

2023 Legislation - MHCC Position Stmt - HB675 (Tra

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Position: FAV



2023 SESSION
POSITION PAPER

BILL NO: HB 675

COMMITTEE: House Appropriations Committee

POSITION: Support

TITLE: Commission to Study Trauma Center Funding in Maryland

BILL ANALYSIS

HB 675 - Commission to Study Trauma Center Funding in Maryland establishes the Commission to Study Trauma Center Funding in Maryland to study the adequacy of trauma center funding across the State for operating, capital, and workforce costs. The Maryland Institute for Emergency Medical Services Systems (MIEMSS) and Maryland Health Care Commission (MHCC) are required to jointly chair and staff the Commission. By December 1, 2023, the Commission must report its findings and recommendations to the Governor and General Assembly.

POSITION AND RATIONALE

The Maryland Health Care Commission (MHCC) supports HB 675 and believes that having a Commission study the adequacy of the fund is not only a good idea but necessary.

The Maryland Trauma Physician Services Fund (“Trauma Fund” or “Fund”) covers the costs of medical care provided by trauma physicians at Maryland’s designated trauma centers for uncompensated care, Medicaid-enrolled patients, trauma related on-call and standby expenses, and trauma equipment grants. The Fund is financed through a \$5 surcharge on motor vehicle registrations and the biennial vehicle registration renewals.

The Maryland General Assembly enacted legislation in 2003 that created the Trauma Fund to aid Maryland’s trauma system by covering a share of trauma hospitals on-call and standby expenses related to trauma care, reimbursing trauma physicians for uncompensated care losses and by raising Medicaid payments to 100% of the Medicare rate when a Medicaid patient receives trauma care at a designated trauma center. The legislation established a very specific formula for reimbursing trauma centers for trauma-related on-call expenses for trauma surgeons, orthopedists, neurosurgeons, and anesthesiologists. The legislation directed the Health Services Cost Review Commission (HSCRC) to allow trauma center hospitals to include trauma-related standby expenses in HSCRC-approved hospital rates. The statute has been modified several times since passage in 2003; the most significant changes expanded

eligibility for fund payments to other classes of trauma physicians or increased payment levels for classes of providers. Most non-physician health care practitioners cannot receive payments from the fund because they are not included as eligible providers in the statute. The current statutory language also prevents MHCC from modifying the formula for reimbursing on-call payments, although on-call has become a growing expense for all trauma hospitals, with the exception of PARC (Primary Adult Resource Center) at the University of Maryland, which must have the core trauma team in the facility at all times.

Trauma providers have been attentive to the Trauma Fund reserve and have sought to expand eligibility when new needs arise. MHCC and the trauma providers have examined various contingencies, but the very specific formula spelled out in statute limit virtually all changes. However, with increased demand for reimbursements from the fund for on-call trauma surgeons, orthopedic surgeons, neurosurgeons, and anesthesiologists requires creative thinking on how to modify on-call reimbursement for these providers without running out of funds. In fiscal year 2022 the vehicle renewal fee revenues received by the fund totaled \$12.2 million. Payments to all eligible providers (and the associated administrative costs with making those payments) totaled \$11.5 million, with an additional \$194,080 awarded as biennial trauma equipment grants to eligible trauma centers. The fund reserve at the end of fiscal 2022, including a \$4.0 million fund transfer under the Budget Reconciliation and Financing Act of 2022, was \$6.7 million. Although there is an adequate reserve in the Trauma Fund, the reserve exists because the reimbursement formulae in the statute are very specific. Trauma providers and MHCC also agree that there are unmet trauma needs that are not authorized in statute and therefore not reimbursed. This legislation would establish a Commission to consider all options and then report its recommendations to the Governor and General assembly.

The Commission under HB 675 must make findings and recommendations regarding: changes in staffing, recruitment, compensation, or other factors that would impact the funding needed to operate a trauma center in the State; changes to approved uses of MTPSF over time; the amount of funding needed to adequately fund trauma centers in the State; the funding mechanisms available to adequately fund trauma centers; and funding criteria that would impact the receipt of funds by existing or new trauma centers. We agree that these areas need review and recommendations for change.

For these reasons the Maryland Health Care Commission asks for a favorable report on HB 675.

Note: The Maryland Health Care Commission is an independent State agency, and the position of the Commission may differ from the position of the Maryland Department of Health.



HB 675 Commission to Study Trauma Center Funding i

Uploaded by: Erin Dorrien

Position: FAV



Maryland
Hospital Association

March 9, 2023

To: The Honorable Benjamin Barnes, Chair, House Appropriations Committee

Re: Letter of Support- House Bill 675 - Commission to Study Trauma Center Funding in Maryland

Dear Chair Barnes:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of House Bill 675.

The Trauma Fund was established by the Maryland General Assembly in 2003 and funded through a \$5 surcharge on all Maryland vehicle registrations. Since the fund was established 20 years ago, eligibility for payment from the fund expanded. Yet, revenue to the fund never increased.

At the same time, the nature of trauma care has changed, the types of care needs have become more complex, and care teams are now multidisciplinary. Tremendous resources are needed to keep physicians and other members of the team on call and ready.

