



Maryland
Hospital Association

**House Bill 698 - Estates and Trusts – Guardianship of the Person of a Disabled Person –
Expedited Proceedings**

Position: *Support*
February 14, 2024
House Judiciary 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 House Bill 698.

Many of Maryland’s most vulnerable patients are often unable to be discharged by hospitals because they are incapacitated and cannot consent to the discharge. Guardianship is a legal relationship in which a guardian is appointed by the court to make decisions on behalf of another who is unable to make decisions. HB 698 assists the existing guardianship process by expediting these proceedings for the purpose of making a discharge decision. The goal of this legislation is to aid the adult disabled guardianship population of patients who are unable to effectively consent to discharge by requiring a guardianship hearing within 10 days of a filed petition for guardianship.

Patients with delayed discharges have worse health outcomes.

Maryland hospitals have expressed concerns with the declining health of patients who are unable to be discharged. Often patients’ conditions deteriorate due to isolation and inability to be placed in the appropriate treatment setting. The risk of infection, sepsis, and the like are more prevalent when overstaying in hospitals. A streamlined legal process to appoint a guardian to make discharge decisions enables medical professionals to expedite necessary treatments and procedures without delay—improving health outcomes for patients awaiting a guardian.

Delayed discharges contribute to emergency department wait times.

These guardianship proceedings will improve emergency department wait times by allowing surrogates to make critical decisions regarding a patient’s care more efficiently. To date, Maryland has the longest emergency department wait times in the United States.¹ Although the delays in discharges are multifactorial, hospitals are vested in exploring and developing solutions for patients to receive prompt, appropriate care. When a patient who no longer needs acute care cannot be discharged, it limits access to care for those who need to be admitted. At times, patients are unable to be discharged for weeks and months before a guardian is appointed. HB 698 not only appoints a guardian but expedites the process for a guardianship hearing, which, in

¹ [Beckers Hospital Review: ER Wait Times, By State](#)

turn, eases the discharge process and reduces emergency department overcrowding and subsequent wait times.

The current expedited adult guardianship process is ineffective.

Existing law does not provide necessary relief to properly discharge patients. MHA wants to ensure patients in all Maryland are afforded the same expeditious opportunity to have a guardian appointed to ensure the continuation of necessary care. For years, hospitals have taken preemptive steps like hiring private investigators and contacting potential relatives upon patient admission. At times, these patients arrive at hospitals without any information on or the identity of family members or potential surrogates or the means to contact family or potential surrogates. In surveying Maryland hospitals, MHA found patients wait an average of 60 days for a hearing to be scheduled by the court, and in some instances, more than 100 days. Additionally, these patients wait on average 126 days to be appointed a guardian following an initial guardianship hearing request. Hospital staff work diligently to identify patient representatives and supportive family members who can assist in determining patient care throughout the patient's stay. Despite these efforts, guardianship is often the only solution that allows patients to be discharged.

For these reasons, we urge a *favorable* report for HB 698.

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