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**HB1143**

February 28, 2024

**TO:** Members of the House Health and Government Operations Committee  
**FROM:** Nina Themelis, Director of Mayor's Office of Government Relations  
**RE:** House Bill 1143 – Emergency Medical Services - Maryland Emergency Department Wait Time Reduction Commission and Standardized Protocols - Establishment

**POSITION: FAVORABLE WITH AMENDMENTS**

Chair Peña-Melnyk, Vice Chair Beidle, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** House Bill (HB) 1143 **with amendments**.

HB 1143 establishes a “Maryland Emergency Department Wait Time Reduction Commission” within the Maryland Institute for Emergency Medical Services Systems. Maryland has the longest average ED wait times in the country.<sup>i</sup> Delays in care, especially involving hospital admissions from emergency departments, may increase a patient’s risk of death within the following 30 days.<sup>ii</sup> In 2023, the Maryland Health Services Cost Review Commission and the Maryland Hospital Association convened a workgroup to discuss ED wait times.<sup>i</sup> The workgroup identified the issue of persons with disabilities in need of guardians, not able to be discharged to alternative settings as one of the top drivers of long ED wait times.<sup>iii</sup> This led to the introduction of bills this session that aimed to expedite the guardianship process.<sup>iii</sup> While the BCA appreciates the need to reduce ED wait times, we also know that approaching the guardianship process with the utmost care is incredibly important for the rights of persons with disabilities. **We recommend that the task force include a representative from the disability justice community.**

Baltimore City Health Department (BCHD) serves as the city’s Area Agency on Aging (AAA). The AAA serves as the court-appointed “guardian of the person” for City residents ages 65 and older who have been legally adjudicated disabled when the individual has no family members or friends who can serve as their guardian. BCHD’s AAA operates the largest public guardianship program in the State for persons 65 and over, acting as the guardian for over 180 persons with disabilities at any given time.

Guardianship responsibilities require the AAA to seek alternatives to public guardianship prior to the court hearing on a petition. To protect the rights of the person with disabilities, the AAA tries to find a family member or a friend willing to serve as guardian, or to implement a less restrictive option, such as a health care surrogate, to allow the person with disabilities to maintain some autonomy over their decision making. Effectuating these alternatives takes time; it may involve locating a family member in another state or negotiating with potential guardians. In addition, if a “guardian of the property” has not been appointed for the person with disabilities, managing the financial aspects of placing the person in an alternate setting is difficult.

Due to the workgroup’s findings that hospitalized individuals with disabilities waiting for guardianship proceedings are a top driver of ED wait times, **it is critically important that the Task Force created by this bill include an advocate from the disability justice community.** It is essential that the workgroup consider disability rights when formulating their recommendations. We recommend that the bill be amended such that the list of members include “a representative from the disability justice community.”

The BCA respectfully request a **favorable** report on HB 1143 **with the inclusion of our recommended amendment.**

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<sup>i</sup> Maryland Health Services Cost Review Commission. (2023). 612th Meeting of the Health Services Cost Review Commission October 11, 2023. Retrieved from <https://hscrc.maryland.gov/Documents/October%202023%20HSCRC%20Post-Meeting%20Materials%20-%20FINAL.pdf>.

<sup>ii</sup> Jones S, Moulton C, Swift S, et al. (2022). Association between delays to patient admission from the emergency department and all-cause 30-day mortality. *Emergency Medicine Journal*; 39:168-173. Retrieved from <https://emj.bmj.com/content/39/3/168>