



Statement of Maryland Rural Health Association (MRHA)

To the Health and Government Operations

Chair: Delegate Joseline A. Pena-Melnyk

February 26, 2024

House Bill 1143: Emergency Medical Services - Maryland Emergency Department Wait Time Reduction Commission and Standardized Protocols – Establishment

POSITION: SUPPORT

Chair Pena-Melnyk, Vice Chair Cullison, and members of the committee, the Maryland Rural Health Association (MRHA) is in OPPOSITION of House Bill 1143: Emergency Medical Services - Maryland Emergency Department Wait Time Reduction Commission and Standardized Protocols – Establishment.

Emergency rooms across the country and in Maryland receive high volumes of patients every day, many of which arrive via ambulance. According to a report published by the National Center for Health Statistics on emergency department visits in the United States, 138.9 million people utilized an emergency room for a health service. Furthermore, the southern region of the country, including Maryland, saw the highest rate of ER visits at 53.4 million patients. Given the high levels of utilization, hospitals struggle to keep up with the high volume of patients, which can prolong wait times and delay care. According to a Health Reporter with the National Public Radio (NPR), Maryland is home of the longest ER wait times in the country, with a median wait time over 4 hours, but some patients have waited more than 24 hours to be seen (Maucione, 2023). Such wait times not only apply to patients in the waiting rooms, but also those waiting in the engine bay in the back of an ambulance. Dr. Theodore R. Delbridge, the executive director of the Maryland Institute for Maryland Emergency Medical Services Systems (MIEMSS) stated that 90% of EMS transfer of patient care to emergency department staff should not exceed 30 minutes, yet over half of Maryland's emergency departments struggle to meet this goal (2023). If EMS providers are consistently waiting to transfer care, this not only delays care for the patient, but also removes EMS providers' ability to return to the community and care for other residents in need of EMS services. Wait times are also nondiscriminatory against medical priority level, with a reported 137 priority 1 EMS patients who waited over an hour to be transferred to ER staff (MIEMSS, 2023). Priority 1 patients are those who are critically ill and/or medically unstable with a life-threatening injury/illness. Although this is a statewide issue, there is a widely disproportionate disadvantage for rural communities. With larger jurisdictions and fewer hospitals, emergency room staff, and EMS providers, EMS providers are waiting hours on end to drop off patients. For the safety of Maryland rural residents, action must be taken to reduce the burden ER wait times have on hospitals, EMS, and patients. In support of rural EMS providers, ER staff, and residents, the Maryland Rural Health Association is in support of House Bill 1143: Emergency Medical Services - Maryland Emergency Department Wait Time Reduction Commission and Standardized Protocols – Establishment.

*On behalf of the Maryland Rural Health Association,
Jonathan Dayton, MS, NREMT, CNE, Executive Director
jdayton@mdruralhealth.org*

Maucione, S. (2023). *Maryland ER wait times continue to disappoint in new data drop*. NPR.

<https://www.wypr.org/wypr-news/2023-10-31/maryland-er-wait-times-continue-to-disappoint-in-new-data-drop>

Maryland Institute of Emergency Medical Services Systems. (2023). State EMS Board Meeting March 14, 2023.

<https://www.miemss.org/home/Portals/0/Docs/Open-Meetings/EMS-Board-Agenda-Minutes-03-14-2023.pdf>

National Center for Health Statistics. (2023). *National hospital ambulatory medical care survey: 2021 emergency department summary tables*.

https://www.cdc.gov/nchs/data/nhamcs/web_tables/2021-nhamcs-ed-web-tables-508.pdf