119TH CONGRESS	\mathbf{C}	
1st Session	5.	
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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 SENATE OF THE UNITED STATES

Mr. Coons (for himself, Mr. McCormick, Mr. Tillis, Mr. King, Mr. Mullin, and Ms. Blunt Rochester) introduced the following bill; which was read twice and referred to the Committee on

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	(Π) 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 & Medicaid Services and
11	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 Congress a report on the results
23	of such study.