



Testimony for HB 1143
**Emergency Medical Services – Maryland Emergency Department Wait Time
Reduction Commission and Standardized Protocols – Establishment**
February 28, 2024
Position: **Favorable with Amendments**

Dear Chair Pea Melnyk and members of the committee:

My name is Ricarra Jones and I am the political director of 1199SEIU United Healthcare Workers East. We represent over 10,000 healthcare workers in hospitals, skilled nursing facilities, and clinics in Maryland and in D.C. We all know and are aware that ED wait times in our state have become untenable. Maryland consistently has the worst ED wait times in the country. As a result, we were excited to be selected to be a part of the ED Through-put workgroup convened by MHA. However, we believe that the workgroup did not live up to its potential. The MHA convened workgroup has produced a report that does not fully reflect the in-depth discussions that were had in the workgroup and lacks attention to addressing the healthcare workforce crisis.

As a result of our experience, we don't believe that the report produced by MHA is the best representation of all the discussions held in the workgroup, and we don't support using it as a framework for changes moving forward. We are encouraged that the commission convened through HB 1143 will be more transparent and accountable to the discussions and solutions put forward. As such, we would like to urge the committee to consider three amendments to HB 1143.

AMENDMENT 1:

Under Commission membership, in section (B), include "one representative of an employee organization that has exclusive bargaining representation for health care workers."

AMENDMENT 2:

Under Commission responsibilities, in section (F) include "(7) coordinate with Maryland Department of Health to collect staffing data at every hospital in the state."

AMENDMENT 3:

Under 13—509.2 developing standardized operational protocols to enhance efficiency in emergency departments, in Section (A) include "recommend staffing plans for the Emergency Department for all personnel including environmental service employees and dietary aides."

Strategies to improve hospital emergency department efficiencies must include addressing workforce shortages and issues with job quality leading to healthcare worker burnout. Our total cost of care model depends safe staffing and hospital finances need to reflect staffing needs.

We urge the committee and sponsors to consider these three amendments.

Sincerely,

Ricarra Jones
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