SB387_PGCEX_FAV.pdf
Uploaded by: Angela Alsobrooks
Position: FAV

THE PRINCE GEORGE'S COUNTY GOVERNMENT

OFFICE OF THE COUNTY EXECUTIVE

BILL:	**Senate Bill 387 – Task Force on Reducing Emergency Department Wait Times**
SPONSOR:	**Senators Lewis Young, *et al.***
HEARING DATE:	**February 23, 2023**
COMMITTEE:	**Finance**
CONTACT:	**Intergovernmental Affairs Office, 301-780-8411**
POSITION:	**SUPPORT**

The Office of the Prince George's County Executive **SUPPORTS Senate Bill 387 – Task Force on Reducing Emergency Department Wait Times**, which creates the Task Force on Reducing Emergency Department Wait Times to identify and recommend best practices for reducing wait times in emergency departments. Specific areas of study include emergency department staffing, triaging practices, and bed availability.

Maryland has the longest emergency department wait times of any state in the Union, with patients waiting an average of 228 minutes.[1] Maryland ranked worst in the nation on this measure for the past 7 years.[2] However, there are several evidence-based strategies for reducing emergency department wait times that could be implemented to make improvements.[3]

Reducing the proportion of emergency department visits with a longer wait time than recommended is a Healthy People 2030 goal, as longer wait times are associated with delayed care and patients leaving before being treated.[4] As a result, longer emergency department visits are associated with poorer health outcomes. Establishing a task force to investigate this issue in Maryland and recommend evidence-based strategies may lead to much needed improvements.

[1] 2022 data from the Centers for Medicare and Medicaid Services (CMS)
[2] Ibid, rating sustained since 2015
[3] https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/reduce-proportion-emergency-department-visits-longer-wait-time-recommended-ahs-09/evidence-based-resources
[4] https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/reduce-proportion-emergency-department-visits-longer-wait-time-recommended-ahs-09

Prince George's County supports efforts to ensure timely and adequate access to emergency hospital services for our residents. Outside of patient care concerns, excessive wait times create operational challenges for Emergency Medical Service (EMS) units and hospitals. Reduced wait times would improve operational efficiency for the health care system and lead to better patient outcomes.

For the reasons stated above, the Office of the Prince George's County Executive **SUPPORTS Senate Bill 387** and asks for a **FAVORABLE** report.

SB #387 ER Wait Times AAUW Support.pdf
Uploaded by: Anita Rosen
Position: FAV

AAUW
Maryland

The Honorable Melony G. Griffith, Chair
Senate Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St.
Annapolis, MD 21401-1991

February 21, 2023

Re: Senate Bill #387 – Task Force on Reducing Emergency Department Wait Times

Dear Senator Griffith and Members of the Senate Finance Committee:

On behalf of over 1000 members of the American Association of University Women (AAUW) in Maryland, I strongly urge you to support SB#387. It would be a significant step in addressing a serious matter affecting the health and welfare of the citizens of our state, particularly those who are older, have serious medical issues, women and family caregivers.

According to recent data from the Centers for Medicare and Medicaid Services, Maryland has the longest Emergency Room (ER) wait time in 50 states. Maryland patients spend an average time of 228 minutes waiting in the ER—almost four hours. And Maryland has sustained this low ranking since 2015 -- years before the COVID pandemic began. Patients may leave the ER with no care after hours of frustration, or they may suffer and experience additional harm while waiting for care. Data show that increased wait time often result in increased death rates. ER Staff are forced to bear the brunt of angry and frustrated patients and families.

Maryland, which takes pride in being a progressive state, has failed miserably in addressing emergency room wait times and numerous AAUW members have horrific personal experiences to tell. It should not be so easy to find these stories. In addition, education and insurance are no protection for Maryland's ER problems.

SB #387 seeks to find a cost-effective, sensible solution by proposing to study best practices in ERs in states that are similar to Maryland. AAUW seeks your support to help us find what Maryland can do to provide the ER services our state needs and deserves.

Sincerely

Anita L. Rosen
AAUW MD Public Policy Committee
anitarosen123@gmail.com

SB 387_Maryland Coalition of Families_Fav.pdf
Uploaded by: Ann Geddes
Position: FAV

SB 387 – Task Force on Reducing Emergency Department Wait Times

Committee: Senate Finance
Date: February 23, 2023
POSITION: Support

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling challenge.

MCF strongly supports SB 387.

It's been said hundreds of times: **Maryland has the longest emergency room wait times in the entire nation.**

A Task Force is urgently needed to examine the issues that we're encountering in Maryland, look at what other comparable states have done to reduce emergency department wait times, and make recommendations for improving the state of affairs in Maryland.

The consequences of these long wait times are tremendous. The problem takes its toll on patients and ER staff alike.

The issue of long ER wait times is intricately entwined with the issue of youth in mental health crisis being stuck in emergency department beds. We've heard and seen in the press stories of children and youth stuck for days, weeks, and even months in emergency departments, waiting for an inpatient psychiatric bed. Addressing this problem would go some way to reducing emergency department wait times.

There are other pieces of legislation before you that would begin to address the issue of kids stuck in emergency departments:

- SB 255 – Home and Community-Based Services for Youth, would bring intensive, high-fidelity Wraparound services back to Maryland to keep youth out of the emergency

department in the first place. Other states that have high-fidelity Wraparound services have seen a decrease in emergency department utilization by as much as 32%.

- SB 362, establishing Certified Community Behavioral Health Clinics (CCBHCs), would provide 24/7 crisis services for youth, also keeping kids out of emergency departments.

We already have two solutions at hand to begin to address the emergency room wait time crisis. We urge you to pass these measures in addition to SB 387.

Contact: Ann Geddes
Director of Public Policy
The Maryland Coalition of Families
8950 State Route 108, Suite 223
Columbia, Maryland 21045
Phone: 443-926-3396
ageddes@mdcoalition.org

SB387_Marylanders for Patient Rights_fav.PDF
Uploaded by: Anna Palmisano
Position: FAV

MARYLANDERS FOR PATIENT RIGHTS REQUESTS A FAVORABLE REPORT ON SB387 Task Force on Reducing Emergency Department Wait Times

Maryland has had the longest Emergency Department (ED) wait time in 50 states for seven years. According to recent data from the Centers for Medicare and Medicaid Services, Maryland patients spend an average time of 228 minutes waiting in the ED—almost four hours. Maryland has sustained this low ranking since 2015 -- years before the COVID pandemic began.

Going to the ED in Maryland has become an endurance contest, with some patients reporting wait times of over 24 hours. Longer wait times are more than an inconvenience for emergency room patients. Researchers found that long emergency wait times were linked to an increased risk of adverse events including hospitalization or death.

Excessive wait times can act as a barrier to access to health care. With an average wait time of almost four hours, frustrated patients may leave without the treatment they need. ED staff who have worked long hours under stressful conditions too often bear the brunt of frustration from angry patients, tired of lengthy waits and uncertainty about timely care.

How to reduce ED wait times: Learning from other states. What can we learn from other states with shorter ED wait times? For example, states with population sizes comparable to Maryland such as Indiana, Missouri, and Wisconsin all had significantly shorter wait times.
The bill proposes a study to examine best practices in EDs in states that: 1) are similar in population size to Maryland; 2) have at least one city of approximately 500,000 residents; and 3) rank in the top 50% of states or higher in shortest ED wait time. Parameters that will be examined include ED staffing, patient:caregiver ratios, triage practices, and bed availability.

To conduct the study, a focused task force will be impaneled by the Maryland General Assembly (MGA) which would include state legislators, patient advocates, experts in emergency care, the Maryland Dept. of Health, and the Maryland Hospital Association. The results of the study, which would be publicly reported to the MGA in Jan. 2024, would provide recommendations for improvements to ED practices in Maryland to help reduce current wait times.

There is a human cost to inaction on long ED wait times. According to HSCRC data, there are about 2 million visits to Maryland EDs per year. Researchers reported that reducing ED wait times by even one hour could potentially decrease the number of deaths in lower acuity patients by 13%.[1]

We urge you to provide a favorable report on SB387. Thank you.

A C Palmisano

Anna C. Palmisano, Ph.D. , Director, Marylanders for Patient Rights, palmscience@verizon.net

[1] "Association between waiting times and short term mortality and hospital admission after departure from emergency department," British Medical Journal citation: *BMJ 2011;342:d2983*

ER wait times, by state

Maryland is the state where patients spend the longest time in the emergency department before leaving the hospital, according to research by IT service automation company SysAid.

The research examined CMS data to see which states had the shortest average (median) time patients spend in the emergency department before leaving, in minutes. The data covered Jan. 7, 2020, to March 31, 2021.

While Maryland has the longest hospital waiting time, North Dakota has the shortest.

Here are the waiting times by state, from shortest to longest:

Note: The list includes ties.

1. North Dakota: 104 minutes

2. South Dakota: 113 minutes

3. Nebraska: 114 minutes

4. Oklahoma: 115 minutes

5. Hawaii: 117 minutes

5. Kansas: 117 minutes

7. Iowa: 123 minutes

8. Mississippi: 124 minutes

9. Arkansas: 127 minutes

9. Montana: 127 minutes

11. Louisiana: 128 minutes

12. Minnesota: 129 minutes

13. Utah: 130 minutes

13. Vermont: 130 minutes

15. Idaho: 131 minutes

16. Indiana: 133 minutes

17. Wisconsin: 136 minutes

18. Wyoming: 137 minutes

19. Alaska: 138 minutes

19. Washington: 138 minutes

21. Alabama: 139 minutes
21. Texas: 139 minutes
23. Colorado: 140 minutes
24. West Virginia: 141 minutes
25. Ohio: 143 minutes
26. Missouri: 144 minutes
27. Nevada: 145 minutes
27. Tennessee: 145 minutes
29. Georgia: 146 minutes
30. Maine: 147 minutes
31. New Mexico: 150 minutes
32. Kentucky: 151 minutes
32. South Carolina: 151 minutes
34. Michigan: 153 minutes
35. New Hampshire: 154 minutes
35. Virginia: 154 minutes
37. Florida: 155 minutes
38. Illinois: 157 minutes
38. North Carolina: 157 minutes
38. Oregon : 157 minutes
38. Pennsylvania: 157 minutes
42. California: 164 minutes
43. Connecticut: 166 minutes
44. New Jersey: 173 minutes
45. Arizona: 176 minutes
46. New York: 184 minutes
47. Rhode Island: 185 minutes
48. Massachusetts: 189 minutes

49. Delaware: 195 minutes

50. Maryland: 228 minutes

Latest articles on Rankings and Ratings:
How the Leapfrog results rank by state
Leapfrog's fall 2022 safety grades: 5 notes
Where are the 22 Leapfrog straight-'A' hospitals?

https://www.beckershospitalreview.com/rankings-and-ratings/er-wait-times-by-state.html

Hospital	ER Wait Time, Minutes*
Northwest	367
MedStar Franklin Square	364
Holy Cross Silver Spring	346
Adventist White Oak	346
Grace Medical	301
Johns Hopkins Bayview	300
MedStar Southern Maryland	296
UMMC	293
Holy Cross Germantown	275
Doctor's Community Hospital	270
UM BWMC	270
Johns Hopkins Hospital	269
MedStar St. Mary's	265
UM St. Joseph	263
UM Upper Chesapeake	263
Frederick	261
UM Capital Regional	260
Howard Co. Medical Center	258
St. Agnes	256
Mercy Medical	256
Adventist Ft. Washington	249
Western Maryland Regional	244
MedStar Good Sam	237
Anne Arundel Medical Center	235
GBMC	230
UM Midtown	228
Meritus	227
UM Charles Regional	225
Suburban	222
Carroll	215
Adventist Shady Grove	214
MedStar Union	214
MedStar Montgomery	213
Calverthealth Med Center	210
UM Harford	205
MedStar Harbor	198
Sinai	183
Tidal Health Peninsula Regional	175
UM Shore at Easton	174
UM Shore at Chestertown	173
Garrett Regional	147
Atlantic	131
average (mean)	246
average (median)	228

*Source: CMS Hospital Compare, 2/22/23

States of Similar Size to Maryland

State	Population	Largest cities	ED Wait time
Tennessee	6.9 MIL	Nashville 703,000	145 min.
		Memphis 628,000	
Indiana	6.8 MIL	Indianapolis 891,000	133 min.
Missouri	6.1 MIL	Kansas City 503,000	144 min.
Maryland	**6.1 MIL**	**Baltimore 576,000**	**228 min.**
Wisconsin	5.8 MIL	Milwaukee 569,000	136 min.
Colorado	5.8 MIL	Denver 711,000	140 min.
		Colorado Springs 483,000	
Minnesota	5.7 MIL	Minneapolis 425,000	129 min.

Data from CMS, US Census Bureau

HEALTHCARE ECONOMY

This State Has the Longest ER Waiting Time in America

Douglas A. McIntyre

February 28, 2022 12:30 pm

The COVID-19 pandemic radically changed the way America's hospitals work and the burden put on hospital staff, doctors and nurses. In hard-hit areas, intensive care bed availability disappeared. Occupancy of other hospital beds was also turned over to people who contracted the virus. Emergency rooms overflowed and people were in makeshift beds, in some cases for days. Hospitals began to lose key personnel because these people felt entirely overwhelmed or became infected.

