



Maryland
Hospital Association

September 28, 2026

Dr. Alyson Schuster
Deputy Director, Quality Methodologies
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Dr. Schuster:

On behalf of the Maryland Hospital Association (MHA) and its member hospitals and health systems, we thank you for the opportunity to comment on the final report of the Emergency Department Wait Time Reduction Commission. We appreciate the engagement and commitment of the Commission and participating stakeholders throughout this process.

Maryland hospitals care for patients and communities 24 hours a day, 365 days a year, serving about 4.9 million people annually, including 1.8 million in emergency departments across the state. Central to that commitment is ensuring patients can access timely, appropriate care when and where they need it. Maryland hospitals strongly support continued efforts to improve patient flow, reduce emergency department (ED) boarding, and ensure patients receive care in the most appropriate setting.

MHA shares the Commission's goal of addressing ED throughput challenges and recommends a measured, data-driven approach that builds on existing initiatives, allows recently enacted policies to mature, and leverages validated data to inform future actions. We encourage policymakers to prioritize ongoing capacity analyses, evaluate the impact of recently enacted staffing requirements before pursuing additional mandates, and allow nascent inpatient length of stay and collaborative improvement initiatives to generate meaningful results before considering new policy interventions.

Capacity Alignment

MHA supports the Commission's recommendation to complete the hospital and post-acute bed allocation and capacity analysis required under House Bill 1563 (2026). A comprehensive understanding of regional inpatient and post-acute capacity needs will help policymakers identify barriers to patient flow and inform future policy decisions.

As the state considers future capacity tracking initiatives, MHA recommends building upon existing infrastructure and lessons learned. Maryland Behavioral Health Connect and the behavioral health bed registry provide an opportunity to learn how best to implement technology-enabled approaches that can improve visibility into available resources while minimizing administrative burden. Likewise, the current Maryland Institute for Emergency

Medical Services Systems bed reporting process has provided valuable support for emergency preparedness, response, and situational awareness, particularly during the COVID-19 pandemic. However, because the process relies heavily on manual hospital reporting and was not designed as a long-term capacity monitoring solution, future efforts should focus on developing sustainable, automated approaches that deliver real-time operational value while reducing reporting burden.

Notably, hospitals are already implementing a range of strategies to improve throughput, including capacity management processes, interdisciplinary throughput committees, and collaboration with Emergency Medical Services partners to address operational barriers in real time. Future statewide capacity tracking systems support these efforts by prioritizing automation, interoperability, sustainability, and actionable data. While MHA supports enhancing visibility into capacity across the care continuum, future reporting initiatives should complement existing reporting requirements, rather than create duplicative or burdensome requirements for hospitals.

Staffing

MHA appreciates the report's recognition of workforce challenges and its acknowledgement of the recently enacted Safe Staffing Act of 2026. Hospitals across Maryland are actively implementing the law through staffing committees, staffing plans, and workforce initiatives intended to strengthen recruitment, retention, and effective care delivery. Policymakers should allow sufficient time to evaluate the law's impact before considering additional staffing mandates, regulations, or reporting requirements.

Hospitals utilize workforce resources differently based on local patient populations, service offerings, and operational needs. Team composition, role responsibilities, and workflows vary considerably across organizations. As a result, staffing approaches that improve throughput in one setting may not be directly transferable to another. This variability underscores the importance of maintaining flexibility and assessing outcomes before establishing additional statewide staffing requirements.

Furthermore, the Commission's modeling suggests that interventions focused on inpatient capacity, discharge planning, and care transitions yield greater improvements in throughput than staffing interventions alone. Allowing the Safe Staffing Act and other recommendations within the report to take effect and be evaluated will help to more clearly identify where further policy intervention is warranted.

Inpatient Length of Stay

MHA supports efforts to reduce unnecessary inpatient days and improve patient flow. We appreciate the report's acknowledgment that many drivers of prolonged stays are external to hospitals, including behavioral health placement challenges, limited post-acute care capacity, prior authorization delays, and guardianship-related barriers.

The Health Services Cost Review Commission (HSCRC) recently approved an Inpatient Length of Stay (IP LOS) Program that will support enhanced monitoring of IP LOS, enabling hospitals to stratify data by patient characteristics and other factors to identify opportunities for improvement. In addition, HSCRC proposed a learning collaborative that will provide a forum for hospitals and other stakeholders to identify, test, and scale effective strategies to improve patient flow and reduce ED and IP LOS. These initiatives will include a review and validation of data and interventions that will be foundational to any effective strategy to improve ED and IP LOS.

Because both efforts are just beginning, MHA recommends allowing the monitoring period and collaborative process to proceed before considering additional policy requirements. The IP LOS Program and learning collaborative will provide an important opportunity to analyze data, understand variation in performance, evaluate emerging best practices, and identify solutions that address both operational and external drivers of prolonged stays.

MHA appreciates the Commission's recognition that improving ED throughput requires a coordinated, system-wide approach that extends beyond hospitals operations. As the draft report recognizes, challenges related to behavioral health access, post-acute care capacity, care transitions, guardianship processes, and other factors all play a significant role in patient flow and ED boarding outcomes. Maryland hospitals remain committed to advancing solutions that improve access to care, strengthen care coordination, and reduce unnecessary delays across the continuum. Many of the Commission's recommendations align with significant work already underway through recently enacted legislation, HSCRC initiatives, and ongoing hospital-led improvement efforts.

As policymakers consider next steps, MHA encourages a collaborative, data-driven approach that builds on existing initiatives, avoids duplicative requirements, and allows current policies and programs sufficient time to demonstrate measurable outcomes. Such an approach will help ensure that future interventions are informed by validated data and focused on strategies most likely to improve patient flow and patient outcomes.

Thank you for the opportunity to comment. We look forward to continuing to partner with HSCRC and other stakeholders to advance sustainable solutions that improve patient flow, reduce ED boarding, and strengthen access to care for Maryland patients and communities.

Sincerely,



Andrew Nicklas
Senior Vice President, Government Affairs & Policy



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