

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL NO. 1

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “Busch and Hurson” and substitute “Busch, Hurson, Benson, Boutin, Bromwell, Costa, Donoghue, Goldwater, Hammen, Haynes, Hubbard, Mandel, Morhaim, Murray, Nathan-Pulliam, Oaks, Pendergrass, Rosenberg, Rudolph, V. Turner, and Weldon”; in line 2, strike “System Funding Act” and substitute “and Emergency Medical Response System - Funding and Structure”; in line 5, after “criteria” insert “and parameters”; strike beginning with the second “certain” in line 6 down through “reimbursement” in line 7 and substitute “physicians or facilities seeking reimbursement from the Fund to apply”; in line 7, after the semicolon insert “requiring the Maryland Health Care Commission and the Health Services Cost Review Commission to adopt regulations that specify certain information physicians and trauma centers must submit to receive money from the Fund; stating the intent of the General Assembly that trauma physicians and trauma centers cooperate with the Maryland Health Care Commission and the Health Services Cost Review Commission;”; strike beginning with “requiring” in line 12 down through “policyholders” in line 14 and substitute “requiring certain applicants for certain drivers’ licenses and certain licensees renewing certain drivers’ licenses to pay to the Motor Vehicle Administration, in addition to certain required fees, a surcharge in a certain amount; requiring certain moneys to be paid into the Fund in a certain manner and at certain intervals; altering certain findings of the General Assembly; altering the purpose, composition, and duties of a certain Panel established to study the potential funding needs of certain trauma centers; requiring the Panel to study, and make recommendations about, the structure and funding of the State’s emergency medical response system; requiring the Panel to submit certain reports to the Governor and certain committees of the General Assembly on or before certain dates; providing for the termination of the Panel; providing for the termination of certain provisions of this Act”; in line 14, strike “a”; in the same line, strike “term” and substitute “terms”; in line 15, strike “and” and substitute a comma; in the same line, after “services” insert “, and the State’s emergency medical response system”; strike in their entirety lines 16 through 20, inclusive; and after line 25, insert:

(Over)

“BY adding to

Article - Health - General

Section 19-130

Annotated Code of Maryland

(2000 Replacement Volume and 2002 Supplement)”.

AMENDMENT NO. 2

On pages 1 and 2, strike in their entirety the lines beginning with line 26 on page 1 through line 1 on page 2, inclusive, and substitute:

“BY repealing and reenacting, without amendments,

Article - Transportation

Section 16-111.2(a) and (b)

Annotated Code of Maryland

(2002 Replacement Volume)

BY adding to

Article - Transportation

Section 16-111.2(g)

Annotated Code of Maryland

(2002 Replacement Volume)

BY repealing and reenacting, with amendments,

Article - Transportation

Section 16-818

Annotated Code of Maryland

(2002 Replacement Volume)

BY repealing and reenacting, with amendments,

Chapter 33 of the Acts of the General Assembly of 2001

Section 2 and 4”.

AMENDMENT NO. 3

On page 3, strike in their entirety lines 18 and 19 and substitute:

“(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “FUND” MEANS THE MARYLAND TRAUMA PHYSICIAN SERVICES FUND.

(3) (I) “TRAUMA CENTER” MEANS A FACILITY DESIGNATED BY THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS AS:

1. THE STATE PRIMARY ADULT RESOURCE CENTER;
2. A LEVEL I TRAUMA CENTER;
3. A LEVEL II TRAUMA CENTER;
4. A LEVEL III TRAUMA CENTER; OR
5. A PEDIATRIC TRAUMA CENTER.

(II) “TRAUMA CENTER” INCLUDES AN OUT-OF-STATE PEDIATRIC TRAUMA CENTER THAT HAS ENTERED INTO AN AGREEMENT WITH THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS.

