

Senate Bill 1092- Vehicle Registration - Emergency

Uploaded by: Jennifer Witten

Position: FAV



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

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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

Vehicle Registration - Emergency Medical System Su

Uploaded by: Michael Cox

Position: FAV



UNIVERSITY OF
MARYLAND

MARYLAND FIRE AND RESCUE INSTITUTE

Michael E. Cox, Jr., Executive Director

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February 28, 2024

Senator Guzzone
3 West Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Dear Senator Guzzone,

I am writing to you on behalf of the Maryland Fire and Rescue Institute (MFRI), the state's comprehensive education and training facility for emergency services. Annually training 25,000 to 35,000 first responders, our institute delivers high-quality, all-encompassing Emergency Medical Services (EMS), Fire, and Rescue training programs to every jurisdiction in the state. As Executive Director of MFRI, I am submitting my testimony in support of Senate Bill 1092.

The bill requests an increase in motor vehicle registration fees to support the Maryland Emergency Medical Services Operations Fund. The additional revenue is essential to support statewide, first-responder services which include: ten trauma helicopters, the R Adams Cowley Shock Trauma Center, Maryland Institute for Emergency Medical Services Systems (MIEMSS), and Maryland Fire and Rescue Institute (MFRI).

The above entities have been severely impacted by the rise in inflation and are a necessity to ensure the safety of Maryland's citizens.

MFRI's training programs are essential to swift and efficient response to EMS, Fire, Rescue, and all-hazards emergencies. Before an emergency medical technician (EMT), paramedic or firefighter can contribute to their communities, they must receive proper training. Training is also imperative to protect first responders from the inherent dangers of their roles.

Additionally, we must be able to quickly address and train first responders as new hazards emerge.

I ask you and your constituents for assistance to ensure Maryland's statewide medical system has the required resources to protect life, property, and the environment.

Sincerely,

Michael E. Cox, Jr., MS, CFO, EFO, NRP
Executive Director

SB1092 SUPPORT Johns Hopkins.pdf

Uploaded by: Michael Huber

Position: FAV

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

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.

Michael Huber
Director, Maryland Government Affairs
Government, Community and Economic Partnerships
Johns Hopkins University and Medicine

SB1092.pdf

Uploaded by: Mike McKay

Position: FAV

MIKE MCKAY
Legislative District 1
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Judicial Proceedings Committee
Executive Nominations Committee

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 20, 2024

RE: Fire/EMS Coalition Support for Senate Bill 1092

Dear Chairman Guzzone, Vice Chair Rosapepe, and Members of the Committee,

The Fire/EMS Coalition would like to express their support for Senate Bill 1092: Vehicle Registration - Emergency Medical System Surcharge - Increase and Distribution of Funds. The bill will increase the motor vehicle registration emergency medical system surcharge to \$40.00 per year for certain motor vehicles. This bill also provides for the distribution of revenues derived from the surcharge.

The Fire/EMS Coalition supports Senate Bill 1092 as it will be financially beneficial to first responders in the state. The Coalition supports this important safety effort.

Sincerely,

A handwritten signature in black ink that reads 'Mike McKay'.

Senator Mike McKay
Representing the Appalachia Region of Maryland
Serving Garrett, Allegany, and Washington Counties

Voting Organizations:

Maryland Fire Chief's Association (MFCA)
Maryland State Firemen's Association (MSFA)
State Fire Marshal (OSFM)
Maryland Fire Rescue Institute (MFRI)
Maryland Institute for Emergency Medical Services System (MIEMMS)
Metro Fire Chief's Association
Professional Firefighters of Maryland

Our Mission Statement

The Maryland Fire/EMS Coalition unites Republicans and Democrats in support of fire/emergency services legislation that benefit all first responders. Becoming a member does not require taking positions on legislation;

rather Coalition members are asked to offer support in a way that best benefits fire/emergency services in their respective Legislative Districts.

SB1092 testimony.pdf

Uploaded by: Robert Phillips

Position: FAV

MARYLAND STATE FIREMEN'S ASSOCIATION

REPRESENTING THE VOLUNTEER FIRE, RESCUE, AND EMS PERSONNEL OF MARYLAND.