Emergency rooms have been the "front doors" to hospitals for years, particularly facilities that treated people without insurance or other means to cover medical expenses. The spread of COVID-19 undermined the ability to perform this function.

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HD

Between the normal flow of emergency room cases and COVID-19 patients, some facilities have basically closed to anything other than the most severe cases.

According to research by IT service automation company SysAiD, emergency room median waiting periods in all 50 states topped 100 hours over the period of the study that which ran from January 7, 2020, to March 31, 2021. That means it caught most of the serious inflows during the worst of the pandemic. The conclusions were based on Centers for Medicare & Medicaid Services data.

The most notable conclusion of the study was that sparsely populated states had the shortest emergency room waiting times and crowded states had the longest. The state with the shortest waiting time was North Dakota at 104 minutes, followed by South Dakota at 113 and Nebraska at 114. The state with the longest waiting time was Maryland, the only state with an average wait time of more than 200 minutes.

These are the 20 states with the longest ER waiting times:

- Maryland (228 minutes)
- Delaware (195 minutes)
- Massachusetts (189 minutes)
- Rhode Island (185 minutes)
- New York (184 minutes)
- Arizona (176 minutes)
- New Jersey (173 minutes)
- Connecticut (166 minutes)
- California (164 minutes)
- Illinois (157 minutes)
- North Carolina (157 minutes)
- Oregon (157 minutes)
- Pennsylvania (157 minutes)

- Florida (155 minutes)
- New Hampshire (154 minutes)
- Virginia (154 minutes)
- Michigan (153 minutes)
- Kentucky (151 minutes)
- South Carolina (151 minutes)
- New Mexico (150 minutes)

Click here to see which 46 general hospitals received the top hospital award in 2021.

SB387_Trejo_FAV.pdf
Uploaded by: Anna Trejo
Position: FAV

TESTIMONY IN SUPPORT OF SENATE BILL 387

Task Force on Reducing Emergency Department Wait Times

Before the Senate Finance Committee

By Anna Trejo

February 23, 2023

Honorable Chair Griffith, Vice-Chair Klausmeier, and Members of the Senate Finance Committee, thank you for this opportunity to testify in favor of Senate Bill 387 which would create a task force on reducing emergency department wait times. Last week I waited in an emergency room for 15 hours before I was offered a room with a bed in the middle of the night, and that bed was still in the emergency department. I am grateful that I was eventually admitted to the hospital, but nobody should have to wait in an emergency department that long. I have cancer and an autoimmune disorder. I was exhausted and worried about being exposed to viruses while waiting for such a long time in the emergency department, but had no choice but to be there because I urgently needed health care. Maryland has some of the longest wait times in the nation, and a task force is needed to examine this issue. I urge you to give a favorable report to Senate Bill 387.

Anna Trejo
Frederick, MD

SB 387_PJC_Support_FIN.pdf
Uploaded by: Ashley Black
Position: FAV

Ashley Black, Staff Attorney
Public Justice Center
201 North Charles Street, Suite 1200
Baltimore, Maryland 21201
410-625-9409, ext. 224
blacka@publicjustice.org

SB 387
Task Force on Reducing Emergency Department Wait Times
Hearing of The Senate Finance Committee
February 23, 2023
1:00 PM

SUPPORT

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health and Benefits Equity Project advocates to protect and expand access to healthcare and safety net services for Marylanders struggling to make ends meet. We support policies and practices that are designed to eliminate economic and racial inequities and enable every Marylander to attain their highest level of health. **PJC supports SB 387**, establishing the Task Force on Reducing Emergency Department (ER) Wait Times to study best practices for reducing ER wait times. It would also require the Task Force to report its findings and recommendations to the Governor and the General Assembly by January 1, 2024.

Though Maryland is a leader in the country in expanding health care access, our State is failing its patients who need emergency care. Maryland has the longest ER wait times in the country, with patients spending an average of 228 minutes waiting in the ER. Long wait times can not only increase the risk of adverse health events, including complications leading to hospitalization, but these long waiting periods also put working Marylanders without access to comprehensive sick leave at risk of losing their jobs. Further, when patients have competing priorities, such as work and childcare duties, long ER wait times can be a significant deterrent from seeking needed care. Additionally, there are times where individuals who arrive to the ER may actually need referral for non-urgent health care services rather than ER care and have lost significant amounts of time waiting to be assessed and referred to a more appropriate setting.

SB 387 seeks to address this serious issue by assembling a task force to study best practices in states with lower ER wait times that are similar in population size to Maryland. Understanding factors that contribute to long ER wait times, such as staffing, triage practices and bed availability, is critical to improving the experience Marylanders have when they enter an ER.

The Public Justice Center is a 501(c)(3) charitable organization and as such does not endorse or oppose any political party or candidate for elected office.

For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 387**. If you have any questions about this testimony, please contact Ashley Black at 410-625-9409 ext. 224 or blacka@publicjustice.org.

The Public Justice Center is a 501(c)(3) charitable organization and as such does not endorse or oppose any political party or candidate for elected office.

MaCCRA Testimony 2023 - Support - Senate Bill 387

Uploaded by: Bruce Hartung

Position: FAV

Maryland **C**ontinuing **C**are **R**esidents **A**ssociation

The Voice of Continuing Care Residents

Bruce Hartung, President
1615 C Piccard Drive #1701 Rockville, MD 20850
brucehartung@sbcglobal.net **301-605-7505**

SUBJECT: Senate Bill 387 - Task Force on Reducing Emergency Department Wait Times

COMMITTEES: Finance Committee
The Honorable Melony Griffith, Chair

DATE: Wednesday, February 22, 2023

POSITION: **FAVORABLE**

The **Maryland Continuing Care Residents Association (MaCCRA)** is a not-for-profit organization representing the residents in continuing care retirement communities (CCRCs). Maryland has over 18,000 older adults living inCCRCs. The principal purpose of MaCCRA is to protect and enhance the rights and financial security of current and future residents while maintaining the viability of the providers whose interests are frequently the same as their residents. MaCCRA SUPPORTS efforts to enhance transparency, accountability, financial security, and preserve existing protections in law and regulation for current and future CCRC residents statewide.

On behalf of the Maryland Continuing Care Residents Association, we support Senate Bill 387 which establishes a Task Force on Reducing Emergency Department Wait Times. Older adults living in CCRC's are among the state's citizens most susceptible to health emergencies requiring the use of emergency room facilities. They are also unusually vulnerable to delays caused by extended wait times.

The number of seniors using emergency department facilities –both those residing in CCRCs and those living in other parts of our communities--will rise as baby boomers age throughout the state. At the same time, the state's disadvantaged populations—those living at or below the poverty line in urban and rural areas, plus the homeless population in all settings—will remain heavily dependent on emergency room care, due to lower access to preventative health programs. All these populations, as well as others, would especially benefit from measures to improve department responsiveness by reducing wait times.

We support SB387 and its chief object—a representative task force to find workable and cost-effective solutions to the issue—because it would be a major step towards the reduction of excessive emergency department wait times and would also involve all stakeholders in crafting solutions.

We ask for a favorable report on this Bill.

For further information please contact: Bruce Hartung, President
Maryland Continuing Care Residents Association c/o brucehartung@sbcglobal.net

SB387 Testimony C Menke.pdf
Uploaded by: Cheryl Menke
Position: FAV

Testimony for SB 387 Task Force on Emergency Room Wait Time Bill

Dear Chairperson and members of the Senate Finance Committee, I urge you to support Senate Bill 387 and find ways to fix our emergency room failure. Here is my story.

In the late afternoon of Friday, December 9, 2022, my doctor informed me that I needed a pint of blood because I had low iron and hemoglobin levels. He told me to go to the emergency room of AAMC to obtain it and they would retest my blood. Saturday morning, I went to the emergency room. It was packed with people and there was a seven to nine hour wait. Sunday morning, I went back again and it was the same scenario. I didn't want to stay there that long when it was filled with people who were coughing and sick. Monday evening around 8 or 9 p.m. I went again and was told the same thing, but this time I stayed because I needed to get the blood. I was having trouble breathing. I found a chair and faced a podium-like piece of furniture and huddled there for about 7 hours with my mask on, facing away from the crowd, for the night. During that time there was a man in a wheel chair in front of me , covered in a blanket, who didn't move, and no one checked on him. It was very cold in there. I wish I had waited in my car, but I wasn't sure when I would be called. No one checked on me the entire time I sat there except to tell me it would be a few more hours. Finally, about 5 a.m. I was taken back to a room. After tests, the diagnosis was multiple pulmonary embolisms and low hemoglobin and iron. My hemoglobin was down to 5.3. I was admitted and stayed in the hospital a week for treatment and further tests. I needed three pints of blood along with heparin during my week-long hospital stay. Please support the emergency room wait-time task force bill.

Cheryl Menke

1837 Baltimore Annapolis Blvd

Annapolis, MD 21409

Favorable Written Testimony.pdf
Uploaded by: Elizabeth Aldridge
Position: FAV

To: Senate Finance Committee
Miller Senate Office Building
Annapolis, MD 21401

Re: **SB 387 Task Force on Reducing Emergency Department Wait Times**

Date: February 23, 2023

Dear Chairwoman Griffith, Vice-Chairwoman Klausmeier, and Committee members,

I am a nurse in two adult emergency departments in Baltimore City that serve as level 1 and 2 trauma centers. We frequently have wait times exceeding 24 hours to be seen in a room for a full evaluation by an attending physician. In my experience, much of the high volume and long wait time can be attributed to three primary causes.

The first is **lack of adequate safe and affordable housing available in the city**. This leads to more people who have complications related to chronic disease requiring emergent care as they lack the resources to maintain health as well as people who utilize the department as a place to seek shelter and food.

Housing contributes to the second cause, which is **high rates of violence**. Every single time a person sustains a violent injury that requires trauma team activation, they become a resource-heavy priority above those who have been waiting for the better part of a day. In Baltimore City we are really working in war zone triage on some nights. Shock Trauma conducted a study on individuals who had been victims of violence more than once and found unstable housing was significantly linked to a person's risk of experiencing violence (Richardson et al., 2016).

Lastly, I feel sequelae of Covid 19, including years where people forwent primary care has created a **sicker population**. In combination with the state of housing in the city, it not only brings patients in, but it makes it much more unsafe to discharge them and much more likely that they will soon return.

I cannot speak to the rest of the state, as I only practice in Baltimore. However, I do know that our 39-hour waiting room wait time while holding 22 people for admission who have been there for 40+ hours already (which happened just this week) weigh heavily on state averages.

People sitting in the waiting room are often so uncomfortable in the chairs, and they miss taking their home medications. While we do our best to provide everyone the medication they need when they need it, it does take time to find a physician to write the order when there are often over 100 patients being taken care of by approximately three to four attending physicians.

As we frequently experience crisis needs for staffing, the work environment these wait times creates for the staff who are there is extremely stressful. The nurses and nursing technicians and assistants who interact with waiting room patients often become the face of a broken system and the only outlet for the patients to voice their frustrations.,

Something must be done to address these wait times, and forming the task force is the first step in developing the solution. Any solution to address emergency wait times must address housing, which should in turn also address levels of violence.

I am requesting your **favorable review** of this much needed task force on ED wait times, and ask that emergency nurses and physicians from different geographic areas of the State be part of the task force.

Sincerely,

Elizabeth Aldridge, MPH, MSN, RN, CEN
2120 Mount Royal Terrace, Baltimore, MD 21217
(603) 630-5639

References: Richardson, J.B., Vil, C. S., Sharpe, T., Wagner, M. & Cooper, C. (2016). Risk factors for recurrent violent injury among Black men. *Journal of Surgical Research, (204):* 261-266. https://doi.org/10.1016/j.jss.2016.04.027

LONG ED WAITS TASK FORCE(1) SB 387 PDF.pdf
Uploaded by: Gail Lemay
Position: FAV

Re: SB 387 Task Force on Reducing Emergency Department Wait Times

Good afternoon. Thank you for allowing me to speak. I am Gail Lemay, an emergency nurse at TidalHealth Peninsula Regional.

The Maryland Emergency Nurses Association fully supports a task force to study and resolve the problem of long wait times for patients seeking emergency care.

As an Emergency Nurse, I know nothing good happens in a packed waiting room. Triage nurses, the gatekeepers of that waiting room are under tremendous pressure to ensure patients get the care they need, when they need it. In an ideal world no one would wait, and indeed best practice supported by ENA is “door to bed, no waiting” if there is a bed. Here is the problem, no beds.

What is the impact of long wait times on the patient, the nurse, the provider, and every other member of the ED team?

- Remember when I said nothing good happens in the waiting room, triage nurses are very good at decerning who needs care first, who is sickest, but not 100%. Long wait times mean that even if the triage nurse gets it correct, conditions can change, and the patient deteriorates.
- Patents also leave when they must wait. Sometimes they seek care elsewhere. Many may just go home where their condition can deteriorate and the level of their emergency escalates.
- No one likes to wait. I sure don’t. The longer the wait times, the higher tensions and tempers rise, and who is the target of their frustrations? Verbal and physical abuse directed at healthcare workers can be directly correlated with long wait times.

There is a myriad of reasons for long wait times, and no one solution. The formation of a Task Force to study the problems, and I emphasize PROBLEMS is a good first step. Long wait times in the ED is not an ED problem, it is a healthcare access problem. The ED is the canary in the coal mine. The solutions will only be effective by looking at the entire healthcare delivery system.

