

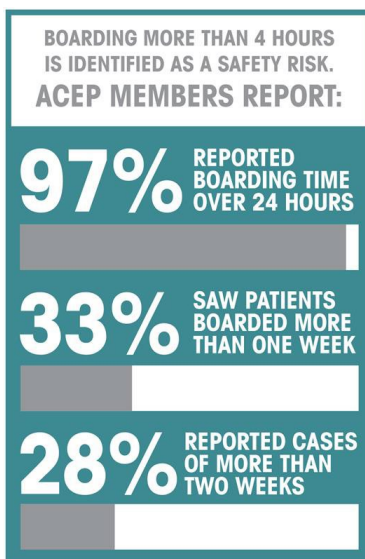
ADDRESSING BOARDING AND CROWDING IN THE EMERGENCY DEPARTMENT ACT – HR 2936/S 1974

Emergency department (ED) boarding—when patients admitted to the hospital are held in the ED for hours or even days due to lack of inpatient capacity—has reached crisis levels nationwide. This systemwide gridlock:

- Delays lifesaving care
- Increases risk of complications and mortality
- Reduces emergency response capacity in communities

Emergency departments are designed for rapid stabilization, not prolonged inpatient care. When beds are unavailable elsewhere in the system, the entire emergency care infrastructure slows down.

Emergency physicians and nurses are trapped in a system unable to impact patient access to hospital beds, leading to:



- **Delayed and compromised care** for incoming patients, leading to worse outcomes and higher costs – patients sick enough for ICU beds can wait for **hours** (or longer) in a waiting room chair as hallway stretchers are filled by other boarding patients.
- **Strained ED care teams** becoming overwhelmed, at times impossibly caring alone for 10 or more patients while facing mounting desperation from patients and families, and even violent incidents.
- **Delayed emergency response** for entire communities as ambulance crews are forced to wait to hand off patients, reducing 911 call availability.

DISPROPORTIONATE IMPACT ON VULNERABLE

POPULATIONS

- **Behavioral health patients** face prolonged ED stays due to limited access to mental health providers and resources in their communities.
- **Pediatric patients** often board for days, weeks, or even months due to the severe nationwide shortage of pediatric psychiatric beds.
- **Older adults** experience delays tied to long-term care capacity challenges and overly burdensome insurance company prior authorization requirements.

WORKFORCE AND SYSTEM STRAIN

Burnout from these unsafe working conditions and the constant strain of crowding is driving physicians and nurses out of the workforce. Hospital financial incentives often discourage maintaining unused capacity, leaving no margin for surges in patient volume.

Without intervention, these pressures will:

- Worsen access to emergency care nationwide
- Increase health care costs in Medicare and Medicaid
- Leave communities vulnerable during public health emergencies or natural disasters, weakening national disaster preparedness

“The system is stuck. Without changes, ED closures – particularly in rural areas – will increase, and patients nationwide will face longer waits and even worse outcomes.”

–ACEP President L. Anthony Cirillo, MD, FACEP

THE SOLUTION: THE ABC-ED ACT

This bipartisan legislation will reduce ED boarding and crowding and improve patient outcomes by strengthening coordination and accountability across the health care system. Introduced by Reps. John Joyce (R-PA) and Debbie Dingell (D-MI), and Sens. Chris Coons (D-DE) and Dave McCormick (R-PA), the bill will:

- **Improve system visibility** using existing federal grants to expand real-time statewide and regional hospital bed-tracking and capacity management systems to reduce delays in patient placement.
- **Innovate care models** by authorizing the CMS Innovation Center to pilot improved care transitions for older adults and patients with acute behavioral health needs.
- **Increase accountability** by directing the GAO to study best practices in hospital capacity tracking and their impact on boarding and emergency delays.

Cosponsor the ABC-ED Act (H.R. 2936/S. 1974)

ACEP urges Congress to cosponsor this bipartisan legislation that will reduce boarding of hospital inpatients in the emergency department, and improve patient outcomes through better data, coordination, and accountability.