(4) “TRAUMA PHYSICIAN” MEANS A TRAUMA SURGEON, AN ORTHOPEDIC SURGEON, A NEUROSURGEON, AN INTENSIVE CARE UNIT PHYSICIAN, AN ANESTHESIOLOGIST, OR AN EMERGENCY PHYSICIAN WHO PROVIDES CARE IN A TRAUMA CENTER TO TRAUMA PATIENTS ON THE STATE TRAUMA REGISTRY.

(5) “UNCOMPENSATED CARE” MEANS CARE PROVIDED BY A TRAUMA PHYSICIAN TO A TRAUMA PATIENT ON THE STATE TRAUMA REGISTRY WHO:

(I) HAS NO HEALTH INSURANCE, INCLUDING MEDICARE PART B COVERAGE;

(II) IS NOT ELIGIBLE FOR MEDICAL ASSISTANCE COVERAGE;

AND

(Over)

(III) HAS NOT PAID THE TRAUMA PHYSICIAN FOR CARE PROVIDED BY THE TRAUMA PHYSICIAN, AFTER DOCUMENTED ATTEMPTS BY THE TRAUMA PHYSICIAN TO COLLECT PAYMENT.”;

strike beginning with “COSTS” in line 22 down through “CENTER” in line 29 and substitute “COSTS:”

(I) OF UNCOMPENSATED CARE INCURRED BY A TRAUMA PHYSICIAN IN PROVIDING TRAUMA CARE TO A TRAUMA PATIENT ON THE STATE TRAUMA REGISTRY;

(II) OF UNDER-COMPENSATED CARE INCURRED BY A TRAUMA PHYSICIAN IN PROVIDING TRAUMA CARE TO AN ENROLLEE OF THE MARYLAND MEDICAL ASSISTANCE PROGRAM WHO IS A TRAUMA PATIENT ON THE STATE TRAUMA REGISTRY;

(III) INCURRED BY A TRAUMA CENTER TO MAINTAIN TRAUMA PHYSICIANS ON-CALL AS REQUIRED BY THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS; AND

(IV) INCURRED BY THE COMMISSION AND THE HEALTH SERVICES COST REVIEW COMMISSION TO ADMINISTER THE FUND AND AUDIT REIMBURSEMENT REQUESTS TO ASSURE APPROPRIATE PAYMENTS ARE MADE FROM THE FUND”;

before line 30, insert:

“(3) THE COMMISSION AND THE HEALTH SERVICES COST REVIEW COMMISSION SHALL ADMINISTER THE FUND.”;

in lines 30 and 32, strike “(3)” and “(4)”, respectively, and substitute “(4)” and “(5)”, respectively; in line 30, strike “CONTINUING” and substitute “SPECIAL”; in the same line, strike “WHICH” and substitute “THAT”; in line 32, after “INTEREST” insert “ON”; and in the same line, strike “EARNINGS ON” and substitute “OTHER INCOME FROM”.

AMENDMENT NO. 4

On page 4, strike beginning with “MOTOR” in line 1 down through “ARTICLE” in line 3 and substitute “DRIVER LICENSING SURCHARGES COLLECTED IN ACCORDANCE WITH §§ 16-111.2(G) AND 16-818(D) OF THE TRANSPORTATION ARTICLE”; in line 4, strike “EXPENDITURES” and substitute “DISBURSEMENTS”; in line 7, strike “UNCOMPENSATED CARE”; in the same line, after “BY” insert “TRAUMA”; in the same line, strike “WHO” and substitute “AND TRAUMA CENTERS THAT”; in line 11, strike “PHYSICIAN”; in line 12, after “PROVIDED” insert “BY TRAUMA PHYSICIANS”; after line 12, insert:

“(II) THE AMOUNT OF UNDER-COMPENSATED CARE ATTRIBUTABLE TO THE TREATMENT OF MEDICAID ENROLLEES IN TRAUMA CENTERS;