Thank you,

Gail Lemay, MSN, RN, TCRN
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SB387_fav_AARP.pdf
Uploaded by: Karen Kalla
Position: FAV

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facebook.com/aarpmd

SB387 Task Force on Reducing Emergency Department Wait Times
FAVORABLE
Senate Finance Committee
February 23, 2023

Good afternoon, Chair Griffith and members of the Senate Finance Committee. I am Karen Kalla, member of the AARP Maryland Executive Council and resident of Anne Arundel County. AARP MD and its members support SB387 Task Force on Reducing Emergency Department Wait Times. We thank Senators Lewis Young, Beidle, and Rosapepe for co-sponsoring this important legislation.

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AARP is the largest nonprofit, nonpartisan organization representing the interests of Americans aged 50 and older and their families. Key priorities of our organization include helping all Marylanders achieve financial and health security and supporting safety net for seniors and low-income households in the state of Maryland is a priority.

SB387 create a task force comprised of representatives from the Senate, House, Secretary of Health, Maryland Hospital Association, patient advocacy organizations, and emergency department medical staff. The Task Force would be tasked with identifying potential solutions to reduce excessive wait times in emergency departments including the study of states with a population similar to Maryland's and that rank within the top 50% of states with the shortest emergency room wait time.

The fact that Maryland has one of the longest Emergency Department wait-times in the country, compels the establishment of this Task Force to research the causes. No person who is in urgent need of immediate medical attention should have to wait up to four hours or longer to be examined and treated as found necessary. The reasons are many and this situation the result of complex factors—factors that this Task Force should thoughtfully investigate and address.

Hospitals have inadequate space and beds, are often short on staff, and the staff available is often overworked. Why is this the case in Maryland more so than other states in the country? What do they know and practice that we do not?

Are any current State laws complicating or discouraging the expansion of emergency department or other hospital services that could provide space and staff to more expeditiously process emergency patients?

What is the process for analyzing the needs of a particular emergency department and does that process need rethinking and restructuring to meet the rapidly growing needs of Marylanders?

How are hospital budgets designed to provide funding adequate to ensure that emergency departments can truly provide emergency care in a timely fashion?

How can Maryland better organize a medical system where those who need attention by a medical doctor, but not an emergency department are identified and steered to the proper place?

Examples of long emergency department wait times are endless. In my father's later years, as with many seniors, we more often than we wanted, ended up in the emergency room in Montgomery County. Towards my father's last few years, whenever his primary care physician would send him from his office to the ER, the doctor would call an ambulance to ensure my father received the immediate attention he needed—a well-established practiced by those in the know.

The introduction of SB387 recognizes the urgency of this situation and creates a process to address it for the well-being of all Marylanders.

AARP MD respectfully asks for the Committee to give SB387 a Favorable report. If you have any questions, please contact Tammy Bresnahan at tbresnahan@aarp.org. or by calling 410-302-8451.

ER Wait Times Cover Letter.pdf
Uploaded by: Karen Lewis Young
Position: FAV

KAREN LEWIS YOUNG
Legislative District 3
Frederick County

Committee on Education, Energy, and the Environment

James Senate Office Building
11 Bladen Street, Room 302
Annapolis, Maryland 21401
410-841-3575 · 301-858-3575
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Karen.Young@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 22, 2023
Support of SB 387 – Task Force on Reducing Emergency Department Wait Times
The Honorable Melony Griffith, Chair
Finance Committee
Maryland Senate
11 Bladen Street, Room 302
Annapolis, MD 21401

Chair Griffith, Vice-Chair Klausmeier, and Esteemed Members of the Finance Committee:

I am here to propose a Task Force on Reducing Emergency Department Wait Times. Senate Bill 387 will create a task force that will bring together a diverse group of experts to identify the challenges faced by emergency departments and recommend solutions to reduce wait times. The bill will also evaluate states with shorter wait times and apply their best practices in Maryland.

We are proud that Maryland is home to some of the best hospitals in the world. Unfortunately, the Centers for Medicare and Medicaid Services recently reported that Maryland has the longest emergency room wait times in the country, averaging 228 minutes [1]. This is a concerning statistic and highlights the urgent need for action to address this issue.

The lengthy wait times in Maryland's emergency rooms affect patients and their families, creating a challenging working environment for emergency room personnel. By reducing wait times and improving the conditions of our emergency rooms, we can improve access to healthcare and support our frontline healthcare workers. As Maryland's population grows, our emergency departments must be equipped to handle our citizens' demands. The task force created by Senate Bill 387 will provide valuable insights into how other states with similar populations and emergency department demands have successfully reduced wait times.

We have seen firsthand the impact that long wait times in emergency departments can have on our citizens and our healthcare system. Therefore, I urge the Finance Committee to support Senate Bill 387 and take action toward reducing wait times in emergency departments in Maryland.

[1] https://www.beckershospitalreview.com/rankings-and-ratings/er-wait-times-by-state.html.html

Thank you,

Senator Karen Lewis Young

Maryland ER Wait Time Testimony 022323.pdf
Uploaded by: Kelly Jones
Position: FAV

Maryland ER Wait Time Testimony
In favor of SB0387 - Task Force on Reducing Emergency Department Wait Times

On October, 17 2022, I began experiencing intense and debilitating pain. I sought out help from my primary physician and specialist, resulting in a degenerative disc disease diagnosis.

Despite on-going care, my condition continued to worsen, and I needed emergent care. On November 13th, 2022 I checked in to Bayview ER at 9pm. At 3am, after 6 hours of crying and passing out due to muscle spasms, my vitals were taken. At 4am, I was given 2 extra strength Tylenol with no talk of care. My father, who had driven up from Northern Virginia to take me to the ER, requested to speak with someone. While we waited, we discussed with the idea of driving to Virginia for out of state medical care. I could barely handle the 2-mile drive from my home to Bayview, so the 70+ mile drive out of state was unfathomable. Before 5am, my father was informed the average wait time in the ER is 26 hours. At this point, we chose to leave the ER as I had a scheduled appointment with my physician in a few hours.

My physician was not able to do much but told me if my condition worsened again to seek emergent care again. I prepared myself by researching hospitals in the city and surrounding counties and when the best times to seek emergent care is. On November 16th, I checked in to Howard County General Hospital ER before 11am. I was seen within 6 hours and told I needed to be admitted to the hospital due to my condition.

A synonym for emergent is immediate. There is nothing immediate about a 26+ hour wait. As it stands, emergency care does not exist in Maryland hospitals. It's devastating to know that my life and the lives of the people in my community are at jeopardy due to this issue. Please consider approving this bill to create a task force to address this glaring barrier to health care before you find yourself or your loved ones in need of emergency care.

Kelly Jones

Kelly Jones
403 N Ellwood Ave
Baltimore, MD 21224
kellyejones23@gmail.com

Lisa Tenney MD ENA Testimony SB 387 ED Long Waits

Uploaded by: Lisa Tenney

Position: FAV

EMERGENCY NURSES ASSOCIATION
Maryland State Council
Safe Practice, Safe Care.

To: Maryland Senate Finance Committee
Miller Senate Office Building
Annapolis, MD 21401

From: Maryland State Council of the Emergency Nurses Association

Date: February 23, 2023

Re: SB 387 Task Force on Reducing Emergency Department Wait Times

Good day Chairman Griffith, Vice Chair Klausmeier, Committee members, and bill sponsors,

The Maryland Emergency Nurses Association urges a favorable vote on SB 387, which will form a task force to address the long wait times in Maryland's emergency departments. Maryland has the longest ER wait times to see a physician/provider in the nation. On average, patients wait 228 minutes, or 3 hours 48 minutes.[1] Some days, patients wait 8-12 hours.

Any Maryland ER nurse or ER doctor will tell you that these long waits are not new. They have been getting worse each year. They will tell you that the staff is exhausted and that the patients and families are upset. They will tell you that Maryland does not have enough skilled nursing facilities for the Baby Boomers, or inpatient acute care beds, or inpatient pediatric and adult psychiatric beds. Maryland lacks outpatient behavioral health treatment resources. There are staffing shortages in all departments and specialties. [3]

An ER doc recently told me about one of his shifts. It is a good example of how Maryland emergency departments are having to care for patients using "Waiting Room Medicine."

"When I came on duty at 4 p.m. to my 33 bed, level III community hospital, there were a total of 103 patients in the ER. All 33 beds were filled with patients who needed to be admitted to inpatient beds, and of those:

- Five were ICU boarders.
- Fourteen were step-down bed boarders.
- Two were on-call to the Operating Room (OR).
- One had just arrived with a heart attack and was being worked up and was soon to be rushed to the cardiac cath lab.
- Eleven were involuntary or voluntary mental health boarders who were waiting to be transferred to an inpatient psychiatric facility somewhere. Three of those were pediatric

neuro-psych patients who had been in the ER waiting for beds: one had been there for 9 weeks, one for 30 days, and one for 2 days. The boy who had been with us for 9 weeks had already destroyed one of our ER rooms and injured four staff members. Two staff were still out on workers' compensation leave.

- Two more ambulances had just pulled in and were waiting for the charge nurse.
- Ten other patients were on stretchers in the hallway. Three of them were waiting for private ambulances to take them back to nursing homes. The other seven had come in by county ambulances and were too sick to go to the waiting room. They were being worked up by the staff.
- The other 59 patients were in the waiting room; some were outside of the hospital. Fifty of those had already been triaged and 28 of those already had physician preapproved order sets begun by the nurses and they were awaiting results. The triage team was working on getting the other 31 patients who had been triaged, started on protocol orders, taking care of them in the order of their symptom severity and vital signs.
- I went straight to the waiting room and visually assessed everyone who was waiting. Then I reviewed their triage notes and spoke with the triage team about the patients. I didn't like the way a one man looked. He had come in with sudden onset non-traumatic back pain, but his EKG was fine. I examined him in a small hallway and within 45 minutes he was on his way to the OR for the repair of a dissecting aortic aneurysm, which is a surgical emergency.

Waiting room medicine is when patients never get a bed. They are examined and then either admitted, transferred, or discharged from the waiting room. Some patients elect to leave without receiving any care. We can and should do better.[2] This task force is an urgent necessity. Long ER waits are not an ER problem. They are a health system problem. We ask that the task force include members from MD ENA, MD ACEP, Med-Chi, MNA, MIEMSS, MHA, HSCRC, MHCC.

Sincerely,

Lisa Tenney, BSN, RN, CEN, CPHRM, FAEN
Chair, Government Affairs Committee
Maryland State Council Emergency Nurses Association
lctenney@gmail.com
240-731-2736

Resources:

1. Maryland Matters. December 8, 2022. Opinion: How can we reduce ER wait times in Maryland hospitals? https://www.marylandmatters.org/2022/12/08/opinion-how-can-we-reduce-er-wait-times-in-maryland-hospitals/#:~:text=According%20to%20recent%20data%20from,time%20greater%20than%20200%20minutes.
2. The Centers for Medicare and Medicaid Services. Timely and effective care. Retrieved February 16, 2023. https://data.cms.gov/provider-data/topics/hospitals/timely-effective-care#emergency-department-care
3. Maryland Hospital Association. 2022 State of Maryland's Health Care Workforce Report. https://www.mhaonline.org/docs/default-source/default-document-library/2022-state-of-maryland-s-health-care-workforce-report.pdf

NASW Maryland - 2023 SB 387 FAV - Emergency Dept W

Uploaded by: Mary Beth DeMartino

Position: FAV

5750 Executive Drive, Suite 100, Baltimore, MD 21228
410.788.1066 » nasw-md.org

NASW MARYLAND CHAPTER
National Association of Social Workers

Senate Finance Committee
Senate Bill 387: Task Force on Reducing Emergency Department Wait Times
Support

February 23, 2023

Maryland's Chapter of the National Association of Social Workers represents social workers across the state. We support Senate Bill 387: Task Force on Reducing Emergency Department Wait Times, a bill intended to create a task to identify solutions for reducing lengthy emergency room waits, study best practices, and recommend solutions.

Many social workers in our organization have years of experience with managing unconscionably long emergency room waits with vulnerable clients. In child welfare, spending the night at the emergency room with a child awaiting evaluation for in-patient psychiatric hospitalization was once jokingly referenced as the way social workers "cut their teeth". That 24 hour wait became two days…three days…a week…or even a month or longer and instead of an adult known to the child, adult babysitters are hired by the agency or hospital. Can you imagine a Maryland youth in our state's custody literally living in the emergency room for weeks or months? It happens.

No surprise that after a 4th or 5th hospitalization, parents of children with high intensity behavioral health needs are exhausted and frustrated, desperate enough to hand over responsibility for the child's care to the Department of Social Services for foster care placement. In fact, youth with high intensity behavioral health needs are now a driver of roughly 30% of all entries into foster care. For these children and youth, trauma behaviors are characterized by danger to self or others such as compulsive cutting; sexual predatory behavior; severe aggression; harm to animals; and/or impulsive ingestion of objects.

Some also become the youth on overstay in psychiatric hospitals while local departments scramble for non-existent placements willing to accept the youth into their program. Now, we are "hoteling" children – placing children in our state's custody with a 24/7 contracted supervision, gift cards for food, and the local laundromat. At $30,000+/child for one month, we understand this is bleeding local departments of funding intended to preserve families and enhance children's foster care experience. As a result, there are security deposits that won't be paid; medication co-pays that can't be covered; home furnishings like beds, linens, and dishes the local department can't provide; specialized treatment that can't be covered; and access to summer camp for children will be reduced. "Hoteling" children not yet widespread, but one child in state custody stashed in a hotel is too many.

