



MARYLAND
PSYCHOLOGICAL
ASSOCIATION

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Appropriations Committee
120 Taylor House Office Building
121 Taylor House Office Building
Annapolis, MD 21401

RE: HB 1559 Children in Unlicensed Settings and Pediatric Hospital Overstay Patients - Placement

Position: SUPPORT

Dear Chair Barnes, Vice Chair Kaiser, and Members of the Committee:

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, asks the House Appropriations Committee to **report favorably on HB 1559.**

House Bill 1559 takes critical steps to end the placement of children in unlicensed settings and to address the growing crisis of pediatric hospital overstays in Maryland. The bill appropriately defines "unlicensed settings" to include hotels, office buildings, shelters, and other nonresidential environments and prohibits the placement of children in these settings under the State's out-of-home placement program. Over the past several years, Maryland has seen troubling instances in which children, many with significant behavioral health needs, have been discharged from hospitals only to be housed temporarily in hotels, emergency shelters, or other settings not licensed or designed to provide therapeutic care or child-appropriate supervision. These placements are often a symptom of system capacity failures, including shortages of licensed foster homes, treatment foster placements, and residential treatment beds. While sometimes characterized as temporary solutions, these arrangements expose vulnerable children to instability, inadequate oversight, and environments that cannot meet their complex medical and psychological needs.

HB 1559 also directly addresses the phenomenon of "pediatric hospital overstay patients," defined as youth who remain in hospitals more than 48 hours after being medically cleared for discharge. Hospitals across Maryland have reported increasing numbers of children, particularly those with behavioral health diagnoses, remaining for days or weeks because no appropriate placement is available. This situation is harmful to children, who are deprived of appropriate therapeutic environments, schooling continuity, and normal developmental routines. It is also costly and strains emergency departments and inpatient units that are not designed to function as long-term stabilization or residential facilities. By requiring coordinators to report each overstay case to a Placement Manager within the Governor's Office for Children and by establishing a Child and Youth Placement Review Panel and Rapid Response Placement Team, HB 1559 creates accountability, transparency, and an actionable pathway toward licensed, appropriate placements.

Finally, the bill's establishment of an Interagency Council and Advisory Council reflects an understanding that this crisis is systemic and requires cross-agency coordination, real-time data tracking, and expansion of licensed bed capacity. Prohibiting unlicensed placements without simultaneously improving coordination and oversight would be insufficient; HB 1559 does both. By mandating daily meetings of a Rapid Response Placement Team when a child remains hospitalized beyond 72 hours and authorizing the team to secure immediate placement in available licensed settings, the legislation centers the child's safety, dignity, and developmental needs. Maryland's most vulnerable youth should not be sleeping in hotels or offices because the system lacks coordination.

We ask the Appropriations Committee to report favorably on HB 1559. If we can be of any further assistance, please do not hesitate to contact MPA's Legislative Chair, Dr. Stephanie Olarte, Ph.D. at mpalegislativcommittee@gmail.com.

Respectfully submitted,

Stephanie Wolf, JD, Ph.D.
Stephanie Wolf, JD, Ph.D.
President

Stephanie Olarte, Ph.D.
Stephanie Olarte, Ph.D.
Chair, MPA Legislative Committee

cc: Barbara Brocato & Dan Shattuck, MPA Government Affairs