“(III) THE COST OF MAINTAINING TRAUMA PHYSICIANS ON-CALL;”;

in lines 13, 14, and 15, strike “(II)”, “(III)”, and “(IV)”, respectively, and substitute “(IV)”, “(V)”, and “(VI)”, respectively; in lines 13 and 14, in each instance, after “SERVED” insert “BY TRAUMA PHYSICIANS IN TRAUMA CENTERS”; in line 15, strike “PHYSICIAN UNCOMPENSATED CARE” and substitute “TRAUMA-RELATED”; after line 17, insert:

“(3) THE METHODOLOGY DEVELOPED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL USE THE FOLLOWING PARAMETERS TO DETERMINE THE AMOUNT OF REIMBURSEMENT MADE TO TRAUMA PHYSICIANS AND TRAUMA CENTERS FROM THE FUND:

“(I) THE COST INCURRED BY A TRAUMA CENTER TO MAINTAIN TRAUMA PHYSICIANS ON-CALL SHALL BE REIMBURSED:

1. AT A RATE OF 20% OF THE REASONABLE COST EQUIVALENTS HOURLY RATE FOR THE SPECIALTY, INFLATED TO THE CURRENT YEAR BY THE PHYSICIAN COMPENSATION COMPONENT OF THE MEDICARE

(Over)

ECONOMIC INDEX AS DESIGNATED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES, MULTIPLIED BY 8,760 HOURS; AND

2. FOR THE MINIMUM NUMBER OF TRAUMA PHYSICIANS REQUIRED TO BE ON-CALL, AS SPECIFIED BY THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS IN ITS CRITERIA FOR LEVEL 2 AND LEVEL 3 TRAUMA CENTERS;

(II) THE COST OF UNDER-COMPENSATED CARE INCURRED BY A TRAUMA PHYSICIAN IN PROVIDING TRAUMA CARE TO ENROLLEES OF THE MARYLAND MEDICAL ASSISTANCE PROGRAM WHO ARE TRAUMA PATIENTS ON THE STATE TRAUMA REGISTRY SHALL BE REIMBURSED AT A RATE OF 100% OF THE MEDICARE PAYMENT FOR THE SERVICE, MINUS ANY AMOUNT PAID BY THE MARYLAND MEDICAL ASSISTANCE PROGRAM;

(III) THE COST OF UNCOMPENSATED CARE INCURRED BY A TRAUMA PHYSICIAN IN PROVIDING TRAUMA CARE TO TRAUMA PATIENTS ON THE STATE TRAUMA REGISTRY SHALL BE REIMBURSED AT A RATE OF 100% OF THE MEDICARE PAYMENT FOR THE SERVICE, MINUS ANY RECOVERIES MADE BY THE TRAUMA PHYSICIAN FOR THE CARE; AND

(IV) THE TOTAL REIMBURSEMENT TO EMERGENCY PHYSICIANS FROM THE FUND MAY NOT EXCEED \$250,000 ANNUALLY.”;

in line 18, strike “(3)” and substitute “(4)”; in the same line, after “A” insert “TRAUMA”; and in the same line, after “PHYSICIAN” insert “, OR A TRAUMA CENTER IN THE CASE OF ON-CALL COSTS,”.

AMENDMENT NO. 5

On page 4, in lines 5, 19 and 20, and 21, in each instance, strike “MARYLAND HEALTH CARE”; after line 20, insert:

“(5) (I) THE COMMISSION AND THE HEALTH SERVICES COST REVIEW COMMISSION SHALL ADOPT REGULATIONS THAT SPECIFY THE INFORMATION THAT TRAUMA PHYSICIANS AND TRAUMA CENTERS MUST SUBMIT

TO RECEIVE MONEY FROM THE FUND.

(II) THE INFORMATION REQUIRED SHALL INCLUDE:

1. THE NAME AND FEDERAL TAX IDENTIFICATION NUMBER OF THE TRAUMA PHYSICIAN RENDERING THE SERVICE;

2. THE DATE OF THE SERVICE;

3. APPROPRIATE CODES DESCRIBING THE SERVICE;

4. ANY AMOUNT RECOVERED FOR THE SERVICE RENDERED;

5. THE NAME OF THE TRAUMA PATIENT;

6. THE PATIENT'S TRAUMA REGISTRY NUMBER; AND

7. ANY OTHER INFORMATION THE COMMISSION AND THE HEALTH SERVICES COST REVIEW COMMISSION DEEM NECESSARY TO DISBURSE MONEY FROM THE FUND.

