By: Senator Guzzone

Introduced and read first time: February 2, 2024 Assigned to: Budget and Taxation

Committee Report: Favorable with amendments Committee amendments withdrawn, March 2, 2024 Senate action: Adopted with substitute committee amendments, March 2, 2024 Read second time: March 2, 2024

CHAPTER _____

1 AN ACT concerning

2 Vehicle Registration – Emergency Medical System Surcharge – Increase and 3 Distribution of Funds 4 Emergency Services – Funding

 $\mathbf{5}$ FOR the purpose of increasing the motor vehicle registration emergency medical system 6 surcharge for certain motor vehicles; providing for the distribution of revenues 7 derived from the surcharge; and generally relating to the emergency medical system 8 surcharge for motor vehicle registration altering certain provisions of law related to the Maryland Trauma Physician Services Fund, including provisions related to the 9 10 contents and sources of the funding, transfer of money from the Fund, and the methodology used to determine eligibility for disbursements from the Fund; 11 12increasing the fines for certain violations of the Maryland Vehicle Law related to driving while impaired; altering the authorized uses of the Maryland Emergency 13 Medical System Operations Fund; stating that it is the intent of the General 14 15Assembly that the annual appropriation to the Senator William H. Amoss Fire, Rescue, and Ambulance Fund be increased to at least a certain amount beginning in 16 a certain fiscal year; and generally relating to the funding for emergency services. 17

- 18 BY repealing and reenacting, without amendments,
- 19 <u>Article Health General</u>
- 20 <u>Section 19–101</u>
- 21 <u>Annotated Code of Maryland</u>
- 22 (2023 Replacement Volume)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



$egin{array}{c} 1 \\ 2 \\ 3 \\ 4 \\ 5 \end{array}$	<u>BY repealing and reenacting, with amendments,</u> <u>Article – Health – General</u> <u>Section 19–130</u> <u>Annotated Code of Maryland</u> (2023 Replacement Volume)					
	<u>BY repealing and reenacting, without amendments,</u> <u>Article – Public Safety</u> <u>Section 8–102(a)</u> <u>Annotated Code of Maryland</u> (2022 Replacement Volume and 2023 Supplement)					
$11 \\ 12 \\ 13 \\ 14 \\ 15$	<u>BY adding to</u> <u>Article – Public Safety</u> <u>Section 8–102(g)</u> <u>Annotated Code of Maryland</u> (2022 Replacement Volume and 2023 Supplement)					
16 17 18 19 20	BY repealing and reenacting, with amendments, Article – Transportation Section 13–954 <u>and 21–902(a) through (d)</u> Annotated Code of Maryland (2020 Replacement Volume and 2023 Supplement)					
$21 \\ 22 \\ 23 \\ 24 \\ 25$	BY repealing and reenacting, without amendments, Article – Transportation Section 13–955 Annotated Code of Maryland (2020 Replacement Volume and 2023 Supplement)					
$\begin{array}{c} 26 \\ 27 \end{array}$	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:					
28	<u>Article – Health – General</u>					
29	<u>19–101.</u>					
30	In this subtitle, "Commission" means the Maryland Health Care Commission.					
31	<u>19–130.</u>					
32	(a) (1) In this section the following words have the meanings indicated.					
33	(2) <u>"Fund" means the Maryland Trauma Physician Services Fund.</u>					
34	(3) <u>"Maryland Trauma Specialty Referral Centers" means:</u>					

 $\mathbf{2}$

1	<u>(i)</u>	The Johns Hopkins Health System Burn Program;
2	<u>(ii)</u>	The Eye Trauma Center at the Wilmer Eye Institute at The
3	Johns Hopkins Hospital;	; and
4	<u>(iii)</u>	The Curtis National Hand Center at Union Memorial Hospital.
5	<u>(4)</u> "REA	ASONABLE COMPENSATION EQUIVALENT" MEANS THE
6	LIMITATION ON THE O	COST ESTABLISHED BY THE CENTERS FOR MEDICARE AND
$\overline{7}$	MEDICAID SERVICES	THAT A PROVIDER MAY CLAIM FOR COMPENSATION OF
8	SERVICES.	
9 10 11	[(4)] (5) <u>rehabilitation hospital as</u> <u>center by common owner</u>	<u>"Rehabilitation hospital" means a facility classified as a special s described in § 19–307 of this title that is affiliated with a trauma rship.</u>
$\frac{12}{13}$	[(5)] (6) Maryland Institute for E	<u>(i) "Trauma center" means a facility designated by the Emergency Medical Services Systems as:</u>
14		1. The State primary adult resource center;
15		2. <u>A Level I trauma center;</u>
16		<u>3. A Level II trauma center;</u>
17		4. <u>A Level III trauma center;</u>
18		5. <u>A pediatric trauma center; or</u>
19		6. <u>The Maryland Trauma Specialty Referral Centers.</u>
20	(ii)	"Trauma center" includes an out–of–state pediatric trauma
21	center that has entered	into an agreement with the Maryland Institute for Emergency
22	Medical Services System	<u>18.</u>
23		AUMA HEALTH CARE PRACTITIONER" MEANS A HEALTH CARE
24		ISED UNDER THE HEALTH OCCUPATIONS ARTICLE WHO
25		TRAUMA CENTER OR IN A REHABILITATION HOSPITAL TO
26		ON THE STATE TRAUMA REGISTRY AS DEFINED BY THE
27	MARYLAND INSTITUTE	<u>e for Emergency Medical Services Systems.</u>
28	[(6)] (8)	"Trauma physician" means a physician who provides care in a
$\frac{20}{29}$		rehabilitation hospital to trauma patients on the State trauma
$\frac{20}{30}$		e Maryland Institute for Emergency Medical Services Systems

30 registry as defined by the Maryland Institute for Emergency Medical Services Systems.

