

**TO:** The Honorable Guy Guzzone, Chair  
*Senate Budget & Taxation Committee*

**SB1092**  
**Favorable**

**FROM:** Michael Huber  
*Director, Maryland Government Affairs*

**DATE:** February 28, 2024

**RE: SB1092: Vehicle Registration - Emergency Medical System Surcharge - Increase and Distribution of Funds**

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Johns Hopkins supports **SB1092: Vehicle Registration - Emergency Medical System Surcharge - Increase and Distribution of Funds**. This bill provides increased revenue to the Maryland Trauma Physician Services Fund (the “Trauma Fund”) whose funding level has not changed in over 20 years and also provides funds to further strengthen the R. Adams Crowley Shock Trauma Center and the Maryland Emergency Medical System Operations 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 both an Adult and Pediatric hospital service, Johns Hopkins Bayview Medical Center (JHBMC) also in Baltimore, and Suburban Hospital (SH) in Montgomery County. Additionally, Johns Hopkins operates two of the specialty trauma centers: the Adult Burn Center and the Wilmer Eye Center.

The demand for these services is high and has continued to grow coming out of the pandemic. In FY19, the Johns Hopkins state-designated trauma centers treated 7,554 patients. That number grew almost 19% to 8,956 in FY23.

An increasing number of those additional trauma cases resulted from firearm injuries which have a disproportionate impact on costs. 51% of all JHHS firearm injury patients required critical care services. 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.

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 thousands of trauma patients in the state every year, but there are challenges with providing that care, including bearing readiness costs.

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. The Fund also allows hospitals to pay physicians for on-call and standby expenses and makes modest grants for equipment. 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. At the Johns Hopkins trauma centers, this shortfall has climbed to over \$5 million annually.

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.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on **SB1092**.

Thank you.

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