

HB1143/773224/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 1143
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “**and Woods**” and substitute “**Woods, Guzzone, and White Holland**”; in line 3, strike “**and Standardized Protocols**”; strike beginning with “in” in line 5 down through “services” in line 7 and substitute “to address factors throughout the health care system that contribute to increased emergency department wait times”; strike beginning with “requiring” in line 7 down through “performance;” in line 11 and substitute “authorizing the Commission to request data from certain entities; requiring certain entities to enter into a data sharing and use agreement for the sharing of personally identifiable information;”; and strike in their entirety lines 13 through 17, inclusive, and substitute:

“BY adding to

Article – Health – General

Section 20–2401 through 20–2406 to be under the new subtitle “Subtitle 24. Maryland Emergency Department Wait Time Reduction Commission”

Annotated Code of Maryland

(2023 Replacement Volume)”.

AMENDMENT NO. 2

On page 1, in line 20, strike “**Education**” and substitute “**Health – General**”

SUBTITLE 24. MARYLAND EMERGENCY DEPARTMENT WAIT TIME REDUCTION
COMMISSION.

20–2401.

IN THIS SUBTITLE, “COMMISSION” MEANS THE MARYLAND EMERGENCY DEPARTMENT WAIT TIME REDUCTION COMMISSION.”;

in line 21, strike “~~13-509.1.~~” and substitute “20-2402.”; and in line 22, after “(A)” insert “(1)”.

On pages 1 and 2, strike beginning with “IN” in line 23 on page 1 down through “STATE” in line 2 on page 2.

On page 2, after line 2, insert:

“(2) THE PURPOSE OF THE COMMISSION IS TO ADDRESS FACTORS THROUGHOUT THE HEALTH CARE SYSTEM THAT CONTRIBUTE TO INCREASED EMERGENCY DEPARTMENT WAIT TIMES.”;

in line 4, strike “OF HEALTH”; in line 5, after the first “THE” insert “MARYLAND”; in the same line, after “INSTITUTE” insert “FOR EMERGENCY MEDICAL SERVICES SYSTEMS”; in line 11, strike “GOVERNOR” and substitute “SECRETARY”; strike in their entirety lines 12 through 17, inclusive, and substitute:

“(I) TWO INDIVIDUALS WHO HAVE OPERATIONS LEADERSHIP RESPONSIBILITIES OVER A HOSPITAL EMERGENCY DEPARTMENT IN THE STATE, INCLUDING ONE EMERGENCY DEPARTMENT PHYSICIAN;

(II) ONE INDIVIDUAL WITH PROFESSIONAL EXPERIENCE IN AN EMERGENCY DEPARTMENT WHO IS NOT A PHYSICIAN OR AN ADVANCED PRACTICE PROVIDER, SUCH AS A NURSE OR CARE MANAGER;

(III) ONE REPRESENTATIVE OF A LOCAL EMERGENCY MEDICAL SERVICE;

(IV) ONE REPRESENTATIVE OF A MANAGED CARE PLAN WITH EXPERIENCE IN CARE MANAGEMENT OR CARE COORDINATION;

(V) ONE REPRESENTATIVE OF AN ADVANCED PRIMARY CARE PRACTICE;

(VI) ONE REPRESENTATIVE OF THE MARYLAND HOSPITAL ASSOCIATION;

in line 18, strike “(IV)” and substitute “(VII)”; in line 19, after “ORGANIZATION” insert “; AND

(VIII) ONE REPRESENTATIVE OF A BEHAVIORAL HEALTH PROVIDER;

in line 20, after “CHAIR” insert “OR COCHAIRS”; in line 21, strike “INSTITUTE” and substitute “HEALTH SERVICES COST REVIEW COMMISSION JOINTLY”; after line 26, insert:

“20-2403.”;

in line 27, strike “(F)”; and in the same line, after “SHALL” insert “DEVELOP STRATEGIES AND INITIATIVES TO RECOMMEND TO STATE AND LOCAL AGENCIES, HOSPITALS, AND HEALTHCARE PROVIDERS TO REDUCE EMERGENCY DEPARTMENT WAIT TIMES, INCLUDING”.

On page 3, strike beginning with “(1)” in line 1 down through “SUBTITLE” in line 14 and substitute:

(Over)

“(1) INITIATIVES THAT:

(I) ENSURE THAT PATIENTS ARE SEEN IN THE MOST APPROPRIATE SETTING TO REDUCE UNNECESSARY USE OF EMERGENCY DEPARTMENTS;

(II) IMPROVE HOSPITAL EFFICIENCY, INCLUDING BY INCREASING EMERGENCY DEPARTMENT AND INPATIENT THROUGHPUT; AND

(III) IMPROVE POSTDISCHARGE RESOURCES TO FACILITATE TIMELY EMERGENCY DEPARTMENT AND INPATIENT DISCHARGES;

(2) BY IDENTIFYING AND RECOMMENDING IMPROVEMENTS FOR THE COLLECTION AND SUBMISSION OF DATA THAT IS NECESSARY TO MONITOR AND REDUCE EMERGENCY DEPARTMENT WAIT TIMES;

(3) BY MAKING RECOMMENDATIONS TO STATE AND LOCAL AGENCIES, HOSPITALS, AND HEALTH CARE PROVIDERS; AND

(4) BY FACILITATING THE SHARING OF BEST PRACTICES FOR REDUCING EMERGENCY DEPARTMENT WAIT TIMES”;

after line 14, insert:

“20-2404.

