

SENATE BILL 696

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By: **Senator Beidle**

Introduced and read first time: January 26, 2025

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Public Health – Pediatric Hospital Overstay Patients**

3 FOR the purpose of specifying that the scope of the Maryland Mental Health and Substance
4 Use Disorder Registry and Referral System includes both private and State inpatient
5 and outpatient mental health and substance use services; requiring the Maryland
6 Department of Health, in coordination with the Department of Human Services, to
7 ensure pediatric hospital overstay patients are placed in the least restrictive setting
8 possible; authorizing a hospital to concurrently explore in-State and out-of-state
9 placements for pediatric hospital overstay patients; establishing the Pediatric
10 Hospital Overstay Coordinator within the Governor’s Office for Children; requiring
11 the Maryland Department of Health to conduct a certain study and review of
12 residential treatment center and respite facility rates; and generally relating to
13 pediatric hospital overstay patients.

14 BY repealing and reenacting, with amendments,
15 Article – Health – General
16 Section 7.5–802(a) and (d)
17 Annotated Code of Maryland
18 (2023 Replacement Volume and 2024 Supplement)

19 BY adding to
20 Article – Health – General
21 Section 19–388 through 19–390 to be under the new part “Part XII. Pediatric
22 Overstay”
23 Annotated Code of Maryland
24 (2023 Replacement Volume and 2024 Supplement)

25 BY repealing and reenacting, with amendments,
26 Article – State Government
27 Section 9–2801
28 Annotated Code of Maryland

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



(2021 Replacement Volume and 2024 Supplement)

BY adding to

Article – State Government

Section 9–2806

Annotated Code of Maryland

(2021 Replacement Volume and 2024 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Health – General

7.5–802.

(a) (1) There is a Maryland Mental Health and Substance Use Disorder Registry and Referral System in the Department.

(2) The purpose of the Registry and Referral System is to provide a statewide system through which health care providers can identify and access available **PRIVATE AND STATE** inpatient and outpatient mental health and substance use services for patients in a seamless manner.

(3) Subject to the availability of funds, the Department shall develop and implement the Registry and Referral System, in collaboration with the State–designated Health Information Exchange.

(4) The Registry and Referral System shall include:

(i) A searchable inventory of any **PRIVATE OR STATE** provider of mental health and substance use disorder services, including inpatient, crisis, and outpatient services;

(ii) The capability to allow a provider of mental health and substance use disorder services to update registry information including the real–time availability of services; and

(iii) An electronic referral system that is available to any health care provider in the State to facilitate electronic referrals to mental health and substance use disorder providers.

(d) Each **PRIVATE AND STATE** hospital shall ensure the availability of staff to identify appropriate and available services for patients in the hospital who are in need of mental health or substance use disorder services and to assist the patient in accessing the services.

19–386. RESERVED.

1 19-387. RESERVED.

2 PART XII. PEDIATRIC OVERSTAY.

3 19-388.

4 IN THIS PART, "PEDIATRIC HOSPITAL OVERSTAY PATIENT" MEANS A PATIENT
5 UNDER THE AGE OF 22 YEARS WHO REMAINS IN AN INPATIENT UNIT OR EMERGENCY
6 DEPARTMENT OF A HOSPITAL FOR MORE THAN 24 HOURS AFTER BEING MEDICALLY
7 CLEARED FOR DISCHARGE OR TRANSFER.

8 19-389.

9 (A) THE DEPARTMENT, IN COORDINATION WITH THE DEPARTMENT OF
10 HUMAN SERVICES, SHALL ENSURE THAT A PEDIATRIC HOSPITAL OVERSTAY
11 PATIENT IS TRANSFERRED TO AND TREATED IN THE LEAST RESTRICTIVE SETTING
12 POSSIBLE.

13 (B) NOTWITHSTANDING ANY OTHER PROVISION OF LAW, TO ENSURE THAT
14 A PEDIATRIC HOSPITAL OVERSTAY PATIENT IS TREATED IN THE LEAST RESTRICTIVE
15 SETTING, A HOSPITAL MAY CONCURRENTLY EXPLORE IN-STATE AND
16 OUT-OF-STATE PLACEMENT OPTIONS.

17 19-390.

18 (A) (1) FOR FISCAL YEAR 2026, THE GOVERNOR MAY INCLUDE IN THE
19 ANNUAL BUDGET BILL AN APPROPRIATION SUFFICIENT TO FILL ALL POSITIONS
20 AUTHORIZED FOR A REGIONAL INSTITUTE FOR CHILDREN AND ADOLESCENTS IN
21 THE STATE.

22 (2) FOR FISCAL YEAR 2027 AND EACH FISCAL YEAR THEREAFTER,
23 THE GOVERNOR SHALL INCLUDE IN THE ANNUAL BUDGET BILL AN APPROPRIATION
24 SUFFICIENT TO FILL ALL POSITIONS AUTHORIZED FOR A REGIONAL INSTITUTE FOR
25 CHILDREN AND ADOLESCENTS IN THE STATE.

26 (B) THE GOVERNOR MAY USE FUNDS DESIGNATED FOR THE ADOLESCENT
27 HOSPITAL OVERSTAY PROGRAM FOR THE PURPOSES IDENTIFIED IN SUBSECTION
28 (A) OF THIS SECTION.

29 Article – State Government

30 9-2801.

(a) In this subtitle the following words have the meanings indicated.

(B) “COORDINATOR” MEANS THE PEDIATRIC HOSPITAL OVERSTAY COORDINATOR WITHIN THE GOVERNOR’S OFFICE FOR CHILDREN.

