



Maryland  
Hospital Association

## **Senate Bill 387 - Task Force on Reducing Emergency Department Wait Times**

**Position: *Support with Amendments***

February 23, 2023

Senate Finance Committee

### **MHA Position**

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 387 with amendments.

The emergency department (ED) is often the single-entry point for many seeking care. They are the only health care option open 24/7 every day of the year. When the system is working well, the emergency department can quickly triage, evaluate, stabilize, and either admit a patient for further care or discharge a patient for follow up in the community. Yet, when there is a breakdown in the health system, the ED is often the most visible indicator of dysfunction.

Maryland is not unique in the challenges facing hospital emergency departments, including higher patient boarding and wait times. Across the country, prior to the COVID-19 pandemic more than [“90% of EDs found themselves stressed beyond the breaking point at least some of the time.”](#) In November, the American College of Emergency Physicians, along with almost three dozen other organization declared emergency department boarding a public health emergency in a [letter to the White House](#). Both articles outline the multiple factors that impact hospitals' capacity and throughput; emergency department backups are a symptom, and solutions need to focus on the disease.

Over the years, multiple groups have examined Maryland's ED wait time and overcrowding. Currently, regulators are working in silos to reduce ED wait times through their regulatory authority. For example, the Maryland Institute for Emergency Medical Services Systems reconstituted the Collaborative on Hospital Emergency Services, bringing hospitals together to share best practices to improve ambulance offload times. The Health Services Cost Review Commission is working on policy options related to ED wait times. Hospitals and health systems continually focus on improving emergency department throughput.

There is no doubt there is a need for a multistakeholder, solution-oriented task force empowered by the General Assembly and administration to improve outcomes for Marylanders seeking emergency care. However, this group needs to be expansive in composition and charge.

To better inform the recommendations the task force will put forward, MHA and our member hospitals propose amending SB 387 to:

- Expand the composition of the task force to include hospitals from urban, suburban, and rural areas of the state, each with unique challenges related to wait times and boarding
- Include in the charge of the task force an examination of the factors contributing to emergency department wait times, including capacity across the care continuum
- Analyze the impact of workforce shortages on the availability of health care services
- Consider how higher patient acuity is impacting hospital throughput
- Examine the regulatory environment in Maryland
- Compare Maryland to states with similar demographics, hospital density and health care utilization patterns

MHA looks forward to working with the sponsors this session and as the Task Force progresses.

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