

HOUSE BILL 1

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2003 Regular Session
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(PRE-FILED)

By: ~~Delegates Busch and Hurson~~ **Busch, Hurson, Benson, Boutin,
Bromwell, Costa, Donoghue, Goldwater, Hammen, Haynes, Hubbard,
Mandel, Morhaim, Murray, Nathan-Pulliam, Oaks, Pendergrass,
Rosenberg, Rudolph, V. Turner, and Weldon**

Requested: November 20, 2002
Introduced and read first time: January 8, 2003
Assigned to: Health and Government Operations

Committee Report: Favorable with amendments
House action: Adopted with floor amendments
Read second time: March 13, 2003

CHAPTER _____

1 AN ACT concerning

2 **Maryland Trauma System Funding Act and Emergency Medical Response**
3 **System - Funding and Structure**

4 FOR the purpose of establishing the Maryland Trauma Physician Services Fund;
5 stating the purpose of the Fund; specifying the manner in which expenditures
6 may be made from the Fund; specifying certain criteria and parameters to be
7 taken into account in developing a certain reimbursement methodology;
8 ~~requiring certain physicians to apply to the Fund for reimbursement~~ physicians
9 ~~or facilities seeking reimbursement from the Fund to apply in a certain manner;~~
10 requiring the Maryland Health Care Commission and the Health Services Cost
11 Review Commission to adopt regulations that specify certain information
12 physicians and trauma centers must submit to receive money from the Fund;
13 stating the intent of the General Assembly that trauma physicians and trauma
14 centers cooperate with the Maryland Health Care Commission and the Health
15 Services Cost Review Commission; requiring the Maryland Health Care
16 Commission and the Health Services Cost Review Commission to file a certain
17 annual report with the General Assembly in a certain manner; specifying a
18 certain purpose of the Maryland Health Care Commission; specifying a certain
19 duty of the Health Services Cost Review Commission; ~~requiring certain insurers~~
20 ~~to remit a certain fee to the Fund in a certain manner; authorizing certain~~
21 ~~insurers to recoup a certain fee from certain policyholders~~ requiring certain
22 applicants for certain drivers' licenses and certain licensees renewing certain
23 drivers' licenses to pay to the Motor Vehicle Administration, in addition to
24 certain required fees, a surcharge in a certain amount; requiring certain moneys

1 to be paid into the Fund in a certain manner and at certain intervals; altering
2 certain findings of the General Assembly; altering the purpose, composition, and
3 duties of a certain Panel established to study the potential funding needs of
4 certain trauma centers; requiring the Panel to study, and make
5 recommendations about, the structure and funding of the State's emergency
6 medical response system; requiring the Panel to submit certain reports to the
7 Governor and certain committees of the General Assembly on or before certain
8 dates; providing for the termination of the Panel; providing for the termination
9 of certain provisions of this Act; defining a certain term terms; and generally
10 relating to trauma physicians and, trauma services, and the State's emergency
11 medical response system.

12 ~~BY adding to~~
13 ~~Article - Health - General~~
14 ~~Section 19-130~~
15 ~~Annotated Code of Maryland~~
16 ~~(2000 Replacement Volume and 2002 Supplement)~~

17 BY repealing and reenacting, with amendments,
18 Article - Health - General
19 Section 19-103(c) and 19-207(b)
20 Annotated Code of Maryland
21 (2000 Replacement Volume and 2002 Supplement)

22 BY adding to
23 Article - Health - General
24 Section 19-130
25 Annotated Code of Maryland
26 (2000 Replacement Volume and 2002 Supplement)

27 ~~BY adding to~~
28 ~~Article - Insurance~~
29 ~~Section 19-517~~
30 ~~Annotated Code of Maryland~~
31 ~~(2002 Replacement Volume and 2002 Supplement)~~

32 BY repealing and reenacting, without amendments,
33 Article - Transportation
34 Section 16-111.2(a) and (b)
35 Annotated Code of Maryland
36 (2002 Replacement Volume)

37 BY adding to
38 Article - Transportation
39 Section 16-111.2(g)

1 Annotated Code of Maryland
2 (2002 Replacement Volume)

3 BY repealing and reenacting, with amendments,

4 Article - Transportation
5 Section 16-818

6 Annotated Code of Maryland
7 (2002 Replacement Volume)

8 BY repealing and reenacting, with amendments,

9 Chapter 33 of the Acts of the General Assembly of 2001
10 Section 2 and 4

11 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
12 MARYLAND, That the Laws of Maryland read as follows:

13 **Article - Health - General**

14 19-103.