1	[(7)]	<u>(9)</u>	"Uncompensated care" means care provided by a trauma
2	<u>physician OR A TR</u>	AUMA	HEALTH CARE PRACTITIONER to a trauma patient on the State
3	<u>trauma registry w</u>	<u>ho:</u>	
4		<u>(i)</u>	<u>Has no health insurance, including Medicare Part B coverage;</u>
5		<u>(ii)</u>	Is not eligible for medical assistance coverage; and
6		<u>(iii)</u>	Has not paid the trauma physician OR TRAUMA HEALTH CARE
7	PRACTITIONER f	or care	provided by the trauma physician OR TRAUMA HEALTH CARE
8	PRACTITIONER,	after	documented attempts by the trauma physician OR TRAUMA
9	HEALTH CARE PE	RACTI	TIONER to collect payment.
10	<u>(b)</u> <u>(1)</u>	There	<u>e is a Maryland Trauma Physician Services Fund.</u>
11	<u>(2)</u>	<u>The r</u>	ourpose of the Fund is to subsidize the documented costs:
12		(i)	Of uncompensated care incurred by a trauma physician OR
13	TRAUMA HEALTH	CARE	PRACTITIONER in providing trauma care to a trauma patient on
14	the State trauma	registr	Y;
1 4		<i>(</i> ···)	
15		<u>(ii)</u>	Of undercompensated care incurred by a trauma physician OR
$\frac{16}{17}$			E PRACTITIONER in providing trauma care to an enrollee of the
18	<u>maryland Medica</u> registry;	I ASSIS	stance Program who is a trauma patient on the State trauma
10	<u></u>		
$\frac{19}{20}$	on_call as required	(iii) d by th	<u>Incurred by a trauma center to maintain trauma physicians</u> <u>e Maryland Institute for Emergency Medical Services Systems;</u>
20	<u>on-can as require</u>	<u>u by tii</u>	e maryianu institute for Emergency Medical Services Systems,
21		<u>(iv)</u>	Incurred by the State primary adult resource center to maintain
22			edic surgeons, neurosurgeons, and anesthesiologists on-call and
23		ired by	y the Maryland Institute for Emergency Medical Services Systems;
24	and		
25		(v)	Incurred by the Commission and the Health Services Cost
26	Review Commission		dminister the Fund and audit reimbursement requests to assure
27	appropriate payme	<u>ents ar</u>	<u>e made from the Fund.</u>
28	(3)	The	Commission and the Health Services Cost Review Commission
$\frac{20}{29}$	shall administer t		
30 21	(4) the State Finance		Fund is a special, nonlapsing fund that is not subject to § 7–302 of
31	the state rinance	anu Pl	<u>rocurement Article.</u>

1	(5) Interest on and other income from the Fund shall be separately
$\frac{2}{3}$	accounted for and credited to the Fund, and are not subject to § 6–226(a) of the Stat Finance and Procurement Article.
0	
4	(c) <u>The Fund consists of [motor]</u> :
5	(1) MOTOR vehicle registration surcharges paid into the Fund in
6	accordance with § 13–954(b)(2) of the Transportation Article;
7	(2) AT LEAST 10% OF THE FINES COLLECTED UNDER § 21–902(A)(1)
8	(B)(2), (C)(2), AND (D)(1) OF THE TRANSPORTATION ARTICLE; AND
0	
9	(3) ANY OTHER MONEY TRANSFERRED FROM THE GENERAL FUND OF
10	THE STATE.
11	(d) (1) Disbursements from the Fund shall be made in accordance with
12	methodology established jointly by the Commission and the Health Services Cost Review
13	Commission to calculate costs incurred by trauma physicians and trauma centers that ar
14	eligible to receive reimbursement under subsection (b) of this section.
15	(2) The Fund shall transfer to the Maryland Department of Health as
16	amount sufficient to fully cover the State's share of expenditures for the costs of
17	undercompensated care incurred by a trauma physician in providing trauma care to an
$\frac{18}{19}$	enrollee of the Maryland Medical Assistance Program who is a trauma patient on the Stat
19	<u>trauma registry.</u>
20	(3) The methodology developed under paragraph (1) of this subsection
21	shall:
22	(i) <u>Take into account:</u>
23	<u>1.</u> <u>The amount of uncompensated care provided by traumations</u>
24	physicians;
25	2. The amount of undercompensated care attributable to th
$\frac{20}{26}$	treatment of Medicaid enrollees in trauma centers;
_0	
27	<u>3.</u> The cost of maintaining trauma physicians on–call;
28	4. The number of patients served by trauma physicians in
<u>-</u> 0 29	trauma centers;
30	5. The number of Maryland residents served by traum
31	physicians in trauma centers; and

