

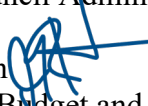



February 19, 2025

FISCAL AND POLICY NOTE

TO: Jennifer A. Jenkins
Council Administrator

Colette R. Gresham, Esq.
Deputy Council Administrator

THRU: Josh Hamlin 
Director of Budget and Policy Analysis

FROM: David Noto 
Legislative Budget and Policy Analyst

RE: Policy Analysis and Fiscal Impact Statement
CR-006-2025 Emergency Room Wait Time Task Force Extension

CR-006-2025 (*Proposed by:* Council Member Blegay)

Assigned to the Health, Human Services and Public Safety (HHSPS) Committee

A RESOLUTION CONCERNING THE EXTENSION OF TIME FOR THE TASK FORCE TO ADDRESS HOSPITAL EMERGENCY ROOM WAIT TIMES for the purpose of extending the reporting time for the Task Force to Address Hospital Emergency Room Wait Times and adding two additional members.

Fiscal Summary

Direct Impact:

Expenditures: No anticipated expenditure impact.

Revenues: No anticipated revenue impact.

Indirect Impact:

No anticipated indirect impact.

Legislative Summary:

CR-006-2025¹, proposed by Council Member Blegay and sponsored by Council Members Watson, Fisher, Oriadha, Burroughs, and Olson, was introduced on February 4th, 2025, and referred to the Health, Human Services and Public Safety Committee. CR-006-2025 would extend the Hospital Emergency Room Wait Time Task Force (Task Force) established with CR-082-2023² to prepare a comprehensive and actionable report on the issue of Emergency Room (ER) wait times in Prince George's County.

Overview

The resolution would extend the Task Force established by CR-082-2023, as the Task Force has been delayed in reporting recommendations due to unforeseen circumstances.

The Task Force was established to:

- identify root causes of wait times in County emergency departments;
- study the regulatory environment, access, availability of health care services, and inpatient bed availability in other counties/states, as specified;
- coordinate with other commissions/entities within the state that examine issues relating to workforce shortage and behavior health capacity;
- review studies and recommendations aimed at addressing workforce capacity issues;
- conduct an analysis of reimbursement policies and their impact on hospital reimbursement; and
- make recommendations, which includes legislative, regulatory, and other policy initiatives, relating to best practices to reduce emergency department wait times that the County should implement.

Membership

The membership, of the Task Force will also be expanded, to include

- a representative of the Office of the Sherriff; and
- a representative of the Prince George's County Police Department.

The membership of the Task Force is currently comprised of:

- The Chair of the Board of Health, or their designee, who will serve as the Chair;
- Two representatives of a hospital located in Prince George's County, Maryland;

¹ [Prince George's County Council - Reference No. CR-006-2025](#)

² [Prince George's County Council - Reference No. CR-082-2023](#)

- A representative from Non-Profit organization located in Prince George's County;
- A representative from the Prince George's Fire/EMS Department;
- A representative from the Prince George's County Department of Health's Healthcare Action Coalition;
- A State Delegate or State Senator representing Prince George's County, Maryland;
- An emergency room physician practicing in Prince George's County, Maryland;
- An emergency room nurse practicing in Prince George's County, Maryland;
- Three (3) residents of Prince George's County, Maryland or three (3) representatives of organizations representing communities in Prince George's County, Maryland;
- A representative from SEIU Local 1199;
- A staff member of the Legislative Branch as directed by the County Chair of the Board of Health;
- One Registered Nurse employed in an ER who is a member of an employee organization that is the exclusive bargaining representative of health care workers;
- One Service Employee employed in an ER who is a member of an employee organization that is the exclusive bargaining representative of health care workers; and
- One representative of a healthcare clinic in Prince George's County, Maryland.

Meetings and Reporting

The Task Force shall now be authorized to present a final written report and a summary of its findings to the County Council on or before November 14, 2025.

Compensation

No member Task Force is permitted to receive compensation in exchange for any services rendered to the Task Force. Members are entitled to reimbursement for expenses under the Standard State Travel Regulations³ as provided by the County Budget.

Current Law/Background:

The Maryland General Assembly previously passed HB0274⁴ which established the Task Force on Reducing Emergency Department Wait Times ("State Task Force"). The State Task Force established by the General Assembly has a similar goal to study and make recommendations relating to the goal of reducing emergency department wait times statewide. The Fiscal and Policy Note⁵ for HB0274 found that expenditures would increase due to hiring of contractual staff and revenues would not be affected.

