

**Department of Legislative Services**  
 Maryland General Assembly  
 2024 Session

**FISCAL AND POLICY NOTE**  
**First Reader**

House Bill 784 (Delegate Bhandari)  
 Health and Government Operations

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

This bill establishes the Task Force on Reducing Emergency Department Wait Times. By January 1, 2026, the task force must report its findings and recommendations to the Governor and the General Assembly. The Maryland Institute for Emergency Medical Services Systems (MIEMSS) must provide staff for the task force. A member of the task force may not receive compensation, but it is entitled to reimbursement for expenses. **The bill takes effect June 1, 2024, and terminates June 30, 2026.**

**Fiscal Summary**

**State Effect:** No effect in FY 2024. MIEMSS expenditures (general and special funds) increase by as much as \$504,700 in FY 2025 and \$379,900 FY 2026 only for contractual staff and consultant services. Any expense reimbursements are assumed to be minimal and absorbable. Revenues are not affected.

(in dollars)	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029
Revenues	\$0	\$0	\$0	\$0	\$0
GF/SF Exp.	504,700	379,900	0	0	0
Net Effect	(\$504,700)	(\$379,900)	\$0	\$0	\$0

*Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** None.

**Small Business Effect:** None.

## Analysis

**Bill Summary:** The task force must (1) through the use of an independent consultant, assess the State's efforts to reduce wait times in emergency departments in the State and implement the Maryland Hospital Association's (MHA's) Throughput Workgroup recommendations; (2) continue to study the regulatory environment, access and availability of health care services, and inpatient bed availability in the State; (3) coordinate with other State commissions examining issues related to workforce shortage and behavioral health capacity; (4) review studies and recommendations addressing workforce capacity issues; (5) conduct an analysis of reimbursement policies and the effect of those policies on hospital reimbursement; and (6) make additional recommendations, including legislative, regulatory, or other policy initiatives, regarding best practices for reducing emergency department wait times.

The task force 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) the Executive Director of MIEMSS (or the executive director's designee); (5) the Executive Director of the Health Services Cost Review Commission (or the executive director's designee); (6) the Executive Director of the Maryland Health Care Commission (or the executive director's designee); and specified members appointed by the Governor. The Governor must designate the chair of the task force.

**Current Law:** MIEMSS oversees and coordinates the statewide emergency medical services (EMS) system, provides leadership and medical direction, supports EMS system educational programs, operates and maintains a statewide communications system, designates trauma and specialty centers, licenses and regulates commercial ambulance services, and participates in EMS-related public education and prevention programs. The institute provides executive support for the Emergency Medical Services Board and is funded from the Maryland Emergency Medical System Operations Fund (MEMSOF).

MIEMSS oversees a statewide EMS system that includes nearly 23,000 Maryland-certified EMS providers, including emergency medical technicians, cardiac rescue technicians, and paramedics, and fosters the integration of the delivery of prehospital emergency care with 48 hospital emergency departments, nine adult and two pediatric trauma centers; as well as specialty referral centers, primary and comprehensive stroke centers, cardiac interventional centers, and perinatal referral centers.

**State Expenditures:** MIEMSS expenditures (a combination of general and special funds) increase by as much as \$504,742 in fiscal 2025, which accounts for a 30-day start-up delay from the bill's June 1, 2024 effective date. This estimate reflects the cost of hiring (1) one contractual program manager to oversee the task force, act as a subject matter expert

in emergency room operations, and submit the required report by January 1, 2026; and (2) one contractual database administrator to assist in the collection and reporting and relevant data. MIEMSS advises that these salaries are necessary to ensure candidates with relevant experience and expertise. The bill requires MIEMSS to collaborate with an independent consultant to assess the State’s efforts to reduce wait times in emergency departments and implement MHA’s Throughput Workgroup recommendations. MIEMSS estimates that hiring a consultant will cost approximately \$208,000 per year. This estimate includes salaries, fringe benefits, one-time start-up costs, consultant costs, and operating expenses (including travel).

	<u><b>FY 2025</b></u>	<u><b>FY 2026</b></u>
Contractual Positions	2.0	-2.0
Salary and Fringe Benefits	\$246,690	\$135,618
Consultant Services	208,000	208,000
Operating Expenses	<u>50,052</u>	<u>36,265</u>
<b>Total State Expenditures</b>	<b>\$504,742</b>	<b>\$379,883</b>

This analysis assumes that the contractual positions terminate January 31, 2026, following submission of the task force report. MIEMSS advises that MEMSOF special funds are insufficient to cover this position; thus, at least some general fund expenditures are required. The Department of Legislative Services’ fiscal 2025 operating budget analysis for MEMSOF notes that the fund is projected to become insolvent in fiscal 2026 and require approximately \$18.8 million in additional general fund support.

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State’s implementation of the federal Patient Protection and Affordable Care Act.

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### **Additional Information**

**Recent Prior Introductions:** Similar legislation has been introduced within the last three years. See SB 387 and HB 274 of 2023.

**Designated Cross File:** None.

**Information Source(s):** Maryland Institute for Emergency Medical Services Systems; Maryland Department of Health; Department of Legislative Services

**Fiscal Note History:** First Reader - February 26, 2024  
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Analysis by: Amberly E. Holcomb

Direct Inquiries to:  
(410) 946-5510  
(301) 970-5510