

HOUSE BILL 1143

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By: **Delegates Bhandari, Alston, Bagnall, Chisholm, Cullison, Hill, Hutchinson, S. Johnson, Kaiser, Kerr, Kipke, R. Lewis, Lopez, Martinez, M. Morgan, Pena-Melnyk, Reilly, Rosenberg, Szeliga, Taveras, and Woods**

Introduced and read first time: February 7, 2024

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Emergency Medical Services – Maryland Emergency Department Wait Time**
3 **Reduction Commission and Standardized Protocols – Establishment**

4 FOR the purpose of establishing the Maryland Emergency Department Wait Time
5 Reduction Commission in the Maryland Institute for Emergency Medical Services
6 Systems to enhance the overall effectiveness and responsiveness of emergency
7 medical services; requiring the Maryland Institute for Emergency Medical Services
8 Systems, with the advice of the Commission, and in consultation with certain
9 entities, to develop certain standardized operational protocols, advanced technology
10 solutions, and certain training programs, and to establish a system for monitoring
11 certain emergency department performance; and generally relating to emergency
12 medical services.

13 BY adding to
14 Article – Education
15 Section 13–509.1 and 13–509.2
16 Annotated Code of Maryland
17 (2022 Replacement Volume and 2023 Supplement)

18 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
19 That the Laws of Maryland read as follows:

20 **Article – Education**

21 **13–509.1.**

22 **(A) THERE IS A MARYLAND EMERGENCY DEPARTMENT WAIT TIME**
23 **REDUCTION COMMISSION IN THE INSTITUTE TO ENHANCE THE OVERALL**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 EFFECTIVENESS AND RESPONSIVENESS OF EMERGENCY MEDICAL SERVICES IN THE
2 STATE.

3 (B) THE COMMISSION CONSISTS OF THE FOLLOWING MEMBERS:

4 (1) THE SECRETARY OF HEALTH, OR THE SECRETARY'S DESIGNEE;

5 (2) THE EXECUTIVE DIRECTOR OF THE INSTITUTE, OR THE
6 EXECUTIVE DIRECTOR'S DESIGNEE;

7 (3) THE EXECUTIVE DIRECTOR OF THE HEALTH SERVICES COST
8 REVIEW COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

9 (4) THE EXECUTIVE DIRECTOR OF THE MARYLAND HEALTH CARE
10 COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE; AND

11 (5) THE FOLLOWING MEMBERS, APPOINTED BY THE GOVERNOR:

12 (I) TWO REPRESENTATIVES WHO ARE EXPERTS IN HEALTH
13 CARE;

14 (II) ONE REPRESENTATIVE WHO IS EMERGENCY DEPARTMENT
15 STAFF;

16 (III) ONE REPRESENTATIVE WHO IS AN EMERGENCY MEDICAL
17 PROFESSIONAL; AND

18 (IV) ONE REPRESENTATIVE OF A PATIENT ADVOCACY
19 ORGANIZATION.

20 (C) THE GOVERNOR SHALL DESIGNATE THE CHAIR OF THE COMMISSION.

21 (D) THE INSTITUTE SHALL PROVIDE STAFF FOR THE COMMISSION.

22 (E) A MEMBER OF THE COMMISSION:

23 (1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE
24 COMMISSION; BUT

25 (2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE
26 STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

27 (F) THE COMMISSION SHALL:

1 (1) ASSESS THE STATE OF EMERGENCY MEDICAL SERVICES IN THE
2 STATE;

3 (2) DEVELOP STRATEGIES TO IMPROVE HOSPITAL EMERGENCY
4 DEPARTMENT EFFICIENCIES, REDUCE WAIT TIMES, AND ENHANCE PATIENT CARE;

5 (3) COORDINATE WITH STATE AND LOCAL AGENCIES, HOSPITALS,
6 AND HEALTH CARE PROVIDERS TO IMPLEMENT EFFECTIVE EMERGENCY CARE
7 PRACTICES;

8 (4) FACILITATE THE SHARING OF BEST PRACTICES AND
9 INNOVATIONS IN EMERGENCY MEDICINE;

10 (5) MONITOR AND REPORT ON THE PROGRESS AND CHALLENGES IN
11 EMERGENCY HEALTH CARE DELIVERY; AND

12 (6) OVERSEE THE DEVELOPMENT AND IMPLEMENTATION OF
13 STANDARDIZED PROTOCOLS AND OPERATIONAL EFFICIENCIES IN HOSPITAL
14 EMERGENCY DEPARTMENTS UNDER § 13-509.2 OF THIS SUBTITLE.

15 (G) ON OR BEFORE JANUARY 1 EACH YEAR, THE COMMISSION SHALL
16 REPORT ITS FINDINGS AND RECOMMENDATIONS, INCLUDING AN UPDATE ON THE
17 IMPLEMENTATION OF STANDARDIZED PROTOCOLS AND OPERATIONAL
18 EFFICIENCIES IN HOSPITAL EMERGENCY DEPARTMENTS, TO THE GOVERNOR AND,
19 IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE
20 GENERAL ASSEMBLY.

21 13-509.2.

22 (A) THE INSTITUTE, WITH THE ADVICE OF THE MARYLAND EMERGENCY
23 DEPARTMENT WAIT TIME REDUCTION COMMISSION AND IN CONSULTATION WITH
24 THE MARYLAND HOSPITAL ASSOCIATION AND THE HEALTH SERVICES COST
25 REVIEW COMMISSION, SHALL:

26 (1) DEVELOP STANDARDIZED OPERATIONAL PROTOCOLS TO
27 ENHANCE EFFICIENCY IN EMERGENCY DEPARTMENTS, INCLUDING:

28 (I) PATIENT TRIAGE;

29 (II) PATIENT TREATMENT AND CARE; AND

30 (III) PATIENT DISCHARGE PROCEDURES;

1 **(2) DEVELOP ADVANCED TECHNOLOGY SOLUTIONS FOR REAL-TIME**
2 **TRACKING AND MANAGEMENT OF PATIENT FLOW IN HOSPITAL EMERGENCY**
3 **DEPARTMENTS;**

4 **(3) DEVELOP AND PROVIDE TRAINING PROGRAMS FOR EMERGENCY**
5 **DEPARTMENT STAFF TO ADAPT TO, AND IMPLEMENT, THE PROTOCOLS DEVELOPED**
6 **UNDER ITEM (1) OF THIS SUBSECTION; AND**

7 **(4) ESTABLISH A SYSTEM FOR THE REGULAR MONITORING AND**
8 **EVALUATION OF HOSPITAL EMERGENCY DEPARTMENT PERFORMANCE REGARDING**
9 **WAIT TIMES AND QUALITY OF PATIENT CARE.**

10 **(B) ON OR BEFORE DECEMBER 1 EACH YEAR, EACH HOSPITAL SHALL**
11 **SUBMIT A REPORT TO THE INSTITUTE AND THE HEALTH SERVICES COST REVIEW**
12 **COMMISSION ON THE COMPLIANCE OF THE HOSPITAL'S EMERGENCY DEPARTMENT**
13 **WITH THE PROTOCOLS AND EFFICIENCIES DEVELOPED AND ESTABLISHED UNDER**
14 **SUBSECTION (A) OF THIS SECTION.**

15 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
16 1, 2024.