



House Appropriations Committee

House Health Committee

March 3, 2026

House Bill 1559 – *Children in Unlicensed Settings and Pediatric Hospital Overstay Patients – Placement*

**POSITION: SUPPORT WITH AMENDMENT**

The Maryland Chapter of the American Academy of Pediatrics (MDAAP) is a statewide association representing more than 1,100 pediatricians and allied pediatric and adolescent healthcare practitioners in the State and is a strong and established advocate promoting the health and safety of all the children we serve. On behalf of MDAAP, we submit this letter of **support with amendment** for House Bill 1559.

Pediatricians see firsthand the complex medical, developmental, and behavioral health needs of children involved in the child welfare system. Many of the children who experience placement instability or hospital overstays have significant trauma histories, neurodevelopmental conditions, chronic medical needs, or co-occurring behavioral health challenges. These children require coordinated, multidisciplinary care and thoughtful placement decisions grounded in clinical expertise.

MDAAP supports the Maryland Hospital Association amendments to include hospitals within the definition of unlicensed settings. We believe clarity in definitions is important to ensure transparency and accountability across systems. However, we also respectfully note that simply banning or redefining unlicensed settings does not, in itself, address the root causes that lead to these placements. Children are not placed in hotels, offices, or hospitals because providers or agencies prefer those settings, they are there because Maryland lacks sufficient licensed, appropriately resourced, and clinically equipped placement options to meet their needs. The underlying challenge is a shortage of placement capacity for children with complex behavioral health and developmental conditions. Without addressing workforce shortages, reimbursement adequacy, and the availability of specialized foster and residential treatment resources, prohibiting unlicensed settings risks shifting, rather than solving, the problem.

For that reason, pediatric clinical expertise must be embedded directly in the decision-making structures created by this bill. **We respectfully request that pediatricians be added to the membership of both the Child and Youth Placement Review Panel and the Rapid Response Placement Team.** Pediatricians bring essential expertise in child development, trauma-informed care, psychopharmacology, chronic disease management, and coordination across medical and behavioral health systems. Their inclusion would strengthen placement determinations and help ensure decisions are grounded in the best interests of the child's overall health and development.

MDAAP remains committed to working collaboratively with legislators, child welfare leaders, hospitals, and other stakeholders to strengthen this bill, so that it not only limits inappropriate settings but also builds the capacity and clinical infrastructure needed to truly serve Maryland's most vulnerable children. Thank you for your consideration and for your continued commitment to improving outcomes for children and families in our state.

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