According to a Behavioral Health Administration report completed several years ago, we are spending as much as $7 million to evaluate children in the emergency room who aren't subsequently hospitalized. Surely that funding could be better spent on expanding mobile crisis response or even a psychiatric hospital diversion with crisis beds.

While it would be simplistic to believe that the state's current placement crisis could be resolved simply by shortening emergency room wait times, the emergency room is the 'front door' to the children who become long-stayers in hospitals and oftentimes, those who enter state custody to obtain "deep end" behavioral health residential care.

We would request that another member be added to the task force – a social worker from the National Association of Social Workers. Social workers have significant experience with this particular issue and would enrich the work of the task force.

We ask for a favorable report for Senate Bill 387.

Judith Schagrin, LCSW-C
Co-Chair, Legislative Committee

SB0387-FIN-FAV.pdf
Uploaded by: Nina Themelis
Position: FAV

BRANDON M. SCOTT
MAYOR

Office of Government Relations
88 State Circle
Annapolis, Maryland 21401

SB 387

February 23, 2023

TO: Members of the Senate Finance Committee

FROM: Nina Themelis, Interim Director of Mayor's Office of Government Relations

RE: Senate Bill 387 – Task Force on Reducing Emergency Department Wait Times

POSITION: Support

Chair Griffith, Vice Chair Klausmeier, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 387.

SB 387 seeks to establish an appointed Task Force on Reducing Emergency Department Wait Times to identify potential solutions to reduce wait times in Maryland emergency departments and to study best practices for emergency department staffing, triage, and bed availability in states that have populations similar to Maryland's.

Nationally, emergency department (ED) patients wait more than 90 minutes before they are taken to their ED exam room[1]. According to reports using Centers for Medicare and Medicaid Services data, Maryland has the longest average ED wait times in the country, at 228 minutes.[2] Delays in care, especially involving hospital admissions from emergency departments, may increase a patient's risk of death within the following 30 days[3].

We respectfully request a favorable report on SB 387, which will establish a task force to identify best practices and solutions for reducing ED wait times that can lead to better health outcomes for Maryland residents. We hope that the recommendations from this Task Force will address solutions for (and not limited to): workforce support, health equity, strengthening and streamlining patient care experiences within primary care, mental health, and social needs systems across the state.

[1] Savva, N. Tezcan, T. (2019) *To Reduce Emergency Room Wait Times, Tie Them to Payments.* Harvard Business Review.
[2] Gooch, K. (2022) *ER wait times, by state*. Becker's Hospital Review.
[3] Emergency Medical Journal; BMJ.

SB 387 Roxann King Testimony.pdf
Uploaded by: Roxann King
Position: FAV

Greetings to Senator Griffith and members of Finance Committee from American Association of University Women (AAUW) which has over 1000 Maryland members.

I strongly urge you to support SB 387 because it is important to the health of women. Women's health is a priority on our national agenda. Most of our members are over 50, and as they age the number of hospital visits increases. We, and the younger women for whom we advocate, are very likely to be caretakers for family members. As caretakers of children or older relatives, or as seniors ourselves, we need to be confident that we can receive prompt care in our Maryland hospitals when it is needed. We do not need to be sitting in the emergency room with our children or grandchildren, or aging relatives, or even by ourselves, for long hours waiting to be called. People with so many illnesses in one place waiting for service is a health risk. Frustrated patients may give up and leave the ER without receiving the care they need. Others may see their situations deteriorate, causing additional harm, while waiting for care. The Centers for Medicare and Medicaid Services find Maryland to have the longest ER wait time of all 50 states, nearly four hours, continuously since 2015, long before Covid began.

Maryland is so good at protecting its citizens in so many ways. This situation can be fixed. Maryland does not need to be the worst in the nation. Maryland can be among the best. SB 387 seeks to find a cost-effective patient-centered solution by studying best practices in states similar to Maryland. AAUW Maryland seeks your support to help find solutions make Maryland's ER's work in ways that Marylanders need and deserve.

Support SB 0387.pdf
Uploaded by: Ryan Coleman
Position: FAV

Randallstown

P.O. Box 731 Randallstown, MD 21133

February 22, 2023

Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

RE: SUPPORT SB 0387-Task Force on Reducing Emergency Department Wait Times

Dear Chair Melony Griffith, VC Katherine Klausmeier and Finance Committee Members:

May it be known the mission of the Randallstown NAACP is to secure equal rights in order to eliminate race-based discrimination and ensure the health and wellbeing of all persons in Baltimore County and the State of Maryland.

In 2022, Maryland was determined to have the longest Emergency Room wait time in all 50 states. Maryland has sustained this low ranking since 2014 — years before the COVID pandemic began. Patients waited an average of 228 minutes in Maryland before they were seen by a healthcare professional. Randallstown NAACP members lament wait times at Northwest Hospital in Randallstown of over 5 hours.

Longer wait times are more than an inconvenience for emergency room patients. According to a 2011 article by the British Medical Journal, longer wait times can lead to greater risk to patients and poorer health outcomes. Researchers estimated that reducing wait times by even an hour would have decreased deaths in lower risk patients by 12.7%. Long emergency wait times were linked to increased risk of adverse events (hospitalization or death within seven days) among non-admitted patients. Other states have found ways to improve wait times in their hospitals.The Maryland General Assembly must take action to protect the most vulnerable citizens who use these hospitals.

The Randallstown Branch of the NAACP urges a favorable report from the committee on SB 0387..

yours,

Ryan Coleman
Randallstown NAACP, President
http://randallstownnaacp.yolasite.com

SB387_FAV_Klapper_MCHI.pdf
Uploaded by: Stephanie Klapper
Position: FAV

TESTIMONY IN SUPPORT OF SENATE BILL 387

Task Force on Reducing Emergency Department Wait Times

Before the Senate Finance Committee

By Stephanie Klapper, Deputy Director, Maryland Citizens' Health Initiative

February 23, 2023

Chair Griffith, Vice-Chair Klausmeier, and Members of the Senate Finance Committee, thank you for this opportunity to testify in support of Senate Bill 387. Special thank you to Senator Lewis Young for being the lead sponsor for the bill. I am submitting this testimony on behalf of our individual organization, Maryland Citizens' Health Initiative, Inc., as we have not reviewed this legislation with the full Maryland Health Care for All! Coalition. Our mission is to ensure that all Marylanders have access to quality affordable health care coverage.

Excessive emergency department wait times are a serious concern for patients. For many Marylanders, periodic visits to the emergency department are the only times they interact with hospital personnel in a given year. Longer ED wait times erode patient confidence in the hospital system and are perceived by many as an indicator of poor quality care provision. We can and should do better to reduce emergency department wait times for both those eventually being admitted and those being discharged. We realize this is a complex issue. While ED wait times were already a problem prior to the pandemic, the pandemic also exacerbated health care work force shortages and behavioral health needs. A task force devoted to examining this issue would be able to make recommendations about how our communities can come together to solve this problem. It is important that consumers be represented in the task force membership and that consumer voices are elevated by the task force.

We appreciate the efforts that Maryland hospitals have already made, and also appreciate that hospitals are taking extra time to educate patients and connect them with appropriate community resources, and we do not want to discourage hospitals from equipping patients to take care of their health upon discharge. Further, we hope that the state and community providers can support hospitals in achieving shorter wait-times for those who need to be admitted while still providing robust ED services to everyone who enters the ED.

We urge a favorable report for SB 387.

2600 St. Paul Street Baltimore, MD 21218
www.healthcareforall.com
Phone (410)235-9000 Fax (410)235-9000

SB 387_Task Force on Reducing ED Wait Times_MIEMSS
Uploaded by: Theodore Delbridge
Position: FAV

State of Maryland
Maryland Institute *for* Emergency Medical Services Systems

Wes Moore
Governor

Clay B. Stamp
Chairman, EMS Board

Theodore R. Delbridge, MD, MPH
Executive Director

SENATE Bill 387
Task Force on Reducing Emergency Department Wait Times

MIEMSS Position: Support with Amendment

Bill Summary: SB 387 establishes a Task Force on Reducing Emergency Department wait times to identify potential solutions to reduce excessive wait times and study and make recommendations for best practices to reduce emergency department wait times in Maryland.

Rationale:

- Excessive emergency department (ED) wait times have been a long-standing challenge and multi-faceted problem for the Maryland healthcare system for many years. Maryland ED wait times have consistently ranked among the worst in the nation.

- Excessive ED wait times can be affected by many factors, including staffing levels in the ED and throughout the hospital; limited hospital bed availability for patients needing admission, including behavioral health patients; and increased patient care requirements in the ED environment.

- Excessive ED wait times results in delayed treatment for patients needing emergency care and can detrimentally affect patients. There is substantial research in the medical literature documenting the impact of ED wait times and ED overcrowding on patient outcomes, including mortality and morbidity.

- Excessive ED wait times also adversely affect emergency medical services (EMS) ambulances transporting emergency patients to hospital EDs for treatment. EMS personnel must often wait for extended periods to offload, or transfer responsibility for, patients at hospital EDs, which reduces ambulance availability and prolongs response to 9-1-1 calls.

- MIEMSS and the Health Services Cost Review Commission have undertaken focused and coordinated efforts to study and understand the causes of excessive ED wait times and to develop strategies to improve timeliness of care and reduce wait times. See: https://www.miemss.org/home/Portals/0/Docs/LegislativeReports/JCR-Emergency-Department-Overcrowding-201712.pdf?ver=2022-01-27-090447-303; and https://www.miemss.org/home/Portals/0/Docs/LegislativeReports/JCR-Emergency-Department-Overcrowding-Update-201911.pdf?ver=2022-01-27-090447-367

- MIEMSS' amendment seeks to add MIEMSS as a Task Force member (see below). MIEMSS also recommends that the Maryland Health Services Cost Review Commission and the Maryland Health Care Commission be added as Task Force members.

MIEMSS Supports SB 387 as Amended and Urges a Favorable Report

AMENDMENTS TO SENATE Bill 387

(First Reading File Bill)

Amendment No. 1

On page 1, in line 15, strike “AND”.

Amendment No. 2

On page 1, in line 16, after “(4)” insert “the Executive Director of the Maryland Institute for Emergency Medical Services Systems, or designee; and”.

Testimony - SB 387 - ER Task force.pdf
Uploaded by: Valerie Devaris
Position: FAV

Testimony of Valerie Devaris

In support of Senate Bill 387 - Task Force on Reducing Emergency Department Wait Times

Senate Finance Committee

Feb. 23, 2023, at 1pm

I'm a resident of Annapolis and a Middle School teacher. I am testifying as a private citizen. I live with my family and my 92-year-old father. My father is a diabetic with leukemia and some memory loss. My recent experience with my father in the Emergency Room leads me to support Senate Bill 387.

My father broke his hip and was in extreme pain when he tried to walk. The orthopedist wanted to do surgery on Saturday, Jan. 7, 2023. Since there were no beds available for a direct admission to the hospital, the orthopedist told us to go to the Emergency Room.

On Friday, Jan. 6, 2023, we arrived at Luminis Anne Arundel Medical Center's Emergency Room at about 8pm. He was triaged quickly but we did not actually get into a room in the ER until the next morning. At this point, my father had not eaten anything because he was expecting to have surgery that day. We did not get transferred from the ER to a regular hospital bed until 6pm on the evening of Jan. 7. 2023 (22 hours after we first arrived at the ER). His surgery was moved to Sunday, Jan. 8, 2023, as there were no operating rooms available.

While spending the night in the ER's waiting room, we observed other patients that were in even worse pain and distress than my father was. Some of them left before they were seen because of the long wait. One woman whose was obviously in severe pain, left because of the long wait and because her pain was worse when sitting in a chair. The receptionist let her leave instead of getting her a gurney to lay on while waiting.

The crisis in our emergency rooms is very bad for patients, family members and hospital staff. For these reasons, I hope you favorably report Senate Bill 387.

Contact information:

Valerie Devaris valneil1@vewrizon.net 410-268-2661

2023 Legislation - MHCC Position Stmt - SB 387 (TF

Uploaded by: Ben Steffen

Position: FWA

MARYLAND
Health Care
Commission

Randolph S. Sergent, Esq, Chairman
Ben Steffen, Executive Director

2023 SESSION
POSITION PAPER

BILL NO: **SB 387**

COMMITTEE: **Senate Finance Committee**

POSITION: **Support with Amendments**

TITLE: Task Force on Reducing Emergency Department Wait Times

BILL ANALYSIS

SB 387 - 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 SB 387 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 SB 387 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.

mhcc.maryland.gov

Toll Free: 1-877-245-1762
TTY Number: 1-800-735-2258
Fax: 410-358-1236

4160 Patterson Avenue,
Baltimore, MD 21215

The Task Force to be formed under SB 387 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 SB 387, 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.[1] 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 EXECTIVE DIRECTOR'S DESIGNEE;

[1] 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 SB 387.

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.

