatic reforms to its child welfare system beginning in 2003 which Maryland can and should emulate.

While the State Policy Advocacy Clinic strongly supports HB1559, we encourage the General Assembly to consider future restrictions on allowing children to become and remain pediatric hospital overstays. The Clinic believes a hospital should fall under the definition of an unlicensed setting and children should be prohibited from long-term placement within one – it is an out-of-home placement that has not been licensed. Without this clarification, hospitals may continue to be used as a de facto placement option despite their intended purpose of providing emergency care when immediately necessary.

HB1559 makes meaningful progress toward preventing children from being placed in unsafe or inappropriate settings, reducing prolonged hospital overstays, strengthening interagency collaboration, and grounding reform efforts in proven models from other states. The bill takes a

³ Office of Program Evaluation and Government Accountability. (2026). *Scoping Evaluation of the Social Services Administration*. Annapolis, MD: Maryland Department of Legislative Services, <https://dls.maryland.gov/pubs/prod/ProgEval/ScopingEvaluationofSSA.pdf>; Small, L., Brunsink, A. M., Heisler, K., Lardner, M., Naqvi, S. & Olson, S. (2024). *Maryland Social Services Administration Placement Needs Assessment: Final Report*. Chicago, IL: Chapin Hall at the University of Chicago, <https://dhs.maryland.gov/documents/Local%20Offices/Baltimore%20City/Consent%20Decree/72nd%20Compliance%20Report/72nd%20Report/Att.%20A.pdf>.

⁴ Stainton, Lilo H. (2024). "A child's horrific death drove NJ to reform welfare system." NJ Spotlight News, <https://www.njspotlightnews.org/2024/04/how-nj-turned-problematic-child-welfare-system-into-national-leader/>.

⁵ New Jersey Task Force on Child Abuse and Neglect, Staffing and Oversight Review Subcommittee (SORS). (2024). "The First Annual Performance Report on the New Jersey Division of Child Protection and Permanency." <https://www.nj.gov/dcf/news/reportsnewsletters/taskforce/2024-sors-report.pdf>.⁶

Stainton, Lilo H. (2024). "A child's horrific death drove NJ to reform welfare system." NJ Spotlight News, <https://www.njspotlightnews.org/2024/04/how-nj-turned-problematic-child-welfare-system-into-national-leader/>.

coordinated approach that pairs immediate safeguard measures with long-term structural improvements. For these reasons, the State Policy Advocacy Clinic respectfully requests a **favorable report on HB1559**.

* The State Policy Advocacy Clinic does not represent Cornell University

Respectfully,

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