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FAVORABLE WITH AMENDMENTS
HOUSE BILL 274

Task Force on Reducing Emergency Department Wait Times
House Health and Government Operations Committee
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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 House Bill 274.

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 House Bill 274.