SB0387-FIN_MACo_SWA.pdf
Uploaded by: Brianna January
Position: FWA

MARYLAND Association of COUNTIES

Senate Bill 387

Task Force on Reducing Emergency Department Wait Times

MACo Position: **SUPPORT WITH AMENDMENTS**

To: Finance Committee

Date: February 23, 2023

From: Dominic J. Butchko and Brianna January

The Maryland Association of Counties (MACo) **SUPPORTS** SB 387 **WITH AMENDMENTS.** This bill would create a task force to examine how best to reduce emergency department wait times. Counties seek representation on this body via a bill amendment.

Following the COVID-19 pandemic, Maryland's healthcare system has been shaken to its core. Like many areas in the public sector, healthcare providers are contending with a vast array of systemic challenges, including recruitment and retention and supply chain disruptions. Counties are a major stakeholder in the healthcare space, operating or funding a significant amount of emergency medical services transit and providing a large amount of community screening and preventative care.

As major stakeholders across multiple components of both emergency service and public infrastructure, counties ask for representation on the Task Force on Reducing Emergency Department Wait Times. Long wait times for emergency departments have a cascading effect on other county medical and emergency services, and therefore counties remain committed to finding a solution and seek to have input as a partner in this important endeavor.

Counties fully support the efforts of SB 387 and ask to be included within the task force. Accordingly, MACo urges a report of **FAVORABLE WITH AMENDMENTS**, to add one member representing county government to the task force**.**

169 Conduit Street, Annapolis, MD 21401
410.269.0043 BALT/ANNAP ◆ 301.261.1140 WASH DC ◆ 410.268.1775 FAX
www.mdcounties.org

Antonia Brooks ED Wait Times Taskforce Testimony F

Uploaded by: Brige Dumais

Position: FWA

Testimony on HB274/SB387
Task Force on Reducing Emergency Department Wait Times
Position: Favorable with Amendment[1]

To Chair Pena-Melnyk and Members of the House Health & Government Operations Committee;
To Chair Griffith and Members of the Senate Finance Committee:

My name is Antonia Brooks and I am a Physical Medicine Rehabilitation Technician in a Level 2 Intensive Care Unit at a hospital in Maryland. I'm a member of 1199SEIU United Healthcare Workers East, the largest healthcare workers union in the nation. We represent over 10,000 members in Maryland/DC. Our union urges a **favorable** report, with an **amendment**, on HB274/SB387: Task Force on Reducing Emergency Department Wait Times.

In my experience working in the Emergency Department, there is always an overflow of patients with not enough workers to care for them on time. This was a problem before COVID19 but is even worse now. Hospital management is unable to retain workers because wages are not high enough and healthcare workers are burning out. We are in dire need of safe staffing ratios – not only of doctors and nurses but of clinical techs, and service workers too. I have seen with my own eyes patient health deteriorate because of long Emergency Department wait times. We give high quality healthcare, but we can't be everywhere at once. Another problem that is slowing down patient care is the machinery we use like Xrays and MRIs break and there isn't anyone to fix them quickly.

Something else that is really unfair to patients is hospitals will admit patients with private, "better" insurance while low-income patients on Medicare/Medicaid and patients who don't have insurance at all get bumped to the back of the line. That is immoral and leads to bigger health disparities between patients based on income. Everyone deserves access to timely, high-quality care regardless of income or health insurance status.

Maryland has the longest hospital wait times in the United States. Healthcare workers in short-staffed hospitals are overburdened, and patients deserve to be treated in a timely manner. We healthcare workers are the experts on what is happening inside our Emergency Departments and the solutions we need, so we urge an amendment that will ensure two healthcare workers have seats on the Task Force. Please vote yes on this bill and proposed amendment.

Sincerely, Antonia Brooks, annlizze74@hotmail.com

[1]Requested Amendment to Line 19: One Registered Nurse employed in an Emergency Department who is a member of an employee organization that is the exclusive bargaining representative of health care workers; and One Service Employee employed in an Emergency Department who is a member of an employee organization that is the exclusive bargaining representative of health care workers.

Lauren Reichard ED Wait Times Taskforce Testimony

Uploaded by: Brige Dumais

Position: FWA

Testimony on HB274/SB387
Task Force on Reducing Emergency Department Wait Times
Position: Favorable with Amendment[1]

To Chair Pena-Melnyk and Members of the House Health & Government Operations Committee;
To Chair Griffith and Members of the Senate Finance Committee:

My name is Lauren Reichard, and I am a Registered Nurse in an Intensive Care Unit in Maryland. I'm a member of 1199SEIU United Healthcare Workers East, the largest healthcare workers union in the nation. We represent over 10,000 members in Maryland/DC. Our union urges a **favorable** report, with an **amendment**, on HB274/SB387: Task Force on Reducing Emergency Department Wait Times.

The short staffing crisis healthcare workers continue to endure in Maryland has led to poor patient outcomes, and moral distress for patients, their support systems, and staff. When any unit in the hospital is short-staffed, we are all impacted. Short staffing also impacts processes like patient throughput and maintaining a safe and clean environment. We are short-staffed in nearly every department at the hospital where I work, from nursing, to pharmacy, to dietary, to environmental services. Fewer members of our care team means fewer opportunities for patients to receive the high-quality care they deserve.

Recently, a patient was brought in by ambulance to our Emergency Department that met ICU criteria. As the ICU Charge Nurse, I was informed that the patient required an ICU admission. To make this possible, there must be both an ICU bed available and an ICU nurse that can safely care for the patient, 1-2 patients per ICU Nurse. That night, we did not have enough ICU nurses to care safely for all the patients already on the unit and or for any possible emergencies within the hospital. This ICU patient unfortunately boarded or waited in the Emergency Department for about 2 days, utilizing ED resources and personnel. If an ED now must board and provide care for a patient who should be transferred safely to another unit, this will prevent a potential patient in the waiting room from being seen.

[1]Requested Amendment to Line 19: One Registered Nurse employed in an Emergency Department who is a member of an employee organization that is the exclusive bargaining representative of health care workers; and One Service Employee employed in an Emergency Department who is a member of an employee organization that is the exclusive bargaining representative of health care workers.

While in the ED, the patient's condition appeared to have improved and was transferred to a lower-acuity level unit. However, shortly after this transfer, the ICU physician was called to assess this patient for worsening respiratory status. The patient was immediately transferred to ICU and urgently intubated. The patient's family member at the bedside was frustrated, upset, and distraught because all of this could have been avoided, had the patient just been transferred to the ICU when they were supposed to. Not to mention the patient was anxious and struggling to breathe.

This type of unwarranted distress is one of many examples of patients, staff, and family members being affected by short staffing and long ED wait times. Our hospital management would rather keep our hospital understaffed than adhere to evidence-based practice regarding nurse-to-patient ratios, utilize only one environmental service worker and one supervisor to clean and turn-over all units overnight, and provide half the patient care technicians that a unit is budgeted for. In order to decrease ED wait times, we need to find ways to retain current staff with better pay and better benefits including tuition assistance, fill all vacant positions with a diverse population of both experienced and new to practice staff, keep our hospital staffed appropriately throughout all departments, and look to other states and jurisdictions who have proven that there is a way to keep ED wait times down and improve patient outcomes.

Maryland has the longest hospital wait times in the United States. Healthcare workers in short-staffed hospitals are overburdened, and patients deserve to be treated in a timely manner. We healthcare workers are the experts on what is happening inside our Emergency Departments and the solutions we need, so we urge an amendment that will ensure two healthcare workers have seats on the Task Force. Please vote yes on this bill and proposed amendment.

Sincerely,
Lauren Reichard, BSN, RN
lereichard@gmail.com

Ricarra Jones ED Wait Times Testimony FWA.pdf
Uploaded by: Brige Dumais
Position: FWA

Testimony on HB274/SB387
Task Force on Reducing Emergency Department Wait Times
Position: Favorable with Amendment[1]

To Chair Pena-Melnyk and Members of the House Health & Government Operations Committee;
To Chair Griffith and Members of the Senate Finance Committee:

My name is Ricarra Jones and I am the Political Director of 1199SEIU United Healthcare Workers East, the largest healthcare workers union in the nation. We represent over 10,000 members in Maryland/DC. Our union urges a **favorable** report, with an **amendment**, on HB274/SB387: Task Force on Reducing Emergency Department Wait Times.

Maryland has the longest Emergency Department wait times in the country, and 1199SEIU members have long been sounding the alarm that Maryland's hospitals are in crisis. The current worker to patient ratios in our hospitals are unsustainable. Due to chronic short-staffing, healthcare workers are overworked and underpaid, and patient's health can suffer when they are forced to wait far too long to be treated in the Emergency Department because hospital mismanagement is leading to high employee turnover.

This bill requires a study of best practices in EDs in states that: 1) are similar in population size to Maryland; 2) have at least one city of approximately 500,000 residents; and 3) rank in the top 50% of states or higher in shortest ED wait time. We need the study to examine Emergency Department staffing ratios, triage practices, and bed availability. A task force would be created by the Maryland General Assembly (MGA) to conduct the study. The task force would include state legislators, patient advocates, **emergency care workers**, the Maryland Dept. of Health, and the Maryland Hospital Association. Study results would be reported to the General Assembly by Jan. 2024 and give recommendations for improvements to Maryland's Emergency Department practices to help reduce current wait times.

Passing this bill is a necessary first step towards ending the short staffing crisis in our hospitals, supporting healthcare workers, and improving patient care. 1199SEIU requests an **amendment** to ensure that the Task Force includes two Emergency Department workers – one Registered Nurse and one Service Employee – because workers are the experts on solutions needed to reduce Emergency Department wait times and end the short staffing crisis in our hospitals. RNs and Service employees both have valuable and unique perspectives to offer. We hope your Committee will issue a **favorable** report on this bill. Thank you.

In Unity,
Ricarra Jones, Political Director
ricarra.jones@1199.org

[1]Requested Amendment to Line 19: One Registered Nurse employed in an Emergency Department who is a member of an employee organization that is the exclusive bargaining representative of health care workers; and One Service Employee employed in an Emergency Department who is a member of an employee organization that is the exclusive bargaining representative of health care workers.

Xandrea Gutierrez ED Wait Times Taskforce Testimon

Uploaded by: Brige Dumais

Position: FWA

Testimony on HB274/SB387
Task Force on Reducing Emergency Department Wait Times
Position: Favorable with Amendment[1]

To Chair Pena-Melnyk and Members of the House Health & Government Operations Committee;
To Chair Griffith and Members of the Senate Finance Committee:

My name is Xandrea Gutierrez. I am a Registered Nurse (RN) working the night shift in an Emergency Department in Maryland and a member of 1199SEIU United Healthcare Workers East, the largest healthcare workers union in the nation. We represent over 10,000 members in Maryland/DC. Our union urges a **favorable** report, with an **amendment**, on HB274/SB387: Task Force on Reducing Emergency Department Wait Times.

The long wait times in our Emergency Department are adversely impacting our patients. Just the other night I admitted a patient who had been waiting for 16 hours, and she had a seizure twenty minutes after being admitted. Had the seizure happened in the waiting room there may have been a worse outcome. In my hospital, on the surface, our wait times are not "that bad," but that is because so many patients leave the hospital before they can be treated because they are frustrated by waiting for hours to be treated. Another patient of mine left the hospital against medical advice due to the long wait. He ended up having a seizure in the parking lot of the hospital. My coworkers and I had to leave the hospital to search for him in the parking lot.

Sometimes patients who leave our Emergency Department go to other hospitals to seek care. When they go to our "sister" hospital, that patient cannot be admitted until that hospital contacts me to get the patient removed from our system, so there is another step that delays the patient's ability to receive care. If the patient goes to another hospital not part of our system, they must get their labs and radiology taken again, which further delays treatment for that patient as they now have to wait for results while their whole process starts over again in the new facility.

The short staffing crisis is taking a toll on me and my coworkers and is one of the major factors causing long wait times in our Emergency Department. We are burnt out because there are not enough staff. There should be a

[1]Requested Amendment to Line 19: One Registered Nurse employed in an Emergency Department who is a member of an employee organization that is the exclusive bargaining representative of health care workers; and One Service Employee employed in an Emergency Department who is a member of an employee organization that is the exclusive bargaining representative of health care workers.

minimum of 15 RNs per shift, but we rarely reach the double digits of RNs on staff, especially during the night shift. We are dependent on hiring new graduates, but they have a high turnover rate. There is so much talk among management emphasizing new hiring and recruitment, but very little effort to retain seasoned healthcare workers who have been at our hospital for years. Seasoned staff do not feel respected, so morale is down and that has caused a mass exodus of seasoned staff.

Short staffing impacts our ability to triage properly. I am a charge nurse, and when we don't have enough triage nurses, I must be in multiple places at once because I must watch the computer to see when patients are signed in while also doing triage. Me being in multiple places delays triage for those patients which increases their wait time as well as increases the possibility of poor outcomes for those patients. We have a high volume of patients with acuity and a lot of patients from other hospital's Emergency Departments get transferred to us. We don't get any advanced warning about transfers; patients just show up.

Management at my hospital wants to increase the number of patients housed in the Emergency Department, but we are not Intensive Care Unit or Medical Surge nurses so if we increase the number of patients, it will be challenging for them to receive the level of care they need if they are admitted to the ICU. The short staffing crisis is hospital wide and impacts every job classification from RNs to Medical Technicians to Environmental Service Workers. When one department or job classification is short staffed, it impacts every other department and job classification.