$\frac{1}{2}$	<u>6.</u> <u>The extent to which trauma–related costs are otherwise</u> subsidized by hospitals, the federal government, and other sources; and
$\frac{3}{4}$	(ii) Include an incentive to encourage hospitals to continue to subsidize trauma–related costs not otherwise included in hospital rates.
5	(4) <u>The methodology developed under paragraph (1) of this subsection shall</u>
6	use the following parameters to determine the amount of reimbursement made to trauma
7	physicians and trauma centers from the Fund:
8	(i) <u>1.</u> <u>The cost incurred by a Level II trauma center to maintain</u>
9	<u>trauma surgeons, orthopedic surgeons, and neurosurgeons on–call shall be reimbursed:</u>
10	A. At a rate of up to [30%] 60% of the reasonable [cost
11	equivalents] COMPENSATION EQUIVALENT hourly rate for the specialty, inflated to the
12	current year by the physician compensation component of the Medicare economic index as
13	designated by the Centers for Medicare and Medicaid Services; and
$\begin{array}{c} 14\\ 15\\ 16\end{array}$	<u>B.</u> 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 II trauma centers;
17	<u>2.</u> <u>The cost incurred by a Level III trauma center to maintain</u>
18	<u>trauma surgeons, orthopedic surgeons, neurosurgeons, and anesthesiologists on–call shall</u>
19	<u>be reimbursed:</u>
20	A. At a rate of up to [35%] 60% of the reasonable [cost
21	equivalents] COMPENSATION EQUIVALENT hourly rate for the specialty, inflated to the
22	current year by the physician compensation component of the Medicare economic index as
23	designated by the Centers for Medicare and Medicaid Services; and
$24 \\ 25 \\ 26$	<u>B.</u> <u>For the minimum number of trauma physicians required</u> to be on–call, as specified by the Maryland Institute for Emergency Medical Services Systems in its criteria for Level III trauma centers;
27	<u>3.</u> The cost incurred by a Level I trauma center or pediatric
28	trauma center to maintain trauma surgeons, orthopedic surgeons, and neurosurgeons
29	on-call when a post-graduate resident is attending in the trauma center shall be
30	reimbursed:
31 32 33 34	<u>A.</u> <u>At a rate of up to [30%] 60% of the reasonable [cost equivalents] COMPENSATION EQUIVALENT hourly rate for the specialty, inflated to the current year by the physician compensation component of the Medicare economic index as designated by the Centers for Medicare and Medicaid Services; and</u>

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$1 \\ 2 \\ 3 \\ 4$	<u>B.</u> <u>When a post-graduate resident is [permitted]</u> <u>AUTHORIZED to be in the trauma center, as specified by the Maryland Institute for</u> <u>Emergency Medical Services Systems in its criteria for Level I trauma centers or pediatric</u> <u>trauma centers;</u>
5 6 7	<u>4.</u> <u>The cost incurred by a Maryland Trauma Specialty</u> <u>Referral Center to maintain trauma surgeons on–call in the specialty of the Center when a</u> <u>post–graduate resident is attending in the Center shall be reimbursed:</u>
8 9 10 11	<u>A.</u> <u>At a rate of up to [30%] 60% of the reasonable [cost</u> <u>equivalents]</u> <u>COMPENSATION EQUIVALENT</u> hourly rate for the specialty, inflated to the <u>current year by the physician compensation component of the Medicare economic index as</u> <u>designated by the Centers for Medicare and Medicaid Services; and</u>
$12 \\ 13 \\ 14 \\ 15$	<u>B.</u> <u>When a post-graduate resident is [permitted]</u> <u>AUTHORIZED to be in the Center, as specified by the Maryland Institute for Emergency</u> <u>Medical Services Systems in its criteria for a Maryland Trauma Specialty Referral Center;</u> <u>and</u>
$\begin{array}{c} 16 \\ 17 \end{array}$	<u>5.</u> <u>A.</u> <u>A Level II trauma center is eligible for a maximum</u> of [24,500] 26,280 hours of trauma on–call per year;
18 19	<u>B.</u> <u>A Level III trauma center is eligible for a maximum of</u> 35,040 hours of trauma on-call per year;
$\begin{array}{c} 20\\ 21 \end{array}$	<u>C.</u> <u>A Level I trauma center shall be eligible for a maximum of</u> <u>4,380 hours of trauma on–call per year;</u>
$\begin{array}{c} 22\\ 23 \end{array}$	<u>D.</u> <u>A pediatric trauma center shall be eligible for a maximum</u> of 4,380 hours of trauma on–call per year; and
$\begin{array}{c} 24 \\ 25 \end{array}$	<u>E.</u> <u>A Maryland Trauma Specialty Referral Center shall be</u> eligible for a maximum of 2,190 hours of trauma on–call per year;
26 27 28 29 30	(ii) The cost of undercompensated 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 up to 100% of the Medicare payment for the service, minus any amount paid by the Maryland Medical Assistance Program;
$31 \\ 32 \\ 33 \\ 34$	(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:

34 made by the trauma physician for the care;

