



111 Michigan Ave NW
Washington, DC 20010-2916
ChildrensNational.org

**Cleopatra Hyman, MSN, BSN, RN
Director of Clinical Resource Management
Children's National Hospital
Care Management/Revenue Cycle**

**House Bill 1181: Family Law - Children in Out-of-Home Placement - Voluntary Placement
Agreements
Position: FAVORABLE
House Appropriations Committee**

Chair Barnes, Vice Chair Kaiser and members of the committee, thank you for the opportunity to provide written testimony in support of House Bill 1181. My name is Cleopatra Hyman, and I am the Director of Clinical Resource Management at Children's National Hospital. As the region's only standalone children's hospital, Children's National has been serving the nation's children since 1870. For 155 years, we have delivered expert pediatric care at every milestone. Sixty percent of our patients are residents of Maryland, and we maintain a large network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland.

Maryland's Voluntary Placement Agreement (VPA) process was designed to help families access intensive mental health treatment for children with serious behavioral health needs without permanently relinquishing custody. However, the current system has become so complex, restrictive, and financially burdensome that it often prevents families from obtaining timely, medically necessary care. As a result, children remain in hospital settings long after they are clinically ready for discharge, contributing to pediatric overstay that strain hospitals, delay treatment in the least restrictive appropriate setting, and increase emotional and financial stress on families.

Overly rigid interpretations of eligibility standards, unnecessary procedural requirements, and the threat of significant child support obligations create barriers that discourage families from pursuing a VPA. In some cases, parents are left with an impossible choice: allow their child to linger in a hospital without appropriate step-down care or relinquish full custody to the state to access treatment. These outcomes are not aligned with the original intent of the VPA framework, which was to support families and not push them deeper into crisis.

Improving and streamlining the VPA process is essential to reducing pediatric hospital overstays in Maryland. Clarifying eligibility criteria, removing duplicative procedural hurdles, increasing transparency around financial obligations, and restructuring child support requirements for low-income families would allow children to transition more quickly to appropriate residential treatment when clinically indicated. These changes would strengthen family stability, reduce unnecessary hospital utilization, and ensure that children with intensive mental health needs receive care in the right setting at the right time.

Reforming the VPA system is not about expanding child welfare involvement, it is about removing unintended barriers so families can access medically necessary treatment without fear of financial hardship or custody loss. By modernizing and improving the VPA process, Maryland can better support vulnerable children, reduce hospital congestion, and promote a more responsive and humane behavioral health system.

I applaud Delegate Bagnall for introducing this important legislation, which will have life-long benefits for our state's youngest residents and their families and respectfully request a favorable report on House Bill 1181. Thank you for the opportunity to submit testimony.

For more information, please contact:

Austin Morris, Government Affairs Manager
almorris@childrensnational.org