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By: **Senator Middleton** Introduced and read first time: February 8, 2006 Assigned to: Rules

Re-referred to: Finance, February 16, 2006

Committee Report: Favorable with amendments Senate action: Adopted with floor amendments Read second time: April 6, 2006

CHAPTER_____

1 AN ACT concerning

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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 the
- 5 total amount of reimbursements made to certain trauma physicians from the
- 6 Maryland Trauma Physician Services Fund; requiring the Health Services Cost
- 7 Review Commission to develop guidelines for the approval of a certain grant to
- 8 subsidize stand-by costs for certain out-of-state pediatric trauma centers;
- 9 providing that expenditures from the Fund may not exceed revenues without
- 10 the approval of the General Assembly except under certain circumstances;
- 11 requiring the <u>Maryland Health Care</u> Commission to issue a certain grant to the
- 12 Curtis National Hand Center at Union Memorial Hospital to subsidize on-call
- 13 services; requiring the Curtis National Hand Center to comply with certain
- 14 reporting requirements; requiring a certain grant to be issued from a certain
- 15 <u>fund balance;</u> requiring the Maryland Health Care Commission, in consultation
- 16 with certain entities, to develop a certain process for the award of certain grants
- 17 to Level II and III trauma centers in the State; requiring certain grants to be
- 18 issued from a certain fund balance; requiring the Maryland Health Care
- 19 Commission to report to certain committees of the General Assembly about a
- 20 certain process for the award of certain grants; altering certain definitions;
- 21 defining certain terms a certain term; and generally relating to the Maryland
- 22 Trauma Physician Services Fund.

23 BY repealing and reenacting, with amendments,

- 24 Article Health General
- 25 Section 19-130
- 26 Annotated Code of Maryland

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2	UNOFFICIAL COPY OF SENATE BILL 835
1	(2005 Replacement Volume and 2005 Supplement)
2 3	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
4	Article - Health - General
5	19-130.
6	(a) (1) In this section the following words have the meanings indicated.
7	(2) "Fund" means the Maryland Trauma Physician Services Fund.
8	(3) "MARYLAND TRAUMA SPECIALTY REFERRAL CENTERS" MEANS:
9 10	(I) THE REGIONAL BURN CENTER AT THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER <u>HEALTH SYSTEM BURN PROGRAM;</u>
11 12	(II) THE EYE TRAUMA CENTER AT THE WILMER EYE INSTITUTE AT THE JOHNS HOPKINS HOSPITAL; AND
13 14	(III) THE CURTIS NATIONAL HAND CENTER AT UNION MEMORIAL HOSPITAL.
15 16	[(3)] (4) (i) "Trauma center" means a facility designated by the Maryland Institute for Emergency Medical Services Systems as:
17	1. The State primary adult resource center;
18	2. A level I trauma center;
19	3. A level II trauma center;
20	4. A level III trauma center; [or]
21	5. A pediatric trauma center; OR
22 23	6. THE MARYLAND TRAUMA SPECIALTY REFERRAL CENTERS.
	(ii) "Trauma center" includes an out-of-state pediatric trauma center that has entered into an agreement with the Maryland Institute for Emergency Medical Services Systems.
29	[(4)] (5) "Trauma physician" means a [trauma surgeon, an orthopedic surgeon, a neurosurgeon, an intensive care unit physician, an anesthesiologist, or an emergency physician] PHYSICIAN who provides CARE IN A TRAUMA CENTER OR IS ON CALL AND READY TO PROVIDE care in a trauma center to trauma patients on the