$egin{array}{c} 1 \\ 2 \\ 3 \end{array}$	(iv) <u>The Commission, in consultation with the Health Services Cost</u> <u>Review Commission, may establish a payment rate for uncompensated care incurred by a</u> <u>trauma physician in providing trauma care to trauma patients on the State trauma registry</u>
4	that is above 100% of the Medicare payment for the service if:
$5\\6\\7$	<u>1.</u> <u>The Commission determines that increasing the payment</u> <u>rate above 100% of the Medicare payment for the service will address an unmet need in the</u> <u>State trauma system; and</u>
8 9 10 11	<u>2.</u> <u>The Commission reports on its intention to increase the</u> <u>payment rate to the Senate Finance Committee and the House Health and Government</u> <u>Operations Committee, in accordance with § 2–1257 of the State Government Article, at</u> <u>least 60 days before any adjustment to the rate;</u>
$\begin{array}{c} 12\\ 13\\ 14 \end{array}$	(v) <u>The Commission shall develop guidelines for the reimbursement</u> of the documented costs of the State primary adult resource center under subsection (b)(2)(iv) of this section; [and]
$15 \\ 16 \\ 17$	(VI) <u>The Commission, in consultation with the Health</u> <u>Services Cost Review Commission, may change the percentage of the</u> <u>Reasonable compensation equivalent paid to trauma hospitals if:</u>
18	<u>1.</u> The Commission determines that the
19	PROJECTED REVENUE TO BE COLLECTED IN THE FUND IS ADEQUATE TO SUPPORT
$\begin{array}{c} 19\\ 20 \end{array}$	PROJECTED REVENUE TO BE COLLECTED IN THE FUND IS ADEQUATE TO SUPPORT THE PROPOSED INCREASE IN THE PERCENTAGE OF REASONABLE COMPENSATION
19 20 21	PROJECTED REVENUE TO BE COLLECTED IN THE FUND IS ADEQUATE TO SUPPORT THE PROPOSED INCREASE IN THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT INFLATED TO THE CURRENT YEAR BY THE PHYSICIAN COMPENSATION
$\begin{array}{c} 19\\ 20 \end{array}$	PROJECTED REVENUE TO BE COLLECTED IN THE FUND IS ADEQUATE TO SUPPORT THE PROPOSED INCREASE IN THE PERCENTAGE OF REASONABLE COMPENSATION
19 20 21	PROJECTED REVENUE TO BE COLLECTED IN THE FUND IS ADEQUATE TO SUPPORT THE PROPOSED INCREASE IN THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT INFLATED TO THE CURRENT YEAR BY THE PHYSICIAN COMPENSATION
19 20 21 22	PROJECTED REVENUE TO BE COLLECTED IN THE FUND IS ADEQUATE TO SUPPORT THE PROPOSED INCREASE IN THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT INFLATED TO THE CURRENT YEAR BY THE PHYSICIAN COMPENSATION COMPONENT OF THE MEDICARE ECONOMIC INDEX; AND 2. THE COMMISSION REPORTS ON ITS INTENTION TO CHANGE THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT TO BE
 19 20 21 22 23 24 25 	PROJECTED REVENUE TO BE COLLECTED IN THE FUND IS ADEQUATE TO SUPPORT THE PROPOSED INCREASE IN THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT INFLATED TO THE CURRENT YEAR BY THE PHYSICIAN COMPENSATION COMPONENT OF THE MEDICARE ECONOMIC INDEX; AND 2. THE COMMISSION REPORTS ON ITS INTENTION TO CHANGE THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT TO BE PAID FOR ON-CALL COSTS TO THE SENATE FINANCE COMMITTEE AND THE HOUSE
 19 20 21 22 23 24 25 26 	PROJECTED REVENUE TO BE COLLECTED IN THE FUND IS ADEQUATE TO SUPPORT THE PROPOSED INCREASE IN THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT INFLATED TO THE CURRENT YEAR BY THE PHYSICIAN COMPENSATION COMPONENT OF THE MEDICARE ECONOMIC INDEX; AND 2. THE COMMISSION REPORTS ON ITS INTENTION TO CHANGE THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT TO BE PAID FOR ON-CALL COSTS TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH §
 19 20 21 22 23 24 25 26 27 	PROJECTED REVENUE TO BE COLLECTED IN THE FUND IS ADEQUATE TO SUPPORT THE PROPOSED INCREASE IN THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT INFLATED TO THE CURRENT YEAR BY THE PHYSICIAN COMPENSATION COMPONENT OF THE MEDICARE ECONOMIC INDEX; AND 2. THE COMMISSION REPORTS ON ITS INTENTION TO CHANGE THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT TO BE PAID FOR ON-CALL COSTS TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, AT LEAST 60 DAYS BEFORE ANY
 19 20 21 22 23 24 25 26 	PROJECTED REVENUE TO BE COLLECTED IN THE FUND IS ADEQUATE TO SUPPORT THE PROPOSED INCREASE IN THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT INFLATED TO THE CURRENT YEAR BY THE PHYSICIAN COMPENSATION COMPONENT OF THE MEDICARE ECONOMIC INDEX; AND 2. THE COMMISSION REPORTS ON ITS INTENTION TO CHANGE THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT TO BE PAID FOR ON-CALL COSTS TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH §
 19 20 21 22 23 24 25 26 27 	PROJECTED REVENUE TO BE COLLECTED IN THE FUND IS ADEQUATE TO SUPPORT THE PROPOSED INCREASE IN THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT INFLATED TO THE CURRENT YEAR BY THE PHYSICIAN COMPENSATION COMPONENT OF THE MEDICARE ECONOMIC INDEX; AND 2. THE COMMISSION REPORTS ON ITS INTENTION TO CHANGE THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT TO BE PAID FOR ON-CALL COSTS TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, AT LEAST 60 DAYS BEFORE ANY
 19 20 21 22 23 24 25 26 27 28 	PROJECTED REVENUE TO BE COLLECTED IN THE FUND IS ADEQUATE TO SUPPORT THE PROPOSED INCREASE IN THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT INFLATED TO THE CURRENT YEAR BY THE PHYSICIAN COMPENSATION COMPONENT OF THE MEDICARE ECONOMIC INDEX; AND 2. THE COMMISSION REPORTS ON ITS INTENTION TO CHANGE THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT TO BE PAID FOR ON-CALL COSTS TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, AT LEAST 60 DAYS BEFORE ANY ADJUSTMENT TO THE ALLOWABLE HOURS;
 19 20 21 22 23 24 25 26 27 28 29 30 31 	PROJECTED REVENUE TO BE COLLECTED IN THE FUND IS ADEQUATE TO SUPPORT THE PROPOSED INCREASE IN THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT INFLATED TO THE CURRENT YEAR BY THE PHYSICIAN COMPENSATION COMPONENT OF THE MEDICARE ECONOMIC INDEX; AND 2. THE COMMISSION REPORTS ON ITS INTENTION TO CHANGE THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT TO BE PAID FOR ON-CALL COSTS TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, AT LEAST 60 DAYS BEFORE ANY ADJUSTMENT TO THE ALLOWABLE HOURS;
 19 20 21 22 23 24 25 26 27 28 29 30 31 32 	PROJECTED REVENUE TO BE COLLECTED IN THE FUND IS ADEQUATE TO SUPPORT THE PROPOSED INCREASE IN THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT INFLATED TO THE CURRENT YEAR BY THE PHYSICIAN COMPENSATION COMPONENT OF THE MEDICARE ECONOMIC INDEX; AND 2. THE COMMISSION REPORTS ON ITS INTENTION TO CHANGE THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT TO BE PAID FOR ON-CALL COSTS TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, AT LEAST 60 DAYS BEFORE ANY ADJUSTMENT TO THE ALLOWABLE HOURS; (VII) THE COMMISSION, IN CONSULTATION WITH THE HEALTH SERVICES COST REVIEW COMMISSION, MAY CHANGE THE NUMBER OF ALLOWABLE HOURS OF TRAUMA ON-CALL EACH YEAR IF THE COMMISSION REPORTS ON ITS INTENTION TO CHANGE THE NUMBER OF ALLOWABLE HOURS TO THE SENATE
 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 	PROJECTED REVENUE TO BE COLLECTED IN THE FUND IS ADEQUATE TO SUPPORT THE PROPOSED INCREASE IN THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT INFLATED TO THE CURRENT YEAR BY THE PHYSICIAN COMPENSATION COMPONENT OF THE MEDICARE ECONOMIC INDEX; AND 2. THE COMMISSION REPORTS ON ITS INTENTION TO CHANGE THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT TO BE PAID FOR ON-CALL COSTS TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, AT LEAST 60 DAYS BEFORE ANY ADJUSTMENT TO THE ALLOWABLE HOURS; (VII) THE COMMISSION, IN CONSULTATION WITH THE HEALTH SERVICES COST REVIEW COMMISSION, MAY CHANGE THE NUMBER OF ALLOWABLE HOURS OF TRAUMA ON-CALL EACH YEAR IF THE COMMISSION REPORTS ON ITS INTENTION TO CHANGE THE NUMBER OF ALLOWABLE HOURS TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS
 19 20 21 22 23 24 25 26 27 28 29 30 31 32 	PROJECTED REVENUE TO BE COLLECTED IN THE FUND IS ADEQUATE TO SUPPORT THE PROPOSED INCREASE IN THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT INFLATED TO THE CURRENT YEAR BY THE PHYSICIAN COMPENSATION COMPONENT OF THE MEDICARE ECONOMIC INDEX; AND 2. THE COMMISSION REPORTS ON ITS INTENTION TO CHANGE THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT TO BE PAID FOR ON-CALL COSTS TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, AT LEAST 60 DAYS BEFORE ANY ADJUSTMENT TO THE ALLOWABLE HOURS; (VII) THE COMMISSION, IN CONSULTATION WITH THE HEALTH SERVICES COST REVIEW COMMISSION, MAY CHANGE THE NUMBER OF ALLOWABLE HOURS OF TRAUMA ON-CALL EACH YEAR IF THE COMMISSION REPORTS ON ITS INTENTION TO CHANGE THE NUMBER OF ALLOWABLE HOURS TO THE SENATE

