



SB311 – Catastrophic Health Emergencies – Health Care Providers – Definition and Immunity
(Maryland Health Care Heroes Protection Act)

Senate Judicial Proceedings Committee – February 2, 2021

Testimony of Neal Naff, M.D., Chair, Department of, Neurosurgery Department, Sinai Hospital

I'm writing to you today in SUPPORT of SB311, the Maryland Health Care Heroes Protection Act. I am Chair of Neurosurgery at LifeBridge Health, a regional health system serving primarily Baltimore and the central Maryland region. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County, and; Grace Medical Center in Baltimore (formerly Bon Secours Hospital).

I want to share with you my personal experience delivering medical care during this pandemic, declared a "catastrophic health emergency" and which, in my experience, is the most challenging crisis faced by health providers and hospitals in my lifetime. A few examples:

- My department reduced staffing by 20 per cent as a result of COVID related restrictions particularly as it related to outpatient care. While we remained responsive to patient needs, the pace of our response may have been slower than usual on some occasions. We are not aware of any specific poor outcomes, but I am concerned that plaintiff attorneys – and we have all seen the ads seeking patients as clients - will target physicians and other providers who may have been less than optimally responsive when, in fact, they were not allowed to be open under existing executive orders.
- Another example: a neurosurgery patient who goes to the ER and needs an ICU bed. Given the demand for ICU level services during the pandemic, sometimes an ER room would be converted into an ICU-like treatment area, to the extent possible. ER physicians and nurses, while competent providers, are not ICU staff, and do their best under challenging capacity constraints. Being concerned that they are performing tasks outside the scope of their regular duties is not fair to them as they dive in to help with the crushing needs.

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- Consider an orthopedist who, during the shutdown, was not doing elective surgery. In many instances, these physicians assisted in placing IV lines into patients' arms, mostly those not suffering from COVID. This plan freed up Internal Medicine physicians to help COVID patients. Orthopedists don't typically insert IV lines, but rose to the occasion to meet the needs. We don't want them worrying about being sued for performing tasks outside their normal duties – nothing was normal during this catastrophic health emergency.

The unprecedented demands of the pandemic response combined with countless unclear and confusing federal and state orders and directives have caused potential legal vulnerabilities for Maryland's health care system and its health care providers like me. Existing liability protections in Maryland law need to be updated and clarified to reflect the unique challenges facing us right now and to make clear the protections to be applied.

I urge you to recognize our state's frontline health care workers and show them your support. Please give a FAVORABLE report to SB311.