30 CALL AND READY TO PROVIDE care in a trauma center to trauma patients on the

31 State trauma registry AS DEFINED BY THE MARYLAND INSTITUTE FOR EMERGENCY

32 MEDICAL SERVICES SYSTEMS.

3 UN	NOFFICIAL COPY OF SENATE BILL 835
1 [(5)] (6 2 physician to a trauma path) "Uncompensated care" means care provided by a trauma ent on the State trauma registry who:
3 (i)	Has no health insurance, including Medicare Part B coverage;
4 (ii)	Is not eligible for medical assistance coverage; and
5 (iii 6 trauma physician, after do 7 payment.	Has not paid the trauma physician for care provided by the boundary determined attempts by the trauma physician to collect
8 (b) (1) Th	ere is a Maryland Trauma Physician Services Fund.
9 (2) Th	e purpose of the Fund is to subsidize the documented costs:
10 (i) 11 providing trauma care to	Of uncompensated care incurred by a trauma physician in a trauma patient on the State trauma registry;
12 (ii)13 providing trauma care to14 who is a trauma patient of	an enrollee of the Maryland Medical Assistance Program
15 (iii16 on-call as required by the17 Systems; and) Incurred by a trauma center to maintain trauma physicians e Maryland Institute for Emergency Medical Services
) Incurred by the Commission and the Health Services Cost administer the Fund and audit reimbursement requests to ents are made from the Fund.
21(3)Th22shall administer the Function	e Commission and the Health Services Cost Review Commission I.
23(4)Th24of the State Finance and	e Fund is a special, nonlapsing fund that is not subject to § 7-302 Procurement Article.
	erest on and other income from the Fund shall be separately ed to the Fund, and are not subject to § 6-226(a) of the State t Article.
	onsists of motor vehicle registration surcharges paid into the § 13-954(b)(2) of the Transportation Article.
31 methodology established32 Review Commission to c	sbursements from the Fund shall be made in accordance with a jointly by the Commission and the Health Services Cost calculate costs incurred by trauma physicians and trauma o receive reimbursement under subsection (b) of this section.
35 Hygiene an amount suffi	e Fund shall transfer to the Department of Health and Mental cient to fully cover the State's share of expenditures for the ed care incurred by a trauma physician in providing trauma

36 costs of undercompensated care incurred by a trauma physician in providing trauma

 care to an enrollee of the Mar patient on the State trauma re 	yland Medical Assistance Program who is a trauma gistry.
3 (3) The mo	ethodology developed under paragraph (1) of this subsection
5 (i)	Take into account:
6 7 physicians;	1. The amount of uncompensated care provided by trauma
 8 9 treatment of Medicaid enrolle 	2. The amount of undercompensated care attributable to the ees in trauma centers;
10	3. The cost of maintaining trauma physicians on-call;
1112 trauma centers;	4. The number of patients served by trauma physicians in
1314 physicians in trauma centers;	5. The number of Maryland residents served by trauma ; and
1516 subsidized by hospitals, the f	6. The extent to which trauma-related costs are otherwise federal government, and other sources; and
17 (ii) 18 subsidize trauma-related cost	Include an incentive to encourage hospitals to continue to ts not otherwise included in hospital rates.
	ethodology developed under paragraph (1) of this subsection neters to determine the amount of reimbursement made uma centers from the Fund:
 22 (i) 23 trauma physicians <u>TRAUMA</u> 24 <u>NEUROSURGEONS</u> on-cal 	1. The cost incurred by a level II trauma center to maintain A <u>SURGEONS, ORTHOPEDIC SURGEONS, AND</u> I shall be reimbursed:
27 compensation component of	A. At a rate of up to [20%] 30% of the reasonable cost as specialty, inflated to the current year by the physician the Medicare economic index as designated by the edicaid Services , multiplied by 8,760 hours ; and
2930 to be on-call, as specified by31 Systems in its criteria for lev	B. For the minimum number of trauma physicians required the Maryland Institute for Emergency Medical Services el II trauma centers; and
 32 33 trauma physicians <u>TRAUMA</u> 34 <u>AND ANESTHESIOLOGIS</u> 	2. The cost incurred by a level III trauma center to maintain A <u>SURGEONS, ORTHOPEDIC SURGEONS, NEUROSURGEONS,</u> <u>TS</u> on-call shall be reimbursed:
3536 equivalents hourly rate for th	A. At a rate of up to [30%] 35% of the reasonable cost as specialty, inflated to the current year by the physician

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	compensation component of the Medicare economic index as designated by the Centers for Medicare and Medicaid Services, multiplied by 8,760 hours; and
	B. For the minimum number of trauma physicians required to be on-call, as specified by the Maryland Institute for Emergency Medical Services Systems in its criteria for level III trauma centers; <u>AND</u>
6 7	<u>3.</u> <u>A.</u> <u>A LEVEL II TRAUMA CENTER IS ELIGIBLE FOR A</u> MAXIMUM OF 24,500 HOURS OF TRAUMA ON-CALL PER YEAR; AND
8 9	<u>B.</u> <u>A LEVEL III TRAUMA CENTER IS ELIGIBLE FOR A</u> MAXIMUM OF 35,040 HOURS OF TRAUMA ON-CALL PER YEAR;
12 13	(ii) The cost of undercompensated care incurred by a trauma physician in providing trauma care to enrollees of the Maryland Medical Assistance Program who are trauma patients on the State trauma registry shall be reimbursed at a rate of up to 100% of the Medicare payment for the service, minus any amount paid by the Maryland Medical Assistance Program;
17	(iii) The cost of uncompensated care incurred by a trauma physician in providing trauma care to trauma patients on the State trauma registry shall be reimbursed at a rate of up to 100% of the Medicare payment for the service, minus any recoveries made by the trauma physician for the care; and
19 20	(iv) The total reimbursement to [emergency] TRAUMA physicians from the Fund may not exceed [\$250,000] \$275,000 annually.
23 24	(5) In order to receive reimbursement, a trauma physician in the case of costs of uncompensated care under subsection $(b)(2)(i)$ of this section, or a trauma center in the case of on-call costs under subsection $(b)(2)(ii)$ of this section, shall apply to the Fund on a form and in a manner approved by the Commission and the Health Services Cost Review Commission.
	(6) (i) The Commission and the Health Services Cost Review Commission shall adopt regulations that specify the information that trauma physicians and trauma centers must submit to receive money from the Fund.
29	(ii) The information required shall include:
30 31	1. The name and federal tax identification number of the trauma physician rendering the service;
32	2. The date of the service;
33	3. Appropriate codes describing the service;
34	4. Any amount recovered for the service rendered;
35	5. The name of the trauma patient;
36	6. The patient's trauma registry number; and