(III) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT TRAUMA PHYSICIANS AND TRAUMA CENTERS SHALL COOPERATE WITH THE COMMISSION AND THE HEALTH SERVICES COST REVIEW COMMISSION BY PROVIDING INFORMATION REQUIRED UNDER THIS PARAGRAPH IN A TIMELY AND COMPLETE MANNER.”;

in line 22, after “ASSEMBLY” insert a comma; in line 23, after “ARTICLE” insert “, ON”; in line 25, strike “ELIGIBLE” and substitute “TRAUMA”; in the same line, after “PHYSICIANS” insert “AND TRAUMA CENTERS”; in line 26, after the second “OF” insert “TRAUMA”; in the same line, after “PHYSICIAN” insert “AND TRAUMA CENTER”; in line 27, strike “AND”; in line 29, strike “PHYSICIAN UNCOMPENSATED CARE COSTS” and substitute “PHYSICIANS AND”

(Over)

TRAUMA CENTERS"; and in the same line, after "REIMBURSED" insert "FROM THE FUND;
AND

(5) THE COSTS INCURRED IN ADMINISTERING THE FUND".

AMENDMENT NO. 6

On page 5, strike in their entirety lines 23 through 35, inclusive, and substitute:

"Article - Transportation

16-111.2.

(a) (1) When an applicant applies for an initial driver's license or for a class of driver's license other than that which the applicant currently holds, the applicant shall pay the Administration a license fee established by the Administration. This fee covers issuance of a learner's instructional permit and, if the applicant qualifies before the learner's instructional permit expires, issuance of a driver's license or provisional license.

(2) If a learner's instructional permit is not required, the applicant shall pay the Administration, when the driver's license is issued, a license fee established by the Administration.

(b) For the renewal of a noncommercial Class A, B, C, D, E, or M driver's license, a licensee shall pay the Administration a renewal fee established by the Administration.

(G) (1) IN ADDITION TO THE FEES REQUIRED UNDER SUBSECTIONS (A) AND (B) OF THIS SECTION, AN APPLICANT OR LICENSEE SHALL PAY THE ADMINISTRATION A SURCHARGE OF \$10 FOR THE ISSUANCE OR RENEWAL OF A LICENSE.

(2) ALL MONEYS COLLECTED UNDER THIS SUBSECTION SHALL BE PAID INTO THE MARYLAND TRAUMA PHYSICIAN SERVICES FUND ESTABLISHED UNDER § 19-130 OF THE HEALTH - GENERAL ARTICLE IN A MANNER AND AT INTERVALS DETERMINED BY THE MARYLAND HEALTH CARE COMMISSION, THE HEALTH SERVICES COST REVIEW COMMISSION, AND THE ADMINISTRATION.

16-818.

(a) An applicant for a commercial driver's license shall pay the Administration the following fees established by the Administration:

(1) Upon application for a new commercial driver's license or a commercial driver's license of a class other than that which the applicant holds:

(i) The base license fee if a commercial driver's instructional permit is required or an amount established by the Administration if an instructional permit is not required;

(ii) A commercial driver's license fee; and

(iii) The applicable fees listed in subsection (b) of this section;

(2) For the renewal of any class of commercial driver's license:

(i) A renewal fee;

(ii) A commercial driver's license fee; and

(iii) The applicable fees listed in subsection (b) of this section;

(3) For the conversion of a Maryland Class A, B, C, or D driver's license to a commercial driver's license:

(i) A renewal fee;

(ii) A commercial driver's license fee; and

(iii) The applicable fees listed in subsection (b) of this section; and

(4) For issuance of a duplicate or corrected commercial driver's license, a duplicate or corrected driver's license fee.

