

March 3, 2026

House Appropriations Committee

HB1181 – Family Law – Children in Out-of-Home Placement – Voluntary Placement Agreements

Position: FAVORABLE

Dear Chair and Members of the Committee:

On behalf of LifeBridge Health, we respectfully submit this testimony in support of HB1181. As one of Maryland's regional health systems serving children and families including those experiencing significant behavioral health conditions, developmental disabilities, and complex medical needs this bill is vital. We see firsthand the growing number of children who remain in hospital settings for extended periods not because they require acute inpatient care, but because appropriate community-based placements and services are unavailable or inaccessible.

Voluntary Placement Agreements (VPAs) designed to allow families to access essential services without relinquishing custody of their child. However, as currently implemented, the VPA process has created barriers that undermine its original intent. Research and reporting have demonstrated that children who remain in hospitals for weeks or months due to lack of placement options or financial barriers that prevent families from accessing necessary services. Parents then are placed in an untenable position feeling that leaving their child in a hospital is the only pathway to receive needed support.

HB1181 addresses aspects of the systemic barriers families face. Families currently may have to wait up to 60 days for a determination on a VPA request, with additional delays if appeals are required. HB1181 creates defined timelines for agency responses, reducing uncertainty and preventing prolonged hospital stays caused by administrative delay. The bill reinforces that parents entering a VPA retain legal and educational decision-making authority. It ensures families are not forced to relinquish custody solely due to financial hardship or service access barriers.

HB1181 requires that parents be informed of their right to appeal child support obligations and mandates uniform criteria for waiving or reducing those obligations for low-income families. Financial strain should not be the precipitating factor driving children into unnecessary most restrictive settings. By creating a direct referral pathway to local behavioral health authorities, the bill strengthens interagency coordination and expedites access to appropriate services. For hospitals managing children in crisis or extended stays, improved coordination is essential to safe and timely discharge planning. The bill strengthens training requirements for local departments administering VPAs with trauma-informed practices and better compliance with statutory requirements.

The bill also requires public reporting of VPA requests, approvals, denials, timelines, placements, and hospital lengths of stay. This transparency is critical for evaluating system performance and reducing unnecessary hospital utilization. From a health system perspective, prolonged hospital stays for children who do not require acute inpatient care are clinically suboptimal, not an appropriate setting for a child, and add extraordinarily complex situations for hospital staff who are often managing emergency rooms with little resources for the child.



More importantly, they delay access to the most appropriate level of care and disrupt family stability. We must do better for the children and their families in Maryland who are seeking relief, care, and support during their most vulnerable time. HB1181 realigns the VPA framework with its intended purpose: preserving families while ensuring timely access to services.

For these reasons, LifeBridge Health respectfully requests a favorable report on HB1181.

Respectfully,

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