
By: ~~Delegates Rudolph and Donoghue~~ Rudolph, Donoghue, Barve, Benson, Boteler, Bromwell, Costa, Elliott, Frank, Hammen, Hubbard, Kach, Kohl, Kullen, Mandel, McDonough, Morhaim, Murray, Nathan-Pulliam, Oaks, Pendergrass, V. Turner, and Weldon

Introduced and read first time: February 10, 2006

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 22, 2006

CHAPTER _____

1 AN ACT concerning

2 **Maryland Trauma Physician Services Fund - Reimbursement Rates - Grants**

3 FOR the purpose of increasing the reimbursement rate for the cost incurred by
 4 certain trauma centers to maintain trauma physicians on-call; ~~increasing~~
 5 repealing the limit on the total amount of reimbursements made to certain
 6 emergency physicians from the Maryland Trauma Physician Services Fund;
 7 requiring the Health Services Cost Review Commission to develop guidelines for
 8 the approval of a certain grant to subsidize stand-by costs for certain
 9 out-of-state pediatric trauma centers; requiring the Maryland Health Care
 10 Commission to issue a certain grant to the Curtis National Hand Center at
 11 Union Memorial Hospital to subsidize on-call services; requiring the Curtis
 12 National Hand Center to comply with certain reporting requirements; altering
 13 certain definitions; defining certain terms; and generally relating to the
 14 Maryland Trauma Physician Services Fund.

15 BY repealing and reenacting, with amendments,
 16 Article - Health - General
 17 Section 19-130
 18 Annotated Code of Maryland
 19 (2005 Replacement Volume and 2005 Supplement)

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

1 **Article - Health - General**

2 19-130.

3 (a) (1) In this section the following words have the meanings indicated.

4 (2) "Fund" means the Maryland Trauma Physician Services Fund.

5 (3) "MARYLAND TRAUMA SPECIALTY REFERRAL CENTERS" MEANS:

6 (I) ~~THE REGIONAL BURN CENTER AT THE JOHNS HOPKINS~~
7 ~~BAYVIEW MEDICAL CENTER HEALTH SYSTEM BURN PROGRAM;~~8 (II) THE EYE TRAUMA CENTER AT THE WILMER EYE INSTITUTE AT
9 THE JOHNS HOPKINS HOSPITAL; AND10 (III) THE CURTIS NATIONAL HAND CENTER AT UNION MEMORIAL
11 HOSPITAL.12 [(3)] (4) (i) "Trauma center" means a facility designated by the
13 Maryland Institute for Emergency Medical Services Systems as:

14 1. The State primary adult resource center;

15 2. A level I trauma center;

16 3. A level II trauma center;

17 4. A level III trauma center; [or]

18 5. A pediatric trauma center; OR

19 6. THE MARYLAND TRAUMA SPECIALTY REFERRAL
20 CENTERS.21 (ii) "Trauma center" includes an out-of-state pediatric trauma
22 center that has entered into an agreement with the Maryland Institute for
23 Emergency Medical Services Systems.24 [(4)] (5) "Trauma physician" means a [trauma surgeon, an orthopedic
25 surgeon, a neurosurgeon, an intensive care unit physician, an anesthesiologist, or an
26 emergency physician] PHYSICIAN who provides care in a trauma center to trauma
27 patients on the State trauma registry AS DEFINED BY THE MARYLAND INSTITUTE
28 FOR EMERGENCY MEDICAL SERVICES SYSTEMS.29 [(5)] (6) "Uncompensated care" means care provided by a trauma
30 physician to a trauma patient on the State trauma registry who:

31 (i) Has no health insurance, including Medicare Part B coverage;

32 (ii) Is not eligible for medical assistance coverage; and

1 (iii) Has not paid the trauma physician for care provided by the
2 trauma physician, after documented attempts by the trauma physician to collect
3 payment.

4 (b) (1) There is a Maryland Trauma Physician Services Fund.

5 (2) The purpose of the Fund is to subsidize the documented costs:

6 (i) Of uncompensated care incurred by a trauma physician in
7 providing trauma care to a trauma patient on the State trauma registry;

8 (ii) Of undercompensated care incurred by a trauma physician in
9 providing trauma care to an enrollee of the Maryland Medical Assistance Program
10 who is a trauma patient on the State trauma registry;

11 (iii) Incurred by a trauma center to maintain trauma physicians
12 on-call as required by the Maryland Institute for Emergency Medical Services
13 Systems; and

14 (iv) Incurred by the Commission and the Health Services Cost
15 Review Commission to administer the Fund and audit reimbursement requests to
16 assure appropriate payments are made from the Fund.

17 (3) The Commission and the Health Services Cost Review Commission
18 shall administer the Fund.

19 (4) The Fund is a special, nonlapsing fund that is not subject to § 7-302
20 of the State Finance and Procurement Article.

21 (5) Interest on and other income from the Fund shall be separately
22 accounted for and credited to the Fund, and are not subject to § 6-226(a) of the State
23 Finance and Procurement Article.

24 (c) The Fund consists of motor vehicle registration surcharges paid into the
25 Fund in accordance with § 13-954(b)(2) of the Transportation Article.