[(b)] (C) “Eligible neighborhood” means a neighborhood that includes census tracts with more than 30% of children living in poverty and is served by, as defined by the Office, a community school with a concentration of poverty level, as defined in § 5–223 of the Education Article, of:

(1) in fiscal year 2025 and 2026, at least 80%;

(2) in fiscal year 2027 through fiscal year 2029, at least 75%;

(3) in fiscal year 2030, at least 60%; and

(4) in fiscal year 2031, and each fiscal year thereafter, at least 55%.

[(c)] (D) “Fund” means the ENOUGH Grant Fund.

[(d)] (E) “Office” means the Governor’s Office for Children.

(F) “PEDIATRIC HOSPITAL OVERSTAY PATIENT” HAS THE MEANING STATED IN § 19–388 OF THE HEALTH – GENERAL ARTICLE.

[(e)] (G) “Program” means the Engaging Neighborhoods, Organizations, Unions, Governments, and Households (ENOUGH) Grant Program.

[(f)] (H) “Special Secretary” means the Special Secretary of the Governor’s Office for Children.

9–2806.

(A) THERE IS A PEDIATRIC HOSPITAL OVERSTAY COORDINATOR WITHIN THE OFFICE.

(B) THE COORDINATOR SHALL ACT IN THE BEST INTEREST OF A PEDIATRIC HOSPITAL OVERSTAY PATIENT BY COORDINATING BETWEEN RELEVANT STATE AGENCIES AND PROGRAMS, INCLUDING PUBLIC BEHAVIORAL HEALTH CARE COORDINATION PROGRAMS.

(C) (1) ON OR BEFORE JANUARY 1, 2026, THE OFFICE AND THE COORDINATOR SHALL ENTER INTO A MEMORANDUM OF UNDERSTANDING WITH THE MARYLAND DEPARTMENT OF HEALTH, THE DEPARTMENT OF HUMAN SERVICES, AND ANY OTHER RELEVANT STATE AGENCY FOR THE SHARING AND STORAGE OF

1 INFORMATION AND DATA RELATED TO PEDIATRIC HOSPITAL OVERSTAY PATIENTS
2 IN THE STATE.

3 (2) THE MEMORANDUM OF UNDERSTANDING SHALL GOVERN THE
4 ACCESS, USE, MAINTENANCE, DISCLOSURE, AND REDISCLOSURE OF PROTECTED
5 HEALTH INFORMATION IN ACCORDANCE WITH FEDERAL AND STATE LAW,
6 INCLUDING THE FEDERAL HEALTH INSURANCE PORTABILITY AND
7 ACCOUNTABILITY ACT.

8 (D) THE COORDINATOR SHALL:

9 (1) WORK INDEPENDENTLY AND IMPARTIALLY, WHILE MAINTAINING
10 APPROPRIATE PATIENT CONFIDENTIALITY, TO ADVOCATE ON BEHALF OF
11 PEDIATRIC HOSPITAL OVERSTAY PATIENTS;

12 (2) REVIEW POLICIES AND PROCEDURES OF RELEVANT STATE
13 AGENCIES AND MAKE RECOMMENDATIONS FOR NECESSARY CHANGES TO THE
14 POLICIES OR PROCEDURES TO BETTER SERVE PEDIATRIC HOSPITAL OVERSTAY
15 PATIENTS; AND

16 (3) MAINTAIN DATA ON EACH PEDIATRIC HOSPITAL OVERSTAY
17 PATIENT, INCLUDING:

18 (I) THE PATIENT'S LENGTH OF STAY;

19 (II) THE RESPONSIBLE STATE AGENCY, IF APPLICABLE;

20 (III) SERVICES NEEDED;

21 (IV) PLACEMENT OPTIONS BEING SOUGHT BY THE PATIENT;

22 (V) INFORMATION REGARDING PREVIOUS HOSPITAL
23 ADMISSIONS FOR A BEHAVIORAL HEALTH DIAGNOSIS; AND

24 (VI) ANY OTHER RELEVANT DATA.

25 (E) ON OR BEFORE OCTOBER 1 EACH YEAR, BEGINNING IN 2026, THE
26 COORDINATOR SHALL REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH §
27 2-1257 OF THIS ARTICLE, THE SENATE FINANCE COMMITTEE AND THE HOUSE
28 HEALTH AND GOVERNMENT OPERATIONS COMMITTEE ON THE NUMBER OF
29 PEDIATRIC HOSPITAL OVERSTAY PATIENTS IN THE STATE AND DE-IDENTIFIED
30 INFORMATION RELATED TO ACTION PLANS IN PLACE TO ACHIEVE APPROPRIATE
31 PLACEMENT.

1 SECTION 2. AND BE IT FURTHER ENACTED, That:

2 (a) The Maryland Department of Health shall:

3 (1) review the reimbursement rates paid to residential treatment centers
4 and respite care facilities in the State and determine the reimbursement rate that would
5 be necessary to cover the cost of care and prevent future bed closures in residential
6 treatment centers and respite care facilities in the State; and

7 (2) study the implementation of a prospective payment model for
8 residential treatment centers and respite care facilities in the State with the goal of
9 incentivizing the expansion of residential treatment center and respite care facility capacity
10 in the State.

11 (b) On or before December 1, 2025, the Department shall report the findings and
12 recommendations from the review and study conducted under subsection (a) of this section
13 to the Governor and, in accordance with § 2–1257 of the State Government Article, the
14 Senate Finance Committee and the House Health and Government Operations Committee.

15 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July
16 1, 2025.