

MODEL BILL 2

HOSPITAL THROUGHPUT AND CROWDING REDUCTION ACT

SECTION 1. SHORT TITLE

This Act shall be known and may be cited as the **Hospital Throughput and Crowding Reduction Act**.

SECTION 2. LEGISLATIVE FINDINGS AND PURPOSE

a. The Legislature finds that:

1. Hospital crowding and emergency department boarding represent significant threats to patient safety, healthcare workforce sustainability, and access to timely medical care.
2. Emergency department boarding is a measurable manifestation of hospital-wide capacity constraints, discharge delays, and throughput inefficiencies.
3. Evidence-based operational interventions have demonstrated effectiveness in reducing hospital crowding, improving patient flow, and reducing emergency department boarding.
4. Many causes of hospital crowding are within the operational control of hospitals and may be addressed through improved capacity management, discharge practices, elective admission planning, and surge management.
5. State policy should promote accountability for hospital throughput while allowing flexibility in implementation.

b. The purposes of this Act are to:

1. Improve hospital throughput and patient flow;
2. Reduce hospital crowding and emergency department boarding;
3. Promote efficient use of inpatient capacity;
4. Improve patient access to timely care;
5. Establish operational standards designed to reduce crowding and improve healthcare system resilience.

TITLE I. HOSPITAL THROUGHPUT REQUIREMENTS

SECTION 3. HOSPITAL THROUGHPUT PROGRAMS

a. Each hospital shall establish and maintain a Hospital Throughput Program designed to improve patient flow, reduce hospital crowding, and reduce emergency department boarding.

b. The Hospital Throughput Program shall include:

1. Capacity management processes;
2. Inpatient bed management procedures;
3. Discharge optimization strategies;
4. Hospital-wide surge management protocols;
5. Throughput performance monitoring;
6. Executive oversight and accountability.

SECTION 4. HOSPITAL CAPACITY MANAGEMENT AND ELECTIVE CARE OPTIMIZATION

- a. Each hospital shall develop and implement a Hospital Capacity Management and Elective Care Optimization Plan designed to reduce avoidable variation in inpatient demand, improve utilization of available capacity, and reduce hospital crowding and emergency department boarding.**
- b. The Plan shall include processes to:**
 - 1. Monitor scheduled admissions and procedures that are expected to require inpatient hospitalization;
 - 2. Identify patterns associated with hospital crowding, capacity constraints, and emergency department boarding;
 - 3. Promote balanced utilization of inpatient capacity throughout the week to the extent clinically feasible;
 - 4. Align elective procedures and admissions with available inpatient, staffing, and ancillary service resources;
 - 5. Reduce avoidable inpatient admissions through evidence-based patient selection, selective surgical admissions, perioperative planning, and care pathway optimization;
 - 6. Expand utilization of outpatient surgery, observation services, extended recovery units, same-day discharge protocols, and other evidence-based alternatives to inpatient admission when clinically appropriate;
 - 7. Evaluate opportunities to increase post-procedure recovery capacity outside traditional inpatient units;
 - 8. Include participation by physician leadership, nursing leadership, perioperative services, and hospital administration.
- c. Hospitals shall annually evaluate:**
 - 1. Variation in elective inpatient admissions;
 - 2. Rates of same-day discharge following elective procedures;
 - 3. Utilization of observation and extended recovery pathways;
 - 4. Opportunities to reduce unnecessary inpatient utilization while maintaining patient safety and quality of care.
- d. Hospitals shall annually certify to the Department that capacity management and elective care optimization practices have been reviewed and that improvement opportunities have been identified and addressed where appropriate.**
- e. The Department may establish additional standards and reporting requirements by regulation.**

SECTION 5. EARLY DISCHARGE PROGRAMS

- a. Hospitals shall implement processes designed to increase the proportion of medically appropriate inpatient discharges occurring before 12:00 p.m.**
- b. Such processes shall include:**
 - 1. Daily multidisciplinary discharge planning rounds;
 - 2. Identification of anticipated next-day discharges;
 - 3. Early completion of discharge orders and documentation;
 - 4. Monitoring of barriers to discharge;
 - 5. Escalation procedures for avoidable discharge delays.
- c. Hospitals shall establish internal performance goals regarding early discharge and annually report progress to the Department.**
- d. The Department may establish benchmark goals and reporting requirements by regulation.**