15 (c) The purpose of the Commission is to:

16 (1) Develop health care cost containment strategies to help provide
17 access to appropriate quality health care services for all Marylanders, after
18 consulting with the Health Services Cost Review Commission;

19 (2) Promote the development of a health regulatory system that
20 provides, for all Marylanders, financial and geographic access to quality health care
21 services at a reasonable cost by:

22 (i) Advocating policies and systems to promote the efficient
23 delivery of and improved access to health care services; and

24 (ii) Enhancing the strengths of the current health care service
25 delivery and regulatory system;

26 (3) Facilitate the public disclosure of medical claims data for the
27 development of public policy;

28 (4) Establish and develop a medical care data base on health care
29 services rendered by health care practitioners;

30 (5) Encourage the development of clinical resource management systems
31 to permit the comparison of costs between various treatment settings and the
32 availability of information to consumers, providers, and purchasers of health care
33 services;

34 (6) In accordance with Title 15, Subtitle 12 of the Insurance Article,
35 develop:

1 (i) A uniform set of effective benefits to be included in the
2 Comprehensive Standard Health Benefit Plan; and

3 (ii) A modified health benefit plan for medical savings accounts;

4 (7) Analyze the medical care data base and provide, in aggregate form,
5 an annual report on the variations in costs associated with health care practitioners;

6 (8) Ensure utilization of the medical care data base as a primary means
7 to compile data and information and annually report on trends and variances
8 regarding fees for service, cost of care, regional and national comparisons, and
9 indications of malpractice situations;

10 (9) Establish standards for the operation and licensing of medical care
11 electronic claims clearinghouses in Maryland;

12 (10) Reduce the costs of claims submission and the administration of
13 claims for health care practitioners and payors;

14 (11) Develop a uniform set of effective benefits to be offered as
15 substantial, available, and affordable coverage in the nongroup market in accordance
16 with § 15-606 of the Insurance Article;

17 (12) Determine the cost of mandated health insurance services in the
18 State in accordance with Title 15, Subtitle 15 of the Insurance Article; [and]

19 (13) Promote the availability of information to consumers on charges by
20 practitioners and reimbursements from payors; AND

21 (14) OVERSEE AND ADMINISTER THE MARYLAND TRAUMA PHYSICIAN
22 SERVICES FUND IN CONJUNCTION WITH THE HEALTH SERVICES COST REVIEW
23 COMMISSION.

24 19-130.

25 ~~(A) IN THIS SECTION, "FUND" MEANS THE MARYLAND TRAUMA PHYSICIAN~~
26 ~~SERVICES FUND.~~

27 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
28 INDICATED.

29 (2) "FUND" MEANS THE MARYLAND TRAUMA PHYSICIAN SERVICES
30 FUND.

31 (3) (I) "TRAUMA CENTER" MEANS A FACILITY DESIGNATED BY THE
32 MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS AS:

33 1. THE STATE PRIMARY ADULT RESOURCE CENTER;

34 2. A LEVEL I TRAUMA CENTER;

1 MEDICAL ASSISTANCE PROGRAM WHO IS A TRAUMA PATIENT ON THE STATE TRAUMA
2 REGISTRY;

3 (III) INCURRED BY A TRAUMA CENTER TO MAINTAIN TRAUMA
4 PHYSICIANS ON-CALL AS REQUIRED BY THE MARYLAND INSTITUTE FOR
5 EMERGENCY MEDICAL SERVICES SYSTEMS; AND

6 (IV) INCURRED BY THE COMMISSION AND THE HEALTH SERVICES
7 COST REVIEW COMMISSION TO ADMINISTER THE FUND AND AUDIT
8 REIMBURSEMENT REQUESTS TO ASSURE APPROPRIATE PAYMENTS ARE MADE FROM
9 THE FUND.

10 (3) THE COMMISSION AND THE HEALTH SERVICES COST REVIEW
11 COMMISSION SHALL ADMINISTER THE FUND.