Not every hospital can manage all forms of traumatic injury and may not have the sub-specialty medical providers for critical care at all times. A hospital's commitment to being a trauma center requires significant investment and resource allocation. The role of trauma care, and trauma centers, in Maryland's Total Cost of Care Model has never been well defined or explored.

A traumatic event in a person's life is by nature, unscheduled and often times life altering. The type of care they need can be specialized, costly, and unexpected. Given changes in trauma needs, trauma care, and the health care system, MHA supports a Commission to Study Trauma Center Funding in Maryland.

For these reasons, we urge a *favorable* report on HB 675.

For more information, please contact:
Erin Dorrien, Vice President, Policy
Edorrien@mhaonline.org

HB0675.pdf

Uploaded by: Jonathan Dayton

Position: FAV



Statement of Maryland Rural Health Association (MRHA)

To the House Appropriations Committee

Chair: Delegate Ben Barnes

March 9th, 2023

House Bill 675: Commission to Study Trauma Center Funding in Maryland

POSITION: SUPPORT

Chair Barnes, Vice Chair Chang and members of the committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of House Bill 675: Commission to Study Trauma Center Funding in Maryland.

MRHA recognized the importance of trauma centers in ensuring the health of Maryland residents. Research has shown that trauma centers can decrease death rates for all treated trauma patients by 15–20%.¹ They can additionally lower mortality from medically preventable causes by more than 50%.¹

Supporting HB 675 will ensure Maryland trauma centers receive enough funding to care for all Marylanders.

Sincerely,

Jonathan Dayton, MS, NREMT, CNE, Executive Director

jdayton@mdruralhealth.org

1. Gwaram UA, Okoye OG, Olaomi OO. Observed benefits of a major trauma centre in a tertiary hospital in nigeria. African Journal of Emergency Medicine. 2021;11(2):311-314.
<https://www.sciencedirect.com/science/article/pii/S2211419X21000409>. doi: 10.1016/j.afjem.2021.04.003.

STC Testimony 2023_Commission to Study Trauma.pdf

Uploaded by: Kristie Snedeker

Position: FAV



Commission to Study Trauma Funding in Maryland

Senate Budget & Taxation Committee

Senator Guy Guzzone, Chair

Senator Jim Rosapepe, Vice Chair

March 9, 2023

House Appropriations Committee

Delegate Ben Barnes, Chair

Delegate Mark S. Chang, Vice Chair

March 9, 2023

Good afternoon Mr. Chairman and members of the committee. I am Kristie Snedeker, Vice President of the R Adams Cowley Shock Trauma Center, University of Maryland Medical Center. I am pleased to be here today in support of HB675 / SB493 the Commission to Study Trauma Center Funding in our great state of Maryland. We are also partners along with you, our elected officials in ensuring safety and care of Maryland citizens.

As established by State law, the R Adams Cowley Shock Trauma Center is the core element of the State's Emergency Medical Services System and serves as the State's Primary Adult Resource Center (PARC) for the treatment of trauma. Specifically, the law mandates Shock Trauma to serve as (a) the State's primary adult trauma center, (b) the statewide referral center for the treatment of head, spinal and multiple trauma injuries, (c) the regional trauma center for Region III and the southwest quadrant of Baltimore City, and (d) the statewide referral center for patients in need of hyperbaric medical treatment.

The R Adams Cowley Shock Trauma Center is the State's only freestanding trauma hospital and takes care of upwards of 6,000 patients annually and maintains a 97% survival rate. It serves as a vital statewide clinical resource and uniquely maintains an around-the-clock state of readiness in its dedicated trauma resuscitation unit (TRU), operating rooms and recovery rooms. Shock Trauma is the State's safety net for the most seriously injured and ill, receiving at least 30% or more of its volume as transfers from other trauma centers .

Over the past ten years, Shock Trauma has diverted zero patients seeking access directly from the scene. The facility and its staff are organized for on-demand access and treatment of the State's most critically ill and injured patients to a degree unparalleled anywhere. The MIEMSS PARC designation represents the State's highest level of capability and readiness. As a result, the Shock Trauma Center has unique operating and financial requirements that distinguish it from any other Maryland trauma center and are the basis for continued State operating support through the Maryland Emergency Medical System Operations Fund (MEMSOF).



The R Adams Cowley Shock Trauma Center is proud of its statutory designation as the core element of the State's Emergency Medical System and grateful to be a recipient off MEMSOF funding alongside MIEMSS, MSP Aviation Command, MSFA and MFRI. Having said that, while MEMSOF funding for Shock Trauma has remained relatively flat over the course of the past 30 years, the costs associated with running the PARC have gone up exponentially.

Maryland's Trauma and EMS System serves as a model for emergency medical care both nationally and internationally. The State's historical investment has meant that lives are saved in Maryland that would be lost elsewhere. However the system has reached an inflection point as hospitals have become less able to subsidize trauma operations. We are collectively looking to this committee and to the General Assembly as a whole to help identify a path forward that will preserve Maryland's world renowned trauma system for generations to come. Thank you for your time and consideration.

2023 HB675 - Trauma Funding Commission.Testiomony

Uploaded by: Martha Nathanson

Position: FAV



CARE BRAVELY

HB675 – Commission to Study Trauma Center Funding in Maryland

House Appropriations Committee – March 9, 2023

Testimony of Martha D. Nathanson, Esq., Vice President, Government Relations and Community Development

Position: **SUPPORT**

I write to SUPPORT HB675. 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).

