

# HOUSE BILL 1143

J3

(4lr2842)

## ENROLLED BILL

— Health and Government Operations/Finance —

Introduced by **Delegates Bhandari, Alston, Bagnall, Chisholm, Cullison, Hill, Hutchinson, S. Johnson, Kaiser, Kerr, Kipke, R. Lewis, Lopez, Martinez, M. Morgan, Pena-Melnyk, Reilly, Rosenberg, Szeliga, Taveras, ~~and Woods~~ Woods, Guzzone, and White Holland**

Read and Examined by Proofreaders:

\_\_\_\_\_  
Proofreader.

\_\_\_\_\_  
Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_\_ M.

\_\_\_\_\_  
Speaker.

### CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Emergency Medical Services – Maryland Emergency Department Wait Time**  
3 **Reduction Commission ~~and Standardized Protocols~~ – Establishment**

4 FOR the purpose of establishing the Maryland Emergency Department Wait Time  
5 Reduction Commission ~~in the Maryland Institute for Emergency Medical Services~~  
6 ~~Systems to enhance the overall effectiveness and responsiveness of emergency~~  
7 ~~medical services to address factors throughout the health care system that~~  
8 ~~contribute to increased emergency department wait times; requiring the Maryland~~  
9 ~~Institute for Emergency Medical Services Systems, with the advice of the~~  
10 ~~Commission, and in consultation with certain entities, to develop certain~~  
11 ~~standardized operational protocols, advanced technology solutions, and certain~~  
12 ~~training programs, and to establish a system for monitoring certain emergency~~

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#### 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.

*Italics indicate opposite chamber/conference committee amendments.*



~~department performance~~; authorizing the Commission to request data from certain entities; requiring certain entities to enter into a data sharing and use agreement for the sharing of personally identifiable information; and generally relating to emergency medical services.

~~BY adding to~~

~~Article – Education~~

~~Section 13–509.1 and 13–509.2~~

~~Annotated Code of Maryland~~

~~(2022 Replacement Volume and 2023 Supplement)~~

BY adding to

Article – Health – General

Section 20–2401 through 20–2406 to be under the new subtitle “Subtitle 24.

Maryland Emergency Department Wait Time Reduction Commission”

Annotated Code of Maryland

(2023 Replacement Volume)

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

**Article – ~~Education~~ Health – General**

**SUBTITLE 24. MARYLAND EMERGENCY DEPARTMENT WAIT TIME REDUCTION  
COMMISSION.**

**20–2401.**

**IN THIS SUBTITLE, “COMMISSION” MEANS THE MARYLAND EMERGENCY  
DEPARTMENT WAIT TIME REDUCTION COMMISSION.**

**~~13–509.1.~~ 20–2402.**

**(A) (1) THERE IS A MARYLAND EMERGENCY DEPARTMENT WAIT TIME  
REDUCTION COMMISSION ~~IN THE INSTITUTE TO ENHANCE THE OVERALL  
EFFECTIVENESS AND RESPONSIVENESS OF EMERGENCY MEDICAL SERVICES IN THE  
STATE.~~**

**(2) THE PURPOSE OF THE COMMISSION IS TO ADDRESS FACTORS  
THROUGHOUT THE HEALTH CARE SYSTEM THAT CONTRIBUTE TO INCREASED  
EMERGENCY DEPARTMENT WAIT TIMES.**

**(B) THE COMMISSION CONSISTS OF THE FOLLOWING MEMBERS:**

**(1) ~~THE SECRETARY OF HEALTH,~~ OR THE SECRETARY’S DESIGNEE;**

1           (2) THE EXECUTIVE DIRECTOR OF THE MARYLAND INSTITUTE FOR  
2 EMERGENCY MEDICAL SERVICES SYSTEMS, OR THE EXECUTIVE DIRECTOR'S  
3 DESIGNEE;

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

6           (4) THE EXECUTIVE DIRECTOR OF THE MARYLAND HEALTH CARE  
7 COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE; AND

8           (5) THE FOLLOWING MEMBERS, APPOINTED BY THE ~~GOVERNOR~~  
9 SECRETARY:

10           ~~(I) TWO REPRESENTATIVES WHO ARE EXPERTS IN HEALTH~~  
11 ~~CARE;~~

12           ~~(II) ONE REPRESENTATIVE WHO IS EMERGENCY DEPARTMENT~~  
13 ~~STAFF;~~

14           ~~(III) ONE REPRESENTATIVE WHO IS AN EMERGENCY MEDICAL~~  
15 ~~PROFESSIONAL; AND~~

16           (I) TWO INDIVIDUALS WHO HAVE OPERATIONS LEADERSHIP  
17 RESPONSIBILITIES OVER A HOSPITAL EMERGENCY DEPARTMENT IN THE STATE,  
18 INCLUDING ONE EMERGENCY DEPARTMENT PHYSICIAN;