12 ~~(3)~~ (4) THE FUND IS A CONTINUING SPECIAL, NONLAPSING FUND
13 ~~WHICH THAT~~ IS NOT SUBJECT TO § 7-302 OF THE STATE FINANCE AND
14 PROCUREMENT ARTICLE.

15 ~~(4)~~ (5) INTEREST ON AND EARNINGS ON OTHER INCOME FROM THE
16 FUND SHALL BE SEPARATELY ACCOUNTED FOR AND CREDITED TO THE FUND, AND
17 ARE NOT SUBJECT TO § 6-226(A) OF THE STATE FINANCE AND PROCUREMENT
18 ARTICLE.

19 (C) THE FUND CONSISTS OF MOTOR VEHICLE INSURANCE POLICY
20 SURCHARGES COLLECTED IN ACCORDANCE WITH § 19-517 OF THE INSURANCE
21 ARTICLE DRIVER LICENSING SURCHARGES COLLECTED IN ACCORDANCE WITH §§
22 16-111.2(G) AND 16-818(D) OF THE TRANSPORTATION ARTICLE.

23 (D) (1) EXPENDITURES DISBURSEMENTS FROM THE FUND SHALL BE MADE
24 IN ACCORDANCE WITH A METHODOLOGY ESTABLISHED JOINTLY BY THE MARYLAND
25 HEALTH CARE COMMISSION AND THE HEALTH SERVICES COST REVIEW COMMISSION
26 TO CALCULATE UNCOMPENSATED CARE COSTS INCURRED BY TRAUMA PHYSICIANS
27 WHO AND TRAUMA CENTERS THAT ARE ELIGIBLE TO RECEIVE REIMBURSEMENT
28 UNDER SUBSECTION (B) OF THIS SECTION.

29 (2) THE METHODOLOGY DEVELOPED UNDER PARAGRAPH (1) OF THIS
30 SUBSECTION SHALL TAKE INTO ACCOUNT:

31 (I) THE AMOUNT OF PHYSICIAN UNCOMPENSATED CARE
32 PROVIDED BY TRAUMA PHYSICIANS;

33 (II) THE AMOUNT OF UNDER-COMPENSATED CARE ATTRIBUTABLE
34 TO THE TREATMENT OF MEDICAID ENROLLEES IN TRAUMA CENTERS;

35 (III) THE COST OF MAINTAINING TRAUMA PHYSICIANS ON-CALL;

36 ~~(4)~~ (IV) THE NUMBER OF PATIENTS SERVED BY TRAUMA
37 PHYSICIANS IN TRAUMA CENTERS;

1 ~~(III)~~ (V) THE NUMBER OF MARYLAND RESIDENTS SERVED BY
2 TRAUMA PHYSICIANS IN TRAUMA CENTERS; AND

3 ~~(IV)~~ (VI) THE EXTENT TO WHICH ~~PHYSICIAN UNCOMPENSATED~~
4 ~~CARE~~ TRAUMA-RELATED COSTS ARE OTHERWISE SUBSIDIZED BY HOSPITALS, THE
5 FEDERAL GOVERNMENT, AND OTHER SOURCES.

6 (3) THE METHODOLOGY DEVELOPED UNDER PARAGRAPH (1) OF THIS
7 SUBSECTION SHALL USE THE FOLLOWING PARAMETERS TO DETERMINE THE
8 AMOUNT OF REIMBURSEMENT MADE TO TRAUMA PHYSICIANS AND TRAUMA
9 CENTERS FROM THE FUND:

10 (I) THE COST INCURRED BY A TRAUMA CENTER TO MAINTAIN
11 TRAUMA PHYSICIANS ON-CALL SHALL BE REIMBURSED:

12 1. AT A RATE OF 20% OF THE REASONABLE COST
13 EQUIVALENTS HOURLY RATE FOR THE SPECIALTY, INFLATED TO THE CURRENT YEAR
14 BY THE PHYSICIAN COMPENSATION COMPONENT OF THE MEDICARE ECONOMIC
15 INDEX AS DESIGNATED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES,
16 MULTIPLIED BY 8,760 HOURS; AND