Sinai Hospital of Baltimore is a State-designated Level II Trauma Center. Most hospitals do not have the ability to manage all forms of traumatic injury in their emergency departments and may not have the sub-specialists needed for the most critical care at all times. A hospital's commitment to being a trauma center requires significant resource allocation. As a State-designated trauma center, Sinai is required by statute to be staffed and equipped to emergently treat severe life-threatening conditions such as falls, motor vehicle crashes, or gunshot wounds by clinicians highly trained in managing traumatic injuries, through response by a multidisciplinary trauma team.

This team comprises many specialty providers. Trauma surgeons, other specialists and other ancillary support staff are required to be in-house and/or on-call 24 hours a day in a Level II trauma center. These surgical services include anesthesia, orthopaedics and neurosurgery in-house and immediately available 24 hours a day. Other surgical specialties on-call and available in the hospital within 30 minutes include but are not limited to cardiac, vascular, oral-maxillofacial, ophthalmology, plastic surgery, etc. We are also required to have a significant number of non-surgical services on-call and available 24 hours such as cardiology, Interventional Radiology, neurology, nephrology, psychiatry, etc.

The Maryland General Assembly created the Maryland Trauma Physician Services Fund in 2003 to aid Maryland's statewide integrated trauma system which at that time (2003) received no State support outside the R. Adams Cowley Shock Trauma Center. In the intervening 20 years, utilization of all trauma centers has improved with the system-wide caseload well distributed. In FY22, approximately 10 percent of trauma cases are seen in the Level 1 center at Hopkins, 45 percent in Level II centers including Sinai Hospital's, 22 percent in Level 3 (rural), and 23 percent at the PARC (R Adams Cowley Shock Trauma Center). Even so, the funding mechanism has not been modernized and a thorough review of the trauma system is due. Such a study will address the sufficiency of current funding sources for all trauma centers; modernizing staffing, recruitment, compensation, and other factors that impact the funding needed to operate a trauma center, and; expanding approved uses of the Trauma Fund to support the Trauma system more broadly.

For all the above stated reasons, we request a **FAVORABLE** report for HB675.

Contact: Martha D. Nathanson, Esq.
Vice President, Government Relations & Community Development
mnathans@lifebridgehealth.org
Mobile: 443-286-4812

2c - HB 675 - APP - MDH - LOS.docx.pdf

Uploaded by: Maryland State of

Position: FAV



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 9, 2023

The Honorable Ben Barnes
Chair, House Appropriations Committee
Room 121, House Office Building
Annapolis, MD 21401-1991

RE: HB 675 – Education - Commission to Study Trauma Center Funding in Maryland – Letter of Support

Dear Chair Barnes and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support for House Bill (HB) 675 – Commission to Study Trauma Center Funding in Maryland. HB 675 establishes a Commission to study the adequacy of trauma center funding in the State. This bill requires the Secretary or their designee to appoint members to the Commission. The Commission shall make recommendations and findings to the Governor and the General Assembly in a report on December 1, 2023.

Currently, the fund is composed of money received from a \$5 charge on motor vehicle registrations and renewals; this charge has not changed in over 15 years. MDH supports HB 675 as it will help to inform if funding will need to be increased to fully staff the trauma centers, what other funding sources are available, how the funds are being distributed.

If you would like to discuss this further, please do not hesitate to contact Megan Peters, Acting Director of Governmental Affairs at megan.peters@maryland.gov or (410) 260-3190.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Secretary

2023 UPMC Support Trauma Center Funding.pdf

Uploaded by: Michael Johansen

Position: FAV



February 23, 2023

UPMC Western Maryland

Trauma Services

12500 Willowbrook Road
Cumberland, MD 21502
T 240-964-3495

To The Honorable Members of Maryland's General Assembly:

There is current legislation proposed in the State of Maryland in the form of Senate Bill 493 and House Bill 675 to establish the Commission to Study Trauma Center Funding in Maryland with a purpose to research the adequacy of trauma center funding across the State for operating, capital, and workforce costs. UPMC Western Maryland is in full support of these bills.

A hospital's commitment to being a trauma center requires considerable resource allocation. Since the Maryland Trauma Physician Services Fund was created in 2003 to provide reimbursement to Maryland trauma centers, a thorough review of the Maryland Trauma System and Fund has not been performed despite the evolution of trauma care and substantial system growth.

Please accept this letter as our urge to all legislators to vote in favor of these bills so that Maryland trauma center funding needs can be better appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "JHobbs RN".

Jeffrey Hobbs BSN, RN
Trauma Program Manager

A handwritten signature in black ink, appearing to read "Milton Lum".

Milton Lum MD, FACS
Trauma Program Medical Director

For Information: Mike Johansen, RWL 410.591.6014 mjohansen@rwllaw.com

TraumaNet support for HB675.pdf

Uploaded by: Raymond Fang

Position: FAV

TraumaNet



HB 675
Favorable

TO: The Honorable Ben Barnes, Chair
House Appropriations Committee

FROM: Raymond Fang, MD, FACS
Chair, TraumaNet

DATE: March 9, 2023

TraumaNet supports **HB 675 – Commission to Study Trauma Center Funding in Maryland**. We appreciate the interest of the sponsors to support our state's trauma care system to deliver emergent care to our fellow Marylanders after injury.