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7. Any other information the Commission and the Health
 2 Services Cost Review Commission consider necessary to disburse money from the
 3 Fund.

4 (iii) It is the intent of the General Assembly that trauma physicians
5 and trauma centers shall cooperate with the Commission and the Health Services
6 Cost Review Commission by providing information required under this paragraph in
7 a timely and complete manner.

8 (e) On or before September 1 of each year, the Commission and the Health 9 Services Cost Review Commission shall report to the General Assembly, in accordance 10 with § 2-1246 of the State Government Article, on:

11 (1) The amount of money in the Fund on the last day of the previous 12 fiscal year;

13 (2) The amount of money applied for by trauma physicians and trauma
14 centers during the previous fiscal year;

15 (3) The amount of money distributed in the form of trauma physician 16 and trauma center reimbursements during the previous fiscal year;

17 (4) Any recommendations for altering the manner in which trauma18 physicians and trauma centers are reimbursed from the Fund;

19(5)The costs incurred in administering the Fund during the previous20 fiscal year; and

21 (6) The amount that each hospital that participates in the Maryland 22 trauma system and that has a trauma center contributes toward the subsidization of 23 trauma-related costs for its trauma center.

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 \$490,000 to subsidize the stand-by costs for an

 $\frac{27}{28}$ out-of-state pediatric trauma center that has entered into an agreement with the

29 Maryland Institute for Emergency Services Systems.

30 SECTION 3. AND BE IT FURTHER ENACTED, That the Health Services Cost 31 Review Commission:

32 (a) Except as provided in subsection (b) subsections (b) and (c) of this section,

33 <u>notwithstanding any other provision of law, expenditures from the Maryland</u>

34 Physicians Trauma Fund for costs incurred in any fiscal year may not exceed

35 revenues of the Fund in that fiscal year without the approval of the General

36 Assembly.

37(b)(1)The Maryland Health Care Commission shall issue a onetime grant38from the Maryland Trauma Physician Services Fund under § 19-130 of the Health -

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1 General Article for up to \$300,000 to subsidize on-call services for the Curtis National 2 Hand Center at Union Memorial Hospital. The Curtis National Hand Center at 3 Union Memorial Hospital shall comply with the reporting requirements under § 4 19-130(d)(6) of the Health - General Article. 5 The Commission shall issue the onetime grant from any balance (2)6 carried over to the Fund as of July 1, 2006, from prior fiscal years. 7 The Maryland Health Care Commission, in consultation with the (c) (1)8 Health Services Cost Review Commission and the Maryland Institute for Emergency 9 Medical Services Systems, shall develop a process for the award of grants to Level II 10 and III trauma centers in the State to be used for equipment primarily used in the 11 delivery of trauma care. 12 (2)(i) Grants awarded under this subsection shall be issued from any 13 balance carried over to the Fund as of July 1, 2006, from prior fiscal years. 14 The total amount of grants awarded under this subsection may (ii) 15 not exceed \$3,000,000. The process developed by the Maryland Health Care Commission 16 (3)17 shall include: 18 <u>(i)</u> Grant applications and review and selection criteria for the 19 award of grants; 20 Review by the Health Services Cost Review Commission, if (ii) 21 necessary, for any project that exceeds Certificate of Need thresholds; and 22 (iii) Any other procedure determined necessary by the Maryland 23 Health Care Commission. 24 Before awarding grants under this subsection, the Maryland Health (4)25 Care Commission shall report to the Senate Finance Committee and the House 26 Health and Government Operations Committee, in accordance with § 2-1246 of the

27 State Government Article, on the process that the Commission has developed for

28 awarding grants.

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SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect
 October July 1, 2006.