³ [COMAR, Subtitle 02 Business Administration 23.02.01 Standard Travel Regulations](#)

⁴ [HB0274 - Task Force on Reducing Emergency Department Wait Times](#)

⁵ [HB0274 - Fiscal and Policy Note](#)

Resource Personnel:

- Leroy D. Maddox Jr, Legislative Officer

Discussion/Policy Analysis:

It is estimated that 13 to 27 percent of emergency department visits nation-wide could have been addressed by a visit to a physician's office, clinic, or urgent care center, and potentially save the country \$4.4 billion annually⁶. Patients in Maryland currently spend more time, on average, from when they arrive in the Emergency Room (ER) to the time they leave the hospital, than patients in all other states, with the current average time an individual spends in the ER for Maryland being 250 minutes, or just over four (4) hours⁷. Only the District of Columbia, Puerto Rico and the other territories have longer ER wait times⁸. For reference, the state with the shortest average time spent in the ER is North Dakota, at only 110 minutes, or just under two (2) hours⁹. Likewise, Maryland scores the worst of all 50 states when it comes to the average amount of time psychiatric or mental health patients spent in the ER, with an average of 426 minutes, or just over seven (7) hours¹⁰. Furthermore, Maryland scores poorly when it comes to the percentage of patients who left the emergency department before being seen¹¹. Maryland has also been ranked among the lowest of 50 states regarding hospital patient satisfaction for the past nine years, as measured by Centers for Medicare and Medicaid Services surveys¹². Multiple studies show an increase in patient mortality of up to 12.7% for every additional hour spent waiting in the ER¹³¹⁴¹⁵¹⁶¹⁷. Prince George's County's average ER wait time is 292 minutes, 42 minutes longer than the state's average, according to the Maryland Health Care Commission¹⁸. This comparison underscores the necessity for improvement in the healthcare system in the County.

The Maryland Health Services Cost Review Commission (HSCRC) is an independent state agency with broad responsibility regarding the public disclosure of hospital data. The HSCRC is authorized to establish hospital rates and works closely with the Maryland Hospital Association (MHA). The State asked HSCRC and MHA to convene a workgroup to identify solutions to

⁶ [How Many Emergency Department Visits Could be Managed at Urgent Care Centers and Retail Clinics?](#)

⁷ [Timely and Effective Care - State | Provider Data Catalog](#)

⁸ Ibid

⁹ Ibid

¹⁰ Ibid

¹¹ Ibid

¹² Ibid

¹³ [Waiting times in emergency departments: exploring the factors associated with longer patient waits for emergency care in England using routinely collected daily data - PubMed](#)

¹⁴ [Association of Emergency Department Waiting Times With Patient Experience in Admitted and Discharged Patients - PMC](#)

¹⁵ [The Association between Emergency Department Overcrowding and Delay in Treatment: A Systematic Review - PMC](#)

¹⁶ [Association between delays to patient admission from the emergency department and all-cause 30-day mortality | Emergency Medicine Journal](#)

¹⁷ [Waiting times in emergency departments: a resource allocation or an efficiency issue? - PMC](#)

¹⁸ [Maryland Health Care Commission](#)

improve ER performance. The workgroup found that ER wait times in Maryland have been consistently higher than the nation since before the start of the All-Payer model, and there is a significant lack of statewide ER service units. The workgroup developed the Emergency Department Dramatic Improvement Effort (EDDIE) project in August of 2023, which requires the public reporting of ER metrics for monitoring ¹⁹.

Hospitals in Prince George's County tend to have longer ER wait times than other hospitals in the state, with University of Maryland Capital Region Medical Center having some of the worst wait times in the state²⁰. Hospitals are aware of the issues caused by extended ER wait times, with every hospital in Maryland having already committed to taking steps to improve ER wait times as part of the EDDIE project. All hospitals submitted an initial aim statement to MHA for the October 11th, 2023, HSCRC meeting. However, it is not known at this time if the hospitals successfully achieved these aims in the timeframe they set.

Fiscal Impact:

- *Direct Impact*

Adoption of CR-006-2025 is not likely to have any direct fiscal impact.

- *Indirect Impact*

Adoption of CR-006-2025 is not likely to have any indirect fiscal impact.

- *Appropriated in the Current Fiscal Year Budget*

No.

Effective Date of Proposed Legislation:

The proposed Resolution shall become effective as of the date of adoption.

If you require additional information, or have questions about this fiscal impact statement, please call me.

¹⁹ [October 2023 Public Only Pre-Meeting Materials - FINAL.pdf](#)

²⁰ [EDDIE MHA Legislative Meeting](#)