

Department of Legislative Services
 Maryland General Assembly
 2024 Session

FISCAL AND POLICY NOTE
Enrolled - Revised

House Bill 1143

(Delegate Bhandari, *et al.*)

Health and Government Operations

Finance

**Emergency Medical Services - Maryland Emergency Department Wait Time
 Reduction Commission - Establishment**

This bill establishes the Maryland Emergency Department Wait Time Reduction Commission to address factors throughout the health care system that contribute to increased emergency department (ED) wait times. The Health Services Cost Review Commission (HSCRC) must provide staff for the commission. A member of the commission may not receive compensation, but it is entitled to reimbursement for expenses. By November 1, 2025, and November 1, 2026, the commission must report to the Governor and the General Assembly on its activities, findings, and recommendations, including an update on the development, implementation, and impact of the recommended policies and programs developed by the commission to improve ED wait times. **The bill takes effect July 1, 2024, and terminates June 30, 2027.**

Fiscal Summary

State Effect: HSCRC special fund expenditures increase by \$100,000 in FY 2025 through FY 2027 only for contractual services to staff the commission and complete the required reports. Revenues are not affected.

(in dollars)	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029
Revenues	\$0	\$0	\$0	\$0	\$0
SF Expenditure	100,000	100,000	100,000	0	0
Net Effect	(\$100,000)	(\$100,000)	(\$100,000)	\$0	\$0

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

Local Effect: The bill does not directly affect local government operations or finances.

Small Business Effect: None.

Analysis

Bill Summary:

Maryland Emergency Department Wait Time Reduction Commission

The commission must develop strategies and initiatives to recommend to State and local agencies, hospitals, and health care providers to reduce ED wait times, including:

- initiatives that ensure that patients are seen in the most appropriate setting to reduce unnecessary use of EDs;
- initiatives that improve hospital efficiency, including by increasing ED and inpatient throughput;
- initiatives that improve post discharge resources to facilitate timely ED and inpatient discharges;
- by identifying and recommending improvements for the collection and submission of data necessary to monitor and reduce ED wait times;
- by making recommendations to State and local agencies, hospitals, and health care providers; and
- by facilitating the sharing of best practices for reducing ED wait times.

The commission may:

- recommend that State and local agencies, hospitals, and health care providers implement developed strategies and initiatives;
- request interviews with State and local officials;
- request data from the Maryland Department of Health (MDH), the Maryland Institute for Emergency Medical Services Systems (MIEMSS), HSCRC, the Maryland Health Care Commission (MHCC), the State-designated health information exchange, hospitals, other providers of health care services, and payors for health care services; and
- create advisory workgroups that do not include members of the commission.

The commission comprises the following members (or their designees): (1) the Secretary of Health; (2) the Executive Director of MIEMSS; (3) the Executive Director of HSCRC; (4) the Executive Director of MHCC, as well as nine specified members appointed by the Secretary of Health. The Secretary of Health and the Executive Director of HSCRC must cochair the commission.

Data Sharing Requirements

An entity that receives a request for data from the commission must (1) for data that *does not* contain personally identifiable information, promptly transmit the data to the commission and (2) for data that contains personally identifiable information, promptly enter into an appropriate data sharing and use agreement with HSCRC and, on approval of an appropriate agreement by the parties, promptly transmit the data through a secure and encrypted manner to the commission.

If an entity that receives a data request is prohibited from sharing the data under federal law, the commission may not require the submission of the data. The commission may use personally identifiable information only for the purpose of meeting the requirements of the bill and completing the required reports. Personally identifiable information may not be shared with a member of the commission who is not an employee of HSCRC or any other person that is not a party to the data sharing and use agreement for the information.

Commission staff must analyze personally identifiable information shared with the commission staff and share the findings of the analysis with the members of the commission in a manner that does not reveal personally identifiable information.

Current Law: HSCRC is an independent commission within MDH charged with constraining hospital growth and establishing hospital rates to promote cost containment, access to care, equity, financial stability, and hospital accountability. HSCRC oversees acute and chronic care hospitals.

In July 2023, HSCRC initiated the Emergency Department Dramatic Improvement Effort (EDDIE) to encourage and support advancements in ED throughput through rapid cycle improvement and public transparency. EDDIE includes monthly public reporting of three hospital ED wait time measures and hospital rapid-cycle quality improvement initiatives.

HSCRC has completed recent studies regarding EDs, including the January 2022 report on [Behavioral Health Emergency Department Wait Times and Service Improvements in Maryland](#) and the November 2019 [Emergency Department Overcrowding Update](#).

State Expenditures: The bill requires HSCRC to staff the Maryland Emergency Department Wait Time Reduction Commission and report on its activities, findings, and recommendations by November 1, 2025, and November 1, 2026.

HSCRC advises that staffing the commission and completing the required reports cannot be absorbed within existing resources and that contractual services are required. HSCRC estimates that the total cost for these contractual services is approximately \$300,000.

Therefore, HSCRC special fund expenditures increase by \$100,000 annually between fiscal 2025 and fiscal 2027 only.

Additional Information

Recent Prior Introductions: Legislation with related provisions has been introduced within the last three years. See SB 387 and HB 274 of 2023.

Designated Cross File: None.

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

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