

Chapter 844

(House Bill 1143)

AN ACT concerning

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

FOR the purpose of establishing the Maryland Emergency Department Wait Time Reduction Commission ~~in the Maryland Institute for Emergency Medical Services Systems to enhance the overall effectiveness and responsiveness of emergency medical services~~ to address factors throughout the health care system that contribute to increased emergency department wait times; ~~requiring the Maryland Institute for Emergency Medical Services Systems, with the advice of the Commission, and in consultation with certain entities, to develop certain standardized operational protocols, advanced technology solutions, and certain training programs, and to establish a system for monitoring certain emergency department performance;~~ authorizing the Commission to request data from certain entities; requiring certain entities to enter into a data sharing and use agreement for the sharing of personally identifiable information; and generally relating to emergency medical services.

~~BY adding to~~~~Article – Education~~~~Section 13-509.1 and 13-509.2~~~~Annotated Code of Maryland~~~~(2022 Replacement Volume and 2023 Supplement)~~BY adding toArticle – Health – GeneralSection 20-2401 through 20-2406 to be under the new subtitle “Subtitle 24. Maryland Emergency Department Wait Time Reduction Commission”Annotated Code of Maryland(2023 Replacement Volume)

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

Article – ~~Education~~ Health – General**SUBTITLE 24. MARYLAND EMERGENCY DEPARTMENT WAIT TIME REDUCTION COMMISSION.****20-2401.**

IN THIS SUBTITLE, “COMMISSION” MEANS THE MARYLAND EMERGENCY DEPARTMENT WAIT TIME REDUCTION COMMISSION.

~~13-509.1, 20-2402.~~

(A) (1) THERE IS A MARYLAND EMERGENCY DEPARTMENT WAIT TIME REDUCTION COMMISSION ~~IN THE INSTITUTE TO ENHANCE THE OVERALL EFFECTIVENESS AND RESPONSIVENESS OF EMERGENCY MEDICAL SERVICES IN THE STATE.~~

(2) THE PURPOSE OF THE COMMISSION IS TO ADDRESS FACTORS THROUGHOUT THE HEALTH CARE SYSTEM THAT CONTRIBUTE TO INCREASED EMERGENCY DEPARTMENT WAIT TIMES.

(B) THE COMMISSION CONSISTS OF THE FOLLOWING MEMBERS:

(1) THE SECRETARY ~~OF HEALTH~~, OR THE SECRETARY’S DESIGNEE;

(2) THE EXECUTIVE DIRECTOR OF THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS, OR THE EXECUTIVE DIRECTOR’S DESIGNEE;

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

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

(5) THE FOLLOWING MEMBERS, APPOINTED BY THE ~~GOVERNOR~~ SECRETARY:

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

~~(II) ONE REPRESENTATIVE WHO IS EMERGENCY DEPARTMENT STAFF;~~

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

(I) TWO INDIVIDUALS WHO HAVE OPERATIONS LEADERSHIP RESPONSIBILITIES OVER A HOSPITAL EMERGENCY DEPARTMENT IN THE STATE, INCLUDING ONE EMERGENCY DEPARTMENT PHYSICIAN;

(II) ONE INDIVIDUAL WITH PROFESSIONAL EXPERIENCE IN AN EMERGENCY DEPARTMENT WHO IS NOT A PHYSICIAN OR AN ADVANCED PRACTICE PROVIDER, SUCH AS A NURSE OR CARE MANAGER;

(III) ONE REPRESENTATIVE OF A LOCAL EMERGENCY MEDICAL SERVICE;

(IV) ONE REPRESENTATIVE OF A MANAGED CARE PLAN WITH EXPERIENCE IN CARE MANAGEMENT OR CARE COORDINATION;

(V) ONE REPRESENTATIVE OF AN ADVANCED PRIMARY CARE PRACTICE;

(VI) ONE REPRESENTATIVE OF THE MARYLAND HOSPITAL ASSOCIATION;

~~(IV)~~ (VII) ONE REPRESENTATIVE OF A PATIENT ADVOCACY ORGANIZATION; AND

(VIII) ONE REPRESENTATIVE OF A BEHAVIORAL HEALTH PROVIDER.

~~(C) THE GOVERNOR SHALL DESIGNATE THE CHAIR OR COCHAIRS OF SECRETARY OF HEALTH AND THE EXECUTIVE DIRECTOR OF THE HEALTH SERVICES COST REVIEW COMMISSION SHALL COCHAIR~~ THE COMMISSION.

~~(D) THE INSTITUTE~~ HEALTH SERVICES COST REVIEW COMMISSION JOINTLY SHALL PROVIDE STAFF FOR THE COMMISSION.

(E) A MEMBER OF THE COMMISSION:

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

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

20-2403.

~~(F)~~ THE COMMISSION SHALL DEVELOP STRATEGIES AND INITIATIVES TO RECOMMEND TO STATE AND LOCAL AGENCIES, HOSPITALS, AND HEALTH CARE PROVIDERS TO REDUCE EMERGENCY DEPARTMENT WAIT TIMES, INCLUDING:

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

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

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

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

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

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

(1) INITIATIVES THAT:

(I) ENSURE THAT PATIENTS ARE SEEN IN THE MOST APPROPRIATE SETTING TO REDUCE UNNECESSARY USE OF EMERGENCY DEPARTMENTS;

(II) IMPROVE HOSPITAL EFFICIENCY, INCLUDING BY INCREASING EMERGENCY DEPARTMENT AND INPATIENT THROUGHPUT; AND

(III) IMPROVE POSTDISCHARGE RESOURCES TO FACILITATE TIMELY EMERGENCY DEPARTMENT AND INPATIENT DISCHARGES;

(2) BY IDENTIFYING AND RECOMMENDING IMPROVEMENTS FOR THE COLLECTION AND SUBMISSION OF DATA THAT IS NECESSARY TO MONITOR AND REDUCE EMERGENCY DEPARTMENT WAIT TIMES;

(3) BY MAKING RECOMMENDATIONS TO STATE AND LOCAL AGENCIES, HOSPITALS, AND HEALTH CARE PROVIDERS; AND

(4) BY FACILITATING THE SHARING OF BEST PRACTICES FOR REDUCING EMERGENCY DEPARTMENT WAIT TIMES.

