
By: ~~Senator Astle~~ **Senators Astle and Lawlah**
Introduced and read first time: January 31, 2003
Assigned to: Finance

Committee Report: Favorable with amendments
Senate action: Adopted
Read second time: April 3, 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~~ trauma
9 physicians and trauma centers seeking reimbursement from the Fund to apply
10 in a certain manner; requiring the Maryland Health Care Commission and the
11 Health Services Cost Review Commission to adopt regulations that specify
12 certain information trauma physicians and trauma centers must submit to
13 receive money from the Fund; stating the intent of the General Assembly that
14 trauma physicians and trauma centers cooperate with the Maryland Health
15 Care Commission and the Health Services Cost Review Commission; stating the
16 intent of the General Assembly that certain hospitals maintain their efforts to
17 subsidize certain trauma-related costs for a certain purpose; requiring the
18 Maryland Health Care Commission and the Health Services Cost Review
19 Commission to file a certain annual report with the General Assembly in a
20 certain manner; specifying a certain purpose of the Maryland Health Care
21 Commission; specifying a certain duty of the Health Services Cost Review
22 Commission; ~~requiring certain insurers to remit a certain fee to the Fund in a~~
23 ~~certain manner; authorizing certain insurers to recoup a certain fee from certain~~
24 ~~policyholders altering the amount of a certain motor vehicle registration~~
25 ~~surcharge; requiring that a certain amount of a certain surcharge be paid into~~
26 ~~the Fund; requiring certain entities for which funds are appropriated in the~~
27 ~~annual State budget from the Emergency Medical System Operations Fund to~~
28 ~~make a certain report on or before a certain date and annually thereafter;~~

1 establishing a Joint Legislative Committee to study and make recommendations
 2 about the structure and funding of the State's emergency medical response
 3 system; requiring the Committee to submit certain reports to the Governor and
 4 certain committees of the General Assembly on or before certain dates;
 5 providing for the termination of the Committee; requiring the Maryland
 6 Institute for Emergency Medical Services Systems (MIEMSS) to study and
 7 make recommendations on whether a need exists to designate a certain
 8 out-of-state trauma center as a member of the State trauma system; requiring
 9 MIEMSS to conduct a review of certain trauma centers and make
 10 recommendations regarding certain trauma designation levels; requiring
 11 MIEMSS to submit a certain report to the Governor and certain committees of
 12 the General Assembly on or before a certain date; requiring the Health Services
 13 Cost Review Commission to submit certain reports on the inclusion of certain
 14 costs in the State's hospital rate setting system and on certain grants made to a
 15 certain trauma center to the Governor and certain committees of the General
 16 Assembly on or before certain dates; requiring the Health Services Cost Review
 17 Commission to develop guidelines for approving a certain grant to a certain
 18 trauma center; requiring the Maryland Health Care Commission and the
 19 Health Services Cost Review Commission to adopt regulations that establish a
 20 methodology for allocating certain disbursements from the Maryland Trauma
 21 Physician Services Fund; providing that it is the intent of the General Assembly
 22 that the Maryland Health Care Commission and the Health Services Cost
 23 Review Commission shall give priority to meeting the funding needs of certain
 24 trauma centers' on-call costs; providing that, as of a certain date, Motor Vehicle
 25 Administration registration renewal notices shall include certain increased
 26 surcharges; defining a certain term terms; providing for the termination of
 27 certain provisions of this Act; providing for the termination of this Act; and
 28 generally relating to trauma physicians and, trauma services, and the State's
 29 emergency medical response system.

30 ~~BY adding to~~
 31 ~~Article - Health - General~~
 32 ~~Section 19-130~~
 33 ~~Annotated Code of Maryland~~
 34 ~~(2000 Replacement Volume and 2002 Supplement)~~

35 BY repealing and reenacting, with amendments,
 36 Article - Health - General
 37 Section 19-103(c) and 19-207(b)
 38 Annotated Code of Maryland
 39 (2000 Replacement Volume and 2002 Supplement)

40 BY adding to
 41 Article - Health - General
 42 Section 19-130
 43 Annotated Code of Maryland

1 (2000 Replacement Volume and 2002 Supplement)

2 ~~BY adding to~~

3 ~~Article - Insurance~~

4 ~~Section 19-517~~

5 ~~Annotated Code of Maryland~~

6 ~~(2002 Replacement Volume and 2002 Supplement)~~

7 BY repealing and reenacting, with amendments,

8 Article - Transportation

9 Section 13-954(b)

10 Annotated Code of Maryland

11 (2002 Replacement Volume)

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

14 **Article - Health - General**

15 19-103.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26 19-130.