SECTION 6. WEEKEND DISCHARGE CAPACITY

- a. Hospitals shall maintain sufficient operational capacity to facilitate timely evaluation, treatment, discharge, admission, and transfer of patients seven days per week.**
- b. Hospitals shall evaluate and maintain appropriate availability of services that materially affect patient throughput, including:**
 - 1. Case management services;
 - 2. Social work services;
 - 3. Physical therapy services;
 - 4. Occupational therapy services;
 - 5. Pharmacy services;
 - 6. Diagnostic imaging services, including computed tomography, magnetic resonance imaging, ultrasound, and other modalities as appropriate to the hospital's scope of services;
 - 7. Laboratory services;
 - 8. Environmental services;
 - 9. Cardiac diagnostic services, including stress testing and echocardiography, where offered by the hospital;
 - 10. Cardiac catheterization services, where offered by the hospital;
 - 11. Interventional radiology services, where offered by the hospital;
 - 12. Endoscopy services, where offered by the hospital;
 - 13. Dialysis services, where offered by the hospital;
 - 14. Behavioral health evaluation and placement services;
 - 15. Other ancillary, diagnostic, procedural, or consultative services that materially contribute to hospital crowding or emergency department boarding.
- c. Hospitals shall annually assess weekday versus weekend discharge performance and identify barriers to weekend discharge.**
- d. Hospitals shall implement corrective measures where weekend service limitations contribute materially to hospital crowding or emergency department boarding.**

SECTION 7. EXECUTIVE ACCOUNTABILITY

- a. Each hospital shall designate a senior executive responsible for implementation of hospital throughput and crowding reduction efforts.**
- b. The designated executive shall annually certify to the Department that the hospital has:**
 - 1. Reviewed throughput performance;
 - 2. Conducted required assessments;
 - 3. Implemented required interventions;
 - 4. Developed improvement plans where necessary.
- c. Certification shall be submitted with reports required under this Act.**

TITLE II. HOSPITAL CROWDING MANAGEMENT

SECTION 8. HOSPITAL CROWDING RESPONSE PLANS

a. Each hospital shall maintain a Hospital Crowding Response Plan.

b. The Plan shall include:

1. Defined crowding levels;
2. Escalation procedures;
3. Leadership responsibilities;
4. Communication pathways;
5. Operational interventions;
6. Documentation requirements.

SECTION 9. CROWDING RESPONSE ACTIVATION

When crowding thresholds established under the Hospital Throughput, Crowding, and Emergency Department Boarding Accountability Act are exceeded, hospitals shall:

1. Activate crowding response procedures;
2. Review inpatient bed utilization;
3. Assess discharge barriers;
4. Evaluate admission patterns;
5. Review staffing and ancillary service availability;
6. Identify and implement corrective actions.

SECTION 10. ANNUAL THROUGHPUT ASSESSMENT

a. Each hospital shall conduct an annual assessment of factors contributing to crowding and boarding.

b. The assessment shall evaluate:

1. Admission patterns;
2. Elective admission variation;
3. Discharge timing;
4. Weekend discharge capacity;
5. Observation utilization;
6. Ancillary service availability;
7. Transfer delays;
8. Behavioral health placement delays;
9. Other hospital-specific throughput barriers.

c. Assessment findings shall be submitted to the Department.

TITLE III. REGULATORY OVERSIGHT

SECTION 11. THROUGHPUT IMPROVEMENT PLANS

- a. Hospitals that repeatedly exceed crowding thresholds established by law or regulation may be required to submit a Throughput Improvement Plan.
- b. The Plan shall include:
 1. Root cause analysis;
 2. Operational interventions;
 3. Implementation timelines;
 4. Performance goals;
 5. Executive attestation.

SECTION 12. DEPARTMENT REVIEW AUTHORITY

The Department may:

1. Review throughput assessments;
2. Request additional information;
3. Conduct operational reviews;
4. Provide technical assistance;
5. Require corrective action plans.

SECTION 13. LICENSURE REVIEW

- a. Compliance with this Act shall be considered during hospital licensure review and renewal.
- b. Hospitals demonstrating persistent noncompliance may be required to submit corrective action plans.
- c. The Department may consider progress toward implementation of required throughput interventions when evaluating hospital licensure status.
- d. Nothing in this section shall be construed to authorize denial of emergency services or closure of a hospital based solely upon crowding performance metrics.

TITLE IV. IMPLEMENTATION

SECTION 14. RULEMAKING AUTHORITY

The Department may adopt regulations necessary to implement this Act.

SECTION 15. EFFECTIVE DATE

This Act shall take effect -insert standard enactment time for your state's legislation- following enactment.