TraumaNet is a multidisciplinary advocacy group focused on optimizing trauma care within Maryland with representation from each of the State's designated trauma centers and specialty referral centers. TraumaNet develops and promotes excellence in trauma care in Maryland by focusing on issues related to clinical care, research, education, injury prevention and healthcare policy. TraumaNet works closely with the Maryland Institute for Emergency Medical Services Systems (MIEMSS) to foster a collaborative statewide approach to trauma care.

In 2003, the Maryland General Assembly enacted legislation to create the Maryland Trauma Physician Services Fund ('Trauma Fund') to financially assist Maryland's trauma centers by providing: (1) payments for uninsured and underinsured trauma care, (2) biennial equipment grants for Level II and III trauma centers, and (3) reimbursement for the 24/7 availability of trauma surgery, neurosurgery and orthopedic surgery at the Level I, II and III centers as well as anesthesia at the Level III centers. The Maryland Health Care Commission has been an excellent steward in administering the Trauma Fund. However, State support of the trauma care has not been comprehensively reviewed in the subsequent 20 years beyond regular monitoring of the Trauma Fund.

Maryland has historically led the Nation in trauma care innovation. With the launch of MIEMSS in 1973, Maryland created the first organized statewide trauma system. Increasing trauma care costs in a challenging medical economic landscape hinders continued excellence. The proposed Commission would study trauma center funding to not only provide an assessment on its adequacy but also potential recommendations for action.

Maryland's trauma centers and trauma system only exist to care for our fellow citizens at time of potential life-saving and life-changing need. TraumaNet urges a favorable report on HB 675.

cc: Members, House Appropriations Committee

2a - HB 675 - APP - HSCRC - LOS .docx.pdf

Uploaded by: State of Maryland (MD)

Position: FAV



March 9, 2023

The Honorable Ben Barnes
Chair, House Appropriations Committee
Room 121
House Office Building
Annapolis, Maryland 21401

RE: House Bill 675 – Commission to Study Trauma Center Funding in Maryland – Letter of Support

Dear Chair Barnes and Committee Members:

The Health Services Cost Review Commission (HSCRC) supports the passage of House Bill 675, to establish a Commission to study trauma center funding in Maryland. Access to high quality trauma care is crucial for the health of the people of Maryland. HSCRC believes that it is appropriate to conduct a comprehensive study of funding for trauma care in Maryland to ensure that this access to care is maintained for all regions of the State.

The Maryland General Assembly created the Maryland Trauma Physician Services Fund in 2003 to aid Maryland's trauma system. The Maryland Trauma Physician Services Fund ("Trauma Fund" or "Fund") covers the costs of medical care provided by trauma physicians at Maryland's designated trauma centers for uncompensated care, Medicaid-enrolled patients, trauma related on-call and standby expenses, and trauma equipment grants. The Fund is financed through a \$5 surcharge on motor vehicle registrations and renewals. This fee has not been increased in at least 16 years. The Maryland Health Care Commission manages the day-to-day administration of the Trauma Fund and publishes an [annual report](#) on the status of the Fund, which includes policy recommendations. Trauma hospitals in Maryland also receive funding for hospital trauma services through their respective global budget, in accordance with the all-payer rate setting system for hospital services.

HSCRC looks forward to working with the other members of the Commission to review the adequacy of operating, capital, and workforce funding costs for trauma centers. The Commission urges a favorable report on HB 675 to establish a Commission to study trauma center funding in Maryland. If you have any questions or if we may provide you with any further information, please do not hesitate to contact me at me at katie.wunderlich@maryland.gov or Megan Renfrew, Associate Director of External Affairs, at 410-382-3855 or megan.renfrew1@maryland.gov.

Sincerely,

Adam Kane, Esq
Chairman

Joseph Antos, PhD
Vice-Chairman

Victoria W. Bayless

Stacia Cohen, RN, MBA

James N. Elliott, MD

Maulik Joshi, DrPH

Sam Malhotra

Katie Wunderlich
Executive Director

Allan Pack
Director
Population-Based Methodologies

Gerard J. Schmith
Director
Revenue & Regulation Compliance

William Henderson
Director
Medical Economics & Data Analytics



Katie Wunderlich
Executive Director

2b - HB 675 - APP - MHCC - LOS.pdf

Uploaded by: State of Maryland (MD)

Position: FAV



2023 SESSION
POSITION PAPER

BILL NO: HB 675

COMMITTEE: House Appropriations Committee

POSITION: Support

TITLE: Commission to Study Trauma Center Funding in Maryland

BILL ANALYSIS

HB 675 - Commission to Study Trauma Center Funding in Maryland establishes the Commission to Study Trauma Center Funding in Maryland to study the adequacy of trauma center funding across the State for operating, capital, and workforce costs. The Maryland Institute for Emergency Medical Services Systems (MIEMSS) and Maryland Health Care Commission (MHCC) are required to jointly chair and staff the Commission. By December 1, 2023, the Commission must report its findings and recommendations to the Governor and General Assembly.