17 2. FOR THE MINIMUM NUMBER OF TRAUMA PHYSICIANS
18 REQUIRED TO BE ON-CALL, AS SPECIFIED BY THE MARYLAND INSTITUTE FOR
19 EMERGENCY MEDICAL SERVICES SYSTEMS IN ITS CRITERIA FOR ~~LEVEL 2 AND LEVEL~~
20 3 LEVEL II AND LEVEL III TRAUMA CENTERS;

21 (II) THE COST OF UNDER-COMPENSATED CARE INCURRED BY A
22 TRAUMA PHYSICIAN IN PROVIDING TRAUMA CARE TO ENROLLEES OF THE
23 MARYLAND MEDICAL ASSISTANCE PROGRAM WHO ARE TRAUMA PATIENTS ON THE
24 STATE TRAUMA REGISTRY SHALL BE REIMBURSED AT A RATE OF 100% OF THE
25 MEDICARE PAYMENT FOR THE SERVICE, MINUS ANY AMOUNT PAID BY THE
26 MARYLAND MEDICAL ASSISTANCE PROGRAM;

27 (III) THE COST OF UNCOMPENSATED CARE INCURRED BY A TRAUMA
28 PHYSICIAN IN PROVIDING TRAUMA CARE TO TRAUMA PATIENTS ON THE STATE
29 TRAUMA REGISTRY SHALL BE REIMBURSED AT A RATE OF 100% OF THE MEDICARE
30 PAYMENT FOR THE SERVICE, MINUS ANY RECOVERIES MADE BY THE TRAUMA
31 PHYSICIAN FOR THE CARE; AND

32 (IV) THE TOTAL REIMBURSEMENT TO EMERGENCY PHYSICIANS
33 FROM THE FUND MAY NOT EXCEED \$250,000 ANNUALLY.

34 ~~(3)~~ (4) IN ORDER TO RECEIVE REIMBURSEMENT, A TRAUMA
35 PHYSICIAN, OR A TRAUMA CENTER IN THE CASE OF ON-CALL COSTS, SHALL APPLY
36 TO THE FUND ON A FORM AND IN A MANNER APPROVED BY THE ~~MARYLAND HEALTH~~
37 ~~CARE~~ COMMISSION AND THE HEALTH SERVICES COST REVIEW COMMISSION.

38 (5) (I) THE COMMISSION AND THE HEALTH SERVICES COST REVIEW
39 COMMISSION SHALL ADOPT REGULATIONS THAT SPECIFY THE INFORMATION THAT

1 TRAUMA PHYSICIANS AND TRAUMA CENTERS MUST SUBMIT TO RECEIVE MONEY
 2 FROM THE FUND.

3 (II) THE INFORMATION REQUIRED SHALL INCLUDE:

4 1. THE NAME AND FEDERAL TAX IDENTIFICATION NUMBER
 5 OF THE TRAUMA PHYSICIAN RENDERING THE SERVICE;

6 2. THE DATE OF THE SERVICE;

7 3. APPROPRIATE CODES DESCRIBING THE SERVICE;

8 4. ANY AMOUNT RECOVERED FOR THE SERVICE RENDERED;

9 5. THE NAME OF THE TRAUMA PATIENT;

10 6. THE PATIENT'S TRAUMA REGISTRY NUMBER; AND

11 7. ANY OTHER INFORMATION THE COMMISSION AND THE
 12 HEALTH SERVICES COST REVIEW COMMISSION DEEM NECESSARY TO DISBURSE
 13 MONEY FROM THE FUND.

14 (III) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT TRAUMA
 15 PHYSICIANS AND TRAUMA CENTERS SHALL COOPERATE WITH THE COMMISSION
 16 AND THE HEALTH SERVICES COST REVIEW COMMISSION BY PROVIDING
 17 INFORMATION REQUIRED UNDER THIS PARAGRAPH IN A TIMELY AND COMPLETE
 18 MANNER.