Robert P. Phillips

Chairman

Legislative Committee

17 State Circle

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SB 1092: Public Safety - Corrugated Stainless Steel Tubing for Fuel Gas Piping Systems - Requirements and Prohibitions

My name is Robert Phillips, I am the Legislative Committee Chair for the Maryland State Firefighters Association (MSFA). The MSFA represents the 25,000 plus volunteer Fire/EMS and Rescue first responders across the state.

I wish to present testimony in favor of House Bill 503: Public Safety - Corrugated Stainless Steel Tubing for Fuel Gas Piping Systems - Requirements and Prohibitions

The MSFA fully supports the adoption of this bill. We have seen first hand the effects of the original Corrugated Stainless Steel Tubing (CSST) when it is affected by a large electric voltage discharge. The fire service of Maryland has seen the deaths of two firefighter in fuel fed fires from the perforation of original CSST. An electrical arc can perforate the original CSST and cause a gas leak which will add fuel to a fire. Arc-resistant CSST (AR-CSST) has gone through several upgrades to its insulation that would better protect it from a perforation due to an electrical arc. This bill also mandates that the sale of non-AR-CSST will be illegal.

I thank the committee for their time and attention to this important bill and ask that you vote favorable on House Bill 321.

I will now be glad to answer any questions, or my contact information is listed above and welcome any further inquiries you might have.

Anne Arundel County _FAV_SB1092.pdf

Uploaded by: Steuart Pittman

Position: FAV



February 29, 2024

Senate Bill 1092

Vehicle Registration - Emergency Medical System Surcharge - Increase and Distribution of Funds

Senate Budget and Taxation Committee

Position: FAVORABLE

Anne Arundel County **SUPPORTS** Senate Bill 1092 -Vehicle Registration - Emergency Medical System Surcharge - Increase and Distribution of Funds. This Bill will increase the annual surcharge for certain motor vehicle registrations in order to support emergency medical services. Specifically this funding will support the R Adams Cowley Shock Trauma Center at the University of Maryland Medical System, and the Senator William H. Amoss Fire Rescue and Ambulance Fund and the Volunteer Company Assistance Fund, which benefit career and volunteer fire companies.

Our emergency medical technicians and the medical teams at the Shock Trauma Center provide care and support to our residents in their most vulnerable times. Our EMS professionals save lives during traumatic events such as car accidents and gun violence. But these systems have become increasingly strained in recent years, underscoring the need to ensure sustainable funding streams to support EMS activities. Even before the onset of the pandemic, emergency departments and emergency responders saw an increase in our residents using emergency medical services. COVID-19 only exacerbated this situation.

Chapters 341 and 342 of 2023 established the Commission to Study Trauma Center Funding in Maryland to assess the adequacy of trauma center funding across the State, and identify opportunities to improve funding mechanisms. Although we are still waiting on that Commission's final report, this bill takes important next steps to build on that work and ensure our emergency medical system has the resources we need to continue to save lives.

For these reasons, Anne Arundel County respectfully requests a **FAVORABLE** report on Senate Bill 1092.

SB 1092_Vehicle Registration_EMS System Surcharge

Uploaded by: Theodore Delbridge

Position: FAV



SB 1092 – Vehicle Registration – Emergency Medical System Surcharge – Increase and Distribution of Funds

Summary: SB 1092 increases the vehicle registration fee surcharge that supports various components of the statewide EMS system and distributes revenues from that surcharge to increase support to the Trauma Physician Services Fund, to provide funds to the R Adams Cowley Shock Trauma Center, with the balance to be paid to the Maryland Emergency Medical Services Operations Fund (MEMSOF).

