



Date: February 29, 2024

To: Chair Guzzone and Budget and Taxation Committee

Reference: Senate Bill 1092- Vehicle Registration - Emergency Medical System Surcharge - Increase and Distribution of Funds

Position: Favorable

Dear Chairman 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 1092. We want to express our sincere gratitude to Senators Guzzone and Elfreth and the Committee 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 has a significant number of trauma volume as a Level II Trauma Center serving the greater Baltimore area caring for more than 3,000 patients per year.**

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

CARE BRAVELY

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) 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.* 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:

Jennifer Witten

Vice President Government Relations

jwitten2@lifebridgehealth.org