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

29 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
30 INDICATED.

31 (2) "FUND" MEANS THE MARYLAND TRAUMA PHYSICIAN SERVICES
32 FUND.

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

35 1. THE STATE PRIMARY ADULT RESOURCE CENTER;

- 1 2. A LEVEL I TRAUMA CENTER;
 2 3. A LEVEL II TRAUMA CENTER;
 3 4. A LEVEL III TRAUMA CENTER; OR
 4 5. A PEDIATRIC TRAUMA CENTER.

5 (II) "TRAUMA CENTER" INCLUDES AN OUT-OF-STATE PEDIATRIC
 6 TRAUMA CENTER THAT HAS ENTERED INTO AN AGREEMENT WITH THE MARYLAND
 7 INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS.

8 (4) "TRAUMA PHYSICIAN" MEANS A TRAUMA SURGEON, AN ORTHOPEDIC
 9 SURGEON, A NEUROSURGEON, AN INTENSIVE CARE UNIT PHYSICIAN, AN
 10 ANESTHESIOLOGIST, OR AN EMERGENCY PHYSICIAN WHO PROVIDES CARE IN A
 11 TRAUMA CENTER TO TRAUMA PATIENTS ON THE STATE TRAUMA REGISTRY.

12 (5) "UNCOMPENSATED CARE" MEANS CARE PROVIDED BY A TRAUMA
 13 PHYSICIAN TO A TRAUMA PATIENT ON THE STATE TRAUMA REGISTRY WHO:

14 (I) HAS NO HEALTH INSURANCE, INCLUDING MEDICARE PART B
 15 COVERAGE;

16 (II) IS NOT ELIGIBLE FOR MEDICAL ASSISTANCE COVERAGE; AND

17 (III) HAS NOT PAID THE TRAUMA PHYSICIAN FOR CARE PROVIDED
 18 BY THE TRAUMA PHYSICIAN, AFTER DOCUMENTED ATTEMPTS BY THE TRAUMA
 19 PHYSICIAN TO COLLECT PAYMENT.

20 (B) (1) THERE IS A MARYLAND TRAUMA PHYSICIAN SERVICES FUND.

21 (2) THE PURPOSE OF THE FUND IS TO SUBSIDIZE THE DOCUMENTED
 22 ~~COSTS OF PHYSICIAN UNCOMPENSATED CARE PROVIDED TO TRAUMA PATIENTS ON~~
 23 ~~THE TRAUMA REGISTRY IN A TRAUMA CENTER DESIGNATED BY THE MARYLAND~~
 24 ~~INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS AS:~~

25 ~~(I) THE STATE PRIMARY ADULT RESOURCE CENTER;~~

26 ~~(II) A LEVEL I TRAUMA CENTER;~~

27 ~~(III) A LEVEL II TRAUMA CENTER;~~

28 ~~(IV) A LEVEL III TRAUMA CENTER; OR~~

29 ~~(V) A PEDIATRIC TRAUMA CENTER COSTS:~~

30 (I) OF UNCOMPENSATED CARE INCURRED BY A TRAUMA
 31 PHYSICIAN IN PROVIDING TRAUMA CARE TO A TRAUMA PATIENT ON THE STATE
 32 TRAUMA REGISTRY;

1 (II) OF UNDERCOMPENSATED CARE INCURRED BY A TRAUMA
 2 PHYSICIAN IN PROVIDING TRAUMA CARE TO AN ENROLLEE OF THE MARYLAND
 3 MEDICAL ASSISTANCE PROGRAM WHO IS A TRAUMA PATIENT ON THE STATE TRAUMA
 4 REGISTRY;

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

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

12 (3) THE COMMISSION AND THE HEALTH SERVICES COST REVIEW
 13 COMMISSION SHALL ADMINISTER THE FUND.

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

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

21 (C) THE FUND CONSISTS OF MOTOR VEHICLE INSURANCE POLICY
 22 SURCHARGES COLLECTED IN ACCORDANCE WITH § 19-517 OF THE INSURANCE
 23 ARTICLE MOTOR VEHICLE REGISTRATION SURCHARGES PAID INTO THE FUND IN
 24 ACCORDANCE WITH § 13-954(B)(2) OF THE TRANSPORTATION ARTICLE.