POSITION AND RATIONALE

The Maryland Health Care Commission (MHCC) supports HB 675 and believes that having a Commission study the adequacy of the fund is not only a good idea but necessary.

The Maryland Trauma Physician Services Fund (“Trauma Fund” or “Fund”) covers the costs of medical care provided by trauma physicians at Maryland’s designated trauma centers for uncompensated care, Medicaid-enrolled patients, trauma related on-call and standby expenses, and trauma equipment grants. The Fund is financed through a \$5 surcharge on motor vehicle registrations and the biennial vehicle registration renewals.

The Maryland General Assembly enacted legislation in 2003 that created the Trauma Fund to aid Maryland’s trauma system by covering a share of trauma hospitals on-call and standby expenses related to trauma care, reimbursing trauma physicians for uncompensated care losses and by raising Medicaid payments to 100% of the Medicare rate when a Medicaid patient receives trauma care at a designated trauma center. The legislation established a very specific formula for reimbursing trauma centers for trauma-related on-call expenses for trauma surgeons, orthopedists, neurosurgeons, and anesthesiologists. The legislation directed the Health Services Cost Review Commission (HSCRC) to allow trauma center hospitals to include trauma-related standby expenses in HSCRC-approved hospital rates. The statute has been modified several times since passage in 2003; the most significant changes expanded

eligibility for fund payments to other classes of trauma physicians or increased payment levels for classes of providers. Most non-physician health care practitioners cannot receive payments from the fund because they are not included as eligible providers in the statute. The current statutory language also prevents MHCC from modifying the formula for reimbursing on-call payments, although on-call has become a growing expense for all trauma hospitals, with the exception of PARC (Primary Adult Resource Center) at the University of Maryland, which must have the core trauma team in the facility at all times.

Trauma providers have been attentive to the Trauma Fund reserve and have sought to expand eligibility when new needs arise. MHCC and the trauma providers have examined various contingencies, but the very specific formula spelled out in statute limit virtually all changes. However, with increased demand for reimbursements from the fund for on-call trauma surgeons, orthopedic surgeons, neurosurgeons, and anesthesiologists requires creative thinking on how to modify on-call reimbursement for these providers without running out of funds. In fiscal year 2022 the vehicle renewal fee revenues received by the fund totaled \$12.2 million. Payments to all eligible providers (and the associated administrative costs with making those payments) totaled \$11.5 million, with an additional \$194,080 awarded as biennial trauma equipment grants to eligible trauma centers. The fund reserve at the end of fiscal 2022, including a \$4.0 million fund transfer under the Budget Reconciliation and Financing Act of 2022, was \$6.7 million. Although there is an adequate reserve in the Trauma Fund, the reserve exists because the reimbursement formulae in the statute are very specific. Trauma providers and MHCC also agree that there are unmet trauma needs that are not authorized in statute and therefore not reimbursed. This legislation would establish a Commission to consider all options and then report its recommendations to the Governor and General assembly.

The Commission under HB 675 must make findings and recommendations regarding: changes in staffing, recruitment, compensation, or other factors that would impact the funding needed to operate a trauma center in the State; changes to approved uses of MTPSF over time; the amount of funding needed to adequately fund trauma centers in the State; the funding mechanisms available to adequately fund trauma centers; and funding criteria that would impact the receipt of funds by existing or new trauma centers. We agree that these areas need review and recommendations for change.

For these reasons the Maryland Health Care Commission asks for a favorable report on HB 675.

Note: The Maryland Health Care Commission is an independent State agency, and the position of the Commission may differ from the position of the Maryland Department of Health.



HB 675_Commission to Study Trauma Center Funding_M

Uploaded by: Theodore Delbridge

Position: FAV



State of Maryland
Maryland Institute for Emergency Medical Services Systems

Wes Moore
Governor

Clay B. Stamp
Chairman, EMS Board

Theodore R. Delbridge, MD, MPH
Executive Director

House Bill 675
Commission to Study Trauma Center Funding in Maryland

MIEMSS Position: Support

Bill Summary: HB 675 establishes a Commission to study the adequacy of funding for designated trauma centers for their operating, capital and workforce costs. The Commission must report findings and recommendations on or before December 1, 2023.

Rationale:

- Maryland's statewide trauma system includes adult trauma and pediatric trauma centers that provide life-saving care to critically injured Maryland patients. Nearly 25,000 patients are treated in Maryland's trauma centers each year. Maryland's trauma system was the first to be established on a statewide basis in the US and has served as a model trauma system for the country and the world.
- MIEMSS designates Maryland's trauma centers based on trauma center verification standards set forth in *COMAR 30.08.05, et seq.* Verification standards are developed in conjunction with Maryland trauma centers and are based on national trauma standards set by the American College of Surgeons. In order to be designated, trauma centers must meet COMAR requirements for personnel, equipment, quality management, research and other components. In addition to trauma centers located within Maryland, trauma centers located in neighboring jurisdictions, e.g., Washington, DC, also participate in the Maryland trauma system.
- The Maryland Trauma Physicians Fund, which is administered by the Maryland Health Care Commission, supports the Maryland trauma system. The Trauma Fund covers the costs of medical care provided by trauma physicians at Maryland's designated trauma centers for uncompensated care, Medicaid-enrolled patients, trauma related on-call and standby expenses and trauma equipment grant. Established in 2003, the Fund is financed through a \$5 surcharge on motor vehicle registrations and renewals.
- Maintaining Maryland's statewide trauma system is essential. The Commission to Study Trauma Center Funding will convene all stakeholders involved in the trauma system to identify and recommend any changes needed in trauma center funding that help ensure the continuation of the Maryland trauma system.