(Over)

(b) In addition to the fees required by subsection (a) of this section, the applicant shall pay the Administration a fee established by the Administration for a required skills test or for a skills retest.

(c) [Fees] EXCEPT AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, FEES collected under this section:

(1) Shall be deposited in the Transportation Trust Fund; and

(2) Are not subject to the provisions of Title 8, Subtitle 4 of this article on the disposition of highway user revenues.

(D) (1) IN ADDITION TO THE FEES REQUIRED UNDER SUBSECTION (A)(1), (2), AND (3) OF THIS SECTION, AN APPLICANT OR LICENSEE SHALL PAY THE ADMINISTRATION A SURCHARGE OF \$10 FOR THE ISSUANCE OR RENEWAL OF A COMMERCIAL DRIVER'S LICENSE OR THE CONVERSION OF A MARYLAND CLASS A, B, C, OR D DRIVER'S LICENSE TO A COMMERCIAL DRIVER'S LICENSE.

(2) ALL MONEYS COLLECTED UNDER THIS SUBSECTION SHALL BE PAID INTO THE MARYLAND TRAUMA PHYSICIAN SERVICES FUND ESTABLISHED UNDER § 19-130 OF THE HEALTH - GENERAL ARTICLE IN A MANNER AND AT INTERVALS DETERMINED BY THE MARYLAND HEALTH CARE COMMISSION, THE HEALTH SERVICES COST REVIEW COMMISSION, AND THE ADMINISTRATION."

AMENDMENT NO. 7

On page 5, after line 35, insert:

“SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Chapter 33 of the Acts of 2001

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) The General Assembly finds that:

[1.] (1) the State of Maryland has been a national pioneer in the development of emergency medical services, and has developed one of the premier emergency medical services systems in the world through the cooperation of prehospital care providers, including police department personnel and volunteer and career firefighters and emergency medical service providers, hospital administrators, physicians, nurses, government officials, and other emergency personnel;

[2.] (2) a necessary component of Maryland's Emergency Medical Services System is the network of regional trauma centers that participate in the system but do not receive funding under the Emergency Medical System Operations Fund (EMSOF); and

(3) DESPITE THE STATE'S HISTORICALLY STRONG SUPPORT FOR EMERGENCY MEDICAL SERVICES, FUNDING FOR MARYLAND'S EMERGENCY MEDICAL RESPONSE SYSTEM IS FRAGMENTED, AND THERE IS NO SYSTEMATIC METHOD FOR ASSESSING NEEDS AND DETERMINING PRIORITIES.

[3. while other components of the State's Emergency Medical Services System have been studied by the General Assembly in the past, the General Assembly has not studied the potential funding needs of the network of trauma centers participating in the State's Emergency Medical Services System that do not receive funding under EMSOF.

(b) It is the intent of the General Assembly to establish a Panel to study the potential funding needs of the network of trauma centers participating in the State's Emergency Medical Services System that do not receive funding under EMSOF.

(c) (B) There is a Panel to study AND MAKE RECOMMENDATIONS ABOUT the [potential funding needs] STRUCTURE AND FUNDING of THE STATE'S EMERGENCY MEDICAL RESPONSE SYSTEM [the network of trauma centers participating in the State's Emergency Medical Services System that do not receive funding under EMSOF].

[(d)] (C) The Panel shall consist of the following [15] members:

(Over)

[1.] (1) three members of the Senate, appointed by the President of the Senate as follows:

(i) one member from the Budget and Taxation Committee;

(ii) one member from the Finance Committee; and

(iii) one member from the Judicial Proceedings Committee;

[2.] (2) three members of the House of Delegates, appointed by the Speaker of the House as follows:

(i) one member from the Appropriations Committee;

(ii) one member from the [Commerce and Government] ECONOMIC Matters Committee; and

(iii) one member from the [Environmental Matters] HEALTH AND GOVERNMENT OPERATIONS Committee;

[3.] (3) the Secretary of the Department of Budget and Management, or the Secretary's designee;