19           (II) ONE INDIVIDUAL WITH PROFESSIONAL EXPERIENCE IN AN  
20 EMERGENCY DEPARTMENT WHO IS NOT A PHYSICIAN OR AN ADVANCED PRACTICE  
21 PROVIDER, SUCH AS A NURSE OR CARE MANAGER;

22           (III) ONE REPRESENTATIVE OF A LOCAL EMERGENCY MEDICAL  
23 SERVICE;

24           (IV) ONE REPRESENTATIVE OF A MANAGED CARE PLAN WITH  
25 EXPERIENCE IN CARE MANAGEMENT OR CARE COORDINATION;

26           (V) ONE REPRESENTATIVE OF AN ADVANCED PRIMARY CARE  
27 PRACTICE;

28           (VI) ONE REPRESENTATIVE OF THE MARYLAND HOSPITAL  
29 ASSOCIATION;

1 ~~(IV)~~ (VII) ONE REPRESENTATIVE OF A PATIENT ADVOCACY  
2 ORGANIZATION; AND

3 (VIII) ONE REPRESENTATIVE OF A BEHAVIORAL HEALTH  
4 PROVIDER.

5 (C) ~~THE GOVERNOR SHALL DESIGNATE THE CHAIR OR COCHAIRS OF~~  
6 SECRETARY OF HEALTH AND THE EXECUTIVE DIRECTOR OF THE HEALTH SERVICES  
7 COST REVIEW COMMISSION SHALL COCHAIR THE COMMISSION.

8 (D) ~~THE INSTITUTE~~ HEALTH SERVICES COST REVIEW COMMISSION  
9 JOINTLY SHALL PROVIDE STAFF FOR THE COMMISSION.

10 (E) A MEMBER OF THE COMMISSION:

11 (1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE  
12 COMMISSION; BUT

13 (2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE  
14 STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

15 20-2403.

16 ~~(F)~~ THE COMMISSION SHALL DEVELOP STRATEGIES AND INITIATIVES TO  
17 RECOMMEND TO STATE AND LOCAL AGENCIES, HOSPITALS, AND HEALTH CARE  
18 PROVIDERS TO REDUCE EMERGENCY DEPARTMENT WAIT TIMES, INCLUDING:

19 ~~(1) ASSESS THE STATE OF EMERGENCY MEDICAL SERVICES IN THE~~  
20 ~~STATE;~~

21 ~~(2) DEVELOP STRATEGIES TO IMPROVE HOSPITAL EMERGENCY~~  
22 ~~DEPARTMENT EFFICIENCIES, REDUCE WAIT TIMES, AND ENHANCE PATIENT CARE;~~

23 ~~(3) COORDINATE WITH STATE AND LOCAL AGENCIES, HOSPITALS,~~  
24 ~~AND HEALTH CARE PROVIDERS TO IMPLEMENT EFFECTIVE EMERGENCY CARE~~  
25 ~~PRACTICES;~~

26 ~~(4) FACILITATE THE SHARING OF BEST PRACTICES AND~~  
27 ~~INNOVATIONS IN EMERGENCY MEDICINE;~~

28 ~~(5) MONITOR AND REPORT ON THE PROGRESS AND CHALLENGES IN~~  
29 ~~EMERGENCY HEALTH CARE DELIVERY; AND~~

~~(6) OVERSEE THE DEVELOPMENT AND IMPLEMENTATION OF  
STANDARDIZED PROTOCOLS AND OPERATIONAL EFFICIENCIES IN HOSPITAL  
EMERGENCY DEPARTMENTS UNDER § 13-509.2 OF THIS SUBTITLE~~

(1) INITIATIVES THAT:

(i) ENSURE THAT PATIENTS ARE SEEN IN THE MOST  
APPROPRIATE SETTING TO REDUCE UNNECESSARY USE OF EMERGENCY  
DEPARTMENTS;

(ii) IMPROVE HOSPITAL EFFICIENCY, INCLUDING BY  
INCREASING EMERGENCY DEPARTMENT AND INPATIENT THROUGHPUT; AND

(iii) IMPROVE POSTDISCHARGE RESOURCES TO FACILITATE  
TIMELY EMERGENCY DEPARTMENT AND INPATIENT DISCHARGES;

(2) BY IDENTIFYING AND RECOMMENDING IMPROVEMENTS FOR THE  
COLLECTION AND SUBMISSION OF DATA THAT IS NECESSARY TO MONITOR AND  
REDUCE EMERGENCY DEPARTMENT WAIT TIMES;

(3) BY MAKING RECOMMENDATIONS TO STATE AND LOCAL  
AGENCIES, HOSPITALS, AND HEALTH CARE PROVIDERS; AND

(4) BY FACILITATING THE SHARING OF BEST PRACTICES FOR  
REDUCING EMERGENCY DEPARTMENT WAIT TIMES.

