

SUPPORT THE ADDRESSING BOARDING AND CROWDING IN THE EMERGENCY DEPARTMENT (ABC-ED) ACT

THE CRISIS:

Emergency department (ED) **“boarding”**—a decades-long problem—has become a national public health crisis. Boarding occurs when patients are held in the ED after being admitted to the hospital due to a **lack of available inpatient beds or transfer options**. This gridlock delays care, worsens outcomes, and overwhelms emergency systems.

THE IMPACT:

Despite their best efforts, emergency physicians and nurses are trapped in a system where the barriers to movement lie outside their control:

- ED beds remain full, delaying care for newly incoming patients—patients sick enough for an ICU bed can wait for hours in a waiting room chair as even hallway stretchers are taken up by other boarding patients.
- ED care teams become impossibly strained, caring alone for 10 or more patients at times, and facing mounting desperation from patients and families.
- Ambulance crews are forced to wait to hand off patients, delaying emergency response for entire communities.
- Increased mortality, medical errors, ambulance diversion, violent incidents, and higher overall costs are [the result](#).

These effects are not limited to any one patient population:

- Behavioral health patients face delays due to limited access to mental health providers and resources in their communities.
- Pediatric patients experiencing mental health crises are especially vulnerable, often boarding for days or weeks (or even longer) due to the severe shortage of pediatric psychiatric beds across our nation.
- Older individuals are often stuck due to capacity issues in nursing homes and other long-term care facilities, or lengthy and overly-burdensome insurance company prior authorization requirements.

THE CAUSE:

Staffing shortages have brought this issue to a crisis point, with emergency physicians and nurses leaving the workforce at unprecedented rates, citing burnout and moral distress caused by unsafe working conditions and the constant strain of crowding. Hospital financial incentives often discourage maintaining unused capacity, leaving no margin for surges in patient volume.

This leaves us incredibly vulnerable to any mass casualty event or disease outbreak, creating significant national security risks. **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.

BOARDING MORE THAN 4 HOURS IS IDENTIFIED AS A SAFETY RISK. ACEP MEMBERS REPORT:

97% REPORTED
BOARDING TIME
OVER 24 HOURS



33% SAW PATIENTS
BOARDED MORE
THAN ONE WEEK



28% REPORTED CASES
OF MORE THAN
TWO WEEKS



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THE SOLUTION:

Introduced by **Reps. John Joyce, MD (R-PA)** and **Debbie Dingell (D-MI)**, the bipartisan ABC-ED Act will help ensure more efficient use of health care resources, relieve pressures on strained emergency departments, and most importantly, improve patient outcomes by:



Modernizing Infrastructure: Expand real-time statewide and regional hospital bed tracking systems using existing federal grants.



Innovating Care Models: Authorize the CMS Innovation Center to pilot improved care transitions for older adults and patients with acute psychiatric needs.



Improving Accountability: Direct GAO to study best practices in hospital capacity tracking and their impact on boarding and emergency delays.

HOW CAN CONGRESS HELP?

ACEP urges legislators to cosponsor the “Addressing Boarding and Crowding in the Emergency Department Act,” or ABC-ED Act, (H.R. 2936) to help alleviate the ED boarding crisis and support efforts to build a more resilient, transparent, and coordinated emergency care system.

THE U.S. BOARDING CRISIS PUTS PATIENT CARE AT RISK



43%

would delay or avoid emergency care if they knew they could face a long wait before being admitted or transferred.



44%

have prolonged waits after initially receiving care in the ED.

16%

waited 13 or more hours.



93%

agree that emergency medical services are essential.



89%

believe additional government funding for emergency departments and emergency medical services should be a priority.

Data from an October 2023 poll by ACEP/Morning Consult.