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

31 (2) THE FUND SHALL TRANSFER TO THE DEPARTMENT OF HEALTH AND
 32 MENTAL HYGIENE AN AMOUNT SUFFICIENT TO FULLY COVER THE STATE'S SHARE
 33 OF EXPENDITURES FOR THE COSTS OF UNDERCOMPENSATED CARE INCURRED BY A
 34 TRAUMA PHYSICIAN IN PROVIDING TRAUMA CARE TO AN ENROLLEE OF THE
 35 MARYLAND MEDICAL ASSISTANCE PROGRAM WHO IS A TRAUMA PATIENT ON THE
 36 STATE TRAUMA REGISTRY.

37 ~~(2)~~ (3) THE METHODOLOGY DEVELOPED UNDER PARAGRAPH (1) OF
 38 THIS SUBSECTION SHALL:

39 (I) TAKE INTO ACCOUNT:

1 ~~(H)~~ 1. THE AMOUNT OF ~~PHYSICIAN UNCOMPENSATED CARE~~
2 PROVIDED BY TRAUMA PHYSICIANS;

3 2. THE AMOUNT OF UNDERCOMPENSATED CARE
4 ATTRIBUTABLE TO THE TREATMENT OF MEDICAID ENROLLEES IN TRAUMA
5 CENTERS;

6 3. THE COST OF MAINTAINING TRAUMA PHYSICIANS
7 ON-CALL;

8 ~~(H)~~ 4. THE NUMBER OF PATIENTS SERVED BY TRAUMA
9 PHYSICIANS IN TRAUMA CENTERS;

10 ~~(H)~~ 5. THE NUMBER OF MARYLAND RESIDENTS SERVED BY
11 TRAUMA PHYSICIANS IN TRAUMA CENTERS; AND

12 ~~(IV)~~ 6. THE EXTENT TO WHICH ~~PHYSICIAN UNCOMPENSATED~~
13 ~~CARE TRAUMA-RELATED~~ COSTS ARE OTHERWISE SUBSIDIZED BY HOSPITALS, THE
14 FEDERAL GOVERNMENT, AND OTHER SOURCES-; AND

15 (II) INCLUDE AN INCENTIVE TO ENCOURAGE HOSPITALS TO
16 CONTINUE TO SUBSIDIZE TRAUMA-RELATED COSTS NOT OTHERWISE INCLUDED IN
17 HOSPITAL RATES.

18 (4) THE METHODOLOGY DEVELOPED UNDER PARAGRAPH (1) OF THIS
19 SUBSECTION SHALL USE THE FOLLOWING PARAMETERS TO DETERMINE THE
20 AMOUNT OF REIMBURSEMENT MADE TO TRAUMA PHYSICIANS AND TRAUMA
21 CENTERS FROM THE FUND:

22 (I) 1. THE COST INCURRED BY A LEVEL II TRAUMA CENTER TO
23 MAINTAIN TRAUMA PHYSICIANS ON-CALL SHALL BE REIMBURSED:

24 A. AT A RATE OF UP TO 20% OF THE REASONABLE COST
25 EQUIVALENTS HOURLY RATE FOR THE SPECIALTY, INFLATED TO THE CURRENT YEAR
26 BY THE PHYSICIAN COMPENSATION COMPONENT OF THE MEDICARE ECONOMIC
27 INDEX AS DESIGNATED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES,
28 MULTIPLIED BY 8,760 HOURS; AND

29 B. FOR THE MINIMUM NUMBER OF TRAUMA PHYSICIANS
30 REQUIRED TO BE ON-CALL, AS SPECIFIED BY THE MARYLAND INSTITUTE FOR
31 EMERGENCY MEDICAL SERVICES SYSTEMS IN ITS CRITERIA FOR LEVEL II TRAUMA
32 CENTERS; AND

33 2. THE COST INCURRED BY A LEVEL III TRAUMA CENTER TO
34 MAINTAIN TRAUMA PHYSICIANS ON-CALL SHALL BE REIMBURSED:

35 A. AT A RATE OF UP TO 30% OF THE REASONABLE COST
36 EQUIVALENTS HOURLY RATE FOR THE SPECIALTY, INFLATED TO THE CURRENT YEAR
37 BY THE PHYSICIAN COMPENSATION COMPONENT OF THE MEDICARE ECONOMIC

1 INDEX AS DESIGNATED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES,
2 MULTIPLIED BY 8,760 HOURS; AND

3 B. FOR THE MINIMUM NUMBER OF TRAUMA PHYSICIANS
4 REQUIRED TO BE ON-CALL, AS SPECIFIED BY THE MARYLAND INSTITUTE FOR
5 EMERGENCY MEDICAL SERVICES SYSTEMS IN ITS CRITERIA FOR LEVEL III TRAUMA
6 CENTERS;

7 (II) THE COST OF UNDERCOMPENSATED CARE INCURRED BY A
8 TRAUMA PHYSICIAN IN PROVIDING TRAUMA CARE TO ENROLLEES OF THE
9 MARYLAND MEDICAL ASSISTANCE PROGRAM WHO ARE TRAUMA PATIENTS ON THE
10 STATE TRAUMA REGISTRY SHALL BE REIMBURSED AT A RATE OF UP TO 100% OF THE
11 MEDICARE PAYMENT FOR THE SERVICE, MINUS ANY AMOUNT PAID BY THE
12 MARYLAND MEDICAL ASSISTANCE PROGRAM;

13 (III) THE COST OF UNCOMPENSATED CARE INCURRED BY A TRAUMA
14 PHYSICIAN IN PROVIDING TRAUMA CARE TO TRAUMA PATIENTS ON THE STATE
15 TRAUMA REGISTRY SHALL BE REIMBURSED AT A RATE OF UP TO 100% OF THE
16 MEDICARE PAYMENT FOR THE SERVICE, MINUS ANY RECOVERIES MADE BY THE
17 TRAUMA PHYSICIAN FOR THE CARE; AND

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

20 ~~(3)~~ (5) IN ORDER TO RECEIVE REIMBURSEMENT, A TRAUMA
21 PHYSICIAN IN THE CASE OF COSTS OF UNCOMPENSATED CARE UNDER SUBSECTION
22 (B)(2)(I) OF THIS SECTION, OR A TRAUMA CENTER IN THE CASE OF ON-CALL COSTS
23 UNDER SUBSECTION (B)(2)(III) OF THIS SECTION, SHALL APPLY TO THE FUND ON A
24 FORM AND IN A MANNER APPROVED BY THE MARYLAND HEALTH CARE COMMISSION
25 AND THE HEALTH SERVICES COST REVIEW COMMISSION.

26 (6) (I) THE COMMISSION AND THE HEALTH SERVICES COST REVIEW
27 COMMISSION SHALL ADOPT REGULATIONS THAT SPECIFY THE INFORMATION THAT
28 TRAUMA PHYSICIANS AND TRAUMA CENTERS MUST SUBMIT TO RECEIVE MONEY
29 FROM THE FUND.

30 (II) THE INFORMATION REQUIRED SHALL INCLUDE:

31 1. THE NAME AND FEDERAL TAX IDENTIFICATION NUMBER
32 OF THE TRAUMA PHYSICIAN RENDERING THE SERVICE;

33 2. THE DATE OF THE SERVICE;

34 3. APPROPRIATE CODES DESCRIBING THE SERVICE;

35 4. ANY AMOUNT RECOVERED FOR THE SERVICE RENDERED;

36 5. THE NAME OF THE TRAUMA PATIENT;

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

1 7. ANY OTHER INFORMATION THE COMMISSION AND THE
 2 HEALTH SERVICES COST REVIEW COMMISSION CONSIDER NECESSARY TO DISBURSE
 3 MONEY FROM THE FUND.

4 (III) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT TRAUMA
 5 PHYSICIANS AND TRAUMA CENTERS SHALL COOPERATE WITH THE COMMISSION
 6 AND THE HEALTH SERVICES COST REVIEW COMMISSION BY PROVIDING
 7 INFORMATION REQUIRED UNDER THIS PARAGRAPH IN A TIMELY AND COMPLETE
 8 MANNER.