[4.] (4) the Secretary of the Department of Health and Mental Hygiene, or the Secretary's designee;

[5.] (5) the Executive Director of the Maryland Institute of Emergency Medical Services System, or the Executive Director's designee;

[6.] (6) the Chairperson of the Emergency Medical Services Board, or the Chairperson's designee; [and]

(7) THE COMMANDER OF THE MARYLAND STATE POLICE AVIATION DIVISION, OR THE COMMANDER'S DESIGNEE; AND

[7. five members of the general public who do not have an interest in the State's Emergency Medical Services System, appointed as follows:

- (i) one by the Governor;
- (ii) two by the President of the Senate; and
- (iii) two by the Speaker of the House of Delegates.]

(8) THE FOLLOWING MEMBERS, APPOINTED JOINTLY BY THE PRESIDENT OF THE SENATE AND THE SPEAKER OF THE HOUSE OF DELEGATES:

(I) SIX MEMBERS OF THE MARYLAND STATE FIREMEN'S ASSOCIATION, AS FOLLOWS:

- 1. ONE FROM WESTERN MARYLAND;
- 2. ONE FROM THE EASTERN SHORE;
- 3. ONE FROM SOUTHERN MARYLAND;
- 4. ONE FROM THE BALTIMORE-WASHINGTON METROPOLITAN AREA;
- 5. ONE PARAMEDIC OR EMERGENCY MEDICAL TECHNICIAN I;
- 6. ONE EMERGENCY MEDICAL TECHNICIAN;

(II) ONE MEMBER FROM METRO CHIEFS;

(III) ONE MEMBER WHO REPRESENTS THE MARYLAND FIRE CHIEFS ASSOCIATION;

(IV) ONE MEMBER WHO REPRESENTS THE MARYLAND PROFESSIONAL FIREFIGHTERS ASSOCIATION;

(V) ONE MEMBER WHO REPRESENTS THE MARYLAND HOSPITAL ASSOCIATION;

(VI) ONE MEMBER WHO REPRESENTS THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS;

(VII) ONE MEMBER WHO REPRESENTS A PRIVATE HELICOPTER SERVICE THAT PERFORMS EMERGENCY MEDICAL TRANSPORTS; AND

(VIII) TWO MEMBERS OF THE GENERAL PUBLIC, ONE OF WHOM SHALL BE A RESIDENT OF A RURAL AREA OF THE STATE, AND ONE OF WHOM SHALL BE A RESIDENT OF AN URBAN AREA OF THE STATE.

[(e)] (D) The President of the Senate and the Speaker of the House jointly shall appoint co-chairs from among the Senate and the House members appointed to the Panel.

[(f)] (E) The Panel shall be staffed by the Department of Legislative Services, in consultation with the Maryland Health Services Cost Review Commission, [and] the Maryland Health Care Commission, AND THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEM.

[(g)] In conducting its study of the potential funding needs of the network of trauma centers participating in the State's Emergency Medical Services System that do not receive funding under EMSOF, the Panel shall:

(i) examine the costs associated with the operation of adult and pediatric trauma centers, each of the level I through level III trauma centers, and any other trauma centers that participate in the State's Emergency Medical Services System;

(ii) evaluate the amount, extent, source, and contributing factors of any financial gain or loss attributable to each of the State's designated trauma centers that are not already

recovered under the hospital rate setting system under the Health Services Cost Review Commission;
and

(iii) consider potential funding sources or other approaches to address any funding needs identified by the study.]