Maryland has the longest hospital wait times in the United States. Healthcare workers in short-staffed hospitals are overburdened, and patients deserve to be treated in a timely manner. We healthcare workers are the experts on what is happening inside our Emergency Departments and the solutions we need, so we urge an amendment that will ensure two healthcare workers have seats on the Task Force. Please vote yes on this bill and proposed amendment.

Sincerely,
Xandrea Gutierrez, RN
xandrea.gutierrez@yahoo.com

SB387_FWA_AlzheimersAssociationMD.pdf
Uploaded by: Eric Colchamiro
Position: FWA

alzheimer's association®

Testimony of the Alzheimer's Association Greater Maryland and National Capital Area Chapters
SB 387 - Task Force on Reducing Emergency Department Wait Times
Position: Favorable with Amendments

Chair Griffith and Vice Chair Klausmeier,
Thank you for the opportunity to submit testimony on Senate Bill 387, which establishes the Task Force on Reducing Emergency Department Wait Times to study best practices for reducing emergency department wait times; and requires the Task Force to report its findings and recommendations to the Governor and the General Assembly by January 1, 2024.

This Alzheimer's Association supports amendments to this legislation which would:

- Broaden the membership of this Task Force, to ensure both a diversity of hospital perspectives and more consumer and patient advocacy group representation, so that industry and patients/consumers are equally represented;

- Consider the availability of care options for after hospitalization, and the barriers to accessing that care, including the need for effective care coordination.

There are a lot of reasons why people wait a long time for an emergency room bed. The answer differs between urban and rural settings. It is also a supply of beds and demand for those beds question. And—particularly for people living with Alzheimer's and related dementia—it may have to do with the need for improved care coordination, so that they can be effectively and safely placed back in their home (if possible), or a long-term care facility. Yet unfortunately, that care coordination does not always happen, and it does not always happen efficiently; in these instances, ineffective discharge planning can limit the supply of ER beds and lead to an increased ER wait time.

All told, this matters for the 110,000 Marylanders living with Alzheimer's and other dementias along with their over 242,000 caregivers. Our Alzheimer's Association's 2018 data showed that there is 1524 emergency department visits in Maryland per 1000 people with dementia. And the same data shows that there is a 24.4 percent hospital readmission rate for individuals with dementia in Maryland. [i] And of course, when ineffective discharge planning leads to readmission, the limited supply of beds is further exacerbated.

Thank you for the opportunity to submit testimony. This legislation, if amended, reflects an opportunity for change to help Marylanders. The Alzheimer's Association asks for a favorable with amendments report.

[i] https://www.alz.org/media/documents/alzheimers-facts-and-figures.pdf

SB387_TaskForceEDWaitTimes_SWA-CF.pdf
Uploaded by: Erin Dorrien
Position: FWA

Maryland
Hospital Association

Senate Bill 387 - Task Force on Reducing Emergency Department Wait Times

Position: ***Support with Amendments***
February 23, 2023
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 387 with amendments.

The emergency department (ED) is the is often the single-entry point for many seeking care. They are the only health care option open 24/7 every day of the year. When the system is working well, the emergency department can quickly triage, evaluate, stabilize, and either admit a patient for further care or discharge a patient for follow up in the community. Yet, when there is a breakdown in the health system, the ED is often the most visible indicator of dysfunction.

Maryland is not unique in the challenges facing hospital emergency departments, including higher patient boarding and wait times. Across the country, prior to the COVID-19 pandemic more than "90% of EDs found themselves stressed beyond the breaking point at least some of the time." In November, the American College of Emergency Physicians, along with almost three dozen other organization declared emergency department boarding a public health emergency in a letter to the White House. Both articles outline the multiple factors that impact hospitals' capacity and throughput; emergency department backups are a symptom, and solutions need to focus on the disease.

Over the years, multiple groups have examined Maryland's ED wait time and overcrowding. Currently, regulators are working in silos to reduce ED wait times through their regulatory authority. For example, the Maryland Institute for Emergency Medical Services Systems reconstituted the Collaborative on Hospital Emergency Services, bringing hospitals together to share best practices to improve ambulance offload times. The Health Services Cost Review Commission is working on policy options related to ED wait times. Hospitals and health systems continually focus on improving emergency department throughput.

There is no doubt there is a need for a multistakeholder, solution-oriented task force empowered by the General Assembly and administration to improve outcomes for Marylanders seeking emergency care. However, this group needs to be expansive in composition and charge.

To better inform the recommendations the task force will put forward, MHA and our member hospitals propose amending SB 387 to:

- Expand the composition of the task force to include hospitals from urban, suburban, and rural areas of the state, each with unique challenges related to wait times and boarding
- Include in the charge of the task force an examination of the factors contributing to emergency department wait times, including capacity across the care continuum
- Analyze the impact of workforce shortages on the availability of health care services
- Consider how higher patient acuity is impacting hospital throughput
- Examine the regulatory environment in Maryland
- Compare Maryland to states with similar demographics, hospital density and health care utilization patterns

MHA looks forward to working with the sponsors this session and as the Task Force progresses.

For more information, please contact:
Erin Dorrien, Vice President, Policy
Edorrien@mhaonline.org

SB387 -ER Wait Time Task Force - LOS.pdf
Uploaded by: Kaleigh Leager
Position: FWA

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CAROLINE COUNTY COMMISSIONERS OFFICE

JAMES TRAVIS BREEDING, PRESIDENT
LARRY C. PORTER, VICE PRESIDENT
NORMAN FRANKLIN BARTZ, III., COMMISSIONER
109 Market Street, Room 123
Denton, Maryland 21629

Senate Bill 387
Task Force on Reducing Emergency Department Wait Times

Position: **SUPPORT W/ AMENDMENTS**
Date: February 23, 2023
To: Finance

The Caroline County Commissioners **SUPPORT W/ AMENDMENTS** Senate Bill 387 – Task Force on Reducing Emergency Department Wait Times.

After review of this bill with the Caroline County Department of Emergency Services, the Commissioners request that an amendment be made to include people who are currently working in the field of Emergency Services. We ask that this amendment include at least one member from each geographic region of Maryland (example: Western Maryland, Southern Maryland, Baltimore City, and the Eastern Shore) to be a member of the Task Force to provide first-hand insight into the innerworkings of the Emergency Room from an Emergency Services prospective.

With this, we respectfully request a favorable report on Senate Bill 387 with the above-mentioned amendment.

Sincerely,

J. Travis Breeding
President
Caroline County Commissioners

SB 387_Senate Finance_Written Testimony_PRESTON.pd
Uploaded by: Leni Preston
Position: FWA

Leni Preston
Independent Consumer Voice on Health Policy
6306 Swords Way, Bethesda, MD 20817
Email: lenipreston@verizon.net; Cell: 301.351.9381

FAVORABLE WITH AMENDMENTS
SENATE BILL 387
Task Force on Reducing Emergency Department Wait Times
Senate Finance Committee
23 February 2023

As a consumer advocate focused on Maryland's health systems policy and practices for almost two decades, and as an individual impacted by dangerously long Emergency Room (ER) wait times, I strongly recommend a **Favorable with Amendments** report on Senate Bill 387.

In considering the need for this Task Force it may be useful to put it in a larger context as offered by the recent study in the journal, Nature Human Behavior. The authors, Stephen B. Volt and Katie Vinopal, examined the "inequality in the time cost of waiting."[1] They state that, "Time spent waiting for services represents unproductive time lost while fulfilling needs." That was evident to Benjamin Franklin who, in 1798 wrote, "time is money." Therefore, it should be particularly concerning that, as the journal authors state, "The unconditional gap in waiting time suggests low-income people spend at least six more hours per year waiting for services than high-income people. The income gap in waiting time cannot be explained by differences in family obligations, demographics, education, work time or travel time."

With that in mind, I suggest in the following both why this task force is important, but also why and how the legislation should be amended.

Proposed Amendment #1 -- Section I (f) The Task Force shall:

(1) identify potential solutions to:

(i) reduce excessive wait times in emergency departments in the state; and

(ii) ENSURE EQUITY OF ACCESS TO EMERGENCY SERVICES BASED UPON ANALYSIS OF THE FOLLOWING FACTORS: RACE, ETHNICITY, LANGUAGE, GENDER IDENTITY, SEXUAL ORIENTATION, DISABILITY STATUS AND SOCIAL DETERMINANTS OF HEALTH.[2]

The Maryland Commission on Health Equity was established by statute in 2021. That entity is charged with identifying "measures for monitoring and advancing health equity." Among the specific areas that are required to be studied are a number that directly come into play in the ER - these include: implicit bias training; training to consistency and the proper collection of self-identified data; and compliance with national standards for cultural and linguistically appropriate services (CLAS).

[1] https://www.nature.com/articles/s41562-023-01524-w
[2] These are included in the CMS Framework for Health Equity -- https://www.cms.gov/files/document/cms-framework-health-equity.pdf

Therefore, given the State's commitment to health equity, and the potential for discrimination in the ER setting, it is imperative that the Task Force address these issues in its required recommendations. quality and value of any recommendations made by the Task Force will be enhanced

Proposed Amendment #2 - Section I (f) The Task Force shall:

> (2) CONDUCT AN ANALYSIS OF THE IMPACT OF MARYLAND'S TOTAL COST OF CARE MODEL ON EMERGENCY DEPARTMENT POLICIES AND PRACTICES AND PATIENT OUTCOMES
>
> (3) study best practices for...

Our state's health care leaders take pride in our health care system and, particularly our Medicare Waiver - Total Cost of Care Model (TCOC). Often such praise is warranted. However, it is abundantly clear that ER wait times is not one of those areas. Given that the TCOC informs every aspect of hospital administration, including ER operations, it would appear short-sighted not to include analysis of the model in the Task Force's charge. And, while gaining insights into what the best practices of other states is essential, one can't fully appreciate how they might be implemented in Maryland without understanding our TCOC context.

It is also important to note the premium that both the Health Services Cost Review Commission and the Maryland Hospital Association have placed on addressing health equity. This should only reinforce the need to incorporate the two amendments proposed above.

In the end, it is Marylanders who suffer due to our long ER wait times. I know that from personal experience. I was left unattended at an ER for more than an hour while enduring insufferable pain from appendicitis and even my husband's pleas and my moans went unheeded. Other missteps followed, but fortunately, I eventually received the pain medications and then surgery I required. That event occurred prior to 2015 - the start of our state's ignoble record as having the longest wait time of any of the other 49 states.

It is long past time that Maryland address the needs of our residents and for that reason I urge a favorable report with amendments proposed above on Senate Bill 387.

SB387_MoCo_Frey_SWA.pdf
Uploaded by: Leslie Frey
Position: FWA

Montgomery County
Office of Intergovernmental Relations

ROCKVILLE: 240-777-6550 **ANNAPOLIS: 240-777-8270**

SB 387 **DATE: February 23, 2023**

SPONSOR: Senators Lewis Young, Beidle and Rosapepe

ASSIGNED TO: Finance

CONTACT PERSON: Leslie Frey **(leslie.frey@montgomerycountymd.gov)**

POSITION: SUPPORT WITH AMENDMENT

Task Force on Reducing Emergency Department Wait Times

Senate Bill 387 establishes the Task Force on Reducing Emergency Department Wait Times to study best practices for reducing emergency department (ED) wait times, including identifying potential solutions to reduce excessive wait times in emergency departments in the State. As introduced, membership of the Task Force is limited to one member of the Senate of Maryland; one member of the House of Delegates; the Secretary of Health, or the Secretary's designee; and the following four members, appointed by the Governor: one representative from the Maryland Hospital Association; two representatives of patient advocacy organizations; and one individual who is employed as medical staff in an emergency department. The Task Force must issue a report on its findings by January 1, 2024, to the Governor and the General Assembly. Montgomery County requests that this much needed bill be amended to add EMS representation to the task force.

ED crowding is a complex issue that results in multiple downstream and adverse effects on EMS systems, such as rendering our transport units unavailable to respond to other 911 calls while waiting at an ED for a bed to become available for a patient. Hospital delays also increase costs: Montgomery County has proactively dedicated an EMS supervisor to oversee the distribution of ambulances so that no hospital gets overwhelmed by the volume of ED patients. This comes at a direct cost to the County which is not reimbursed by the State or hospitals. Montgomery County also incurs costs from EMS personnel whose shifts extend into overtime due to prolonged waiting times to admit patients into the ED. If the problem of emergency department overcrowding throughout the State is not addressed, we will ultimately need more EMS units and personnel. Additionally, hospital delays impact our volunteer EMS personnel: being detained at the ED beyond the end of a volunteer shift makes it difficult for volunteers to get to their primary jobs on time. Local volunteer fire chiefs cite this problem as a bona fide recruitment and retention barrier.

Montgomery County Fire and Rescue Service has been an innovator at exploring solutions to these issues. In addition to the transport supervisor, we implemented an alternative destination program and added telehealth services for treatment-in-place. However, we've had little success diverting a meaningful volume or the appropriate acuity of patients away from the emergency department.

Montgomery County strongly agrees with the need for the Task Force proposed by Senate Bill 387 but respectfully requests an amendment to include representation on the Task Force by a leader from a high-volume EMS program.

