

February 28, 2024

The Honorable Josaline Peña-Melnyk
Chair, House Health and Government Operations Committee
Room 241, House Office Building
Annapolis, MD 21401

**RE: House Bill 1143 - Emergency Medical Services - Maryland
Emergency Department Wait Time Reduction Commission and
Standardized Protocols - Establishment – Support with
Amendment**

Dear Chair Peña-Melnyk and Committee Members:

The Health Services Cost Review Commission (HSCRC) respectfully submits this Letter of Support with Amendments on House Bill 1143, “Emergency Medical Services - Maryland Emergency Department Wait Time Reduction Commission and Standardized Protocols - Establishment.” HSCRC believes that this amendment will improve the effectiveness of the Commission established by HB 1143 on emergency department wait times.

HSCRC is committed to improving emergency department wait times in the State of Maryland. HSCRC requests an amendment to broaden the scope of this Commission to focus on three different topics:

1. ensuring that patients are seen in the most appropriate setting to reduce unnecessary use of emergency departments;
2. improving hospital efficiency, including both emergency department and inpatient throughput; and
3. improving post-discharge resources to facilitate timely emergency department and inpatient hospital discharges.

This amendment will address gaps in data necessary to monitor emergency department wait times, support the coordination of state and local agencies and health care providers to implement effective policies and programs, and facilitate the sharing of best

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practices to improve wait times. The proposed amendment adds members to the Commission as HSCRC believes that both hospital and non-hospital health care providers must be involved in the efforts to address Maryland emergency department wait times.

HB 1143 complements work already underway at HSCRC to address emergency department wait times, including the following initiatives.

- **Emergency Department Dramatic Improvement Effort (EDDIE).** EDDIE includes monthly public reporting of three hospital ED wait time measures and hospital rapid-cycle quality improvement initiatives.
- **Development of a proposed ED Potentially Avoidable Utilization Policy.** HSCRC is considering a policy that provides an incentive to hospitals for reduction in the percentage of ED visits accounted for by patients with 4 or more visits per year.
- **Quality Pay-for-Performance Program:** HSCRC staff are developing an ED wait time measure to include in HSCRC's hospital pay-for-performance quality program. CY 2024 data will be used for rate year 2026 adjustments.

I appreciate the strong interest and support of the General Assembly for improving the experience of Maryland residents in the State's emergency departments. We are happy to discuss our work on this important issue and this amendment with any member of the Committee.

If you have any questions or if I may provide you with any further information, please do not hesitate to contact me at 202-251-4211 or jon.kromm@maryland.gov, or Deb Rivkin, Director of Government Affairs, at 410-991-7422 or deborah.rivkin@maryland.gov.

Sincerely,



Jon Kromm
Executive Director



Attachment: Amendment



Amendment 1

Purpose: Changes both inside and outside of hospitals are necessary to improve emergency department wait times in Maryland. This amendment broadens the scope and membership of the Commission created by HB 1148.

Page 1, line 3. Strike “and Standardized Protocols”

Page 1, strike lines 5 through line 12 and insert the following:

“Reduction Commission to address factors throughout the health care system that contribute to elevated emergency department wait times; and generally relating to emergency department wait times” Strike “in the Maryland Institute for Emergency Medical Services.”

Page 1, strike lines 14 through 15 and insert the following:

“Article-Health General
Section 19-310.4”

Page 1, strike line 20 through page 2, line 2 and insert the following:

“Article – Health General

19–310.4

- (a) There is a Maryland Emergency Department Wait Time Reduction Commission to address factors throughout the healthcare system that contribute to elevated emergency department wait times in the State.”

Page 2, line 4, strike “of Health”

Page 2, line 5, strike “Institute” and insert “Maryland Institute for Emergency Medical Services System”

Page 2, strike line 11 through 17 and insert the following:

- “(5) The following members, appointed by the Secretary:
- (i) Two representatives who have operations leadership responsibilities over a hospital emergency department at a Maryland hospital;
 - (ii) One representative who has professional emergency department experience who is not a physician or an advanced practice provider, such as a nurse or a care manager;

- (iii) One representative of a local emergency medical service;
- (iv) One representative of a behavioral health provider;
- (v) One representative of an advanced primary care practice;
- (vi) One representative of a managed care plan with experience in care management or care coordination; and”

Page 2, line 20, insert “or co-chairs” after “chair”

Page 2, line 21, strike “The Institute shall” and insert “The Department and the Health Services Cost Review Commission shall jointly”

Page 2, strike line 27 through page 4, line 14, and insert the following:

“(f) The Commission shall develop and implement strategies to reduce emergency department wait times by:

- (1) developing initiatives to-
 - (A) ensure patients are seen in the most appropriate setting to reduce unnecessary use of emergency departments;
 - (B) improve hospital efficiency, including both emergency department and inpatient throughput; and
 - (C) improve post-discharge resources to facilitate timely emergency department and inpatient hospital discharges;
- (2) identifying gaps in data necessary to monitor and improve emergency department wait times and recommending improvements to requirements for data collection and submission;
- (3) coordinating with State and local agencies, hospitals, and health care providers to implement effective policies and programs to reduce emergency department wait times; and
- (4) Facilitating the sharing of best practices for improving emergency department wait times

(g)

- (1) In conducting the duties under subsection (f), the Commission may request-
 - (A) interviews with state and local officials; and
 - (B) data, including personally identifiable information from the Department, the Maryland Institute for Emergency Medical Services Systems Institute, Health Services Cost Review Commission, the Maryland Health Care



Commission, the State-Designated health data utility, hospitals, other providers of health care services, and payers.

(2)

(A) Subject to subparagraph (B), an entity that receives a request for data under paragraph (1)(B) shall promptly submit that data to commission staff.

(B) If the Commission requests personally identifiable information, an entity that receives a request for such information shall enter into an appropriate data sharing and use agreement with either the Department, the Health Services Cost Review Commission, or both state agencies. The entity providing the information shall promptly submit that information to Commission staff once the data sharing and use agreement is approved by all parties.

(C) Subject to subparagraph (D), commission staff may not share personally identifiable information with Commission members.

(D) If the personally identifiable information is subject to a data sharing and use agreement under subparagraph (B) and the data sharing and use agreement is with-

1. the Department, the personally identifiable information may be shared with the Secretary and their designee, if the designee is staff of the Department; and

2. The Health Services Cost Review Commission, the information may be shared with the Executive Director of the Health Services Cost Review Commission and their designee, if the designee is staff of the Health Services Cost Review Commission.

(E) Commission staff shall analyze any personally identifiable information shared under subparagraph (B) and share the findings with the Commission members in form that is deidentified.

(h) Beginning in 2025, on or before November 1 each year, the Commission shall report its findings and recommendations, including an update on the development, implementation, and impact of policies and programs to improve emergency department wait times, to the Governor and, in accordance with § 2-1257 of the State Government Article, the General Assembly.”

Page 4, line 16, insert the following after the period:

“It shall remain effective for a period of 3 years and, at the end of June 30, 2027, this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.”