1	(VIII) THE COMMISSION MAY MODIFY THE PERCENTAGE PAID,				
2	AND THE MAXIMUM NUMBER OF HOURS ALLOWED, FOR ON-CALL CARE NOT MORE				
3	THAN ONCE EACH YEAR; AND				
45	[(vi)] (IX) <u>The total reimbursement to emergency physicians from</u> the Fund may not exceed \$300,000 annually.				
	(5) In order to receive reimbursement, a trauma physician OR TRAUMA HEALTH CARE PRACTITIONER in the case of costs of uncompensated care under subsection (b)(2)(i) of this section, or a trauma center in the case of on-call costs under subsection (b)(2)(iii) of this section, shall apply to the Fund on a form and in a manner approved by the Commission and the Health Services Cost Review Commission.				
$11 \\ 12 \\ 13 \\ 14$	(6) (i) <u>The Commission and the Health Services Cost Review</u> <u>Commission shall adopt regulations that specify the information that trauma physicians,</u> <u>TRAUMA HEALTH CARE PRACTITIONERS, and trauma centers must submit to receive</u> <u>money from the Fund.</u>				
15	(ii) <u>The information required shall include:</u>				
$\begin{array}{c} 16 \\ 17 \end{array}$	<u>1.</u> <u>The name and federal tax identification number of the</u> <u>trauma physician rendering the service;</u>				
18	<u>2.</u> <u>The date of the service;</u>				
19	<u>3.</u> <u>Appropriate codes describing the service;</u>				
20	<u>4.</u> <u>Any amount recovered for the service rendered;</u>				
21	<u>5.</u> <u>The name of the trauma patient;</u>				
22	6. The patient's trauma registry number; and				
$\begin{array}{c} 23\\ 24 \end{array}$	7. Any other information the Commission and the Health Services Cost Review Commission consider necessary to disburse money from the Fund.				
25 26 27 28	(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.				
29 30 31	(e) (1) Except as provided in paragraph (2) of this subsection and notwithstanding any other provision of law, expenditures from the Fund for costs incurred in any fiscal year may not exceed revenues of the Fund.				