MIEMSS Supports HB 675 and Asks for a Favorable Report

HB675 Testimony TSH.pdf

Uploaded by: Tom Hutchinson

Position: FAV

THOMAS S. HUTCHINSON
Legislative District 37B
Caroline, Dorchester, Talbot,
and Wicomico Counties



The Maryland House of Delegates
6 Bladen Street, Room 308
Annapolis, Maryland 21401
410-841-3582 · 301-858-3582
800-492-7122 Ext. 3582
Tom.Hutchinson@house.state.md.us

Health and Government Operations
Committee

Subcommittees

Public Health and
Minority Health Disparities

Health Occupations and
Long-Term Care

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

HB493 Commission to Study Trauma Center Funding in Maryland

Appropriations Committee

March 9, 2023

The intent of this bill is to establish a commission to study how trauma centers are funded across the state to include:

- Current funding sources for trauma centers
- Trauma Fund expenditures and revenues since inception
- Statutory and regulatory requirements for trauma centers when the funding statute was originally passed
- Changes to statutory or regulatory requirements for trauma centers since the original funding statute
- Changes in staffing, recruitment, compensation, or other factors that would impact the funding needed to operate a trauma center
- Changes to approved uses of the Trauma Fund over time

Currently, our trauma centers rely on the Maryland Trauma Physician Fund for uncompensated care, Medicaid-enrolled patients, trauma related on-call and standby expenses, and trauma equipment grants.

This fund was enacted by the Maryland General Assembly in 2003. It established a formula for reimbursing trauma centers for on-call physician expenses. The legislation also directed the HSCRC to allow trauma center hospitals to include trauma-related standby expenses in the HSCRC approved hospital rates. The fund is financed through a \$5 surcharge on motor vehicle registrations and renewals which has not increased since its inception.

There has been some modification to the Fund since its inception. There have been market conditions that have affected the Fund both positively and negatively. Without a doubt, the costs to maintain either a Level I, II or III have increased significantly since 2003.

We need to address trauma funding to ensure that all of our state-wide trauma centers can remain fiscally strong, viable and remain open to service the citizens of Maryland.

I respectfully ask the Committee for a FAVORABLE vote on HB293.

HB675 Oral Testimony - Trauma Funding - UM Cap Reg

Uploaded by: Tom-Meka Archinard

Position: FAV



250 W. Pratt Street
24th Floor
Baltimore, Maryland 21201-6829
www.umms.org

CORPORATE OFFICE

Tom-Meka Archinard, MD
Chief Medical Officer
University of Maryland Capital Region Health

Senate budget and Tax Committee
HB0675 - Commission to Study Trauma Center Funding in Maryland

Position: Favorable

March 9, 2023

- Thank you, Mr. Chair and members of the committee, for your time and support of University of Maryland Capital Region Health and the ongoing transformation of health care delivery in Prince George's County and the Southern Maryland Region.
- Today, I am here to discuss the need for funding to cover unreimbursed costs for Trauma programs in the state and in particular, at Capital Region Health. We see just under 3,000 trauma cases per year and we have a 95.5% survival rate. We are one of four Level II trauma centers in the state, the only trauma center in Prince George's County and the 2nd busiest in the state, second only to The University and Maryland Medical System's Shock Trauma Center in Baltimore.
- The trauma cases that we see at Cap Region have a very high severity. The number of blunt force and penetrating wounds, like car accidents and gunshot wounds, is twice that of the national average rate for these types of injuries. This high severity level has an impact on the clinical and financial resources expended to operate our trauma center as well as the acuity level of trauma patients admitted to our hospital following treatment by our trauma team.

- Trauma centers are required to maintain an availability of trauma, orthopedic and neuro surgeons, critical care physicians and anesthesiologists around the clock to be prepared for a trauma case at any time. Maintaining this availability is very costly due to fees paid for on-call and standby provider coverage to meet the requirements above.
- All of the factors above result in UM Capital incurring nearly \$13 million in unreimbursed trauma program costs annually. Trauma services are a critical need in any community but not all hospitals provide these services. For those hospitals that do, like UM Capital Region, this is a significant financial burden particularly given the rising costs of physicians and nurses post pandemic. The increasing cost of providing trauma services, together with the financial and operational challenges currently faced by all hospitals makes the need for increased financial resources to fund trauma programs critical for financial sustainability.

UM Capital remains committed to being good stewards of the State’s investment in the transformation of healthcare in Prince George’s County. On behalf of our 2000 plus member workforce and the patients we care for, I thank you for your time and your support for this critical funding.