IN CARRYING OUT ITS DUTIES, THE COMMISSION MAY:

(1) RECOMMEND THAT STATE AND LOCAL AGENCIES, HOSPITALS, AND HEALTH CARE PROVIDERS IMPLEMENT THE STRATEGIES AND INITIATIVES DEVELOPED UNDER § 20-2403 OF THIS SUBTITLE;

(2) REQUEST INTERVIEWS WITH STATE AND LOCAL OFFICIALS;
AND

(3) REQUEST DATA FROM:

(i) THE DEPARTMENT;

(ii) THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS;

(iii) THE HEALTH SERVICES COST REVIEW COMMISSION;

(iv) THE MARYLAND HEALTH CARE COMMISSION;

(v) THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE;

(vi) HOSPITALS IN THE STATE;

(vii) OTHER PROVIDERS OF HEALTH CARE SERVICES; AND

(viii) PAYORS FOR HEALTH CARE SERVICES; AND

(4) CREATE ADVISORY WORKGROUPS THAT DO NOT INCLUDE MEMBERS OF THE COMMISSION.

20-2405.

(A) EXCEPT AS PROVIDED IN SUBSECTION (B) OF THIS SECTION, AN ENTITY THAT RECEIVES A REQUEST FOR DATA UNDER § 20-2404 OF THIS SUBTITLE SHALL:

(1) FOR DATA THAT DOES NOT CONTAIN PERSONALLY IDENTIFIABLE INFORMATION, PROMPTLY TRANSMIT THE DATA TO THE STAFF OF THE COMMISSION PROVIDED BY THE HEATH SERVICES COST REVIEW COMMISSION; AND

(2) FOR DATA THAT CONTAINS PERSONALLY IDENTIFIABLE INFORMATION:

(i) PROMPTLY ENTER INTO AN APPROPRIATE DATA SHARING AND USE AGREEMENT WITH THE HEALTH SERVICES COST REVIEW COMMISSION; AND

(ii) ON THE APPROVAL OF AN APPROPRIATE AGREEMENT BY THE PARTIES, PROMPTLY TRANSMIT THE DATA, THROUGH A SECURE AND ENCRYPTED MANNER, TO THE STAFF OF THE COMMISSION PROVIDED BY THE HEATH SERVICES COST REVIEW COMMISSION.

(B) IF AN ENTITY THAT RECEIVES A DATA REQUEST UNDER § 20-2404 OF THIS SUBTITLE IS PROHIBITED FROM SHARING THE DATA UNDER FEDERAL LAW, THE COMMISSION MAY NOT REQUIRE THE SUBMISSION OF THE DATA.

(C) THE COMMISSION MAY USE PERSONALLY IDENTIFIABLE INFORMATION REQUESTED UNDER § 20-2404 OF THIS SUBTITLE ONLY FOR THE PURPOSE OF MEETING THE REQUIREMENTS OF § 20-2403 OF THIS SUBTITLE AND COMPLETING THE REPORTS REQUIRED UNDER § 20-2406 OF THIS SUBTITLE.

(D) PERSONALLY IDENTIFIABLE INFORMATION SUBMITTED UNDER SUBSECTION (A)(2) OF THIS SECTION MAY NOT BE SHARED WITH:

(1) A MEMBER OF THE COMMISSION WHO IS NOT AN EMPLOYEE OF THE HEALTH SERVICES COST REVIEW COMMISSION; OR

(2) ANY OTHER PERSON THAT IS NOT A PARTY TO THE DATA SHARING AND USE AGREEMENT FOR THE INFORMATION.

(E) COMMISSION STAFF SHALL:

(1) ANALYZE PERSONALLY IDENTIFIABLE INFORMATION SHARED WITH THE COMMISSION STAFF; AND

(2) SHARE THE FINDINGS OF THE ANALYSIS WITH THE MEMBERS OF THE COMMISSION IN A MANNER THAT DOES NOT REVEAL PERSONALLY IDENTIFIABLE INFORMATION.

20-2406.”;

in line 15, strike “(G)”; in the same line, strike “JANUARY” and substitute “NOVEMBER”; in the same line, after “YEAR” insert “, BEGINNING IN 2025”; in the same line, after “SHALL” insert “SUBMIT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY A”; in line 16, after “REPORT” insert “ON ITS ACTIVITIES AND”; and strike beginning

(Over)

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with “IMPLEMENTATION” in line 17 down through “ASSEMBLY” in line 20 and substitute “DEVELOPMENT, IMPLEMENTATION, AND IMPACT OF THE RECOMMENDED POLICIES AND PROGRAMS DEVELOPED TO IMPROVE EMERGENCY DEPARTMENT WAIT TIMES”.

On pages 3 and 4, strike in their entirety the lines beginning with line 21 on page 3 through line 14 on page 4, inclusive.

On page 4, in line 16, after “2024.” insert “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.”.