1	(2) (i) <u>The Commission, in consultation with the Health Services Cost</u>			
2	Review Commission and the Maryland Institute for Emergency Medical Services Systems,			
3	shall develop a process for the award of grants to LEVEL I, Level II, and Level III trauma			
4	centers [in the State to be used for equipment primarily used] in the delivery of trauma			
5	<u>care.</u>			
6 7	(ii) <u>1.</u> <u>The Commission shall issue grants under this paragraph</u> from any balance carried over to the Fund from prior fiscal years.			
8	2. [The total empirish of grants evended under this			
0 9	<u>2.</u> <u>[The total amount of grants awarded under this</u> paragraph in a fiscal year may not exceed 10% of the balance remaining in the Fund at the			
10	end of the fiscal year immediately prior to the fiscal year in which grants are awarded			
11	THE TOTAL AMOUNT OF GRANTS AWARDED UNDER THIS PARAGRAPH IN A FISCAL			
12	YEAR MAY NOT REDUCE THE BALANCE REMAINING IN THE FUND AT THE END OF THE			
13	FISCAL YEAR TO LESS THAN 15% OF THE REVENUE COLLECTED IN THAT FISCAL			
14	YEAR.			
$\begin{array}{c} 15\\ 16 \end{array}$	(iii) <u>The process developed by the Commission for the award of grants</u> <u>under this paragraph shall include:</u>			
17 18	<u>1.</u> <u>Grant applications and review and selection criteria for</u> <u>the award of grants;</u>			
19 20	2. Review by the Commission, if necessary, for any project that exceeds certificate of need thresholds; and			
$\begin{array}{c} 21 \\ 22 \end{array}$	<u>3.</u> <u>Any other procedure determined necessary by the</u> <u>Commission.</u>			
$23 \\ 24 \\ 25 \\ 26 \\ 27$	(iv) Before awarding grants under this subsection in a fiscal year, the Commission shall report to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2–1257 of the State Government Article, on the process that the Commission has developed for awarding grants in that fiscal year.			
28	(f) On or before November 1 of each year, the Commission and the Health			
$\overline{29}$	Services Cost Review Commission shall report to the General Assembly, in accordance with			
30	§ 2–1257 of the State Government Article, on:			
31 32	(1) The amount of money in the Fund on the last day of the previous fiscal year;			
33	(2) The amount of money applied for by trauma physicians, TRAUMA			
34	HEALTH CARE PRACTITIONERS, and trauma centers during the previous fiscal year;			

$egin{array}{c} 1 \\ 2 \\ 3 \end{array}$	(3) The amount of money distributed in the form of trauma physician, TRAUMA HEALTH CARE PRACTITIONER, and trauma center reimbursements during the previous fiscal year;
4 5 6	(4) Any recommendations for altering the manner in which trauma physicians, TRAUMA HEALTH CARE PRACTITIONERS, and trauma centers are reimbursed from the Fund;
7 8	(5) <u>The costs incurred in administering the Fund during the previous fiscal</u> year; [and]
9 10 11	(6) The amount that each hospital that participates in the Maryland trauma system and that has a trauma center contributes toward the subsidization of trauma-related costs for its trauma center;
12 13	(7) THE AMOUNT THE HEALTH SERVICES COST REVIEW COMMISSION ALLOWED:
14	(I) IN HOSPITAL RATES FOR TRAUMA STANDBY;
$\begin{array}{c} 15\\ 16\end{array}$	<u>(ii) For maintaining Maryland Institute for Emergency Medical Services Systems trauma protocols;</u>
17	(III) FOR PROCURING SPECIALIZED TRAUMA EQUIPMENT; AND
18	(IV) FOR PROVIDING TRAUMA EDUCATION AND TRAINING; AND
$\begin{array}{c} 19\\ 20 \end{array}$	(8) ANY IMPROVEMENTS MADE BY TRAUMA CENTERS AS A RESULT OF AN INCREASE IN FUNDING.
21 22 23	(G) <u>The Commission shall award an annual grant from the Fund</u> <u>in the amount up to \$1,800,000 to Level I pediatric trauma centers as</u> <u>Follows:</u>
24	(1) UP TO \$900,000 TO JOHNS HOPKINS CHILDREN'S CENTER; AND
25	(2) UP TO \$900,000 TO CHILDREN'S NATIONAL MEDICAL CENTER.
26	<u>Article – Public Safety</u>
27	<u>8–102.</u>
28	(a) <u>There is a Senator William H. Amoss Fire, Rescue, and Ambulance Fund.</u>