9 (E) ON OR BEFORE SEPTEMBER 1 OF EACH YEAR, THE MARYLAND HEALTH
 10 CARE COMMISSION AND THE HEALTH SERVICES COST REVIEW COMMISSION SHALL
 11 REPORT ANNUALLY TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2-1246 OF
 12 THE STATE GOVERNMENT ARTICLE, ON:

13 (1) THE AMOUNT OF MONEY IN THE FUND ON THE LAST DAY OF THE
 14 PREVIOUS FISCAL YEAR;

15 (2) THE AMOUNT OF MONEY APPLIED FOR BY ELIGIBLE TRAUMA
 16 PHYSICIANS AND TRAUMA CENTERS DURING THE PREVIOUS FISCAL YEAR;

17 (3) THE AMOUNT OF MONEY DISTRIBUTED IN THE FORM OF TRAUMA
 18 PHYSICIAN AND TRAUMA CENTER REIMBURSEMENTS DURING THE PREVIOUS
 19 FISCAL YEAR; AND

20 (4) ANY RECOMMENDATIONS FOR ALTERING THE MANNER IN WHICH
 21 TRAUMA PHYSICIAN UNCOMPENSATED CARE COSTS PHYSICIANS AND TRAUMA
 22 CENTERS ARE REIMBURSED FROM THE FUND;

23 (5) THE COSTS INCURRED IN ADMINISTERING THE FUND DURING THE
 24 PREVIOUS FISCAL YEAR; AND

25 (6) THE AMOUNT THAT EACH HOSPITAL THAT PARTICIPATES IN THE
 26 MARYLAND TRAUMA SYSTEM AND THAT HAS A TRAUMA CENTER CONTRIBUTES
 27 TOWARD THE SUBSIDIZATION OF TRAUMA-RELATED COSTS FOR ITS TRAUMA
 28 CENTER.

29 19-207.

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

32 (1) Adopt rules and regulations that relate to its meetings, minutes, and
 33 transactions;

34 (2) Keep minutes of each meeting;

35 (3) Prepare annually a budget proposal that includes the estimated
 36 income of the Commission and proposed expenses for its administration and
 37 operation;

1 (4) Within a reasonable time after the end of each facility's fiscal year or
 2 more often as the Commission determines, prepare from the information filed with
 3 the Commission any summary, compilation, or other supplementary report that will
 4 advance the purposes of this subtitle;

5 (5) Periodically participate in or do analyses and studies that relate to:

6 (i) Health care costs;

7 (ii) The financial status of any facility; or

8 (iii) Any other appropriate matter; [and]

9 (6) On or before October 1 of each year, submit to the Governor, to the
 10 Secretary, and, subject to § 2-1246 of the State Government Article, to the General
 11 Assembly an annual report on the operations and activities of the Commission during
 12 the preceding fiscal year, including:

13 (i) A copy of each summary, compilation, and supplementary report
 14 required by this subtitle; and

15 (ii) Any other fact, suggestion, or policy recommendation that the
 16 Commission considers necessary; AND

17 (7) OVERSEE AND ADMINISTER THE MARYLAND TRAUMA PHYSICIAN
 18 SERVICES FUND IN CONJUNCTION WITH THE MARYLAND HEALTH CARE
 19 COMMISSION.

20 **~~Article—Insurance~~**

21 ~~19-517.~~

22 ~~(A) (1) EACH INSURER THAT OFFERS, SELLS, OR DELIVERS MOTOR VEHICLE~~
 23 ~~LIABILITY INSURANCE POLICIES IN THE STATE SHALL PAY ANNUALLY A FEE EQUAL~~
 24 ~~TO \$2 MULTIPLIED BY THE TOTAL NUMBER OF MOTOR VEHICLES REGISTERED IN~~
 25 ~~THE STATE INSURED BY THE CARRIER DURING THE YEAR.~~

26 ~~(2) THE MONEY SHALL BE PAID INTO THE MARYLAND TRAUMA~~
 27 ~~PHYSICIAN SERVICES FUND ESTABLISHED UNDER § 19-130 OF THE HEALTH-~~
 28 ~~GENERAL ARTICLE IN A MANNER AND AT INTERVALS DETERMINED BY THE~~
 29 ~~MARYLAND HEALTH CARE COMMISSION AND THE HEALTH SERVICES COST REVIEW~~
 30 ~~COMMISSION.~~

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

Article - Transportation

1 13-954.

2 (b) (1) In addition to the registration fee otherwise required by this title, the
3 owner of any motor vehicle registered under this title shall pay a surcharge of [\$11]
4 \$13.50 per year for each motor vehicle registered.

