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UNIVERSITY & MEDICINE

TO: The Honorable Ben Barnes, Chair
House Appropriations Committee

HB1559
Favorable

FROM: David Stockwell, M.D.
Chief Medical Officer, Johns Hopkins Children's Center

DATE: March 3, 2026

RE: HB1559 CHILDREN IN UNLICENSED SETTINGS AND PEDIATRIC HOSPITAL OVERSTAY PATIENTS - PLACEMENT

Johns Hopkins **supports HB1559 Children in Unlicensed Settings and Pediatric Hospital Overstay Patients - Placement.** This bill establishes several new state resources to address the dire issue of children in overstay status in Maryland's hospitals. These resources have a range of roles and responsibilities to look at this issue from every angle – from prevention to placement.

Johns Hopkins appreciates the leadership the Sponsor has provided on this issue, and the accountability she demands from the State by creating these resources. We hope these resources can resolve some of the issues causing pediatric overstays, such as lack of capacity at State facilities, inconsistent implementation of policies, and confusion regarding data collection.

This bill continues the work of last year's legislation, House Bill 962, cross-filed as Senate Bill 696 - legislation championed by the Speaker. That legislation created the framework for accountability and capacity by defining the term "pediatric hospital overstay patient," requiring DHS to ensure the children in their care and custody are in the least restrictive setting, and, most importantly, authorizing funding for staff for the State residential facilities.

HB1559 builds on this by creating more accountability, by transferring oversight to the Governor's Office of Children; improving state policies and practices through recommendations by the Advisory Council on Maryland's System of Care and Children, Youth and Families; and understanding, to expand, the current bed capacity in the State through the Interagency Council on Children, Youth and Families.

We do note that hospitals are not included in the current proposed definition of an unlicensed setting but should be. Hospitals are not appropriate placements for these children, beyond what is medically necessary. We support MHA's amendment to include hospitals in the definition of an unlicensed setting.

In 2024, Johns Hopkins Children's Center (JHCC) experienced 1,591 days of pediatric overstay, which is the classification used to define children who are left in hospitals without residential placement. Of these 1,039 days, or 65%, were children awaiting Department of Social Services placement. These children are left in the hospital without receiving support services that they are entitled to because of policies limiting when the State/local agencies can officially take care and custody.

Pediatric hospital overstays also impact our ability to fulfill our core function of providing acute medical care to those in need. Last year, alone, 162 transport calls requesting admission were denied

due to lack of bed capacity at JHCC. Of the 162 calls denied admission, 16 required critical care and were airlifted to pediatric facilities in neighboring jurisdictions.

The impact of pediatric overstays is felt directly on our frontline staff, who are burnt out, tired and hurt watching these children deteriorate as they wait, unfairly, in the hospital for appropriate setting. Recently, we housed two youth for over three months each, requiring a 4-to-1 staffing ratio -nursing, physicians, and security personnel - around the clock. In a two-month span on our psychiatry floor, we have had 46 staff injuries requiring medical attention. This happened because the children were tired of being there, and were unable to receive the proper therapeutic interventions, as Johns Hopkins Children's Center is an acute care hospital, not set up for that level of care. That level of risk is unsustainable - for staff and for patients.

We hope the resources created in this bill can resolve some of the issues causing pediatric overstays, such as lack of capacity at State facilities, inconsistent implementation of policies, and confusion regarding data collection.

From the hospital operations perspective, the absence of State respite and residential capacity is the single greatest driver of this crisis. When private provider beds are unavailable and State-operated beds remain unstaffed, hospitals become default housing - at tremendous cost to children and to the healthcare system. Maryland does have more appropriate settings, including MDH's two RICAs– but many licensed beds remain unstaffed and unavailable. The Interagency Council on Children, Youth and Families in the bill will look at State bed capacity.

With regards to data collection, it is concerning there is no centralized way to count children in overstay status at the hospital, due to the absence of a reliable state-wide database, forcing children in overstay status to be counted on a by-hospital basis. One of the main reasons for the absence of a state-wide database is the State's policy dictating when it will take "care and custody" of children. Under the current practice, the State does not take "care and custody" of a child until an appropriate placement is confirmed, which often leaves a child in hospitals for weeks while efforts to identify a placement are underway, but not counted under the State's criteria as officially in "overstay" status. The Advisory Council on Maryland's System of Care and Children, Youth and Families, suggested in the bill, could make recommendations on more appropriate practices to address this concern. Again, Johns Hopkins is incredibly appreciative of the Sponsor and the Committee for dedicating time to finding a solution to this problem and helping Maryland's most vulnerable citizens.

On behalf of our clinical teams, our staff, and most importantly the children themselves, we respectfully urge for a **favorable report HB1559** and reiterate our support for holding the State accountable in addressing pediatric hospital overstays.