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$rac{1}{2}$	(G) BEGINNING IN FISCAL YEAR 2026, THE GOVERNOR SHALL INCLUDE AN ANNUAL APPROPRIATION TO THE FUND OF AT LEAST \$16,500,000.		
3			Article – Transportation
4	13–954.		
5	(a)	In th	is section, "motor vehicle" means a:
6		(1)	Class A (passenger) vehicle;
7		(2)	Class B (for hire) vehicle;
8		(3)	Class C (funeral and ambulance) vehicle;
9		(4)	Class D (motorcycle) vehicle;
10		(5)	Class E (truck) vehicle;
11		(6)	Class F (tractor) vehicle;
12		(7)	Class H (school) vehicle;
13		(8)	Class J (vanpool) vehicle;
14		(9)	Class M (multipurpose) vehicle;
15		(10)	Class P (passenger bus) vehicle;
16		(11)	Class Q (limousine) vehicle;
17		(12)	Class R (low speed) vehicle; or
18		(13)	Vehicle within any other class designated by the Administrator.
19 20 21	owner of any motor vehicle registered under this title shall pay a surcharge of [\$17.00]		
$22 \\ 23 \\ 24$	(2) (I) [\$2.50] \$7.50 of the surcharge collected under paragraph (1) of this subsection shall be paid into the Maryland Trauma Physician Services Fund established under § 19–130 of the Health – General Article.		
$25 \\ 26 \\ 27$	\$9.00 OF SUBSECTIO	THE ON TO	(II) THE GOVERNOR ANNUALLY SHALL ALLOCATE AT LEAST SURCHARGE COLLECTED UNDER PARAGRAPH (1) OF THIS THE R ADAMS COWLEY SHOCK TRAUMA CENTER.

(III) THE BALANCE OF THE SURCHARGE COLLECTED UNDER 1 $\mathbf{2}$ PARAGRAPH (1) OF THIS SUBSECTION SHALL BE PAID TO THE MARYLAND 3 **EMERGENCY MEDICAL SYSTEM OPERATIONS FUND ESTABLISHED UNDER § 13–955** 4 OF THIS SUBTITLE. $\mathbf{5}$ 13 - 955.6 In this section, "Fund" means the Maryland Emergency Medical System (a) 7 **Operations Fund.** 8 (b) (1)There is a Maryland Emergency Medical System Operations Fund. 9 (2)The Comptroller shall administer the Fund, including accounting for all transactions and performing year-end reconciliation. 10 11 (3)The Fund is a continuing, nonlapsing fund which is not subject to § 127–302 of the State Finance and Procurement Article. 13 (4)Interest and earnings on the Fund shall be separately accounted for and 14credited to the Fund, and are not subject to § 6-226(a) of the State Finance and 15Procurement Article. 16 The Fund consists of: (c) Registration surcharges collected under § 13–954 of this subtitle; 17(1)18All funds, including charges for accident scene transports and (2)19 interhospital transfers of patients, generated by an entity specified in subsection (e) of this 20section that is a unit of State government; and 21(3)Revenues distributed to the Fund from the surcharges collected under 22§ 7–301(f) of the Courts Article. 23(d) Expenditures from the Fund shall be made pursuant to an appropriation 24approved by the General Assembly in the annual State budget or by the budget amendment 25procedure provided under § 7–209 of the State Finance and Procurement Article, provided 26that any budget amendment shall be submitted to and approved by the Legislative Policy 27Committee prior to the expenditure or obligation of funds. 28(e) The money in the Fund shall be used solely for: 29(1)Medically oriented functions of the Department of State Police, Special **Operations Bureau**, Aviation Division; 30 31 (2)The Maryland Institute for Emergency Medical Services Systems;

1 (3)The R Adams Cowley Shock Trauma Center at the University of $\mathbf{2}$ Maryland Medical System: 3 (4)The Maryland Fire and Rescue Institute; 4 The provision of grants under the Senator William H. Amoss Fire, (5)Rescue, and Ambulance Fund in accordance with the provisions of Title 8, Subtitle 1 of the $\mathbf{5}$ Public Safety Article; and 6 7 The Volunteer Company Assistance Fund in accordance with the (6)8 provisions of Title 8, Subtitle 2 of the Public Safety Article. 9 21 - 902.10 (1)A person may not drive or attempt to drive any vehicle while (a) (i) under the influence of alcohol. 11 12(ii) A person may not drive or attempt to drive any vehicle while the 13person is under the influence of alcohol per se. 14(iii) A person convicted of a violation of this paragraph is subject to: 151. For a first offense, imprisonment not exceeding 1 year or a fine not exceeding [\$1,000] **\$1,100** or both; and 1617For a second offense, imprisonment not exceeding 2 years 2.or a fine not exceeding [\$2,000] **\$2,200** or both. 18For the purpose of determining subsequent offender penalties for 19 (iv) 20a violation of this paragraph, a prior conviction under subsection (b), (c), or (d) of this section or § 8–738 of the Natural Resources Article, within 5 years before the conviction for a 2122violation of this paragraph, shall be considered a prior conviction. 23(2)A person may not violate paragraph (1) of this subsection while (i) 24transporting a minor. 25A person convicted of a violation of this paragraph is subject to: (ii) 26For a first offense, imprisonment not exceeding 2 years or 1. a fine not exceeding \$2,000 or both; and 27282.For a second offense, imprisonment not exceeding 3 years 29or a fine not exceeding \$3,000 or both. For the purpose of determining subsequent offender penalties for 30 (iii) 31a violation of this paragraph, a prior conviction under this paragraph or subsection (b)(2), 32(c)(2), or (d)(2) of this section shall be considered a prior conviction.