5 (2) \$2.50 OF THE SURCHARGE COLLECTED UNDER PARAGRAPH (1) OF
6 THIS SUBSECTION SHALL BE PAID INTO THE MARYLAND TRAUMA PHYSICIAN
7 SERVICES FUND ESTABLISHED UNDER § 19-130 OF THE HEALTH - GENERAL ARTICLE.

8 SECTION 2. AND BE IT FURTHER ENACTED, That:

9 (a) There is a Joint Legislative Committee to study and make
10 recommendations about the structure and funding of the State's emergency medical
11 response system.

12 (b) The Committee consists of the following members:

13 (1) four members of the Senate of Maryland, appointed by the President
14 of the Senate; and

15 (2) four members of the House of Delegates, appointed by the Speaker of
16 the House.

17 (c) The President of the Senate and the Speaker of the House jointly shall
18 appoint the co-chairs from the Senate and House members appointed to the
19 Committee.

20 (d) The Committee shall be staffed by the Department of Legislative Services.

21 (e) In conducting its study of, and making recommendations about, the
22 structure and funding of the State's emergency medical response system the
23 Committee shall review:

24 (1) the current and projected fund balances in the Maryland Emergency
25 Medical System Operations Fund (MEMSOF);

26 (2) current planning efforts for the use of funds in the MEMSOF;

27 (3) the long-term operating and capital needs for Level I, II, and III
28 trauma centers in the State;

29 (4) the funding needs of first responders, firefighters, and emergency
30 medical personnel;

31 (5) incentives for illness prevention, injury reduction, and appropriate
32 use of the trauma system;
33

1 (6) the ability of current funding mechanisms to meet the needs of the
2 State's emergency medical response system;

3 (7) the availability of federal funds for homeland security and
4 bioterrorism response and the ability of those funds to meet the needs of the State's
5 emergency medical response system;

6 (8) oversight and accountability for use of funds in the MEMSOF;

7 (9) methods used by other states to meet their emergency medical
8 response needs;

9 (10) the current use of the Maryland State Police helicopters and the
10 potential for the use of private helicopter companies for emergency medical response
11 and inter-hospital transport;

12 (11) the issues related to the licensing of commercial air ambulances;

13 (12) plans to finance the replacement of the Maryland State Police
14 helicopters;

15 (13) the purposes for which funds, appropriated in the annual State
16 budget from MEMSOF for fiscal years 1999, 2000, 2001, 2002, and 2003, were used
17 by each entity for which an appropriation was made during those fiscal years; and

18 (14) the structure of the Maryland Institute for Emergency Medical
19 Services Systems (MIEMSS) and how MIEMSS functions within the State's
20 emergency medical response system.

21 (f) To enable Committee members to understand the frame of reference of the
22 State's emergency medical response system and its related entities, the Committee
23 shall be briefed on any studies and legislative audits of the components of the
24 emergency medical response system conducted in the past 4 years.

25 (g) The Committee shall convene workgroups and shall invite the
26 participation of and solicit commentary from all interested parties as necessary to
27 assist the Committee in carrying out its duties under subsection (e) of this section.

28 (h) (1) The Committee shall submit reports in accordance with paragraph
29 (2) of this subsection on its findings and recommendations to the Governor and, in
30 accordance with § 2-1246 of the State Government Article, to the Senate Budget and
31 Taxation Committee, Finance Committee, and Judicial Proceedings Committee, and
32 the House Health and Government Operations Committee and Economic Matters
33 Committee.

34 (2) The Committee shall submit an interim report on or before December
35 31, 2003, and a final report on or before December 1, 2004.

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

1 (a) (1) In accordance with the Emergency Medical System plan developed
2 under § 13-509 of the Education Article, the Maryland Institute for Emergency
3 Medical Services Systems (MIEMSS) shall study whether a need exists for MIEMSS,
4 with the approval of the State Emergency Medical Services Board, to enter into an
5 agreement to designate an out-of-state adult trauma center located in the District of
6 Columbia as a member of the State trauma system in order to ensure access of
7 Maryland patients to appropriate levels of trauma care.