SB 387-CBH-FWA.pdf
Uploaded by: Lori Doyle
Position: FWA

Testimony on SB 387
Task Force on Reducing Emergency Department Wait Times
Senate Finance Committee
February 23, 2023

POSITION: SUPPORT WITH AMENDMENTS

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 110 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

The Maryland Hospital Association reported data on emergency department (ED) utilization from 2016-2020 that showed that behavioral health ED visits increased by 12% during that period while ED visits for all other conditions dropped by 11%. The Maryland Institute for Emergency Medical Services Systems (MIEMSS) did a 10-day analysis of ED boarders in November of 2021. They found that at any given time, 200 – 350 patients were boarding at Maryland's EDs. Psychiatric patients made up 25% of the ED boarders but 68% of the ED boarding time.

It is clear from the data that behavioral health is overrepresented in terms of both ED utilization and ED boarding time. Both of these factors impact ED throughput. It is critical, therefore, that a representative of community behavioral health providers – who have a great deal of expertise in ways to avoid ED utilization – be at the table. Our network of providers has adopted care management and data collection practices that have clearly reduced both ED utilization and 30-day readmissions.

We support this bill with the following amendment:

After line 20 on p. 1, insert:
(iv) one representative of the Community Behavioral Health Association of Maryland.

CBH is willing and able to contribute a significant amount of data, knowledge, and expertise to this problem.

We urge a favorable report on SB 387 with this amendment.

For more information contact Lori Doyle, Public Policy Director, at (410) 456-1127 or lori@mdcbh.org.

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Uploaded by: Maryland State of
Position: FWA

maryland
health services
cost review commission

February 23, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401

RE: Senate Bill 387 – Task Force on Reducing Emergency Department Wait Times - Letter of Support with Amendment

Dear Chair Griffith and Committee Members:

The Health Services Cost Review Commission (HSCRC) applauds the sponsor for proposing Senate Bill 387, which establishes a Task Force on Reducing Emergency Department (ED) Wait Times. The Commission hopes that the Task Force created through SB 387 will result in prompt and substantive improvement in the underlying challenges that result in long ED wait times for Marylanders. In order to improve coordination among the many health care stakeholders that interact with hospital emergency departments, the HSCRC urges the Committee to consider the membership of this taskforce to ensure it includes key decision makers and stakeholders. HSCRC urges a favorable report of SB 387, with amendments to broaden stakeholder participation to include the HSCRC, the Maryland Institute for Emergency Medical Services Systems (MIEMSS), and the Maryland Health Care Commission (MHCC).

ED wait times have been a longstanding problem in Maryland with multiple underlying causes. Based on a search of the Legislative Library, State agencies have produced reports on the topic of emergency department use and wait times since the 1990s.[1] Maryland's poor performance on ED wait times relative to the nation is shown clearly in public data from the federal Centers for Medicare and Medicaid Services (CMS).[2] As shown by this data, Maryland's poor performance on ED wait time measures pre-dates Maryland's adoption of hospital global budgets in 2014. In the last few years, high levels of respiratory illnesses (including COVID-19) and workforce challenges, both in the hospital setting and in the health care settings that patients are transferred to after receiving hospital

[1] See Appendix A for a list of reports from state agencies in Maryland.
[2] See Appendix B for data comparing emergency department wait times in Maryland to the nation.

care (including nursing homes), have exacerbated pressures on emergency departments.

HSCRC has taken a number of steps to improve emergency department wait times, which are described below.

HSCRC's Hospital Quality Reimbursement Program includes ED Wait Time Measures
The HSCRC sets hospital global budgets and ties a portion of each hospital's revenue to the hospital's performance on a set of quality measures. The policy that ties hospital quality performance to their allowed revenue is called the Quality-Based Reimbursement (QBR) policy. Under the QBR policy, hospitals are financially rewarded or penalized based on their performance. Starting with Rate Year 2020, two measures of ED wait times were added to the QBR program, using data from the Centers for Medicare & Medicaid Services (CMS). The QBR policy was revised for RY 2021 to only include one of the ED measures because CMS stopped collecting data for the other ED wait time measures. The following year, CMS stopped collecting any data on these measures. This meant that HSCRC could no longer use that data in the QBR policy to adjust hospital global budgets, removing this financial incentive for hospital improvement on these measures.

Because HSCRC is committed to improving ED wait times, HSCRC has developed a state-based data collection process to collect data from Maryland hospitals on ED wait times. Specifically, HSCRC is collecting "ED-2: Decision to Admit to Admission Median Time". ED-2 measures the time, in minutes, from the time a decision is made to admit a patient until that patient was admitted to the hospital. Maryland hospitals were required to start submitting CY 2022 data in July of 2022. In the spring of 2023, HSCRC will consider including CY 2023 data into the QBR program for FY 2024, so that hospital revenue will once again be tied to improving ED wait time.

Requesting hospital efficiency improvement action plans from hospitals that have poor ED performance measures
In 2017, as part of the strategy to incentivize hospitals to improve ED efficiency and throughput, the HSCRC requested performance improvement plans from 13 hospitals with poor ED performance. Hospitals were expected to detail their efforts to improve ED efficiency and hospital throughput, both within the ED and throughout the hospital.[3]

Funding for Emergency Services for Treatment in Place and Mobile Integrated Health
HSCRC provided $4 million in funding over two years (FY 2018 - FY 2019) to the University of Maryland Medical Center to implement a mobile integrated health pilot in partnership with the Baltimore City Fire Department. The pilot was partially designed to provide low-acuity 911 callers with on-scene care and prevent avoidable ED visits.

[3] Additional detail on these plans is available in MIEMSS & HSCRC, Emergency Department Overcrowding Update; Report to the Joint Chairmen, November 2019.

Funding for Behavioral Health Crisis Services
Behavioral health patients spend longer in the ED than other patients, for a number of reasons, including the lack of alternatives for individuals experiencing a behavioral health crisis. HSCRC has awarded $79.1 million over 5-years (CY 2021 - 2025) to expand evidence-based crisis services in the Lower Eastern Shore, Prince George's County, and the Greater Baltimore Metropolitan region. The Regional Partnership Catalyst Program supports the development and expansion of crisis call centers, mobile crisis teams, and residential crisis centers. These programs are expected to reduce behavioral health visits in EDs and boarding times in participating hospitals by 2025.

Adding State Agencies and Key Providers to the Task Force will Strengthen the Recommendations.

HSCRC strongly believes that additional action must be taken to improve ED wait times in Maryland. Reducing ED wait times will require coordination between a broad set of state entities, emergency services providers, and health facilities, including hospitals, post-acute care facilities, and behavioral health facilities. All of these entities should be part of the Task Force in SB 387.

With respect to state entities, HSCRC recommends that the Task Force in SB 387 be expanded to include MIEMSS, HSCRC, and MHCC, in addition to the Maryland Department of Health (MDH). Each of these entities is important to regulating aspects of the hospital and/or emergency medical services systems. MDH regulates hospitals through licensure by the Office of Health Care Quality. MDH also influences hospital-based providers through Medicaid payments. MIEMSS, which runs the State's emergency medical system, has key data on ED effectiveness and has a stake in efficient EDs, as that impacts ambulance and EMS availability. HSCRC sets the rates for hospitals, including pay-for performance programs that incentivize quality outcomes. The MHCC has regulatory authority over hospital capital projects (including the construction of emergency departments) through Certificates of Need.

In addition, HSCRC encourages the Committee to consider involving other types of facilities and providers with the Task Force (such as post-acute care facilities). Coordination between EDs and other facilities is crucial to an efficient emergency department, as some ED patients need to be sent from the ED to other facilities. Delays in these transfers impacts ED wait times for all patients.

HSCRC urges the Committee to consider the membership of this taskforce to ensure it includes key decision makers and stakeholders. HSCRC urges a favorable report of SB 387 with the attached amendment. If you have any questions or if we may provide you with any further information, please do not hesitate to contact me at me at katie.wunderlich@maryland.gov or Megan Renfrew, Associate Director of External Affairs, at 410-382-3855 or megan.renfrew1@maryland.gov.

Sincerely,

Katie Wunderlich
Executive Director

Amendment

Purpose of amendment: To expand the membership of the Task Force on Reducing Emergency Department Wait Times from seven members to ten members to include key State agencies.

On page 1, at the end of line 15, strike "and" and insert the following:

(4) THE EXECUTIVE DIRECTOR OF THE HEALTH SERVICES COST REVIEW, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
(5) THE EXECUTIVE DIRECTOR OF THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;
(6) THE EXECUTIVE DIRECTOR OF THE MARYLAND HEALTH CARE COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE; AND

Attachment:

Appendix A: Reports Related to ED Wait times and ED Overcrowding from State Agencies in Maryland
Appendix B: Data on ED Wait Times in Maryland

Appendix A: Reports Related to ED Wait times and ED Overcrowding from State Agencies in Maryland

Maryland Department of Health and Mental Hygiene, Recommendations for Improving Access to Primary Care and Reducing Inappropriate Utilization of Hospital Emergency Departments, 1994.

Maryland Health Care Commission, Use of Maryland Emergency Departments: An Update and Recommended Strategies to Address Crowding, January 2007.

Maryland Mental Hygiene Administration, Addressing the Issue, Utilization of Emergency Departments by Individuals with Psychiatric Illness, 2007.

MIEMSS, Maryland Mobile Integrated Health Programs Involving Emergency Medical Services (EMS), 2017.

Maryland Institute for Emergency Medical Services Systems (MIEMSS) & HSCRC, Joint Chairmen's Report on Emergency Department Overcrowding, December 2017.

MHCC, MIEMSS, MDH, and HSCRC, Coverage and reimbursement for Emergency Medical Services Care Delivery Models and Uncompensated Services, 2018.

MIEMSS & HSCRC, Emergency Department Overcrowding Update; Report to the Joint Chairmen, November 2019.

Maryland Department of Health, Department of Juvenile Services, and Department of Human Services, 2020 Joint Chairmen's Report - Report on Emergency Room Visits, Hospital Stays, and Out-of-State Placements for Youth with Psychiatric and Medical Conditions, November 15, 2020.

Department of Human Services, Report on Emergency Room Visits, Hospital Stays, and Placements after Discharge, November 30, 2021.

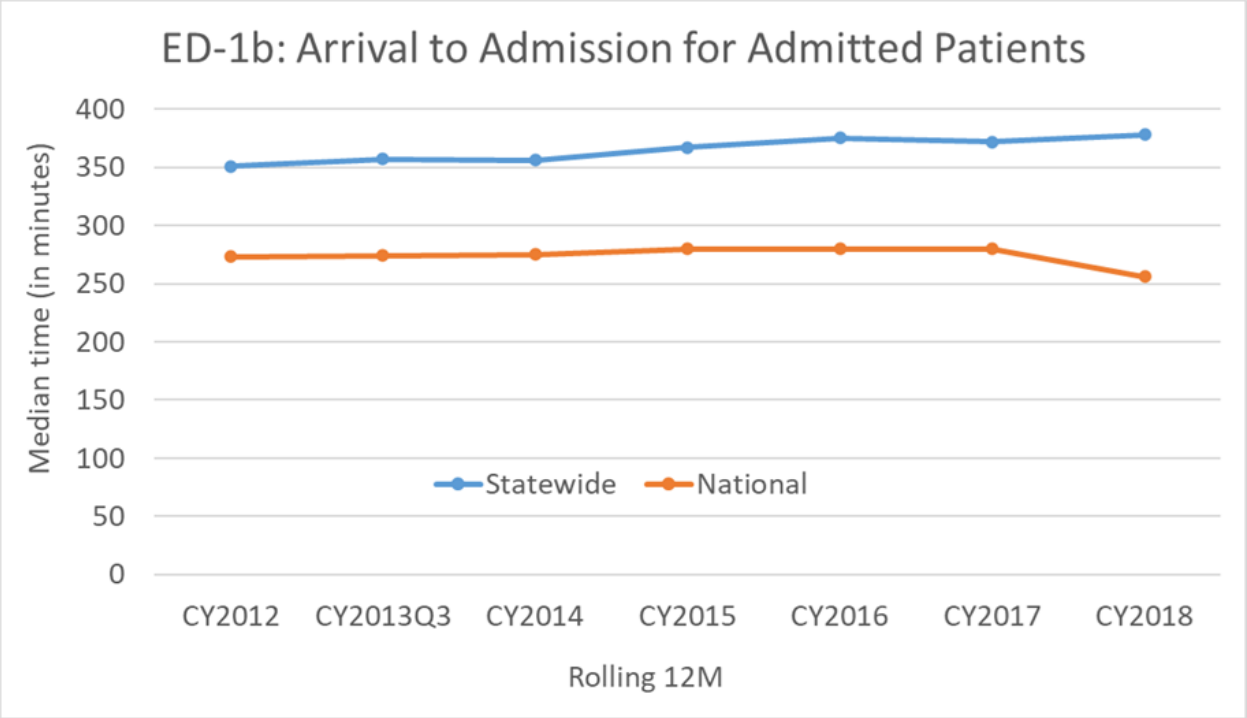
HSCRC, Behavioral Health Emergency Department Wait Times and Service Improvements in Maryland, January 2022.

This list is based on the catalog of the Maryland Legislative Library. It does not include reports that were not required by the legislature, including reports from the Maryland Hospital Association.

