



Maryland  
Hospital Association

February 27, 2020

To: The Honorable Maggie McIntosh, Chairman  
House Appropriations Committee

From: Jane Krienke, Former Foster Youth & Legislative Analyst, Government Affairs  
Maryland Hospital Association

Re: Letter of Concern- House Bill 1382- Children in Out-of-Home Placement- Placement in Medical Facilities

Dear Chairman McIntosh:

On behalf of the Maryland Hospital Association's (MHA) 61 member hospitals and health systems, we appreciate the opportunity to comment on House Bill 1382. Maryland's hospitals care for everyone who comes through our doors, but too often patients are unable to access the level of care needed to transition back into the community. Foster youth, especially children and teens with complex medical needs, face many barriers to appropriate care. In too many cases, these children stay in hospitals when they no longer require medical care due to discharge delays and a lack of space in more appropriate settings. This is harmful to the children, the hospital, and the state. We thank the sponsors of the bill for recognizing this very important issue.

Last year a comprehensive study of Maryland's hospitals found 42% of behavioral health emergency department patients were delayed during discharge or transfer. Delays for children and teens were often twice as long as adults. The top causes of delays—accounting for more than half—were lack of capacity or delays in processing referrals.<sup>i</sup>

The Department of Human Services' 2020 report on hospital stays for foster youth revealed the average length of stay in acute care hospitals was 23 days and 16 days for youth in inpatient psychiatric care settings. Three youth remained in hospitals beyond medical necessity for nearly a combined 950 days. These extremely long stays were reportedly due to waiting lists at residential treatment centers and youth requiring higher levels of care than what was available.<sup>ii</sup>

While well intentioned, HB 1382 contains several concerning provisions that would contradict federal guidelines that direct how hospitals discharge and evaluate patients.<sup>iii</sup> HB 1382 would prevent a hospital from keeping a minor, who is in the custody of a local department of social services, longer than 30 hours even if an appropriate alternative placement is unavailable. Maryland hospitals care for these children until care can be appropriately and safely transitioned, and this limitation creates an artificial timeline that does a disservice to these children and puts them at risk. We encourage the committee to consider the importance of finding the right placement instead of the first one that may come available under the pressure of a ticking clock.

The bill also restricts a hospital from admitting a minor if he or she is not exhibiting new behavior and has been recently discharged from another emergency facility or inpatient psychiatric facility. At the core of Maryland's hospitals is a mission to care—no matter the circumstances. A recent discharge from any facility would not—and should not—restrict a child from receiving care.

Instead of considering this bill for passage, Maryland's hospitals strongly urge the committee to view HB 1382 as an opportunity to engage in conversation and develop a real, sustainable solution that ensures foster youth are cared for and placed in the most appropriate setting in a timely manner. This should occur regardless of the jurisdiction or which dedicated social worker is assigned to the child. We need consistency and assurance that foster youth will no longer languish in our hospitals.

Over the past year, the Maryland Department of Health convened a diverse group of stakeholders to study the issue of post-acute care placement for adults and youth. The goal is to identify barriers and create protocols to discharge patients. A subgroup is focused on children and transition age youth.<sup>iv</sup> We strongly recommend that the Maryland General Assembly review these recommendations and implement them as appropriate. The 2019 recommendations released by this work group include actionable steps and identify areas where additional help is needed. Given the unique needs of foster youth, the state should consider consulting this group of experts and leaders to develop an action plan to ensure all foster youth have smooth and timely transitions out of hospitals and into appropriate placements.

When we craft policies that impact foster youth, it is imperative to remember our responsibility to ensure they have every opportunity to thrive and lead healthy, happy lives like their peers who are not in the care of the state. We must remember these experiences shape childhood memories and that most foster youth remember each and every placement—good or bad. On behalf of Maryland's hospitals, we extend our gratitude to Del. Lierman, Del. Reznik and the Appropriations Committee for bringing this issue into the public arena. Our foster youth deserve nothing less than the commitment from the state, hospitals and other stakeholders to work together to address this issue and ensure they have access to the care and support they need.

For more information, please contact:

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<sup>i</sup> Dillon, Kristin, Thomsen, Darcie and Bloomgren, B. (September, 2019). "Behavioral Health Patient Delays in Emergency Departments:Results from the Maryland Hospital Association Behavioral Health Data Collection".

<sup>ii</sup> Department of Human Services.(January 1, 2020). "2019 Joint Chairmen's Report- Report on Hospitals Stays by Youth in Out-of-Home Placements.

<sup>iii</sup> Centers for Medicare & Medicaid Conditions of Participation. 42 CFR § 482.43

<sup>iv</sup> Health Management Associations. (September 30, 2019). "Post-Acute Discharge Planning Workgroup."