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HB 1563 - Emergency Room Services & Post-Acute Care – Coverage and Facility Studies
House Health Committee
March 4, 2026
FAVORABLE

Good afternoon, Chair Bagnall and members of the committee. My name is Sara Westrick, Advocacy Director for AARP Maryland, one of the largest membership-based organizations in the state, with approximately 850,000 members. We represent the interests of Maryland's over 50 population.

We offer this testimony in support of House Bill 1563, which strengthens emergency room coverage protections, increases transparency in insurer decision-making, and directs the State to conduct urgently needed studies on hospital and post-acute care capacity. Older Marylanders, who experience longer hospital stays, more complex health conditions, and frequent transitions to post-acute care, stand to benefit significantly from this legislation.

Protecting Older Adults Seeking Emergency Care

HB 1563 ensures that insurers cannot deny coverage for an emergency room visit solely because the final diagnosis did not meet the technical definition of an “emergency medical condition.”

For older residents, this protection is especially critical. Many seniors live with chronic illnesses that can produce symptoms that feel like an emergency but may not be classified as one in hindsight. When an older adult does the right thing and seeks immediate care, they should not be punished later with a retroactive denial simply because their symptoms turned out to be something less severe.

If you reasonably believed you were having an emergency, your insurance should cover the emergency room visit. This prevents unexpected bills that can devastate seniors living on fixed incomes.

The bill requires insurers to report more detailed information about adverse decisions and grievances related to admissions to Skilled Nursing Facilities (SNFs) and Inpatient Rehabilitation Facilities (IRFs). Older adults are the primary users of these services. Yet families routinely describe experiences in which insurers deny or delay authorization for these transfers, forcing patients into unnecessary hospital days, unsafe returns home, or lengthy appeals. By requiring carriers to report when and why these denials occur, HB 1563 helps Maryland identify systemic barriers that delay recovery for older residents and create avoidable strain on hospitals.

Maryland has faced a prolonged challenge with hospital overcrowding, emergency department boarding, and limited post-acute capacity, particularly affecting older adults who need rehabilitation or nursing facility care before returning home.

HB 1563 directs the Maryland Health Care Commission and the Health Services Cost Review Commission to conduct the most comprehensive statewide bed capacity assessment to date, which will greatly enhance understanding of the State's bed capacity situation.

The bill also requires a dedicated study of clinically appropriate transitions from acute to post-acute settings, including barriers and potential solutions. This will be critical information to help identify practical strategies to improve outcomes and reduce costs across the entire system.

Conclusion

HB 1563 is thoughtful, balanced legislation that protects older adults in moments of crisis and invests in a clearer, stronger post-acute care system for the future.

On behalf of older Marylanders, and the families, caregivers, and providers who support them, AARP Maryland urges a favorable report on House Bill 1563.

If you have any questions, please contact me at swestrick@aarp.org or 410-310-0374.