20-2404.

IN CARRYING OUT ITS DUTIES, THE COMMISSION MAY:

(1) RECOMMEND THAT STATE AND LOCAL AGENCIES, HOSPITALS,  
AND HEALTH CARE PROVIDERS IMPLEMENT THE STRATEGIES AND INITIATIVES  
DEVELOPED UNDER § 20-2403 OF THIS SUBTITLE;

(2) REQUEST INTERVIEWS WITH STATE AND LOCAL OFFICIALS;

(3) REQUEST DATA FROM:

(i) THE DEPARTMENT;

(ii) THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL  
SERVICES SYSTEMS;

(iii) THE HEALTH SERVICES COST REVIEW COMMISSION;

1                    (IV) THE MARYLAND HEALTH CARE COMMISSION;

2                    (V) THE STATE-DESIGNATED HEALTH INFORMATION  
3 EXCHANGE;

4                    (VI) HOSPITALS IN THE STATE;

5                    (VII) OTHER PROVIDERS OF HEALTH CARE SERVICES; AND

6                    (VIII) PAYORS FOR HEALTH CARE SERVICES; AND

7                    (4) CREATE ADVISORY WORKGROUPS THAT DO NOT INCLUDE  
8 MEMBERS OF THE COMMISSION.

9 20-2405.

10                  (A) EXCEPT AS PROVIDED IN SUBSECTION (B) OF THIS SECTION, AN ENTITY  
11 THAT RECEIVES A REQUEST FOR DATA UNDER § 20-2404 OF THIS SUBTITLE SHALL:

12                  (1) FOR DATA THAT DOES NOT CONTAIN PERSONALLY IDENTIFIABLE  
13 INFORMATION, PROMPTLY TRANSMIT THE DATA TO THE STAFF OF THE COMMISSION  
14 PROVIDED BY THE HEALTH SERVICES COST REVIEW COMMISSION; AND

15                  (2) FOR DATA THAT CONTAINS PERSONALLY IDENTIFIABLE  
16 INFORMATION:

17                  (i) PROMPTLY ENTER INTO AN APPROPRIATE DATA SHARING  
18 AND USE AGREEMENT WITH THE HEALTH SERVICES COST REVIEW COMMISSION;  
19 AND

20                  (ii) ON THE APPROVAL OF AN APPROPRIATE AGREEMENT BY  
21 THE PARTIES, PROMPTLY TRANSMIT THE DATA, THROUGH A SECURE AND  
22 ENCRYPTED MANNER, TO THE STAFF OF THE COMMISSION PROVIDED BY THE  
23 HEALTH SERVICES COST REVIEW COMMISSION.

24                  (B) IF AN ENTITY THAT RECEIVES A DATA REQUEST UNDER § 20-2404 OF  
25 THIS SUBTITLE IS PROHIBITED FROM SHARING THE DATA UNDER FEDERAL LAW,  
26 THE COMMISSION MAY NOT REQUIRE THE SUBMISSION OF THE DATA.

27                  (C) THE COMMISSION MAY USE PERSONALLY IDENTIFIABLE INFORMATION  
28 REQUESTED UNDER § 20-2404 OF THIS SUBTITLE ONLY FOR THE PURPOSE OF  
29 MEETING THE REQUIREMENTS OF § 20-2403 OF THIS SUBTITLE AND COMPLETING  
30 THE REPORTS REQUIRED UNDER § 20-2406 OF THIS SUBTITLE.

1 (D) PERSONALLY IDENTIFIABLE INFORMATION SUBMITTED UNDER  
2 SUBSECTION (A)(2) OF THIS SECTION MAY NOT BE SHARED WITH:

3 (1) A MEMBER OF THE COMMISSION WHO IS NOT AN EMPLOYEE OF  
4 THE HEALTH SERVICES COST REVIEW COMMISSION; OR

5 (2) ANY OTHER PERSON THAT IS NOT A PARTY TO THE DATA SHARING  
6 AND USE AGREEMENT FOR THE INFORMATION.

