



**2023 SESSION**  
**POSITION PAPER**

**BILL NO:** HB 274

**COMMITTEE:** House Health and Government Operations Committee

**POSITION:** Support with Amendments

**TITLE:** Task Force on Reducing Emergency Department Wait Times

**BILL ANALYSIS**

*HB 274 - Task Force on Reducing Emergency Department Wait Times* would establish the Task Force on Reducing Emergency Department Wait Times to study best practices for reducing emergency department wait times; and requiring the Task Force to report its findings and recommendations to the Governor and the General Assembly by January 1, 2024.

**POSITION AND RATIONALE**

The Maryland Health Care Commission (MHCC) supports HB 274 with amendments.

The issue of long emergency room wait times is not new and Maryland has struggled with this problem in various iterations for many years. This issue has been further exacerbated by the COVID-19 pandemic and its impacts on behavioral health and the workforce. Since the late 1990s numerous studies and reports have identified the reasons for long emergency room wait times and provided recommendations for improvement. Over this period, long ED wait times continued to pose problems for patients and hospitals. We agree that taking another look at this issue with a focus on best practices is a laudable idea.

Under HB 274 the task force must (1) identify potential solutions to reduce excessive wait times in emergency departments in the State; (2) study best practices for emergency department staffing, triage, and bed availability in other states, as specified; and (3) make recommendations regarding best practices for reducing emergency department wait times that should be implemented in the State. We think for the Task Force to be successful in establishing substantive and sustainable best practices for improving emergency department wait times is to have a membership that includes key frontline decision makers and stakeholders that deal with hospital emergency departments and its issues.

The Task Force to be formed under HB 274 comprises (1) one member of the Senate, appointed by the President of the Senate; (2) one member of the House of Delegates, appointed by the Speaker of the House; (3) the Secretary of Health (or the Secretary's designee); (4) one representative of the Maryland Hospital Association, appointed by the Governor; (5) two representatives of patient advocacy organizations, appointed by the Governor; and (6) one individual who is employed as medical staff in an emergency department. In addition, to the members outlined in HB 274, we believe the Task Force should be expanded to include the Maryland Health Care Commission, Health Services Cost Review Commission (HSCRC), and the Maryland Institute for Emergency Medical Services Systems (MIEMSS) each plays a major role in the regulation of emergency services in Maryland.

MHCC has regulatory authority over hospital capital projects which may include the construction, replacement, or expansion of emergency departments, if the capital project exceed the capital thresholds established in law, is part of a new hospital, relocation of an existing hospital, or involves the conversion of a hospital to a freestanding medical facility.<sup>1</sup> The HSCRC sets rates for hospitals, including pay for performance initiatives that incentivize quality outcomes. MIEMSS, oversees and coordinates all components of the statewide emergency medical system which include emergency departments. These entities are on the frontline in dealing with issues related to the delivery of emergency services and especially issues with emergency room wait times.

For the reasons noted above we offer the following amendment to add the MHCC, HSCRC and MIEMSS to the Task Force to Reduce Emergency Department Wait Times:

AMENDMENT:

On page 1, in line 15 after the word "designee;" strike the word "and" and insert the following:

(4) THE EXECUTIVE DIRECTOR OF THE HEALTH SERVICES COST REVIEW COMMISSION OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

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<sup>1</sup> Emergency department capacity is not a regulated service subject to Certificate of Need. It becomes part of a project subject to Certificate of Need when the cost of the project exceeds the CON capital threshold, is a part of a hospital relocation, or the project included expansions of regulated services including operating rooms, hospital beds, or certain regulated services such as organ transplants, cardiac services, and neonatal intensive care.



(5) THE EXECUTIVE DIRECTOR OF THE MARYLAND HEALTH CARE COMMISSION OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(6) THE EXECUTIVE DIRECTOR OF THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS OR THE EXECUTIVE DIRECTOR'S DESIGNEE; AND.

For these reasons the Maryland Health Care Commission asks for a favorable report with amendments on HB 274.

*Note: The Maryland Health Care Commission is an independent State agency, and the position of the Commission may differ from the position of the Maryland Department of Health.*

