

January 21, 2026

Dr. Brooke Cunningham, Commissioner
Minnesota Department of Health
625 Robert Street North
St. Paul, MN 55164

Re: Support for increased bed capacity in the East Metro (Public Interest Review)

Cc: Stefan Gildemeister, Director, Health Economics Program (Public Interest Review)

Dear Commissioner Cunningham:

On behalf of the Minnesota Chapter of the American College of Emergency Physicians (MN ACEP), we write in support of increasing bed capacity for legislative approval, currently under review through MDH's Public Interest Review (PIR) process.

MN ACEP represents emergency physicians practicing in urban, suburban, and rural emergency departments across Minnesota. Our members are on the front line of the state's emergency care system, and we experience daily how inpatient capacity constraints drive emergency department (ED) crowding, prolonged boarding of admitted patients, and delayed access to definitive inpatient care. These system pressures are not abstract operational concerns; they directly affect patient safety, quality of care, and the ability of emergency medical services (EMS) to remain available in the community.

Minnesota continues to face sustained and intensifying constraints in inpatient capacity that manifest in the ED as prolonged boarding, delayed admissions, and transfer bottlenecks. From the emergency medicine perspective, these trends are particularly concerning because the ED's ability to deliver timely emergency care depends on reliable inpatient throughput—especially at a tertiary center receiving high-acuity referrals and time-sensitive transfers. When EDs are full, patients lose access to emergency care, yet it's a core tenet of our mission as Emergency Physicians to provide timely, accessible care.

There are significant indicators of strain on our statewide health care system, including persistently high occupancy, increasing boarding burden, and frequent inability to immediately place accepted patients into beds. These constraints can delay transfer of specialty patients, prolong ED length of stay for admitted patients, and create downstream effects such as ambulance offload delays and ED crowding, all of which can compromise timely evaluation and treatment for new arrivals.

The broader clinical literature and national patient safety organizations have repeatedly recognized that ED boarding and crowding are associated with patient harm and poor-quality care, particularly when admitted patients remain in the ED for extended periods due to unavailable inpatient beds. From MN ACEP's standpoint, adding inpatient capacity is a direct and appropriate strategy to address a core driver of ED boarding—lack of staffed inpatient beds—while improving surge capacity for seasonal illness spikes and other emergencies.

CHAPTER MAILING ADDRESS

PO Box 104302
9718 Route B
Jefferson City, MO 65110

Phone: 573-636-2144

OFFICERS

Paul Allegra, MD, FACEP
President

Benjamin Knutson, MD, FACEP
President-Elect

Amy O'Neil, MD
Secretary/Treasurer

Matthew Herold, MD, FACEP
Immediate Past President

BOARD MEMBERS

Anneliese Cuttle, MD
Heather Heaton, MD, FACEP
Kurt Isenberger, MD, FACEP
Erin Karl, MD
Donald Lum, MD, FACEP
David Nestler, MD, FACEP
Tophier Obetz, MD
Lisa Roazen, MD, FACEP
Rob Thomas, MD
Emily Wagner, MD
Drew Zinkel, MD, FACEP

RESIDENT BOARD MEMBERS

Lisa Viltz, MD – Mayo
Nicole Lund, MD – Hennepin
County
Alex Laughlin, DO, Regions

EXECUTIVE DIRECTOR

Sarah Luebbert, APR

For these reasons, MN ACEP supports a finding that proposed bed expansion is in the public interest, and we encourage MDH to reflect the emergency care and EMS impacts of inpatient capacity constraints in its PIR analysis.

MN ACEP appreciates the opportunity to provide comment and would be pleased to serve as a resource regarding emergency department operations, boarding, and emergency system impacts as MDH completes its review.

Sincerely,

Paul Allegra, MD, FACEP
President
Minnesota Chapter, American College of Emergency Physicians