UNIVERSITY OF MARYLAND MEDICAL SYSTEM

**University of Maryland Medical Center • University of Maryland Medical Center Midtown Campus •
University of Maryland Rehabilitation and Orthopaedic Institute • University of Maryland Baltimore Washington Medical Center •
University of Maryland Shore Regional Health – University of Maryland Shore Medical Center at Easton -
University of Maryland Shore Medical Center at Chestertown - University of Maryland Shore Medical Center at Dorchester –
University of Maryland Shore Emergency Center at Queenstown •
University of Maryland Charles Regional Medical Center • University of Maryland St. Joseph Medical Center •
University of Maryland Upper Chesapeake Health System – University of Maryland Upper Chesapeake Medical Center -
University of Maryland Harford Memorial Hospital •
University of Maryland Capital Region Health – University of Maryland Bowie Health Center –
University of Maryland Laurel Medical Center – University of Maryland Capital Region Medical Center •
Mt. Washington Pediatric Hospital**

HB 675 TidalHealth Testimony.pdf

Uploaded by: Trudy Hall

Position: FAV

March 9, 2023

Thank you, Chairman Barnes and Delegates, for the opportunity to testify today.

TidalHealth is the oldest, largest, and most complex healthcare system on Maryland's Eastern Shore. Founded in 1897, TidalHealth has hospitals in Maryland and Delaware, with 30 different sites of services and joint ventures across seven counties.

At TidalHealth Peninsula Regional, our flagship hospital in Salisbury, we provide complex services in a rural setting. In addition to being one of a handful of dedicated trauma providers, we are the only trauma center on Maryland's Eastern Shore. With that said, our trauma service is in jeopardy, and this bill is one avenue to ensure proper care remains for all of Maryland.

TidalHealth Peninsula Regional is the second busiest trauma center based on activations behind Shock Trauma. In the past four years, residents from every single one of Maryland's 24 counties were treated at our trauma center. In the summer, more than 8 million people visit the Shore. Accidents do happen, therefore trauma services at TidalHealth Peninsula Regional are not just an Eastern Shore concern; this should be on the radar for every single elected representative as their constituents have used our trauma center in Salisbury. It is greater than a two-hour ambulance drive to the nearest trauma center. This drive time will impact lives saved, disabilities, and access to timely care.

TidalHealth is advocating for proper trauma funding through several avenues, including House Bill 675. As you know, the trauma fund was developed during the 2003 legislative session as a mechanism to aid Maryland's trauma program. Since that time, a comprehensive review of the Maryland trauma system and the fund has not occurred — even as the needs of the system have grown and the cost of operating a trauma program has significantly increased. At TidalHealth Peninsula Regional, it costs more to run the trauma program than we receive from the fund. There is a significant delta.

At TidalHealth, we fully support HB 675 and encourage you to pass it. We want to ensure Maryland has the most contemporary trauma funding program, and this can only happen

through the establishment of a task force to study the adequacy of trauma funding across Maryland for operating, capital, and workforce costs.

The only trauma center on the Eastern Shore is in jeopardy and, without your support, residents across Maryland are at risk. We urge you to pass this bill, allowing us to continue our excellent care on Maryland's Eastern Shore.

Thank you for your time and consideration,

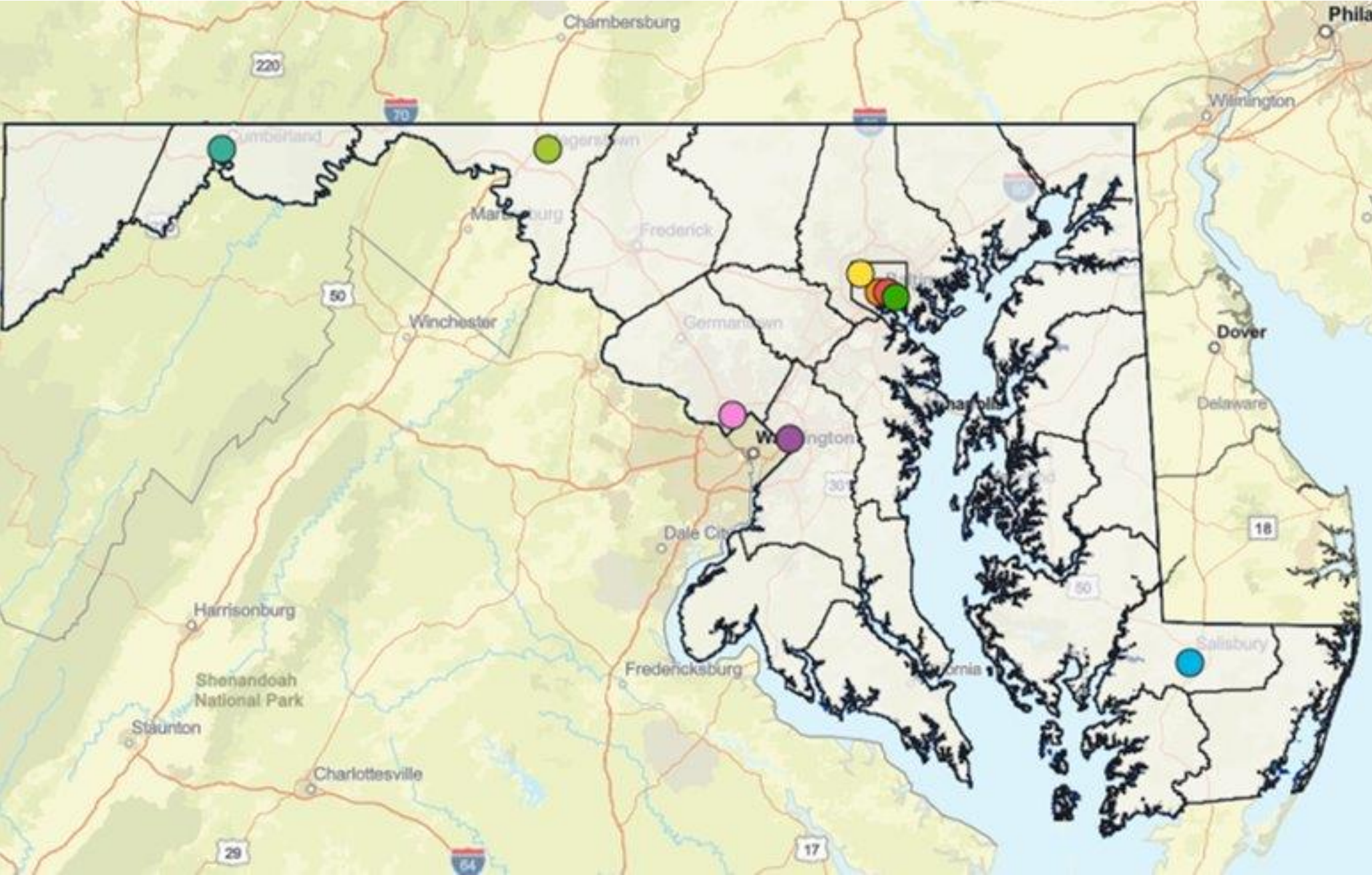
Trudy R. Hall, MD
Chief Medical Officer
TidalHealth, Inc

