



Date: February 28, 2024

To: Chair Barnes and Appropriations Committee Members

Reference: House Bill 1439-Public Health Funding for Trauma Centers and Services

Position: Favorable with Amendments

Dear Barnes and Committee Members,

On behalf of Sinai Hospital of Baltimore (“Sinai Hospital”) and LifeBridge Health, we respectfully offer our comments and urge your support for House Bill 1439. We want to express our sincere gratitude to Delegate Shetty, Chair Barnes, and Committee Leadership in supporting Maryland’s unique, critical trauma system. There is no other Trauma Response System like Maryland’s in the nation. To ensure continued critical access to these services we need to fully fund the programs that communities have come to rely on in time of greatest need. There is an existing funding structure that would have minor impact to those paying into the fund with incremental increases as purposed in the legislation.

We need to ensure that the Maryland Trauma Physician Services Fund is utilized not only to financially support one specific trauma center, but to facilitate the development and enhancement of the entire trauma system in all areas of Maryland. This includes funding of both rural and urban centers. Without the complete system, one center alone cannot sustain our world-class trauma care.

The state’s Trauma Physicians Services Fund, which helps cover costs for uncompensated medical care by trauma physicians, for Medicaid-enrolled patients, essential trauma equipment purchases, and for other trauma related on-call and standby expenses, currently generates \$12 million annually primarily through a motor vehicle registration fee. Maryland currently has ten facilities that maintain designation by the state. Sinai Hospital is one of the largest Level II Trauma Centers serving the greater Baltimore area.

In 2003, the Maryland General Assembly created the Maryland Trauma Physician Services Fund (“Trauma Fund”) to financially assist Maryland’s trauma centers. In the subsequent 20 years, the need for this support has significantly grown. The General Assembly passed legislation last year instructing the Maryland Health Care Commission (MHCC) in consultation with other stakeholders to study the structure, criteria, and the funding needs within The Fund. The MHCC concluded that “it is in the public’s best interest to fund a trauma system that is in a perpetual state of readiness for the next injured person” wherever they may be throughout Maryland.

The MHCC recognized that all of Maryland’s trauma centers are under financial stress due to undercompensated costs to maintain trauma readiness twenty-four hours a day, seven days a week, three hundred sixty-five days a year. These costs vary relative to level of trauma center designation, patient volume and geographic location. Each designation level and subsequent requirements are established by the American College of Surgeons national guidelines and Maryland COMAR and are held accountable by MIEMSS.

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The MHCC and MIEMSS study included several consensus recommendations that seek to modify the existing scope of the Trauma Fund, while allowing flexibility for its administration especially in managing reserve funds to support evolving trauma center needs, raising the already existing assessment on motor vehicle registration (\$5 per biennial registration) with a modest increase that supports increased investment in trauma care.

We appreciate the facilitation provided by the Maryland Health Care Commission (MHCC) and MIEMSS working with all State trauma centers in developing several recommendations that strengthen and make trauma funding more accessible statewide. The distribution criteria should take into consideration the unique needs of the Maryland Trauma System with fair and equitable distribution across all trauma centers.

Additional Points of Consideration:

- We believe it is important to note that Level 2 Trauma Centers must have a Trauma Surgeon and Anesthesiologist on stand-by (in hospital) 24/7. Orthopedics and Neurosurgery are 24/7 on-call and must be available within 30 minutes of emergent consultation per COMAR for Level 2 Trauma Centers. Currently, the Fund excludes Level 2 Trauma Centers from any reimbursement for anesthesia and limits the amount of hours available for reimbursement to 24,500 for trauma surgeon, orthopedics and neurosurgery at a rate of 30% of the reasonable cost equivalents (RCE). We appreciate the increase to 35% within the bill, however, request the committee to increase to 60% of the RCE and ask that Anesthesia be added to the reimbursement of costs incurred for Level 2 trauma centers, as they are with Level 3 Trauma Centers as defined in the report.
- We appreciate the inclusion of “healthcare practitioner” defined in the bill but ask the consideration of additional support to receive compensation for other required staff such as a Trauma Medical Director, Trauma Program Manager, Trauma Registrars, Trauma Quality Coordinator, and Injury Prevention enable critical functions of all trauma centers and required under current COMAR regulations. This could be achieved by HSCRC reviews as defined in the bill.
- We support linking the Maryland Trauma Registry with HSCRC and MHCC in the interest of transparency and collaboration across the state for trauma quality. Would we urge the committee regarding MHCC, HSCRC, and MIEMSS developing quality measures for Trauma Centers to utilize a council already established, the Quality Improvement Council (QIC) as required by COMAR. To recreate this would be an unnecessary redundancy and interfere with the high-level quality improvement already occurring at QIC. We recommend utilizing this council for additional advisement on quality or program measure development.

We appreciate the facilitation provided by the Maryland Health Care Commission (MHCC) and MIEMSS working with all State trauma centers in developing several recommendations that strengthen and make trauma funding more accessible statewide. The distribution criteria should take into consideration the unique needs of the Maryland Trauma System with fair and equitable distribution across all trauma centers. We thank the MHCC, MIEMSS and Legislative Leaders in working with stakeholders to ensure trauma centers have the needed resources to always be at the ready to deliver critical trauma care to the citizens of Maryland.

For all the above stated reasons, we request a favorable report with consideration for a more equitable distribution among the trauma providers in the system.

For more information, please contact:

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Attachment: Fact Sheet on Sinai Level II Trauma Program