19 (E) ~~THE MARYLAND HEALTH CARE~~ COMMISSION AND THE HEALTH SERVICES
 20 COST REVIEW COMMISSION SHALL REPORT ANNUALLY TO THE GENERAL ASSEMBLY,
 21 IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, ON:

22 (1) THE AMOUNT OF MONEY IN THE FUND;

23 (2) THE AMOUNT OF MONEY APPLIED FOR BY ~~ELIGIBLE~~ TRAUMA
 24 PHYSICIANS AND TRAUMA CENTERS;

25 (3) THE AMOUNT OF MONEY DISTRIBUTED IN THE FORM OF TRAUMA
 26 PHYSICIAN AND TRAUMA CENTER REIMBURSEMENTS; ~~AND~~

27 (4) ANY RECOMMENDATIONS FOR ALTERING THE MANNER IN WHICH
 28 TRAUMA ~~PHYSICIAN UNCOMPENSATED CARE COSTS~~ PHYSICIANS AND TRAUMA
 29 CENTERS ARE REIMBURSED FROM THE FUND; AND

30 (5) THE COSTS INCURRED IN ADMINISTERING THE FUND.

31 19-207.

32 (b) In addition to the duties set forth elsewhere in this subtitle, the
 33 Commission shall:

- 1 (1) Adopt rules and regulations that relate to its meetings, minutes, and
2 transactions;
- 3 (2) Keep minutes of each meeting;
- 4 (3) Prepare annually a budget proposal that includes the estimated
5 income of the Commission and proposed expenses for its administration and
6 operation;
- 7 (4) Within a reasonable time after the end of each facility's fiscal year or
8 more often as the Commission determines, prepare from the information filed with
9 the Commission any summary, compilation, or other supplementary report that will
10 advance the purposes of this subtitle;
- 11 (5) Periodically participate in or do analyses and studies that relate to:
- 12 (i) Health care costs;
- 13 (ii) The financial status of any facility; or
- 14 (iii) Any other appropriate matter; [and]
- 15 (6) On or before October 1 of each year, submit to the Governor, to the
16 Secretary, and, subject to § 2-1246 of the State Government Article, to the General
17 Assembly an annual report on the operations and activities of the Commission during
18 the preceding fiscal year, including:
- 19 (i) A copy of each summary, compilation, and supplementary report
20 required by this subtitle; and
- 21 (ii) Any other fact, suggestion, or policy recommendation that the
22 Commission considers necessary; AND
- 23 (7) OVERSEE AND ADMINISTER THE MARYLAND TRAUMA PHYSICIAN
24 SERVICES FUND IN CONJUNCTION WITH THE MARYLAND HEALTH CARE
25 COMMISSION.

26 **~~Article—Insurance~~**

27 ~~19-517.~~

- 28 ~~(A) (1) EACH INSURER THAT OFFERS, SELLS, OR DELIVERS MOTOR VEHICLE~~
29 ~~LIABILITY INSURANCE POLICIES IN THE STATE SHALL PAY ANNUALLY A FEE EQUAL~~
30 ~~TO \$2 MULTIPLIED BY THE TOTAL NUMBER OF MOTOR VEHICLES REGISTERED IN~~
31 ~~THE STATE INSURED BY THE CARRIER DURING THE YEAR.~~
- 32 ~~(2) THE MONEY SHALL BE PAID INTO THE MARYLAND TRAUMA~~
33 ~~PHYSICIAN SERVICES FUND ESTABLISHED UNDER § 19-130 OF THE HEALTH-~~
34 ~~GENERAL ARTICLE IN A MANNER AND AT INTERVALS DETERMINED BY THE~~

~~1 MARYLAND HEALTH CARE COMMISSION AND THE HEALTH SERVICES COST REVIEW
2 COMMISSION.~~

~~3 (B) THE FEE REQUIRED OF AN INSURER UNDER SUBSECTION (A) OF THIS
4 SECTION MAY BE RECOUPED FROM THE POLICYHOLDERS OF THE INSURER.~~

5 **Article - Transportation**

6 16-111.2.

7 (a) (1) When an applicant applies for an initial driver's license or for a class
8 of driver's license other than that which the applicant currently holds, the applicant
9 shall pay the Administration a license fee established by the Administration. This fee
10 covers issuance of a learner's instructional permit and, if the applicant qualifies
11 before the learner's instructional permit expires, issuance of a driver's license or
12 provisional license.

13 (2) If a learner's instructional permit is not required, the applicant shall
14 pay the Administration, when the driver's license is issued, a license fee established
15 by the Administration.

16 (b) For the renewal of a noncommercial Class A, B, C, D, E, or M driver's
17 license, a licensee shall pay the Administration a renewal fee established by the
18 Administration.