MIEMSS Position: Support

The vehicle registration fee surcharge (currently \$17 annually) supports:

- **The MEMSOF (\$14.50)** which is used solely for the entities below:
 - Maryland State Police Aviation Command’s medevac functions; general funds support other non-medevac functions, e.g., law enforcement.
 - Maryland Institute for Emergency Medical Services Systems (MIEMSS) -- an independent state agency that oversees and coordinates all components of the EMS system.
 - R Adams Cowley Shock Trauma Center – Maryland’s Primary Adult Resource Center for the treatment of trauma receives a small portion of the MEMSOF.
 - Maryland Fire & Rescue Institute -- provides training and continuing education for many of Maryland’s EMS providers, within the career/volunteer Fire/EMS communities.
 - Local grants under the Senator William H. Amoss Fire, Rescue, and Ambulance Fund (Amoss Fund) to counties to promote effective and high-quality fire protection, rescue and ambulance services. Grants are administered by MDEM and distributions are made according to each county’s percentage of total property tax distributions.

MEMSOF expenditures are affected by inflation; motor vehicle surcharges, originally enacted in 1992, have not been increased since 2013. As a result, both DLS and DBM project MEMSOF to become insolvent in FY26.

- **The Trauma Physician Services Fund (\$2.50)** which provides supplemental funding to help support some of the costs associated with the substantial financial commitment associated with trauma revenue.

Surcharge revenues available to the Trauma Physician Fund are insufficient to provide the support needed by Maryland trauma centers and trauma practitioners. The Commission to Study Trauma Center Funding in Maryland recommended increased support for trauma centers and practitioners. (Report under SB 493/Ch 342; HB 675/Ch 341 Laws of MD 2023).

- **The R Adams Cowley Shock Trauma Center** provides the State’s highest level of capability and readiness. Although the Center currently receives a small portion of the MEMSOF, it is woefully inadequate to meet the needs of the Center as it provides 24/7 emergency care of significantly injured patients from resuscitation to discharge. The Center’s stand-by costs alone, which are underfunded and not established in hospital rates, exceed \$9 million/year.

The Shock Trauma Center needs additional annual support to meet the needs of critically injured trauma patients and to continue operations as Maryland’s highest level trauma center.

MIEMSS Supports SB 1092 and Asks for a Favorable Report

SB 1092- Vehicle Registration- Emergency Medical S

Uploaded by: Thomas Scalea

Position: FAV



Vehicle Registration- Emergency Medical System Surcharge- Increase and Distribution of Funds
Budget and Taxation Committee
Senator Guy Guzzone
February 29, 2024

The R Adams Cowley Shock Trauma Center is a core element of the State's Emergency Medical Services System and serves as the State's Primary Adult Resource Center (PARC) for the treatment of trauma. Specifically, the law mandates Shock Trauma to serve as (a) the State's primary adult trauma center, (b) the statewide referral center for the treatment of head, spinal and multiple trauma injuries, (c) the regional trauma center for Region III and the southwest quadrant of Baltimore City, and (d) the statewide referral center for patients in need of hyperbaric medical treatment.

The R Adams Cowley Shock Trauma Center is the State's only freestanding trauma hospital serving over 6,500 patients annually. It serves as a vital statewide clinical resource and uniquely maintains an around-the-clock state of readiness in its dedicated trauma resuscitation unit (TRU), operating rooms and recovery rooms. The facility and its staff are organized for on-demand access and treatment of the State's most critically ill and injured patients to a degree unparalleled anywhere in the system. The MIEMSS PARC designation represents the highest level of capability and readiness for the delivery of trauma care across the state of Maryland and the country. As a result, the Shock Trauma Center has unique operating and financial requirements that distinguish it from any other Maryland trauma center and are the basis for State operating support.

The Shock Trauma Center receives financial support from the State for operating and capital expenses. The Governor has included \$3.7 million in state operating support for Shock Trauma for fiscal year 2025 through MEMSOF. MEMSOF has been a cornerstone of this State's capability to provide every citizen a broad and uncompromised safety net. Keeping those entities that are a part of MEMSOF supported each year strengthens our ability to provide the highest level of care to Marylanders.

We are extremely grateful for the additional \$5 million that the legislators provided to supplement the Shock Trauma Center's stand-by cost for FY24. As well as, the \$9.5 million, that the legislators allocated to support the Maryland Trauma System of which the Shock Trauma Center has been earmarked \$1,221,910.