8 (2) In conducting the study required under paragraph (1) of this
9 subsection, MIEMSS shall review the effect that any agreement with an out-of-state
10 trauma center may have on State trauma centers, including:

11 (i) the extent to which duplication of services may exist;

12 (ii) the ability of State trauma centers to achieve and sustain the
13 patient volumes necessary for:

14 1. optimal outcome;

15 2. cost efficiency;

16 3. maintenance of expertise;

17 4. quality of care;

18 5. research activities; and

19 6. health service provider education; and

20 (iii) the effect on quality of patient care that may result from
21 reduced patient volume.

22 (b) In addition to the study required under subsection (a) of this section,
23 MIEMSS shall:

24 (1) conduct a review of the trauma centers in the State to determine
25 whether they are operating at appropriate trauma designation levels; and

26 (2) make recommendations for any necessary changes in the current
27 designation levels.

28 (c) On or before December 1, 2003, MIEMSS shall submit a report on its
29 findings and recommendations made under subsections (a) and (b) of this section to
30 the Governor and, in accordance with § 2-1246 of the State Government Article, to
31 the Senate Finance Committee and the House Health and Government Operations
32 Committee.

33 SECTION 4. AND BE IT FURTHER ENACTED, That:

34 (a) The Health Services Cost Review Commission shall submit reports, in
35 accordance with § 2-1246 of the State Government Article, to the Senate Finance

1 Committee and the House Health and Government Operations Committee on
2 September 1, 2003, and December 31, 2003, on:

3 (1) the anticipated time frame in which the Health Services Cost Review
4 Commission will begin including trauma center stand-by costs in the State's hospital
5 rate setting system;

6 (2) the specific trauma center stand-by costs that may and may not be
7 included in the State's hospital rate setting system; and

8 (3) the trauma costs incurred by a trauma center to meet the Maryland
9 Institute for Emergency Medical Services Systems trauma center regulatory
10 requirements that may and may not be included in the State's hospital rate setting
11 system.

12 (b) (1) The Health Services Cost Review Commission shall develop
13 guidelines for the approval of an annual grant from the Maryland Trauma Physician
14 Services Fund established under § 19-130 of the Health - General Article, as enacted
15 by Section 1 of this Act, of up to \$275,000 to subsidize the stand-by costs for an
16 out-of-state pediatric trauma center that has entered into an agreement with the
17 Maryland Institute for Emergency Services Systems.

18 (2) As a condition of receiving a grant under paragraph (1) of this
19 subsection, an out-of-state pediatric trauma center shall submit any information or
20 documentation required by the Health Services Cost Review Commission, including
21 documentation of any stand-by costs recovered through insurer reimbursement.

22 (3) On or before September 1, 2004, and on or before September 1 of each
23 year thereafter, the Health Services Cost Review Commission shall report, in
24 accordance with § 2-1246 of the State Government Article, to the Senate Finance
25 Committee and the House Health and Government Operations Committee, on the
26 amount of any grant awarded by the Commission during the grant year.

27 SECTION 5. AND BE IT FURTHER ENACTED, That the Maryland Health
28 Care Commission and the Health Services Cost Review Commission shall adopt
29 regulations that establish a methodology for allocating disbursements from the
30 Maryland Trauma Physician Services Fund established under § 19-130 of the Health
31 - General Article, as enacted by Section 1 of this Act, on or before December 31, 2003.

32 SECTION 6. AND BE IT FURTHER ENACTED, That, it is the intent of the
33 General Assembly that the Maryland Health Care Commission and the Health
34 Services Cost Review Commission shall give priority to meeting the funding needs of
35 Level III trauma centers to maintain physicians on-call.

36 SECTION 7. AND BE IT FURTHER ENACTED, That as of July 1, 2003, Motor
37 Vehicle Administration registration renewal notices shall include increased
38 surcharges under § 13-954(b)(2) of the Transportation Article, as enacted by Section
39 1 of this Act.

1 SECTION 8. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall
2 take effect July 1, 2003. Section 2 of this Act shall remain effective for a period of 1
3 year and 6 months and, at the end of December 31, 2004, with no further action
4 required by the General Assembly, Section 2 of this Act shall be abrogated and of no
5 further force and effect.

6 ~~SECTION 9.~~ AND BE IT FURTHER ENACTED, That this Act shall take
7 effect July 1, 2003. It shall remain effective for a period of 2 years and, at the end of
8 June 30, 2005, with no further action required by the General Assembly, this Act shall
9 be abrogated and of no further force and effect.