19 (G) (1) IN ADDITION TO THE FEES REQUIRED UNDER SUBSECTIONS (A) AND
20 (B) OF THIS SECTION, AN APPLICANT OR LICENSEE SHALL PAY THE ADMINISTRATION
21 A SURCHARGE OF \$10 FOR THE ISSUANCE OR RENEWAL OF A LICENSE.

22 (2) ALL MONEYS COLLECTED UNDER THIS SUBSECTION SHALL BE PAID
23 INTO THE MARYLAND TRAUMA PHYSICIAN SERVICES FUND ESTABLISHED UNDER §
24 19-130 OF THE HEALTH - GENERAL ARTICLE IN A MANNER AND AT INTERVALS
25 DETERMINED BY THE MARYLAND HEALTH CARE COMMISSION, THE HEALTH
26 SERVICES COST REVIEW COMMISSION, AND THE ADMINISTRATION.

27 16-818.

28 (a) An applicant for a commercial driver's license shall pay the Administration
29 the following fees established by the Administration:

30 (1) Upon application for a new commercial driver's license or a
31 commercial driver's license of a class other than that which the applicant holds:

32 (i) The base license fee if a commercial driver's instructional
33 permit is required or an amount established by the Administration if an instructional
34 permit is not required;

35 (ii) A commercial driver's license fee; and

36 (iii) The applicable fees listed in subsection (b) of this section;

1 (2) For the renewal of any class of commercial driver's license:

2 (i) A renewal fee;

3 (ii) A commercial driver's license fee; and

4 (iii) The applicable fees listed in subsection (b) of this section;

5 (3) For the conversion of a Maryland Class A, B, C, or D driver's license
6 to a commercial driver's license:

7 (i) A renewal fee;

8 (ii) A commercial driver's license fee; and

9 (iii) The applicable fees listed in subsection (b) of this section; and

10 (4) For issuance of a duplicate or corrected commercial driver's license, a
11 duplicate or corrected driver's license fee.

12 (b) In addition to the fees required by subsection (a) of this section, the
13 applicant shall pay the Administration a fee established by the Administration for a
14 required skills test or for a skills retest.

15 (c) [Fees] EXCEPT AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, FEES
16 collected under this section:

17 (1) Shall be deposited in the Transportation Trust Fund; and

18 (2) Are not subject to the provisions of Title 8, Subtitle 4 of this article on
19 the disposition of highway user revenues.

20 (D) (1) IN ADDITION TO THE FEES REQUIRED UNDER SUBSECTION (A)(1), (2),
21 AND (3) OF THIS SECTION, AN APPLICANT OR LICENSEE SHALL PAY THE
22 ADMINISTRATION A SURCHARGE OF \$10 FOR THE ISSUANCE OR RENEWAL OF A
23 COMMERCIAL DRIVER'S LICENSE OR THE CONVERSION OF A MARYLAND CLASS A, B,
24 C, OR D DRIVER'S LICENSE TO A COMMERCIAL DRIVER'S LICENSE.

25 (2) ALL MONEYS COLLECTED UNDER THIS SUBSECTION SHALL BE PAID
26 INTO THE MARYLAND TRAUMA PHYSICIAN SERVICES FUND ESTABLISHED UNDER §
27 19-130 OF THE HEALTH - GENERAL ARTICLE IN A MANNER AND AT INTERVALS
28 DETERMINED BY THE MARYLAND HEALTH CARE COMMISSION, THE HEALTH
29 SERVICES COST REVIEW COMMISSION, AND THE ADMINISTRATION.

30 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland
31 read as follows:

1 Chapter 33 of the Acts of 20012 SECTION 2. AND BE IT FURTHER ENACTED, That:3 (a) The General Assembly finds that:4 [1.] (1) the State of Maryland has been a national pioneer in the
5 development of emergency medical services, and has developed one of the premier
6 emergency medical services systems in the world through the cooperation of
7 prehospital care providers, including police department personnel and volunteer and
8 career firefighters and emergency medical service providers, hospital administrators,
9 physicians, nurses, government officials, and other emergency personnel;10 [2.] (2) a necessary component of Maryland's Emergency Medical
11 Services System is the network of regional trauma centers that participate in the
12 system but do not receive funding under the Emergency Medical System Operations
13 Fund (EMSOF); and14 (3) DESPITE THE STATE'S HISTORICALLY STRONG SUPPORT FOR
15 EMERGENCY MEDICAL SERVICES, FUNDING FOR MARYLAND'S EMERGENCY MEDICAL
16 RESPONSE SYSTEM IS FRAGMENTED, AND THERE IS NO SYSTEMATIC METHOD FOR
17 ASSESSING NEEDS AND DETERMINING PRIORITIES.18 [3. while other components of the State's Emergency Medical Services
19 System have been studied by the General Assembly in the past, the General Assembly
20 has not studied the potential funding needs of the network of trauma centers
21 participating in the State's Emergency Medical Services System that do not receive
22 funding under EMSOF.23 (b) It is the intent of the General Assembly to establish a Panel to study the
24 potential funding needs of the network of trauma centers participating in the State's
25 Emergency Medical Services System that do not receive funding under EMSOF.26 (c) [B] There is a Panel to study AND MAKE RECOMMENDATIONS ABOUT the
27 [potential funding needs] STRUCTURE AND FUNDING of THE STATE'S EMERGENCY
28 MEDICAL RESPONSE SYSTEM [the network of trauma centers participating in the
29 State's Emergency Medical Services System that do not receive funding under
30 EMSOF].31 [(d)] (C) The Panel shall consist of the following [15] members:32 [1.] (1) three members of the Senate, appointed by the President of the
33 Senate as follows:34 (i) one member from the Budget and Taxation Committee;35 (ii) one member from the Finance Committee; and36 (iii) one member from the Judicial Proceedings Committee;

1 [2.] (2) three members of the House of Delegates, appointed by the
2 Speaker of the House as follows:

3 (i) one member from the Appropriations Committee;

4 (ii) one member from the [Commerce and Government]
5 ECONOMIC Matters Committee; and

6 (iii) one member from the [Environmental Matters] HEALTH AND
7 GOVERNMENT OPERATIONS Committee;

8 [3.] (3) the Secretary of the Department of Budget and Management, or
9 the Secretary's designee;

10 [4.] (4) the Secretary of the Department of Health and Mental Hygiene,
11 or the Secretary's designee;

12 [5.] (5) the Executive Director of the Maryland Institute of Emergency
13 Medical Services System, or the Executive Director's designee;

14 [6.] (6) the Chairperson of the Emergency Medical Services Board, or
15 the Chairperson's designee; [and]

16 (7) THE COMMANDER OF THE MARYLAND STATE POLICE AVIATION
17 DIVISION, OR THE COMMANDER'S DESIGNEE; AND

18 [7. five members of the general public who do not have an interest in the
19 State's Emergency Medical Services System, appointed as follows:

20 (i) one by the Governor;

21 (ii) two by the President of the Senate; and

22 (iii) two by the Speaker of the House of Delegates.]

23 (8) THE FOLLOWING MEMBERS, APPOINTED JOINTLY BY THE
24 PRESIDENT OF THE SENATE AND THE SPEAKER OF THE HOUSE OF DELEGATES:

25 (I) SIX MEMBERS OF THE MARYLAND STATE FIREMEN'S
26 ASSOCIATION, AS FOLLOWS:

27 1. ONE FROM WESTERN MARYLAND;

28 2. ONE FROM THE EASTERN SHORE;

29 3. ONE FROM SOUTHERN MARYLAND;

30 4. ONE FROM THE BALTIMORE-WASHINGTON
31 METROPOLITAN AREA;

1 (iii) consider potential funding sources or other approaches to
2 address any funding needs identified by the study.]

