

119TH CONGRESS
1ST SESSION

H. R. 2936

To amend the Public Health Service Act to allow certain public health data modernization grants to be used to track hospital bed capacity, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 17, 2025

Mr. JOYCE of Pennsylvania (for himself and Mrs. DINGELL) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Public Health Service Act to allow certain public health data modernization grants to be used to track hospital bed capacity, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Addressing Boarding
5 and Crowding in the Emergency Department Act of 2025”
6 or the “ABC-ED Act of 2025”.

1 **SEC. 2. ALLOWING PUBLIC HEALTH DATA MODERNIZATION**
2 **GRANTS TO BE USED TO TRACK HOSPITAL**
3 **BED CAPACITY.**

4 Section 2823(a)(1) of the Public Health Service Act
5 (42 U.S.C. 300hh–33(a)(1)) is amended—

6 (1) in subparagraph (A), by striking “and” at
7 the end;

8 (2) in subparagraph (B)(viii), by striking the
9 period at the end and inserting “; and”; and

10 (3) by adding at the end the following:

11 “(C) award grants or cooperative agree-
12 ments to appropriate entities for the expansion
13 and modernization of public health data sys-
14 tems by—

15 “(i) developing State- or region-wide,
16 real-time (or near real-time), accurate, and
17 scalable systems for tracking—

18 “(I) hospital bed capacity; and

19 “(II) how such capacity affects
20 emergency department boarding rates,
21 wait times for treatment in emergency
22 departments, and the amount of time
23 emergency medical services personnel
24 are waiting in emergency departments
25 to offload patients; and

1 “(ii) establishing or maintaining a
2 public-facing dashboard of the information
3 tracked pursuant to systems described in
4 clause (i), with such information redacted
5 in accordance with applicable privacy
6 laws.”.

7 **SEC. 3. CENTER FOR MEDICARE AND MEDICAID INNOVA-**
8 **TION PILOT PROGRAM.**

9 Section 1115A(b)(2) of the Social Security Act (42
10 U.S.C. 1315a(b)(2)) is amended—

11 (1) in subparagraph (A), in the third sentence,
12 by inserting “, and shall include the models de-
13 scribed in clauses (xxviii) and (xxix) of such sub-
14 paragraph” before the period at the end; and

15 (2) in subparagraph (B), by adding at the end
16 the following new clauses:

17 “(xxviii) Promoting research-based
18 ways to facilitate improved emergency care
19 for applicable individuals who are older
20 adults, including through—

21 “(I) sufficient, flexible, and inter-
22 disciplinary staffing and education of
23 staff at emergency departments;

1 “(II) changes to the physical in-
2 frastructure of emergency depart-
3 ments;

4 “(III) introducing geriatric-fo-
5 cused policies, protocols, and quality
6 improvement metrics; and

7 “(IV) improving coordination be-
8 tween emergency departments and
9 post-acute care facilities (including
10 senior care facilities such as skilled
11 nursing facilities, assisted living facili-
12 ties, and independent living facilities)
13 with respect to such individuals, which
14 may include the mutual, bidirectional
15 exchange of medical information and
16 improvements to the transfer process.

17 “(xxix) Promoting research-based
18 ways to facilitate improved emergency care
19 for applicable individuals experiencing
20 acute psychiatric crisis, including by—

21 “(I) implementing dedicated
22 units at emergency departments to
23 provide emergency care to such indi-
24 viduals; and

1 “(II) improving transfers be-
2 tween emergency departments and
3 post-acute care facilities for such indi-
4 viduals, which may include expedited
5 placement at such facilities.”.

6 **SEC. 4. STUDY ON BEST PRACTICES FOR PUBLIC HEALTH**
7 **DATA SYSTEMS FOR TRACKING HOSPITAL CA-**
8 **PACITY.**

9 (a) IN GENERAL.—The Comptroller General of the
10 United States shall conduct a study—

11 (1) to determine best practices for the develop-
12 ment and maintenance of public health data systems
13 for tracking hospital capacity (including such sys-
14 tems supported pursuant to section 2823(a)(1) of
15 the Public Health Service Act, as amended by sec-
16 tion 2) to ensure that such tracking—

17 (A) is State- or region-wide, real-time (or
18 near real-time), accurate, and scalable;

19 (B) includes tracking of hospital capacity
20 with respect to emergency departments, adult
21 and pediatric intensive care units, inpatient
22 psychiatric services, skilled nursing facilities,
23 and other appropriate types of facilities and
24 services; and

1 (C) is seamlessly and directly integrated
2 with relevant hospital electronic medical records
3 systems; and

4 (2) to assess how implementation of such public
5 health data systems for tracking hospital capacity
6 affects—

7 (A) emergency department boarding rates
8 as determined using quality measures and other
9 metrics that are established and utilized by the
10 Centers for Medicare and Medicaid Services
11 and others accreditation entities;

12 (B) wait times for treatment and discharge
13 in emergency departments; and

14 (C) the amount of time emergency medical
15 services personnel are waiting in emergency de-
16 partments to offload patients.

17 (b) REPORT TO CONGRESS.—Not later than 1 year
18 after the date of enactment of this Act, the Comptroller
19 General shall—

20 (1) complete the study under subsection (a);
21 and

22 (2) submit to the Congress a report on the re-
23 sults of such study.

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