

TO: The Honorable Ben Barnes, Chair
House Appropriations Committee

HB 1439
Favorable

FROM: Michael Huber
Director, Maryland Government Affairs

DATE: February 28, 2024

RE: HB1439 – Public Health - Funding for Trauma Centers and Services

Johns Hopkins supports **HB1439 – Public Health - Funding for Trauma Centers and Services**. This bill makes several changes to how the Maryland Trauma Physician Services Fund (“Trauma Fund”) operates, making it easier for the state’s trauma centers to recoup their costs. Among other important changes, it gives the Maryland Health Care Commission (“MHCC”) flexibility to increase the percentage of the reasonable compensation equivalent (RCE) paid to a trauma hospital. It allows Level I trauma centers to receive equipment grants. The bill increases the RCE percentage for Level III, Level II, Level I, and specialty centers. It also increases the cap on allowable on-call hours for Level II trauma centers.

The bill raises revenue for the Trauma Fund in two ways. It increases the drivers license surcharge to \$24.50 and dedicates \$10.00 to the Trauma Fund (currently \$2.50). It also directs 10% of fines and fees associated with DUIs to the trauma fund.

There are four state-designated trauma centers within the Johns Hopkins Health System that manage trauma care. Johns Hopkins Hospital (JHH) – East Baltimore, which encompasses two hospital centers Adult and Pediatric, Johns Hopkins Bayview Medical Center (JHBMC), and Suburban Hospital (SH).

Maryland has a unique funding model that provides resources to every trauma center across the state, ensuring high quality care to Marylanders when they are seriously injured wherever they are. The funding comes through the Trauma Fund. Johns Hopkins is proud of the work it performs caring for trauma patients in the state, but there are challenges with providing that care, including bearing readiness costs and the high volume of gunshot wounds.

A hospital’s commitment to being a trauma center requires significant resource allocation. These costs are associated with ensuring that patients have access to trauma surgeons, specialty services, and the necessary equipment and facilities to deliver high-quality care to injured patients.

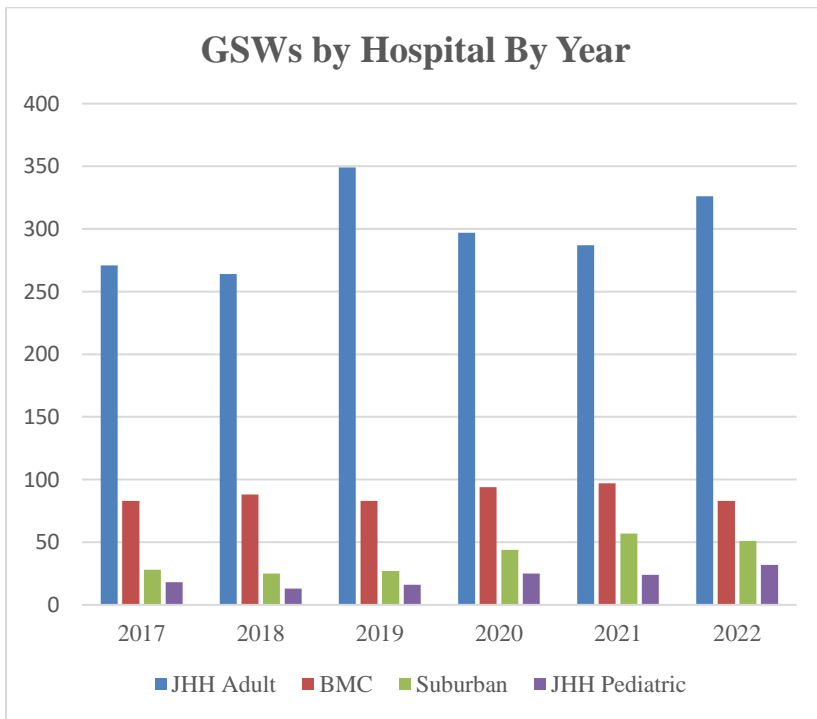
With that in mind, during the 2003 Legislative Session, the Maryland General Assembly enacted legislation that created the Fund to aid Maryland’s trauma system by reimbursing trauma physicians for uncompensated care losses and by raising Medicaid payments to 100% of the Medicare rate when a Medicaid patient receives trauma care at a designated trauma center. In the intervening 20 years, a comprehensive review of the Maryland Trauma System and Fund has not occurred even as the needs of the system have grown and evolved. As a result, a Trauma Fund designed to reimburse 65% of on-call trauma in 2003 – today reimburses just 40% of on-call trauma.

