

February 14, 2024

To: Chairman Guzzone, Vice Chair Rosapepe and Budget & Taxation Committee Members

Bill: Senate Bill 784-Comprehensive Community Safety Funding Act

Position: Favorable

Dear Chairman Guzzone 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 Senate Bill 784. We thank Senator Elfreth and the Chairman for the ongoing leadership to support our trauma system in Maryland. The Comprehensive Community Safety Funding Act (Senate Bill 784) would impose an 11% excise tax on gross receipts from companies’ firearm manufacturers. The legislation does not directly tax consumers. SB784 directs new revenue to programs that are prepared to address violence via a medical intervention when needed (Maryland Trauma Fund), ensure victims of violence are supported, expand community-based violence intervention grants, and establish a Firearm Violence Prevention Center to conduct gun violence research, mitigating risks, early intervention strategies and assisting in implementing policy.

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 are designated by the state to be trauma centers. 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.

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) and potentially identifying other revenue sources (such as this bill) to support increased investment in trauma care.

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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 on Senate Bill 784.

For more information, please contact:

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Attachment: Fact Sheet on Sinai Level II Trauma Program