

SB311 – Catastrophic Health Emergencies - Health Care Providers – Definition and Immunity - (Health Care Heroes Protection Act) - **SUPPORT**

Senate Judicial Proceedings Committee – February 2, 2021

Testimony of Richard Rohrs, PA-C, SFHM, DFAAPA – Assistant Vice President Provider Operations at Northwest Hospital, LifeBridge Health

I'm writing to you today in SUPPORT of SB311, the Maryland Health Care Heroes Protection Act.

I am Assistant Vice President of Provider Operations at Northwest Hospital in Randallstown, Maryland. In my role I oversee the operations of our Emergency Services, Hospitalist programs, Surgical House Staff, Anesthesia, Hospice, among other areas.

I want to share our 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 more than forty years of practice.

We were challenged in so many areas with some having services reduced or delayed while others were inundated with high volumes. In all cases, we were faced with the challenge of confronting an unknown disease entity that was constantly evolving, both in its clinical presentation but even more importantly, in the treatment protocols. In its earliest stages, clinical recommendations from highly respected sources were changing on almost a weekly basis as new research findings were published. Many times, we were faced with conflicting reports from different studies from across the globe.

Over the last year our knowledge and skills in treating COVID-19 have significantly improved as recommendations from the CDC and other leading sources have been refined. Our fear is that we will be faced with Monday morning quarterbacking by applying the standards in place today with the treatment options used in the beginning of the pandemic. In the area of testing and drug therapies, many of the cornerstone practices that exist today were in limited supply throughout the country during the early to mid-phases of the pandemic.

During this time, we were also faced with critical shortages of health care providers due to the volume of patients or in worse case, when the providers themselves were stricken with the infection. While the latter tragedies may have only made the news for a few days, they hung heavy on the heart of their colleagues for much longer.

With these shortages, we often asked providers to work in areas outside of their normal roles. While patient safety was always paramount and no one was asked to do anything for which they were not qualified by training, there is always an inherent risk in such situations.

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It seems unfair to now ask those providers who “ran towards the fire” to now must wait in fear that their heroic actions might be twisted or misinterpreted after the fact with potential liability.

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. Existing liability protections in Maryland law need to be updated and clarified to reflect the unique challenges facing us during this, and any catastrophic health emergency.

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