



HB 1143 – Emergency Medical Services – Maryland Emergency Department Wait Time Reduction Commission and Standardized Protocols – Establishment

Bill Summary: HB 1143 establishes the Maryland Emergency Department Wait Time Reduction Commission to address issues in the Maryland health care system that contribute to increased Emergency Department wait times. HB 1143 requires the Emergency Department Wait Time Reduction Commission to develop strategies and initiatives to ensure that patients are seen in the most appropriate setting; reduce Emergency Department wait times, improve hospital efficiency, enhance patient care; facilitate sharing of best practices; and collect and monitor needed data.

MIEMSS Position: Support

Rationale:

- Elevated emergency department (ED) wait times have been a long-standing challenge for Maryland hospitals and the Maryland healthcare system for many years. Maryland ED wait times have consistently ranked among the worst in the nation for many years.
- Elevated ED wait times are a multi-faceted problem that can be affected by a variety of aspects of the entire health care system – not only by factors existing within the ED or the hospital. Because of this, efforts to reduce ED wait times must consider the spectrum of health care needs and available health care resources, including, for example, the availability of outpatient and inpatient behavioral health care; skilled nursing facility bed availability and resources; alternative health care access points within a community; as well as factors within the ED and hospital itself, such as ED and hospital staffing, bed availability, and patient care requirements.
- HB 1143 accounts for the complexity of the effort needed to identify workable solutions across the health care system to address elevated ED wait times in Maryland by creating an ED Wait Time Reduction Commission, staffed by the Health Services Cost Reduction Commission. ED Wait Time Reduction Commission members will include the health regulatory agencies, including MIEMSS, as well as representatives with operations leadership responsibilities at a Maryland hospital ED, and a representative of a behavioral health provider; an advanced primary care practice; a managed care representative; a patient advocacy representative and others. The Commission will have the authority to collect and analyze necessary data and will be appropriately-resourced to permit the development and implementation of policies and programs to reduce ED wait times in Maryland.

MIEMSS Supports HB 1143 and Asks for a Favorable Report