

Department of Legislative Services  
 Maryland General Assembly  
 2023 Session

FISCAL AND POLICY NOTE  
 Third Reader - Revised

House Bill 274

(Delegate Bhandari, *et al.*)

Health and Government Operations

Finance

**Task Force on Reducing Emergency Department Wait Times**

This bill establishes the Task Force on Reducing Emergency Department Wait Times. By January 1, 2024, the task force must report its findings and recommendations to the Governor and the General Assembly. The Maryland Institute for Emergency Medical Services Systems (MIEMSS) must provide staff for the task force. A member of the task force may not receive compensation, but it is entitled to reimbursement for expenses, as specified. **The bill takes effect June 1, 2023, and terminates June 30, 2024.**

**Fiscal Summary**

**State Effect:** No effect in FY 2023. MIEMSS expenditures (special and general funds) increase by \$57,300 in FY 2024 only for contractual staff. Any expense reimbursements are assumed to be minimal and absorbable. Revenues are not affected.

(in dollars)	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
Revenues	\$0	\$0	\$0	\$0	\$0
GF/SF Exp.	57,300	0	0	0	0
Net Effect	(\$57,300)	\$0	\$0	\$0	\$0

*Note: ( ) = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** None.

**Small Business Effect:** None.

**Analysis**

**Bill Summary:** The task force must (1) identify root causes of wait times in emergency departments in the State, as specified; (2) study the regulatory environment, access and

availability of health care services, and inpatient bed availability in other states, as specified; (3) coordinate with other State commissions examining issues related to workforce shortage and behavioral health capacity; (4) review studies and recommendations addressing workforce capacity issues; (5) conduct an analysis of reimbursement policies and the effect of those policies on hospital reimbursement; and (6) make recommendations, including legislative, regulatory, or other policy initiatives, regarding best practices for reducing emergency department wait times that should be implemented in the State.

The task force comprises (1) one member of the Senate, appointed by the President of the Senate; (2) one member of the House of Delegates, appointed by the Speaker of the House; (3) the Secretary of Health (or the Secretary's designee); (4) the Executive Director of MIEMSS (or the executive director's designee); (5) the Executive Director of the Health Services Cost Review Commission (or the executive director's designee); (6) the Executive Director of the Maryland Health Care Commission (or the executive director's designee); and specified members appointed by the Governor. The Governor must designate the chair of the task force.

**Current Law:** MIEMSS oversees and coordinates the statewide emergency medical services (EMS) system; provides leadership and medical direction; supports EMS system educational programs; operates and maintains a statewide communications system; designates trauma and specialty centers; licenses and regulates commercial ambulance services; and participates in EMS-related public education and prevention programs. The institute provides executive support for the Emergency Medical Services Board and is funded from the Maryland Emergency Medical System Operations Fund (MEMSOF).

MIEMSS oversees a statewide EMS system that includes nearly 23,000 Maryland-certified EMS providers, including emergency medical technicians, cardiac rescue technicians, and paramedics, and fosters the integration of the delivery of prehospital emergency care with 48 hospital emergency departments, nine adult and two pediatric trauma centers; as well as specialty referral centers, primary and comprehensive stroke centers, cardiac interventional centers, and perinatal referral centers.

**State Expenditures:** MIEMSS expenditures (a combination of special and general funds) increase by \$57,253 in fiscal 2024, which accounts for a 30-day start-up delay from the bill's June 1, 2023 effective date. This estimate reflects the cost of hiring one part-time (50%) contractual position to staff the task force and submit the required report by January 1, 2024. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Contractual Position	0.5
Salary and Fringe Benefits	\$50,322
Operating Expenses	<u>6,931</u>
<b>Total FY 2024 State Expenditures</b>	<b>\$57,253</b>

This analysis assumes that the contractual position terminates January 31, 2024, following submission of the task force report. MIEMSS advises that MEMSOF special funds are insufficient to cover this position; thus, at least some general fund expenditures are required. The Department of Legislative Services' fiscal 2024 operating budget analysis for MEMSOF notes that the fund is projected to become insolvent in fiscal 2024 and require approximately \$2.5 million in additional general fund support.

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State's implementation of the federal Patient Protection and Affordable Care Act.

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### Additional Information

**Prior Introductions:** Similar legislation has not been introduced within the last three years.

**Designated Cross File:** SB 387 (Senator Lewis Young, *et al.*) - Finance.

**Information Source(s):** Maryland Department of Health; Maryland Institute for Emergency Medical Services Systems; Department of Legislative Services

**Fiscal Note History:** First Reader - February 16, 2023  
 js/jc Third Reader - March 28, 2023  
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