



Maryland
Hospital Association

Senate Bill 738 - Maryland Medical Assistance Program and Health Insurance - Required Coverage - Mobile Crisis and Crisis Stabilization

Position: *Support*

March 4, 2026

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 738.

One of the greatest challenges to solving and preventing pediatric hospital overstay is the lack of capacity and services across the behavioral health continuum, within child welfare, and under the purview of the Developmental Disabilities Administration. Mobile crisis and crisis stabilization services could help support children and youth without requiring them to cross the hospital threshold. Once in a hospital, especially for children and youth involved in the child welfare system, returning home or to the placement they were previously in can be challenging, if not impossible. This contributes to their length of stay. If the state could help facilitate meeting children, youth, and families where they are and providing services on demand, this could significantly decrease reliance on hospital emergency departments as the only option for youth in crisis.

The Maryland Department of Health committed to support the implementation of a mobile response and stabilization system that can serve children, youth and families.^{1,2} [Mobile Response and Stabilization Services](#) (MRSS), a national best practice model, involves the rapid deployment of a specialized team that is available 24/7/365. In addition to the immediate support, services are also offered within 72 hours, and ongoing stabilization is available for up to eight weeks. This model has successfully diverted children and youth from utilizing the emergency department when they do not need emergency room care, while also demonstrating positive long-term outcomes. Several pilot programs are underway statewide, but to fully benefit, Maryland needs to expand mobile crisis and crisis stabilization services.

This model has had positive outcomes in other states, including decreased utilization of high-cost services like emergency departments, inpatient hospitals, and residential treatment centers.³ Mobile crisis response is the cornerstone of the renowned New Jersey's Children's System of Care, which stabilizes 97% of children in their current living arrangement, virtually eliminating the hospital boarding crisis Maryland currently faces.

¹ [Behavioral Health Administration 2020 - 2021 Strategic Plan](#)

² [MDH BH Roadmap for Children 2025.pdf](#)

³ <https://dbh.ohio.gov/get-help/crisis-systems/mobile-response-and-stabilization-services-mrсс/mrсс-data>

SB 738 is a key component to bring statewide access to mobile crisis services to Maryland. This legislation requires Medicaid, commercial insurers, and managed care organizations to cover the cost of mobile crisis services and crisis stabilization.

Any costs to the state would show a positive return on investment. In Connecticut, over four years, 2,212 children served by MRSS were diverted from inpatient hospitalizations; 61% of those children were Medicaid enrolled, resulting in \$15,720,154 in savings.⁴ In New Jersey, since 2015, 98% of young people who received a mobile response remained in their home.⁵

Expanding MRSS statewide could be a game-changer for Maryland's children, youth, and families. Not only can this investment prevent unnecessary hospitalizations, but it can result in the delivery of immediate interventions instead of our current system where children and youth languish in hospitals waiting for placements so they can receive the therapeutic treatment they need.

For these reasons, we request a favorable report on SB 738.

For more information, please contact:

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⁴ [MRSS design and principles slides - August 27, 2024](#)

⁵ Ibid.