



To: The Honorable Pam Beidle, Chair
Senate Finance Committee

From: Scott Klein, MD, MHSA
CEO, Mt. Washington Pediatric Hospital

Date: March 31, 2026

Re: HB1376: Maryland Medical Assistance Program, Maryland Children’s Health Program,
and Health Insurance – Transfers to Special Pediatric Hospitals – Requirements

I’m a pediatrician and CEO of Mt. Washington Pediatric Hospital. I am writing to request a **FAVORABLE** report on **HB1376, as amended**.

Thank you for your help last year in making sure our young patients can access the care they need from us without unnecessary insurance delays.

We’re here this year to ask that you help us again, by assuring that the state Medicaid program works with us to make sure we can serve the children who truly need us.

HB1376, as amended, would require the state Medicaid program to work with us to determine whether children qualify for our care before they are admitted. Without this collaboration, the hospital takes on significant financial risk that is not sustainable.

Maryland’s families depend on the state’s pediatric specialty hospitals for the care of children with serious, chronic and/or complex medical conditions. This post-acute care includes state-of-the-art, family-centered clinical services and the extensive parent/caregiver training that is often needed for a safe discharge. These specialty hospitals also reduce the need for intensive care and general pediatric beds, providing a lower-cost option once the children no longer need acute care. Given the difficulty with hospital throughput and emergency room delays, specialty hospitals play a key role: we ensure an acute pediatric bed is available for those who desperately need one.

At Mt. Washington we treat children for many complex and serious conditions: complications of premature birth, severe birth defects, multi-system chronic illnesses, and rehabilitation due to

accident or injury. Owned jointly by Johns Hopkins Medicine and the University of Maryland Medical System, the hospital is uniquely suited to meet the needs of these children as a bridge between hospital and home.

We also treat vulnerable populations: 75% of our inpatients are on Medicaid and impacted by social determinants of health, and they often need complex discharge planning.

We are concerned that FFS Medicaid's refusal to review these cases with us in advance, and the inability to appeal a denial by them after admission, will put us at serious financial risk. And it is Maryland's most vulnerable children who will be hurt in the long run.

For these reasons I respectfully request a favorable report on HB1376, as amended.