



March 2, 2026

The Honorable Heather Bagnall  
Chair, House Health Committee  
Room 240, House Office Building  
Annapolis, MD 21401

**RE: House Bill 1563 - Emergency Room Services and Post Acute Care - Coverage and Facility Studies - Letter of Support**

Dear Chair Bagnall and Committee Members:

The Health Services Cost Review Commission (HSCRC) respectfully submits this Letter of Support for House Bill 1563 (HB1563) - Emergency Room Services and Post Acute Care - Coverage and Facility Studies.

As introduced, HB1563 would prohibit denials of insurance coverage for emergency room services under certain circumstances, require the Maryland Insurance Commissioner to provide a report regarding certain adverse decisions and grievances, and require the Maryland Health Care Commission, (MHCC) in conjunction and consultation with the HSCRC, to conduct a study quantifying bed capacity in hospitals and post-acute settings and an analysis of options to facilitate clinically-appropriate transitions from acute to post-acute care settings.

Emergency Department (ED) length of stay (LOS) is recognized as a longstanding challenge for Maryland hospitals. State efforts to improve community access to health care, strengthen crisis and emergency resources, and reduce avoidable utilization have produced meaningful declines in ED visits per capita within Maryland over the past decade. In addition, hospital investments and collaborative work with payers, emergency services and local and state agencies have reduced ED LOS in more than half of Maryland hospitals over the past year. Despite these improvements, addressing ED LOS length of stay continues to be a statewide priority, with wait times that still exceed national averages and negatively impact patient experience and hospital efficiency.

There is no single or simple cause of lengthy ED LOS, and correspondingly there is no single or simple solution. However, one of the key areas identified as an opportunity for improvement is developing stronger, standardized, and universally accessible data resources. Several data streams and analytical tools are currently in use or in development within Maryland, including bed capacity data, daily bed status and occupancy reporting, and tools that will provide real-time information about capacity

across hospital units as well as statewide trends. However, these efforts are hampered by discrepancies across data sources and gaps in reporting, both within and across acute and post-acute care settings. These limitations contribute to the challenges hospitals and EDs experience when attempting to ensure timely, and clinically appropriate patient discharge and care transitions, and ultimately impact hospital throughput as well as ED LOS.

The studies proposed within HB1563 will establish clear and standardized methods for quantifying hospital and post-acute care beds statewide, including definitions for key bed types, and a count of physical, staffed and licensed beds in each hospital and post-acute care setting, as well as a careful analysis of options to facilitate clinically-appropriate care transitions from acute to post-acute settings. These processes will improve visibility into overall bed access and capacity across the state, help identify areas of needed capacity, and may clarify other root cause barriers contributing to lengthy ED LOS. With this information, HSCRC, other state agencies, and partners throughout the health care sector will be better positioned to ensure more equitable access to high quality, affordable health care across Maryland.

For these reasons, the Health Services Cost Review Commission (HSCRC) strongly supports HB1563, and encourages the Committee to return a favorable report.

If you have any questions, please feel free to contact me at [jon.kromm@maryland.gov](mailto:jon.kromm@maryland.gov).

Sincerely,



Jon Kromm  
Executive Director