20-2404.

IN CARRYING OUT ITS DUTIES, THE COMMISSION MAY:

(1) RECOMMEND THAT STATE AND LOCAL AGENCIES, HOSPITALS, AND HEALTH CARE PROVIDERS IMPLEMENT THE STRATEGIES AND INITIATIVES DEVELOPED UNDER § 20-2403 OF THIS SUBTITLE;

(2) REQUEST INTERVIEWS WITH STATE AND LOCAL OFFICIALS;

(3) REQUEST DATA FROM:

(I) THE DEPARTMENT;

(II) THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS;

(III) THE HEALTH SERVICES COST REVIEW COMMISSION;

(IV) THE MARYLAND HEALTH CARE COMMISSION;

(V) THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE;

(VI) HOSPITALS IN THE STATE;

(VII) OTHER PROVIDERS OF HEALTH CARE SERVICES; AND

(VIII) PAYORS FOR HEALTH CARE SERVICES; AND

(4) CREATE ADVISORY WORKGROUPS THAT DO NOT INCLUDE MEMBERS OF THE COMMISSION.

20-2405.

(A) EXCEPT AS PROVIDED IN SUBSECTION (B) OF THIS SECTION, AN ENTITY THAT RECEIVES A REQUEST FOR DATA UNDER § 20-2404 OF THIS SUBTITLE SHALL:

(1) FOR DATA THAT DOES NOT CONTAIN PERSONALLY IDENTIFIABLE INFORMATION, PROMPTLY TRANSMIT THE DATA TO THE STAFF OF THE COMMISSION PROVIDED BY THE HEALTH SERVICES COST REVIEW COMMISSION; AND

(2) FOR DATA THAT CONTAINS PERSONALLY IDENTIFIABLE INFORMATION:

(I) PROMPTLY ENTER INTO AN APPROPRIATE DATA SHARING AND USE AGREEMENT WITH THE HEALTH SERVICES COST REVIEW COMMISSION; AND

(II) ON THE APPROVAL OF AN APPROPRIATE AGREEMENT BY THE PARTIES, PROMPTLY TRANSMIT THE DATA, THROUGH A SECURE AND ENCRYPTED MANNER, TO THE STAFF OF THE COMMISSION PROVIDED BY THE HEALTH SERVICES COST REVIEW COMMISSION.

(B) IF AN ENTITY THAT RECEIVES A DATA REQUEST UNDER § 20-2404 OF THIS SUBTITLE IS PROHIBITED FROM SHARING THE DATA UNDER FEDERAL LAW, THE COMMISSION MAY NOT REQUIRE THE SUBMISSION OF THE DATA.

(C) THE COMMISSION MAY USE PERSONALLY IDENTIFIABLE INFORMATION REQUESTED UNDER § 20-2404 OF THIS SUBTITLE ONLY FOR THE PURPOSE OF MEETING THE REQUIREMENTS OF § 20-2403 OF THIS SUBTITLE AND COMPLETING THE REPORTS REQUIRED UNDER § 20-2406 OF THIS SUBTITLE.

(D) PERSONALLY IDENTIFIABLE INFORMATION SUBMITTED UNDER SUBSECTION (A)(2) OF THIS SECTION MAY NOT BE SHARED WITH:

(1) A MEMBER OF THE COMMISSION WHO IS NOT AN EMPLOYEE OF THE HEALTH SERVICES COST REVIEW COMMISSION; OR

(2) ANY OTHER PERSON THAT IS NOT A PARTY TO THE DATA SHARING AND USE AGREEMENT FOR THE INFORMATION.

(E) COMMISSION STAFF SHALL:

(1) ANALYZE PERSONALLY IDENTIFIABLE INFORMATION SHARED WITH THE COMMISSION STAFF; AND

(2) SHARE THE FINDINGS OF THE ANALYSIS WITH THE MEMBERS OF THE COMMISSION IN A MANNER THAT DOES NOT REVEAL PERSONALLY IDENTIFIABLE INFORMATION.

20-2406.

~~(C)~~ ON OR BEFORE ~~JANUARY~~ NOVEMBER 1 EACH YEAR, BEGINNING IN 2025, THE COMMISSION SHALL SUBMIT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY A REPORT ON ITS ACTIVITIES AND ITS FINDINGS AND RECOMMENDATIONS, INCLUDING AN UPDATE ON THE IMPLEMENTATION OF STANDARDIZED PROTOCOLS

~~AND OPERATIONAL EFFICIENCIES IN HOSPITAL EMERGENCY DEPARTMENTS, TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY DEVELOPMENT, IMPLEMENTATION, AND IMPACT OF THE RECOMMENDED POLICIES AND PROGRAMS DEVELOPED TO IMPROVE EMERGENCY DEPARTMENT WAIT TIMES.~~

~~13-509.2.~~

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

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

- ~~(i) PATIENT TRIAGE;~~
- ~~(ii) PATIENT TREATMENT AND CARE; AND~~
- ~~(iii) PATIENT DISCHARGE PROCEDURES;~~

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

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

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

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

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2024. It shall remain effective for a period of 3 years and, at the end of June 30, 2027, this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.

Approved by the Governor, May 16, 2024.