26 (d) (1) Disbursements from the Fund shall be made in accordance with a
27 methodology established jointly by the Commission and the Health Services Cost
28 Review Commission to calculate costs incurred by trauma physicians and trauma
29 centers that are eligible to receive reimbursement under subsection (b) of this section.

30 (2) The Fund shall transfer to the Department of Health and Mental
31 Hygiene an amount sufficient to fully cover the State's share of expenditures for the
32 costs of undercompensated care incurred by a trauma physician in providing trauma
33 care to an enrollee of the Maryland Medical Assistance Program who is a trauma
34 patient on the State trauma registry.

35 (3) The methodology developed under paragraph (1) of this subsection
36 shall:

- 1 (i) Take into account:
- 2 1. The amount of uncompensated care provided by trauma
3 physicians;
- 4 2. The amount of undercompensated care attributable to the
5 treatment of Medicaid enrollees in trauma centers;
- 6 3. The cost of maintaining trauma physicians on-call;
- 7 4. The number of patients served by trauma physicians in
8 trauma centers;
- 9 5. The number of Maryland residents served by trauma
10 physicians in trauma centers; and
- 11 6. The extent to which trauma-related costs are otherwise
12 subsidized by hospitals, the federal government, and other sources; and
- 13 (ii) Include an incentive to encourage hospitals to continue to
14 subsidize trauma-related costs not otherwise included in hospital rates.

15 (4) The methodology developed under paragraph (1) of this subsection
16 shall use the following parameters to determine the amount of reimbursement made
17 to trauma physicians and trauma centers from the Fund:

18 (i) 1. The cost incurred by a level II trauma center to maintain
19 ~~trauma physicians~~ TRAUMA SURGEONS, ORTHOPEDIC SURGEONS, AND
20 NEUROSURGEONS on-call shall be reimbursed:

21 A. At a rate of up to [20%] 30% of the reasonable cost
22 equivalents hourly rate for the specialty, inflated to the current year by the physician
23 compensation component of the Medicare economic index as designated by the
24 Centers for Medicare and Medicaid Services, ~~multiplied by 8,760 hours~~; and

25 B. For the minimum number of trauma physicians required
26 to be on-call, as specified by the Maryland Institute for Emergency Medical Services
27 Systems in its criteria for level II trauma centers; ~~and~~

28 2. The cost incurred by a level III trauma center to maintain
29 ~~trauma physicians~~ TRAUMA SURGEONS, ORTHOPEDIC SURGEONS, NEUROSURGEONS,
30 AND ANESTHESIOLOGISTS on-call shall be reimbursed:

31 A. At a rate of up to [30%] 35% of the reasonable cost
32 equivalents hourly rate for the specialty, inflated to the current year by the physician
33 compensation component of the Medicare economic index as designated by the
34 Centers for Medicare and Medicaid Services, ~~multiplied by 8,760 hours~~; and

1 B. For the minimum number of trauma physicians required
 2 to be on-call, as specified by the Maryland Institute for Emergency Medical Services
 3 Systems in its criteria for level III trauma centers; AND

4 3. A. A LEVEL II TRAUMA CENTER IS ELIGIBLE FOR A
 5 MAXIMUM OF 26,280 HOURS OF TRAUMA ON-CALL PER YEAR; AND

6 B. A LEVEL III TRAUMA CENTER IS ELIGIBLE FOR A
 7 MAXIMUM OF 35,040 HOURS OF TRAUMA ON-CALL PER YEAR;

8 (ii) The cost of undercompensated care incurred by a trauma
 9 physician in providing trauma care to enrollees of the Maryland Medical Assistance
 10 Program who are trauma patients on the State trauma registry shall be reimbursed
 11 at a rate of up to 100% of the Medicare payment for the service, minus any amount
 12 paid by the Maryland Medical Assistance Program; AND

13 (iii) The cost of uncompensated care incurred by a trauma physician
 14 in providing trauma care to trauma patients on the State trauma registry shall be
 15 reimbursed at a rate of up to 100% of the Medicare payment for the service, minus
 16 any recoveries made by the trauma physician for the care; ~~and~~

17 ~~(iv) The total reimbursement to emergency physicians from the~~
 18 ~~Fund may not exceed [\$250,000] \$275,000 annually.~~

19 (5) In order to receive reimbursement, a trauma physician in the case of
 20 costs of uncompensated care under subsection (b)(2)(i) of this section, or a trauma
 21 center in the case of on-call costs under subsection (b)(2)(iii) of this section, shall
 22 apply to the Fund on a form and in a manner approved by the Commission and the
 23 Health Services Cost Review Commission.

24 (6) (i) The Commission and the Health Services Cost Review
 25 Commission shall adopt regulations that specify the information that trauma
 26 physicians and trauma centers must submit to receive money from the Fund.

27 (ii) The information required shall include:

28 1. The name and federal tax identification number of the
 29 trauma physician rendering the service;

30 2. The date of the service;

31 3. Appropriate codes describing the service;

32 4. Any amount recovered for the service rendered;

33 5. The name of the trauma patient;

34 6. The patient's trauma registry number; and