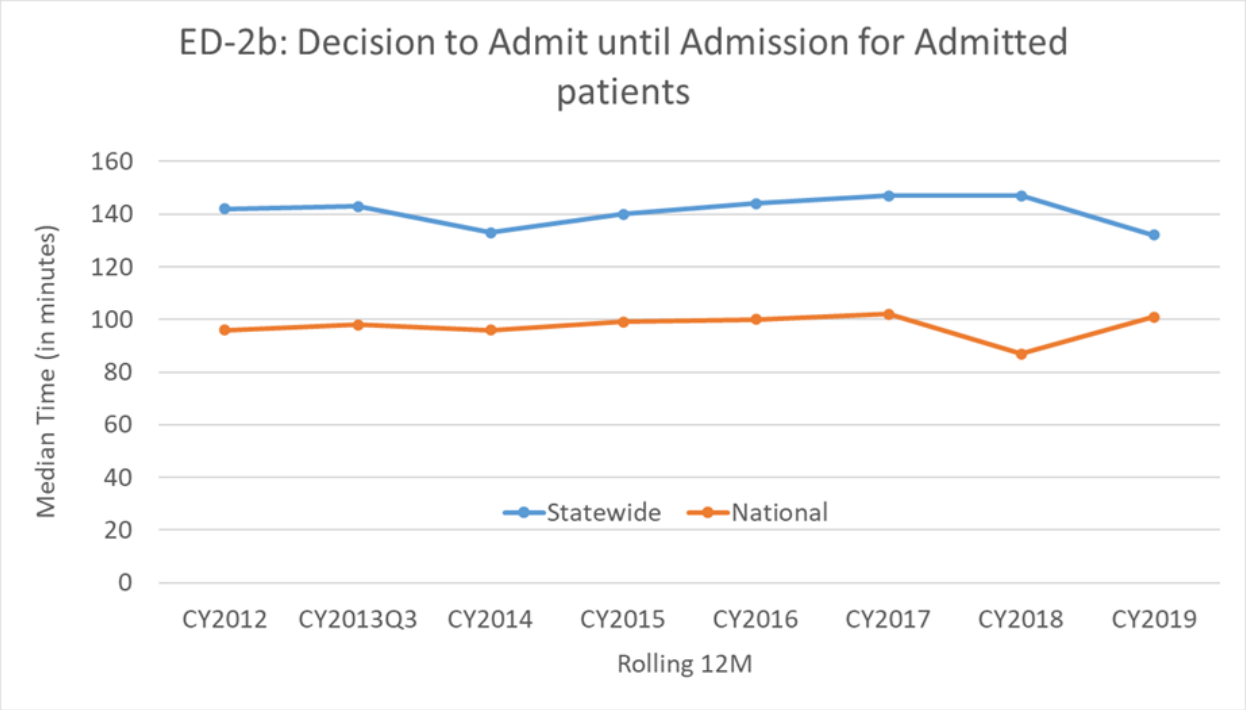
Appendix B: Data on ED Wait Times in Maryland

Below are descriptions and data of ED wait time measures. This data is from CMS, and compares national ED wait times to Maryland. CMS has collected and published national and state data on emergency department wait times.

The first measure, "ED-1b", measures the time between when a patient who is admitted to the hospital arrives at the ED and when that patient is admitted to the hospital. This measure is available from 2012 through 2018. CMS has stopped collecting this data. As a result, no recent data is available on this measure. This measure was part of HSCRC's QBR program for rate year 2020.

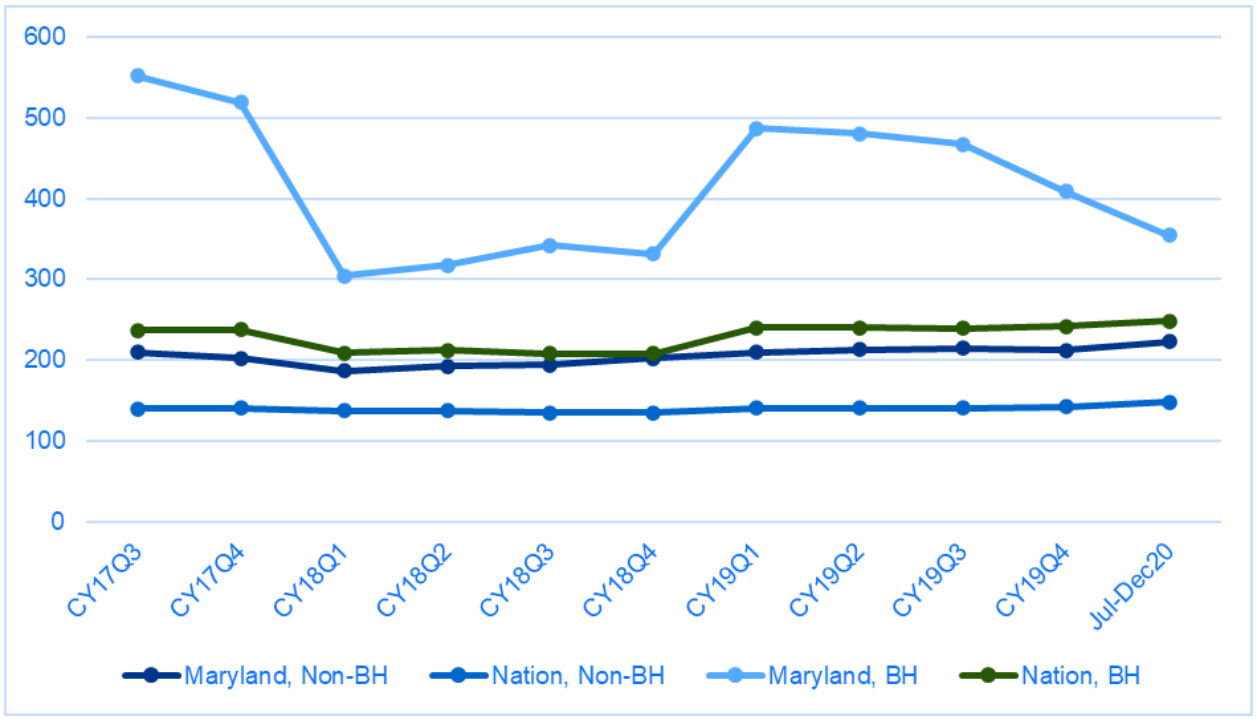


The second measure, "ED-2b", measures the time between when the emergency department professionals decide to admit a patient and when that patient is admitted to the hospital, for patients who are admitted to the hospital. CMS collected this data for 2012 through 2019 and then stopped collecting the data. HSCRC has built a data collection process and has begun to collect this data in Maryland. No recent national data is available on this measure. This measure was part of HSCRC's QBR program for rate years 2020 and 2021. HSCRC may include this data in QBR program for FY 2024, once data collected through the state data collection process has been validated.



The third measure, “OP-18”, measures the time, in minutes, from the time that a patient arrives at the ED until the patient is discharged, for patients who are not admitted to the hospital. This data is available separately for behavioral health and non-behavioral health patients. This measure is still being collected by CMS.

Figure 1: Median Time, Arrival to ED to Discharge, Non-Admitted Patients, CY 2017 Q3 - CY 2019 Q4



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MARYLAND
Health Care
Commission

Randolph S. Sergent, Esq, Chairman
Ben Steffen, Executive Director

2023 SESSION
POSITION PAPER

BILL NO: **SB 387**

COMMITTEE: **Senate Finance Committee**

POSITION: **Support with Amendments**

TITLE: Task Force on Reducing Emergency Department Wait Times

BILL ANALYSIS

SB 387 - 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 SB 387 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 SB 387 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.

mhcc.maryland.gov

Toll Free: 1-877-245-1762
TTY Number: 1-800-735-2258
Fax: 410-358-1236

4160 Patterson Avenue,
Baltimore, MD 21215

The Task Force to be formed under SB 387 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 SB 387, 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.[1] 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 EXECTIVE DIRECTOR'S DESIGNEE;

[1] 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 SB 387.

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.

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JOHNS HOPKINS
UNIVERSITY & MEDICINE
Government and Community Affairs

SB387
Favorable with Amendments

TO: The Honorable Melony Griffith, Chair
Senate Finance Committee Committee

FROM: Dr. Peter Hill
Senior Vice President, Medical Affairs, Johns Hopkins Health System

DATE: February 23, 2023

RE: SB387 - TASK FORCE ON REDUCING EMERGENCY DEPARTMENT WAIT TIMES

Johns Hopkins supports with amendments **SB387 Task Force on Reducing Emergency Department Wait Times**. This bill establishes a Task Force on Reducing Emergency Department Wait Times to study best practices for reducing wait times and then make recommendations to the State to implement the best practices.

The review proposed under this bill is urgently needed, but in order to be most meaningful, Johns Hopkins respectfully requests that a root cause analysis is added as one of the goals of the Task Force. Additionally, we recommend the addition of members to the Task Force who have a thorough understanding of the hospital *throughput system*, not just the emergency department. Recommended amendments can be found at the end of this testimony.

Long emergency department wait time is an issue across the country. This has been a long term, complicated problem but the added complications resulting from the COVID-19 pandemic and dramatic rise in the staffing shortage has brought this issue to its tipping point. In a November 2022 letter to the White House the American College of Emergency Physicians and nearly three dozen other expert organizations stated that "boarding [in the ED] has become its own public health emergency." Boarding is defined as a patient in an ED treatment space waiting for transfer to an open hospital bed. It can also apply to children and youth in the State's care who are without a temporary or permanent placement due to capacity challenges as well as children who are awaiting support from social services in order to be safely reunited with their families. A recent study in the ***New England Journal of Medicine*** also explains that emergency department crowding has significant consequences leading to patient harm, morbidity and mortality for delays of treatment, increased adverse events and preventable error. These examples illustrate the urgency and importance of reducing the emergency department wait times in the State.

The same study in the ***New England Journal of Medicine*** stated that the proportion of emergency department patients boarding $\geq$ 8 hours rose from 7% to16% (130% increase) from academic years 2012 to 2019. Johns Hopkins has, unfortunately, experienced similar increases in emergency department wait times. Studies over the past two decades have demonstrated a direct link between ED boarding times (along with the number of ED boarders taking up ED treatment slots) and prolonged ED wait times. In addition, studies over this same time frame have shown that ED boarding is largely caused by high hospital occupancy – i.e. hospital overcrowding. Therefore, while identifying and

advocating for best practices within the ED is crucial, even more impactful is understanding the causes of hospital overcrowding, which causes ED overcrowding.

Accordingly, the need for a comprehensive thoughtful review is undeniable. Johns Hopkins appreciates the State's desire to dedicate resources to solving this problem; however, we urge that a review of the root causes of this problem is an essential component of the overall review. It is for this reason that we also want to ensure the right stakeholders are part of the discussion. Accordingly, Johns Hopkins respectfully requests a **FAVORABLE WITH AMENDMENTS** committee report on **SB387**.

Recommended amendments in coordination with the Maryland Hospital Association:

- Including a root cause analysis as a goal of the Task Force.

- The following individuals should be added to the Task Force:
  - Representative from MIEMSS, HSCRC, and MHCC
  - Representative from academic medical center
  - Representative from rural, suburban and urban hospital
  - Representative from pediatric emergency department
  - Representative from a specialty psychiatry provider
  - Clarify that the representative who is employed in the emergency department should serve in an administrative role and be expert in hospital throughput management

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Position: FWA

Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 23, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 387 – Task Force on Reducing Emergency Department Wait Times – Letter of Support with Amendments

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support with amendments for Senate Bill (SB) 387 – Task Force on Reducing Emergency Department Wait Times (Task Force). SB 387 establishes a task force to study best practices for reducing emergency department (ED) wait times. The Task Force includes members of the General Assembly, the Health Secretary or designee, the Maryland Hospital Association, patient advocacy organizations, and an individual employed as medical staff in an ED. The Task Force will study best practices for ED staffing, triage, and bed availability among states that have a similar population to Maryland and rank within the top 50% of states in shortest ED wait time. The Taskforce will report findings and recommendations to the Governor and the General Assembly on January 1, 2024.

MDH is committed to working with stakeholders to address ED wait times. ED wait times have been a challenge for many years and were further exacerbated by the COVID-19 pandemic and its impacts on behavioral health and the workforce. Reducing ED wait times will require coordination between state entities, emergency services providers, and health facilities, including hospitals, post-acute care facilities, and behavioral health facilities.

MDH supports SB 387 with the following amendments:

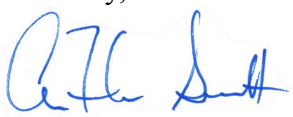
1. MDH recommends the Task Force include the Health Services Cost Review Commission (HSCRC), the Maryland Institute for Emergency Medical Services Systems (MIEMSS), and the Maryland Health Care Commission (MHCC). MIEMSS, runs the State's emergency medical system and has key data on ED effectiveness. HSCRC sets the rates for hospitals, including pay-for performance programs that incentivize quality outcomes and MHCC has regulatory authority over hospital capital projects (including the construction of emergency departments) through Certificates of Need.

2. Given the focus of the Task Force on EDs, MDH recommends that the Task Force be staffed by an organization that is more intimately involved with the day-to-day of EDs and hospitals, rather than MDH.

3. As currently drafted, SB 387 requires the Task Force to report findings and recommendations on or before January 1, 2024. The coordination of the Task Force members to research best practices, make recommendations, and complete a thorough report will require more than six months. MDH recommends amending the due date of the report from January 1, 2024 to July 1, 2024.

If you would like to discuss this further, please do not hesitate to contact Megan Peters, Acting Director of Governmental Affairs at megan.peters@maryland.gov or (410) 260-3190.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.
Secretary