Despite these additional funds, the Shock Trauma Center continues to face unprecedented financial challenges related to inflation in the cost of dedicated staff, the cost of supplies, drugs and purchased services. While the HSCRC provides support in the rate structure for most of the cost of the care that we deliver, the unfunded portion is growing substantially. On the hospital side, the unfunded portion of the cost of inflation of salaries, supplies, drugs and services has risen considerably since 2018. In addition to that, despite substantial support from the hospital and net of the support already received from the trauma fund as it exists today, our faculty practice plans are operating at a deficit.



In order to grow to the capacity to consistently staff eight of the nine physical operating rooms that exist both in terms of nursing, anesthesia, supply and surgeon costs, we need to invest a substantial amount annually.

We should be investing more in prevention so that in the future the rate of injury to the population eventually decreases. We also need to invest more in our quality and education programs. None of that is currently funded through trauma rates or through support from the trauma fund.

These financial shortfalls are significant, and without substantial continued support, both the ability for our trauma system to continue to meet the needs of our citizens and to improve access to care for the most vulnerable among us will be in jeopardy.

SB1092.pdf

Uploaded by: brian quinn

Position: FWA



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February 29, 2024

Senator Guy Guzzone, Chairman
Senate Budget & Taxation Committee
3 West Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

Re: SB 1092 – Vehicle Registration – Emergency Medical System Surcharge – Increase and Distribution of Funds – **FAVORABLE WITH AMENDMENTS**

Dear. Senator Guzzone

TidalHealth, a Level 3 trauma center located in Salisbury on the Eastern Shore, respectfully supports SB 1092 with amendments.

TidalHealth is proud to serve as a beacon of hope and healing, providing comprehensive trauma care with more than 12 specialties available on call 24/7, every day of the year. Our dedication to maintaining this level of readiness comes with significant financial commitments, exceeding \$20 million annually to ensure access to the necessary physician specialists, a burden we shoulder without direct funding from the Health Services Cost Review Commission (HSCRC). Despite these challenges, our commitment does not waver. Last year, out of 2,600 trauma patients, TidalHealth transferred only a very small fraction to another hospital, highlighting our capability to provide high-level care. Our reach extends across the state, having treated patients from every county in Maryland, underscoring the universal impact and necessity of our services.

Prompted by our advocacy last year, the General Assembly enacted legislation to establish the Commission to Study Trauma Center Funding in Maryland (Chapter 342). Our Chief Medical Officer, Dr. Trudy Hall, served on this commission, contributing valuable insights towards improving Maryland's trauma care system. The final report of the Commission (dated January 2024) proffered numerous recommendations including a recommendation to increase the MVA assessment on vehicle registrations. SB 1092 implements one of the recommendations from the Commission's final report. Specifically, SB 1092 an increase to the vehicle registration fee from the current \$17 to \$40 and allocate the increased revenues as follows: (1) \$7.50 to the Trauma Fund; (2) \$9 to Shock Trauma and (3) balance to MEMSOF.

TidalHealth appreciates SB 1092 and the proposed increase in the vehicle registration fees. Indeed, the Trauma Commission report included such a recommendation. However, the Trauma Commission did not recommend carving out a portion of the revenues from the fee increase earmarked specifically for the R Adams Cowley Shock Trauma Center.

Last year when creating the Trauma Commission - the General Assembly recognized the funding issues faced by the entire statewide trauma system – not just Shock Trauma. Also, Shock Trauma receives significant benefits from other State funding sources not available to the other trauma centers. Respectfully, TidalHealth supports SB 1092 with an amendment to delete the provision that requires the Governor annual to allocate at least \$9.00 of the surcharge directly to Shock Trauma (i.e., On page 2, delete lines 19-22).

Our experience and the challenges we face underscore the need for a more inclusive approach to trauma care funding. The gap in funding for Level 3 trauma centers, exacerbated by additional COMAR requirements, places undue strain on our resources and limits our capacity to serve our communities effectively. We urge all trauma centers to be lifted up, not a focus on one part of the system. All boats rise with a rising tide.