Despite significant changes in the needs of the State’s trauma centers, the allowable uses of the Trauma Fund have been limited to the same four areas: uncompensated trauma care, payment for trauma on-call services, payment for Medicaid patients, and Trauma Equipment Grants. Specifically, the spending to ensure the availability of the required on-call providers has far outpaced the other needs. Allowing the Trauma Fund to better cover these costs would more appropriately support the state trauma network.

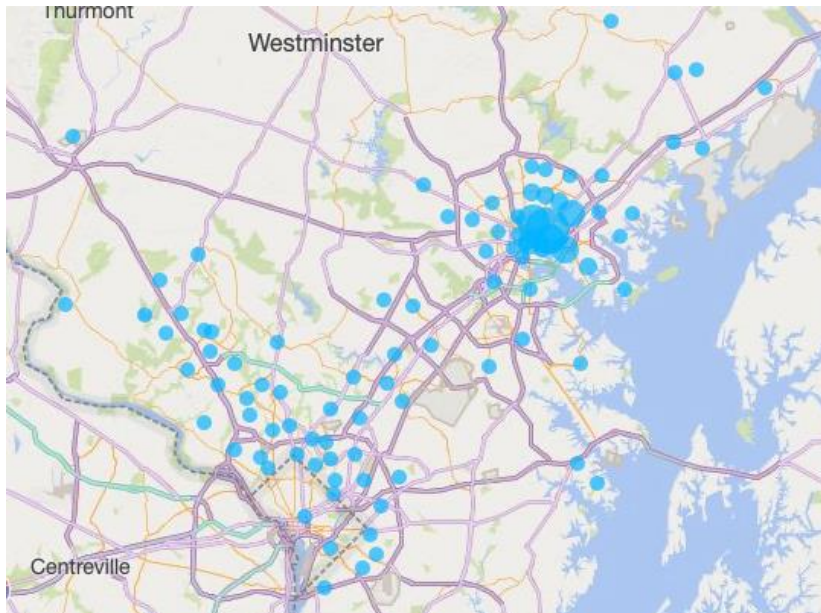
The Maryland General Assembly created the Commission to Study Trauma Center Funding in Maryland to study this issue and make recommendations. Throughout the Commission’s meetings, the state’s trauma centers demonstrated significant unmet financial need. The Commission’s final report recommended increasing revenue into the fund and liberalizing the uses of the fund. It also recognized the impact of firearm injuries on the State’s trauma centers.

Firearm injuries pose a significant public health challenge, and Johns Hopkins’ Trauma centers play a crucial role in managing and treating such cases. Our centers treat firearm injuries in patients from across the state, but they predominately occur in Baltimore City. In 2022, we treated 326 patients with firearm injuries at JHH adult, 83 at JHBMC, 51 at SH, and 32 at JHH pediatric.

Over the previous six years, those numbers are as follows:



Graph 1. Annual Volumes of GSW Patients Arriving to JHHS Hospitals
(Trauma Registry Data)



Graph 2. GSW Injury by Zip code at JHHS Hospitals
(Trauma Registry Data)

These cases are particularly challenging for trauma centers. 51% of all JHHS firearm injury patients required critical care services. 16% died of their injuries. The average injury severity score (ISS) for a firearm injury patient at JHH is 16.4. (An ISS over 15 represents Major Trauma.) The average hospital stay for a firearm injury patient is five days, and some patients in the last five years have had hospital stays of over 150 days; over 50 patients had greater than 30-day lengths of stay.

To support these patients, and their communities, the state's trauma centers require additional support, in the form of as the Commission found.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on **HB 1439**.