3 (F) IN CONDUCTING ITS STUDY OF, AND MAKING RECOMMENDATIONS
4 ABOUT, THE STRUCTURE AND FUNDING OF THE STATE'S EMERGENCY MEDICAL
5 RESPONSE SYSTEM, THE PANEL SHALL REVIEW:

6 (1) THE CURRENT AND PROJECTED FUND BALANCES IN THE EMSOF;

7 (2) CURRENT PLANNING EFFORTS FOR THE USE OF FUNDS IN THE
8 EMSOF;

9 (3) THE LONG-TERM OPERATING AND CAPITAL NEEDS FOR LEVEL I, II,
10 AND III TRAUMA CENTERS IN THE STATE;

11 (4) THE FUNDING NEEDS OF FIRST RESPONDERS, FIREFIGHTERS, AND
12 EMERGENCY MEDICAL PERSONNEL;

13 (5) INCENTIVES FOR ILLNESS PREVENTION, INJURY REDUCTION, AND
14 APPROPRIATE USE OF THE TRAUMA SYSTEM;

15 (6) THE ABILITY OF CURRENT FUNDING MECHANISMS TO MEET THE
16 NEEDS OF THE EMERGENCY MEDICAL RESPONSE SYSTEM;

17 (7) THE AVAILABILITY OF FEDERAL FUNDS FOR HOMELAND SECURITY
18 AND BIOTERRORISM RESPONSE AND THE ABILITY OF THOSE FUNDS TO MEET
19 EMERGENCY MEDICAL RESPONSE SYSTEM NEEDS;

20 (8) OVERSIGHT AND ACCOUNTABILITY FOR USE OF FUNDS IN THE
21 EMSOF;

22 (9) METHODS USED BY OTHER STATES TO MEET THEIR EMERGENCY
23 MEDICAL RESPONSE NEEDS;

24 (10) THE CURRENT USE OF THE MARYLAND STATE POLICE MEDEVAC
25 HELICOPTERS, AND THE POTENTIAL FOR THE USE OF PRIVATE HELICOPTER
26 COMPANIES, FOR EMERGENCY MEDICAL RESPONSE; AND

27 (11) PLANS TO FINANCE THE REPLACEMENT OF THE MARYLAND STATE
28 POLICE MEDEVAC HELICOPTERS.

29 [(h)] (G) To enable Panel members to understand the frame of reference of the
30 State's Emergency Medical [Services] RESPONSE System and its related entities, the
31 Panel shall be briefed on any studies AND LEGISLATIVE AUDITS of the components of
32 the Emergency Medical [Services] RESPONSE System conducted in the past 4 years.

33 [(i)] (H) [1.] (1) The Panel shall submit reports in accordance with
34 paragraph [2] (2) of this subsection on its findings and recommendations to the
35 Governor and, in accordance with § 2-1246 of the State Government Article, to the
36 Senate Budget and Taxation Committee, Finance Committee, and Judicial

1 Proceedings Committee, and the House Appropriations Committee, [Commerce and
2 Government Matters] HEALTH AND GOVERNMENT OPERATIONS Committee, and
3 [Environmental] ECONOMIC Matters Committee.

4 [2.] (2) The Panel shall submit an interim report on or before January
5 1, 2002 and a final report on or before December 1, 2002.

6 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect
7 July 1, 2001. SECTION 2 OF THIS ACT SHALL REMAIN EFFECTIVE FOR A PERIOD OF 3
8 YEARS AND 6 MONTHS AND, AT THE END OF DECEMBER 31, 2004, WITH NO FURTHER
9 ACTION REQUIRED BY THE GENERAL ASSEMBLY, SECTION 2 OF THIS ACT SHALL BE
10 ABROGATED AND OF NO FURTHER FORCE AND EFFECT.

11 SECTION 3. AND BE IT FURTHER ENACTED, That:

12 (a) The Panel established under Chapter 33 of the Acts of the General
13 Assembly of 2001, as amended by Section 2 of this Act, shall submit reports in
14 accordance with subsection (b) of this section on its findings and recommendations
15 made under Chapter 33, as amended by Section 2 of this Act, to the Governor and, in
16 accordance with § 2-1246 of the State Government Article to the Senate Budget and
17 Taxation Committee, Finance Committee, and Judicial Proceedings Committee, and
18 the House Appropriations Committee, Health and Government Operations
19 Committee, and Economic Matters Committee.

20 (b) The Panel shall submit an interim report on or before December 31, 2003,
21 and a final report on or before December 1, 2004.

22 ~~SECTION 4.~~ AND BE IT FURTHER ENACTED, That this Act shall take
23 effect July 1, 2003. Section 3 of this Act shall remain effective for a period of 1 year
24 and 6 months and, at the end of December 31, 2004, with no further action required
25 by the General Assembly, Section 3 of this Act shall be abrogated and of no further
26 force and effect.