

**TO:** The Honorable Heather Bagnall, Chair  
*House Health Committee*

**HB1376**

**Favorable**

**FROM:** David Stockwell, M.D.  
*Chief Medical Officer, Johns Hopkins Children's Center*

**DATE:** March 5, 2026

**RE:** HB1376 Maryland Medical Assistance Program, Maryland Children's Health Program, and Health Insurance - Transfers to Special Pediatric Hospitals - Requirements

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Johns Hopkins supports **HB1376 Maryland Medical Assistance Program, Maryland Children's Health Program, and Health Insurance - Transfers to Special Pediatric Hospitals – Requirements**. This bill clarifies rules regarding prior authorizations for transferring a patient from an acute care hospital to a special pediatric hospital.

Last year, legislation was passed creating flexibility regarding prior authorizations to streamline the appropriate transferring of patients; however, upon implementation Maryland Medicaid has taken a stricter stance, interpreting existing law to prohibit providing a prior authorization for transfers to special pediatric hospitals. This interpretation leaves hospitals at significant financial risk and leaves the need for streamlined transferring of patients to help with hospital throughput unaddressed.

This committee is well aware of the challenges faced by children in Maryland who are stuck in acute-care hospitals when that level of care is no longer needed. Johns Hopkins also supports HB1559 Children in Unlicensed Settings and Pediatric Hospital Overstay Patients - Placement, which addresses a different component of this problem.

At Johns Hopkins Children's Center (JHCC), we provide high quality acute care to pediatric patients. Our top priority is the safety and well-being of children. We are proud of the work we do on behalf of our patients. However, it is important for both the quality of care provided to patients and for the bed capacity of hospitals to transfer patients seamlessly when they can be met at a lower level of acuity. Ease of transfer helps ensure patients receive the type of care they need while preserving hospital beds are available for children with higher acuity needs.

Maryland Medicaid's implementation of last year's legislation and existing appeal rules, places MWPB at significant risk when accepting patients, in certain situations, without prior authorizations. There are limited situations in which a prior authorization would limit the risk to MWPB, but Maryland Medicaid is refusing that opportunity. This refusal by Maryland Medicaid may force MWPB to manage risk by refusing to accept transfers. If Maryland Medicaid would allow timely prior authorization in certain circumstances (rather than every transfer, which was required before last years legislation), MWPB could accept patients with confidence.

Ensuring easy transfer to appropriate level of care is crucial for both the treatment of patients and the throughput of acute care hospitals, and especially critical for JHCC which remains at or above capacity. Johns Hopkins appreciates this committee's attention to so many issues that stand in the way of our ability to care for Maryland's children.

We urge a **FAVORABLE** committee report on HB1376.

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