

SENATE BILL 387

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3lr1068
CF HB 274

By: **Senators Lewis Young, Beidle, and Rosapepe**

Introduced and read first time: February 1, 2023

Assigned to: Finance

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 27, 2023

CHAPTER _____

1 AN ACT concerning

2 **Task Force on Reducing Emergency Department Wait Times**

3 FOR the purpose of establishing the Task Force on Reducing Emergency Department Wait
4 Times to study ~~best practices~~ and make recommendations for reducing emergency
5 department wait times; and generally relating to the Task Force on Reducing
6 Emergency Department Wait Times.

7 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,

8 That:

9 (a) There is a Task Force on Reducing Emergency Department Wait Times.

10 (b) The Task Force consists of the following members:

11 (1) one member of the Senate of Maryland, appointed by the President of
12 the Senate;

13 (2) one member of the House of Delegates, appointed by the Speaker of the
14 House;

15 (3) the Secretary of Health, or the Secretary's designee; ~~and~~

16 (4) the Executive Director of the Maryland Institute for Emergency
17 Medical Services Systems, or the Executive Director's designee;

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 (5) the Executive Director of the Health Services Cost Review Commission
2 or the Executive Director's designee;

3 (6) the Executive Director of the Maryland Health Care Commission, or the
4 Executive Director's designee; and

5 ~~(4)~~ (7) the following ~~four~~ members, appointed by the Governor:

6 (i) ~~one representative from the Maryland Hospital Association;~~

7 (ii) ~~two~~ one representatives of patient advocacy organizations; ~~and~~

8 (iii) ~~one individual who is employed as medical staff in an emergency~~
9 ~~department~~

10 (ii) two representatives of hospitals, one of whom represents a
11 hospital in a rural setting;

12 (iii) one representative of a hospital with a pediatric emergency
13 department;

14 (iv) one representative from a specialty psychiatric provider that
15 provides both inpatient and outpatient services;

16 (v) two representatives who are emergency department personnel,
17 including:

18 1. one licensed physician; and

19 2. one licensed nurse;

20 (vi) one provider of behavioral health services; and

21 (vii) one high volume emergency medical services provider.

22 (c) The Governor shall designate the chair of the Task Force.

23 (d) The ~~Maryland Department of Health~~ Maryland Institute for Emergency
24 Medical Services Systems shall provide staff for the Task Force.

25 (e) A member of the Task Force:

26 (1) may not receive compensation as a member of the Task Force; but

27 (2) is entitled to reimbursement for expenses under the Standard State
28 Travel Regulations, as provided in the State budget.

1 (f) The Task Force shall:

2 (1) identify ~~potential solutions to reduce excessive root causes of~~ wait times
3 in emergency departments in the State, including:

4 (i) an analysis of health system capacity, including:

5 1. inpatient hospital;

6 2. urgent care;

7 3. inpatient and community behavioral health;

8 4. primary care; and

9 5. other health facility or community capacity considered
10 necessary by the Task Force;

11 (ii) an analysis of health care workforce supply and unmet need;

12 (iii) an analysis of changes in acuity over time in hospitalizations and
13 emergency department visits; and

14 (iv) the availability of post-hospitalization care options and barriers
15 to accessing those care options;

16 (2) study ~~best practices for emergency department staffing, triage, and the~~
17 ~~regulatory environment, access and availability of health care services, and inpatient bed~~
18 availability in states that:

19 (i) have a population similar to Maryland;

20 (ii) are similar in hospital density and care pattern utilization;

21 (iii) have at least one city of approximately 500,000 residents; and

22 (iv) rank within the top 50% of states in shortest emergency
23 room wait time; and

24 (3) make recommendations regarding best practices for reducing
25 emergency department wait times that should be implemented in the State

26 (3) coordinate with other State commissions examining issues related to
27 workforce shortage and behavioral health capacity;

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1 (4) review studies and recommendations on addressing workforce capacity
2 issues;

3 (5) conduct an analysis of reimbursement policies and the effect of those
4 policies on hospital reimbursement; and

5 (6) make recommendations, including legislative, regulatory, or other
6 policy initiatives, regarding best practices for reducing emergency department wait times
7 that should be implemented in the State.

8 (g) On or before January 1, 2024, the Task Force shall report its findings and
9 recommendations to the Governor and, in accordance with § 2-1257 of the State
10 Government Article, the General Assembly.

11 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June
12 1, 2023. It shall remain effective for a period of 1 year and 1 month and, at the end of June
13 30, 2024, this Act, with no further action required by the General Assembly, shall be
14 abrogated and of no further force and effect.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.