UNIVERSITY of MARYLAND
MEDICAL SYSTEM

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

**POSITION: Favorable**
March 31, 2026
Senate Finance Committee

The University of Maryland Medical System ("UMMS") supports House Bill 1559 – Children in Unlicensed Settings and Pediatric Hospital Overstay Patients – Placement. House Bill 1559 ("HB 1559") prohibits the placement of children in unlicensed settings, including hotels, office buildings, and other nonresidential environments, establishes a new placement review panel and rapid response placement team within the Governor's Office for Children, and creates the new role of Placement Manager who will lead the placement review panel, rapid response placement team, and overall coordination and management of appropriate placement for children in unlicensed settings. Critically, as amended, the bill also includes "an inpatient unit or emergency department of a hospital" in the definition of an unlicensed setting, beginning January 1, 2027.

As amended, HB 1559 strengthens the ongoing work of the State and General Assembly to address the critical issue of children being placed in unlicensed settings, including pediatric overstay patients, and builds on House Bill 962 (Public Health - Pediatric Hospital Overstay Patients and Workgroup on Children in Unlicensed Settings and Pediatric Overstays), which passed during the 2025 legislative session. This issue adversely impacts the well-being of our youngest and most vulnerable patients, as well as the efficiency and effectiveness of our healthcare system. We are grateful to the Speaker for her leadership on this issue and urge the Committee to support this legislation.

The University of Maryland Medical System (UMMS) provides primary, urgent, emergency and specialty care at 11 hospitals and more than 150 medical facilities across the state. The UMMS network includes academic, community and specialty hospitals that together provide 25 percent of all hospital-based care in Maryland. Our acute care and specialty hospitals are located in 13 counties and Baltimore City, and serve urban, suburban and rural communities.

In recent years, UMMS member hospitals have seen an increasing number of children and youth who are stuck in emergency departments and inpatient units well beyond a period of medical necessity. Since July, the University of Maryland Medical Center in Baltimore City alone has had at least 24 children remain in the hospital for more than 48 hours after medical clearance. These children and youth, who range in age from 3 weeks to 18 years old, combined for a total of more than 350 overstay days in an emergency department or inpatient unit. Currently, there are two teenagers in overstay status, and each was medically cleared for discharge more than 2 weeks ago. These children are only in the hospital because there is nowhere else for them to go.

This is just one example from one hospital in our system, but it highlights the growing scope of the problem.

Children should not remain in hospitals after being medically discharged because it can negatively impact their development, mental well-being, and quality of life, and being forced to stay in a hospital beyond any medical necessity can be a traumatic experience. Hospitals are filled with loud and unfamiliar sights, sounds, and smells, and pediatric overstays in a hospital setting are frequently isolated from school, friends, and family, and the comforts of their everyday lives.

One recent child exemplifies how the services intended to protect vulnerable children have failed them. A teenage boy spent five months at a hospital because his mother refused to take him home. The local department of social services refused to take him into custody and refused to file a child in need of assistance (CINA) petition. The DSS told the hospital they were working on "family preservation" but there was no evidence of this over the duration of the 5-month stay. Once an out-of-state placement was finally identified, the mother refused the placement and took the child home. During the 5-month stay he was not violent and did not present any problems for staff. Approximately 6 months later, the child was again dropped off at a hospital in the same county by his mother who again refuses to take him home and has stated that she "no longer wants him." The child was cleared for discharge three days into his stay, but a month later he remains in the facility. The DSS again is claiming that the mother has retained her parental rights and that they are working on family preservation. The DSS refuses to shelter the child, will not file a CINA petition, have made no demonstrated effort to find placement, and will not share which facilities have been contacted for placement and which facilities have denied placement. In the meantime, the child is in a room without sunshine or exercise, has no peer interaction and no access to school or educational activities. There appear to be no placement options on the horizon for this child.

The issue of pediatric hospital overstays also has significant adverse impacts on patient throughput and the ability of hospitals to treat sick and injured patients in a timely fashion. Each bed and room occupied by a child or youth who does not have a medical need for it limits the ability of a hospital to treat a patient who is in critical need of care. As many of these pediatric overstays occupy rooms in emergency departments there is also a direct connection between this issue and emergency department wait times.

UMMS is particularly supportive that the bill will require an advisory council made up of state and local agencies responsible for providing medical or behavioral health care or services or supervision of children, youth, and families and various subject matter experts to (1) complete an assessment of the current number of licensed beds, staff beds, and physical beds intended to serve the needs of children and youth, by agency, (2) develop an electronic process for tracking the real-time location, length of stay, and discharge plans for pediatric hospital overstays, and (3) develop a model for standardized data collection. Up to this point, tracking efforts have been grossly inadequate and frequently undercount the number of children in overstay by a significant amount. Given that these children need a variety of placements – residential treatment centers, group homes, foster care, and more – it is likewise difficult for hospitals to even track their incidence and prevalence. Enhanced data tracking efforts and standardized collection efforts will

greatly assist in quantifying the size and scope of the problem and identifying the areas of greatest need.

For these reasons, the University of Maryland Medical System supports HB 1559, and respectfully requests a ***favorable*** report on the bill.

For more information, please contact:

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