We believe that, with your support and leadership, we can implement innovative and sustainable solutions to the challenges faced by all Maryland's trauma care system.

Thank you for your unwavering commitment to improving trauma care across Maryland. We look forward to your response and the opportunity to discuss these proposals further. Together, we can ensure that all Marylanders have access to the highest level of trauma care, regardless of where they live.

Sincerely



Christopher C. Hall
Vice President Strategy / Chief Business Officer

Children's National Testimony - SB 1092 - Jennifer

Uploaded by: Jennifer Fritzeen

Position: FWA



111 Michigan Ave NW
Washington, DC 20010-2916
ChildrensNational.org

**Testimony of Jennifer Fritzeen, MSN, RN, PCNS
Trauma and Burn Surgery Program Manager
Children's National Hospital
Before
Senate Budget and Taxation Committee
IN SUPPORT WITH AMENDMENT
SB 1092: Vehicle Registration – Emergency Medical System Surcharge – Increase and
Distribution of Funds**

February 29, 2024

Chairman Guzzone, Vice Chair Rosapepe and members of the committee, thank you for the opportunity to provide testimony in favor of Senate Bill 1092 with amendment. My name is Jennifer Fritzeen and I am the Trauma and Burn Surgery Program Manager at Children's National Hospital. Children's National has been serving the nation's children since 1870. Nearly 60% of our patients are residents of Maryland, and we maintain a network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland.

Senate Bill 1092 takes an important step towards financially supporting the entire Maryland trauma system, of which Children's National plays a vital role. Children's National is one of only two Level I Pediatric Trauma centers serving Maryland's children in need of the highest level of trauma care. As a result, the hospital receives \$590,000 annually from the Maryland Trauma Physicians Services Fund. Since the last funding increase in 2008, trauma volume has surged at our hospital by 17%. In 2022 alone, we cared for 866 Maryland trauma patients and on average, children residing in Maryland comprise 55-60% of the total trauma volume at Children's National. The hospital's commitment to providing immediate and specialized care comes with substantial costs to maintain readiness for trauma activations.

Recognizing the gaps in trauma funding, during the 2023 legislative session, the General Assembly established the Commission to Study Trauma Center Funding (the Commission). As an

integral part of the Maryland Trauma System, in its final report, the Commission recommended increasing the annual funding to Children's National from \$590,000 to \$900,000 for uncompensated care provided to Maryland children and for on-call costs associated with trauma readiness. Consistent with the Commission's recommendation, we have offered an amendment to increase Children's National annual funding from the Maryland Trauma Physician Services Fund to at least \$900,000 (*enclosed*).

We applaud the Maryland General Assembly for creating the Commission to Study Trauma Center Funding and for introducing this legislation, which is essential for the Maryland Trauma System to continue to deliver exceptional, high-quality, and timely care to trauma patients across Maryland. For these reasons, we urge a favorable report on Senate Bill 1092 with the stated amendment. Thank you for the opportunity to submit testimony. I am happy to respond to any questions you may have.

Trauma Fund – Amendment for Children’s National

The annual payment to Children’s was last adjusted in 2008. MHCC, in its most recent report, recommends an increase in the annual payment to \$900,000.

AMENDMENT

“SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:
Chapter 238 of the Acts of 2008

SECTION 2. AND BE IT FURTHER ENACTED, That the Health Services Cost Review Commission shall develop guidelines for the approval of an annual grant from the Maryland Trauma Physician Services Fund under § 19–130 of the Health – General Article of [up to \$590,000] AT LEAST \$900,000 to subsidize the stand–by costs for an out–of–state pediatric trauma center that has entered into an agreement with the Maryland Institute for Emergency Services Systems.”.