7 (E) COMMISSION STAFF SHALL:

8 (1) ANALYZE PERSONALLY IDENTIFIABLE INFORMATION SHARED  
9 WITH THE COMMISSION STAFF; AND

10 (2) SHARE THE FINDINGS OF THE ANALYSIS WITH THE MEMBERS OF  
11 THE COMMISSION IN A MANNER THAT DOES NOT REVEAL PERSONALLY  
12 IDENTIFIABLE INFORMATION.

13 20-2406.

14 ~~(C) ON OR BEFORE JANUARY NOVEMBER 1 EACH YEAR, BEGINNING IN~~  
15 ~~2025, THE COMMISSION SHALL SUBMIT TO THE GOVERNOR AND, IN ACCORDANCE~~  
16 ~~WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY A~~  
17 ~~REPORT ON ITS ACTIVITIES AND ITS FINDINGS AND RECOMMENDATIONS,~~  
18 ~~INCLUDING AN UPDATE ON THE IMPLEMENTATION OF STANDARDIZED PROTOCOLS~~  
19 ~~AND OPERATIONAL EFFICIENCIES IN HOSPITAL EMERGENCY DEPARTMENTS, TO~~  
20 ~~THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT~~  
21 ~~ARTICLE, THE GENERAL ASSEMBLY DEVELOPMENT, IMPLEMENTATION, AND~~  
22 ~~IMPACT OF THE RECOMMENDED POLICIES AND PROGRAMS DEVELOPED TO~~  
23 ~~IMPROVE EMERGENCY DEPARTMENT WAIT TIMES.~~

24 ~~13-509.2.~~

25 ~~(A) THE INSTITUTE, WITH THE ADVICE OF THE MARYLAND EMERGENCY~~  
26 ~~DEPARTMENT WAIT TIME REDUCTION COMMISSION AND IN CONSULTATION WITH~~  
27 ~~THE MARYLAND HOSPITAL ASSOCIATION AND THE HEALTH SERVICES COST~~  
28 ~~REVIEW COMMISSION, SHALL:~~

29 ~~(1) DEVELOP STANDARDIZED OPERATIONAL PROTOCOLS TO~~  
30 ~~ENHANCE EFFICIENCY IN EMERGENCY DEPARTMENTS, INCLUDING:~~

31 ~~(i) PATIENT TRIAGE;~~

1           ~~(H) PATIENT TREATMENT AND CARE; AND~~

2           ~~(HH) PATIENT DISCHARGE PROCEDURES;~~

3           ~~(2) DEVELOP ADVANCED TECHNOLOGY SOLUTIONS FOR REAL TIME~~  
 4 ~~TRACKING AND MANAGEMENT OF PATIENT FLOW IN HOSPITAL EMERGENCY~~  
 5 ~~DEPARTMENTS;~~

6           ~~(3) DEVELOP AND PROVIDE TRAINING PROGRAMS FOR EMERGENCY~~  
 7 ~~DEPARTMENT STAFF TO ADAPT TO, AND IMPLEMENT, THE PROTOCOLS DEVELOPED~~  
 8 ~~UNDER ITEM (1) OF THIS SUBSECTION; AND~~

9           ~~(4) ESTABLISH A SYSTEM FOR THE REGULAR MONITORING AND~~  
 10 ~~EVALUATION OF HOSPITAL EMERGENCY DEPARTMENT PERFORMANCE REGARDING~~  
 11 ~~WAIT TIMES AND QUALITY OF PATIENT CARE.~~

12           ~~(B) ON OR BEFORE DECEMBER 1 EACH YEAR, EACH HOSPITAL SHALL~~  
 13 ~~SUBMIT A REPORT TO THE INSTITUTE AND THE HEALTH SERVICES COST REVIEW~~  
 14 ~~COMMISSION ON THE COMPLIANCE OF THE HOSPITAL'S EMERGENCY DEPARTMENT~~  
 15 ~~WITH THE PROTOCOLS AND EFFICIENCIES DEVELOPED AND ESTABLISHED UNDER~~  
 16 ~~SUBSECTION (A) OF THIS SECTION.~~

17           SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
 18 1, 2024. It shall remain effective for a period of 3 years and, at the end of June 30, 2027,  
 19 this Act, with no further action required by the General Assembly, shall be abrogated and  
 20 of no further force and effect.

Approved:

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Governor.

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Speaker of the House of Delegates.

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President of the Senate.