(F) IN CONDUCTING ITS STUDY OF, AND MAKING RECOMMENDATIONS ABOUT, THE STRUCTURE AND FUNDING OF THE STATE'S EMERGENCY MEDICAL RESPONSE SYSTEM, THE PANEL SHALL REVIEW:

- (1) THE CURRENT AND PROJECTED FUND BALANCES IN THE EMSOF;
- (2) CURRENT PLANNING EFFORTS FOR THE USE OF FUNDS IN THE EMSOF;
- (3) THE LONG-TERM OPERATING AND CAPITAL NEEDS FOR LEVEL I, II, AND III TRAUMA CENTERS IN THE STATE;
- (4) THE FUNDING NEEDS OF FIRST RESPONDERS, FIREFIGHTERS, AND EMERGENCY MEDICAL PERSONNEL;
- (5) INCENTIVES FOR ILLNESS PREVENTION, INJURY REDUCTION, AND APPROPRIATE USE OF THE TRAUMA SYSTEM;
- (6) THE ABILITY OF CURRENT FUNDING MECHANISMS TO MEET THE NEEDS OF THE EMERGENCY MEDICAL RESPONSE SYSTEM;
- (7) THE AVAILABILITY OF FEDERAL FUNDS FOR HOMELAND SECURITY AND BIOTERRORISM RESPONSE AND THE ABILITY OF THOSE FUNDS TO MEET EMERGENCY MEDICAL RESPONSE SYSTEM NEEDS;
- (8) OVERSIGHT AND ACCOUNTABILITY FOR USE OF FUNDS IN THE EMSOF;

(Over)

(9) METHODS USED BY OTHER STATES TO MEET THEIR EMERGENCY MEDICAL RESPONSE NEEDS;

(10) THE CURRENT USE OF THE MARYLAND STATE POLICE MEDEVAC HELICOPTERS, AND THE POTENTIAL FOR THE USE OF PRIVATE HELICOPTER COMPANIES, FOR EMERGENCY MEDICAL RESPONSE; AND

(11) PLANS TO FINANCE THE REPLACEMENT OF THE MARYLAND STATE POLICE MEDEVAC HELICOPTERS.

[(h)] (G) To enable Panel members to understand the frame of reference of the State's Emergency Medical [Services] RESPONSE System and its related entities, the Panel shall be briefed on any studies AND LEGISLATIVE AUDITS of the components of the Emergency Medical [Services] RESPONSE System conducted in the past 4 years.

[(i)] (H) [1.] (1) The Panel shall submit reports in accordance with paragraph [2] (2) of this subsection on its findings and recommendations to the Governor and, in accordance with § 2-1246 of the State Government Article, to the Senate Budget and Taxation Committee, Finance Committee, and Judicial Proceedings Committee, and the House Appropriations Committee, [Commerce and Government Matters] HEALTH AND GOVERNMENT OPERATIONS Committee, and [Environmental] ECONOMIC Matters Committee.

[2.] (2) The Panel shall submit an interim report on or before January 1, 2002 and a final report on or before December 1, 2002.

SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2001. SECTION 2 OF THIS ACT SHALL REMAIN EFFECTIVE FOR A PERIOD OF 3 YEARS AND 6 MONTHS AND, AT THE END OF DECEMBER 31, 2004, WITH NO FURTHER ACTION REQUIRED BY THE GENERAL ASSEMBLY, SECTION 2 OF THIS ACT SHALL BE ABROGATED AND OF NO FURTHER FORCE AND EFFECT.

SECTION 3. AND BE IT FURTHER ENACTED, That:

(a) The Panel established under Chapter 33 of the Acts of the General Assembly of 2001,

as amended by Section 2 of this Act, shall submit reports in accordance with subsection (b) of this section on its findings and recommendations made under Chapter 33, as amended by Section 2 of this Act, to the Governor and, in accordance with § 2-1246 of the State Government Article to the Senate Budget and Taxation Committee, Finance Committee, and Judicial Proceedings Committee, and the House Appropriations Committee, Health and Government Operations Committee, and Economic Matters Committee.

(b) The Panel shall submit an interim report on or before December 31, 2003, and a final report on or before December 1, 2004.”.

On page 6, in line 1, strike “2.” and substitute “4.”; and in line 2, after the period insert “Section 3 of this Act shall remain effective for a period of 1 year and 6 months and, at the end of December 31, 2004, with no further action required by the General Assembly, Section 3 of this Act shall be abrogated and of no further force and effect.”.