



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

HB1439

**Appropriations - Public Health -Funding for Trauma Centers and Services
Testimony in SUPPORT**

Chair Barnes, Vice Chair Chang, and esteemed members of the House Appropriations Committee, thank you for the opportunity to provide favorable testimony in support of House Bill 1439, aimed at providing more funding to the Maryland Trauma Physician Services Fund (“the Fund”) while increasing Maryland Health Care Commission’s flexibility to leverage the fund to meet the changing needs of Maryland’s Trauma Centers (“Centers”).

Maryland’s globally renowned trauma system serves over 25,000 seriously injured patients annually across the state, however, funding for the Centers has become too rigid for their evolving needs. Over twenty years ago, the goal of the Fund was to help cover uncompensated care, Medicaid underpayments, and supplement on-call payments to providers. Today, with the decrease in uncompensated care because of the ACA, the funding for this system is in dire need of reevaluation as on-call and standby costs grow without the Fund’s ability to adequately support these costs.

HB 1439 addresses this issue by increasing the funding for trauma centers and services while updating the methodology used to determine eligibility for disbursements from the Fund. The goal is to ensure the fund has the ability to evolve with the needs of the Centers by 1) providing more flexibility to MHCC for how it allocates the Fund to the Centers, 2) increasing the revenue allocated to the Fund through a nominal increase in the motor vehicle registration fee dedicated to the surcharge, and 3) increasing the revenue to the Fund via increasing the fines for violations related to driving while impaired.

First, the flexibility HB 1439 provides to MHCC for Fund allocation will address the changing costs that the trauma system faces. For example, in 2008, four years after the Fund was created, on-call costs amounted to 40% of total Fund payments to the Centers. Today, it accounts for 79% of the Fund.¹ This bill will ensure that there is a total rate increase that can be leveraged by MHCC for on-call and standby costs, and an increase in hours Level II Centers can bill for on-call services. In addition to the flat rate increases, there is also language that allows MHCC to

¹ Source: 2004-2023 Maryland Trauma Physician Service Fund Annual Reports

determine and adjust the rates in collaboration with the General Assembly and the Health Services Cost Review Commission (HSCRC) if more flexibility is needed in future years.

Additionally, HB1439 increases the revenue to the Fund by increasing the motor vehicle registration surcharge and increasing the criminal fines levied for convictions of driving while impaired. This will ensure the sustainability of the Fund in years to come, and is a needed increase in revenue since the registration fees have not been updated in twenty years. These increases are especially important for the sustainability of the Fund as funding mechanisms for hospitals like the Total Cost of Care model (TCOC) do not fully account for the fixed readiness costs needed for hospitals to maintain their Trauma Centers.

Any Marylander can experience a serious injury which requires immediate trauma care. In FY23, 24,112 adults and 1,075 children were treated within the Maryland trauma care system and those cases spanned injuries related to falls constituted 47%, while injuries related to motor vehicular crashes were 25%, and serious firearm injuries were 7%.² Whether for falls, gunshot wounds, or car accidents, the trauma care provided is a life-saving necessity. Maryland is fortunate to have a world-renowned trauma care system capable of providing rapid and effective treatment, and passing this legislation helps Maryland maintain this system long into the future.

Thank you for the committee's consideration, and I respectfully request a favorable report on HB 1439.

² Source: Maryland Trauma Registry via the Commission to Study Trauma Report