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$\frac{1}{2}$	<u>(b) (1) (i)</u> impaired by alcohol.	A person may not drive or attempt to drive any vehicle while
3	<u>(ii)</u>	A person convicted of a violation of this paragraph is subject to:
4 5	or a fine not exceeding \$	<u>1.</u> For a first offense, imprisonment not exceeding 2 months 500 or both; and
6 7	or a fine not exceeding \$	<u>2.</u> <u>For a second offense, imprisonment not exceeding 1 year</u> 500 or both.
		<u>For the purpose of determining subsequent offender penalties for</u> raph, a prior conviction under this subsection or subsection (a), (c), 8–738 of the Natural Resources Article shall be considered a prior
12 13	<u>(2) (i)</u> transporting a minor.	A person may not violate paragraph (1) of this subsection while
14	<u>(ii)</u>	A person convicted of a violation of this paragraph is subject to:
15 16	<u>a fine not exceeding [</u> \$1,	<u>1.</u> For a first offense, imprisonment not exceeding 1 year or 000] \$1,100 or both; and
17 18	or a fine not exceeding [2. For a second offense, imprisonment not exceeding 2 years \$2,000] \$2,200 or both.
$19 \\ 20 \\ 21$		For the purpose of determining subsequent offender penalties for caph, a prior conviction under this paragraph or subsection (a)(2), etion shall be considered a prior conviction.
$22 \\ 23 \\ 24$		<u>A person may not drive or attempt to drive any vehicle while so</u> <u>g, any combination of drugs, or a combination of one or more drugs</u> <u>son cannot drive a vehicle safely.</u>
25	<u>(ii)</u>	<u>A person convicted of a violation of this paragraph is subject to:</u>
$\frac{26}{27}$	or a fine not exceeding \$	<u>1.</u> For a first offense, imprisonment not exceeding 2 months 500 or both; and
$\begin{array}{c} 28\\ 29 \end{array}$	or a fine not exceeding \$	<u>2.</u> <u>For a second offense, imprisonment not exceeding 1 year</u> 500 or both.
$\begin{array}{c} 30\\ 31 \end{array}$	<u>(iii)</u> <u>a violation of this paragr</u>	<u>For the purpose of determining subsequent offender penalties for</u> aph, a prior conviction under this subsection or subsection (a), (b),

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$\frac{1}{2}$	or (d) of this section or § conviction.	8–738 of the Natural Resources Article shall be considered a prior
3 4 5 6 7	(iv) It is not a defense to any charge of violating this subsection that the person charged is or was entitled under the laws of this State to use the drug, combination of drugs, or combination of one or more drugs and alcohol, unless the person was unaware that the drug or combination would make the person incapable of safely driving a vehicle.	
8 9	(2) (i) transporting a minor.	<u>A person may not violate paragraph (1) of this subsection while</u>
10	<u>(ii)</u>	<u>A person convicted of a violation of this paragraph is subject to:</u>
$11\\12$	<u>a fine not exceeding [\$1</u>	<u>1.</u> For a first offense, imprisonment not exceeding 1 year or ,000] \$1,100 or both; and
13 14	or a fine not exceeding	2. For a second offense, imprisonment not exceeding 2 years [\$2,000] \$2,200 or both.
$\begin{array}{c} 15\\ 16\\ 17\end{array}$		<u>For the purpose of determining subsequent offender penalties for</u> <u>graph, a prior conviction under this paragraph or subsection (a)(2),</u> <u>action shall be considered a prior conviction.</u>
18 19 20 21	(d) (1) (i) A person may not drive or attempt to drive any vehicle while the person is impaired by any controlled dangerous substance, as that term is defined in § 5–101 of the Criminal Law Article, if the person is not entitled to use the controlled dangerous substance under the laws of this State.	
22	<u>(ii)</u>	<u>A person convicted of a violation of this paragraph is subject to:</u>
$\begin{array}{c} 23\\ 24 \end{array}$	<u>a fine not exceeding [\$1</u>	<u>1.</u> For a first offense, imprisonment not exceeding 1 year or ,000] \$1,100 or both; and
$\frac{25}{26}$	or a fine not exceeding	2. For a second offense, imprisonment not exceeding 2 years [\$2,000] \$2,200 or both.
27 28 29 30	or § 8–738 of the Natu	For the purpose of determining subsequent offender penalties for raph, a prior conviction under subsection (a), (b), or (c) of this section and Resources Article, within 5 years before the conviction for a aph, shall be considered a prior conviction.
$\frac{31}{32}$	(2) (i) transporting a minor.	<u>A person may not violate paragraph (1) of this subsection while</u>
33	<u>(ii)</u>	<u>A person convicted of a violation of this paragraph is subject to:</u>

- 1<u>For a first offense, imprisonment not exceeding 2 years or</u>2<u>a fine not exceeding \$2,000 or both; and</u>
- 3 <u>2.</u> For a second offense, imprisonment not exceeding 3 years
 4 <u>or a fine not exceeding \$3,000 or both.</u>
- 5 (iii) For the purpose of determining subsequent offender penalties for
 6 a violation of this paragraph, a prior conviction under this paragraph or subsection (a)(2),
 7 (b)(2), or (c)(2) of this section shall be considered a prior conviction.
- 8 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 9 1, 2024.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.