SB1092-BT_MACo_SWA.pdf

Uploaded by: Kevin Kinnally

Position: FWA



Senate Bill 1092

Vehicle Registration - Emergency Medical System Surcharge - Increase and Distribution of Funds

MACo Position: **SUPPORT**

To: Budget and Taxation Committee

WITH AMENDMENTS

Date: February 29, 2024

From: Dominic J. Butchko and Kevin Kinnally

The Maryland Association of Counties (MACo) **SUPPORTS SB 1092 WITH AMENDMENTS**. This bill, among other actions, increases the motor vehicle surcharge, which funds the Maryland Emergency Medical System Operations Fund (MEMSOF). This fund is already the central source for State assistance to fire companies, and counties urge that the funding and mission of SB 1092 be amended to additionally target urgent needs of fire service employees.

Today, when Marylanders dial 9-1-1, there is an expectation that first responders will arrive within a matter of minutes and instantaneously deliver care. Marylanders have rightfully grown to rely on this service as it has become a core pillar of a functioning society. However, that pillar is eroding and in more and more pockets of the state, emergency response times are starting to creep up. No one is more cognizant, or more concerned with this growing trend, than Maryland's 24 counties.

For two years, MACo has spearheaded an all-hands-on-deck, multistakeholder collaborative effort - to call attention to and find solutions for Maryland's fire and EMS recruitment and retention crisis. This effort led to the 2023 creation of the Commission to Advance and Strengthen Firefighting and EMS Within Maryland, which included the Maryland Association of Counties, Maryland Municipal League, Maryland State Firemen's Association, International Association of Firefighters, Maryland Fire Rescue Institute, Maryland Institute for Emergency Medical Services Systems, Metropolitan Fire Chiefs Association, and the Maryland Fire Chiefs Association.

In December 2023, the Commission delivered a detailed report outlining the current state of fire and EMS recruitment and retention and outlined several recommendations to reverse these startling trends. While it is easy to create policies and establish programs, without resources, Marylanders will continue to be put at a greater and greater risk. **Counties request that, through amendments to SB 1092, an additional \$2.00 be added to the motor vehicle surcharge and reserved specifically for the recruitment and retention incentives outlined in HB 899/SB 692, the Commission's programmatic recommendations.**

Counties request that \$2.00 be added to the motor vehicle surcharge in order to implement fire and EMS recruitment and retention incentives. For this reason, MACo urges the Committee to give SB 1092 a **FAVORABLE WITH AMENDMENTS** report. Additional information on MACo's firefighter and EMS recruitment and retention initiative is included on the next page, for reference.

Broad Overview of MACo's Firefighter and EMS Recruitment and Retention Initiative

MACo's Fire and EMS initiative implements several of the recommendations from the 2023 report of the Commission to Advance and Strengthen Firefighting and EMS Within Maryland.

#1 – Strengthens the Charles W. Riley Firefighter and Ambulance and Rescue Squad Member Scholarship Program

- **Expands** the program to cover 100% of the cost of tuition and mandatory fees at in-state community colleges and for undergraduate education, and 50% of tuition and mandatory fees for graduate education.
- **Expands** the universe of programs which qualify for funding, reflecting the needs of our modern emergency response networks.
- **Clarifies** that funding for the program is to be utilized after all other grants, scholarships, and financial aid (excluding student loans) are awarded.
- **Clarifies** that funding is available on a first-come first-serve basis.

#2 - Creates the Maryland Loan Assistance Repayment Program for Firefighters and EMS Providers

- **Establishes** a new program for awarding student loan assistance to firefighters and EMS personnel based on years of service, rank, and other criteria established by MHEC.
- This new program is modeled after the Maryland Loan Assistance Repayment Program for Police Officers.

#3 – Explores additional recommendations from the Commission related to childcare and healthcare

- Second to education, the Commission also identified access to childcare and healthcare as a critical barrier to recruitment and retention. These areas present a greater level of complexity and deserve additional study to develop next steps. The bill asks the Department of Budget & Management to evaluate the feasibility of:
 - a program to extend coverage through health insurance offerings for State employees to qualified firefighters who do not receive comparable coverage through their employment in that capacity. The evaluation should consider a fully employee-paid option without direct cost effects on State premiums.
 - a program to extend limited childcare coverage to career and volunteer firefighters through a cost share program where counties and the State split all costs equally.