



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 18, 2023

The Honorable Debbie Dingell
U.S. House of Representatives
Washington, D.C. 20515

Dear Representative Dingell:

Thank you for your letter expressing concern about overcrowding and the patient “boarding” crisis in emergency departments (EDs). This situation is far from ideal patient care and can exacerbate health inequities, cause workforce burnout, and create risks for patient safety and public health. Overcrowding and boarding are long-standing issues in local healthcare systems nationwide that the Department of Health and Human Services (HHS) has worked to address.

In fact, “[r]educing the proportion of emergency department visits with a longer wait time than recommended” is a national objective in Healthy People 2030. Healthy People is a program of health promotion and disease prevention national goals set by HHS each decade. Thus, Healthy People 2030 tracks progress toward meeting the measurable objectives’ targets over the decade, monitoring differences across population subgroups. Using data from the National Hospital Ambulatory Survey conducted by the National Center for Health Statistics at the Centers for Disease Control, the Office of Disease Prevention and Health Promotion within the Office of the Assistant Secretary for Health estimated that, in 2016, 19.2 percent of persons experienced unacceptable wait times in emergency rooms. By 2020, 13.1 percent of persons experienced inappropriate wait times. At that time, the Department set a national goal to reduce this percentage to 12 percent by 2030. Unfortunately, the pandemic disrupted our progress, raising renewed attention to this and many other healthcare system performance issues.

I appreciate your concerns and your suggestion to convene a task force with broad stakeholder representation to inform solutions to this urgent problem. In response, I have charged the Agency for Healthcare Research and Quality (AHRQ) to use its unique statutory authority to improve healthcare nationwide and its ability to work with HHS partners to convene a multistakeholder Director’s Roundtable. We anticipate that this Director’s Roundtable can be organized within the next six months and will identify actionable next steps and novel opportunities to chart a public-private strategy to address ED crowding and boarding.

In addition, HHS is pursuing solutions on multiple levels through AHRQ and the Centers for Medicare & Medicaid Services (CMS) to address these issues, as follows:

AHRQ Actions

Crowding and boarding problems in EDs are not new but significantly worsened during and since the COVID-19 pandemic.¹ To date, efforts to address this problem include creation and dissemination of the following tools for improving ED crowding and patient boarding:

- Improving Patient Flow and Reducing Emergency Department Crowding: A Guide for Hospitals²
- Improving the Emergency Department Discharge Process³

In addition, AHRQ has funded the following ongoing research projects to understand and address various aspects of these problems:

- Effects of Telehealth Use for Rapid Screening, Treatment, and Discharge of Patients with Low-Acuity Conditions in the Emergency Department
- Understanding and Addressing Disparities in Triage and Disposition Decisions in the Emergency Department
- The Effectiveness of Patient Navigation to Address Social and Behavioral Health Needs for Emergency Department High Utilizers
- Impact of EMTALA on Access to and Quality of Emergency Care
- Delayed Diagnosis of Serious Pediatric Emergency Conditions

CMS Actions

Select waivers established during the COVID-19 pandemic remain available for hospitals, including:

- The Acute Hospital Care at Home Program is an expansion of the CMS Hospital Without Walls initiative launched in March 2020. This program is part of a comprehensive effort to increase hospital capacity, maximize resources, and keep Americans safe. Congress authorized temporary additional flexibility that allows certain healthcare services to be provided outside a traditional hospital setting and within a patient's home through December 31, 2024, via section 4140 of the Consolidated Appropriations Act of 2023.
- Expanded Medicare telehealth flexibilities to increase access to care, reach patients with transportation or mobility barriers, and enhance geographic health equity. Many of these flexibilities were also extended through December 31, 2024, via section 4113 of the Consolidated Appropriations Act of 2023.

CMS also has comprehensive work underway to evaluate the reimbursement incentives that may exacerbate ED boarding as an unintended consequence and to identify policy levers to intervene. CMS hosted a listening session about ED boarding at the 2023 CMS Quality Conference⁴ and recently hosted CMS Grand Rounds⁵ to prompt further dialogue within the agency. CMS has identified meaningful connections between boarding and the CMS National Quality Strategy⁶

¹ <https://nap.nationalacademies.org/catalog/11621/hospital-based-emergency-care-at-the-breaking-point>.

² <https://www.ahrq.gov/research/findings/final-reports/ptflow/index.html>.

³ <https://www.ahrq.gov/patient-safety/settings/emergency-dept/discharge-process.html>.

⁴ <https://youtu.be/5y2-ROLEXRM>

⁵ <https://youtu.be/U7hltmgwyi0?t=124>

⁶ <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/value-based-programs/cms-quality-strategy>

and has an active internal ED boarding working group led by the Centers for Clinical Standards and Quality in collaboration with AHRQ.

Under some circumstances, excessive delays in emergency rooms could also violate hospital conditions of participation at 42 CFR §482.55(b)(2), which requires hospital EDs to have “adequate medical and nursing personnel qualified in emergency care to meet the written emergency procedures and needs anticipated by the facility.” When surveyors have identified evidence of non-compliance, CMS has taken enforcement action.

Despite these wide-ranging efforts, I agree that more must be done to urgently remedy this situation affecting our communities. Therefore, as mentioned above, I have charged AHRQ to convene a multistakeholder Director’s Roundtable as a next step in this process.

I appreciate your shared commitment to addressing ED overcrowding and boarding problems to help ensure access to timely and safe care in EDs across the United States.

Sincerely,

Xavier Becerra

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