TidalHealth Trauma Slides.pdf

Uploaded by: Trudy Hall

Position: FAV

Maryland Trauma Programs



HB675 - Johns Hopkins - Support.pdf

Uploaded by: Zachary Arciaga

Position: FAV

HB675

Favorable

TO: The Honorable Ben Barnes, Chair
House Appropriations Committee

FROM: Zakk Arciaga
Trauma Program Manager, Johns Hopkins Hospital

DATE: March 9, 2023

RE: HB675 COMMISSION TO STUDY TRAUMA CENTER FUNDING IN MARYLAND

Johns Hopkins **supports HB675 Commission to Study Trauma Center Funding in Maryland.** This bill establishes a commission to study the adequacy of funding for trauma centers across the State for operating, capital and workforce costs.

Johns Hopkins Health System has seven different trauma centers across the State, including specialty burn units and the trauma center for eye injuries. Typical hospitals do not have the ability to manage all forms of traumatic injury and may not have the sub-specialists needed for the most critical care at all times. A hospital's commitment to being a trauma center requires significant resource allocation.

During the 2003 Legislative Session, the Maryland General Assembly enacted legislation that created the Maryland Trauma Physician Services Fund (Trauma Fund) to aid Maryland's trauma system by reimbursing trauma physicians for uncompensated care losses and by raising Medicaid payments to 100% of the Medicare rate when a Medicaid patient receives trauma care at a designated trauma center. In the intervening 20 years, a comprehensive review of the Maryland Trauma System and Fund has not occurred even as the needs of the system have grown and evolved. As a result, Trauma Fund designed to reimburse 65% of on-call trauma in 2003 – today reimburses 40% of on-call trauma.

For Johns Hopkins Health System, the on-call trauma shortfall after Trauma Fund reimbursement has grown to \$2.25 million in FY22. And stand by costs for trauma, orthopedics, and anesthesia have increased to \$4.17 million in FY22. Lastly, the costs for specialized trauma staff (nurses & NPs/physician assistants/technicians) has jumped \$13.7 million over the last four years. All of these factors are resulting in a shortfall from GBR rates of about \$23.84 million in FY22.

The State's trauma system is a vital resource for Marylanders. Therefore, there is a responsibility to ensure it is adequately resources. For these reasons and more, Johns Hopkins urges a **favorable** report on **HB675**.

2023 HB675 Trauma Center Funding Study- Childrens.

Uploaded by: Camille Fesche

Position: FWA

CHILDREN'S NATIONAL HOSPITAL

SUPPORTS

HB 675 "Commission to Study Trauma Center Funding in Maryland"

Children's National supports the creation of the Commission to Study Trauma Center Funding in Maryland.

Children's National is one of only two Level I Pediatric Trauma Centers serving Maryland's children in need of the highest level of trauma care. Children's National is part of the Maryland Trauma Network and receives patients from throughout the Maryland portion of the metro Washington area – Prince George's, Montgomery, Charles, St. Mary's, Calvert, southern portions of Anne Arundel, and from other regions as well.

Children's National receives funding from Maryland Trauma Physicians Services Fund. While this funding is appreciated, the amount of the annual grant has not been increased since 2008.

Children's National does respectfully request an amendment on the bill to enable participation on the Commission:

On page 2, after line 15, insert "(vii) one representative of a level I pediatric trauma center located outside the State."

For the reasons above, please give HB 675 a favorable report with the amendment.

For more information: Mike Johansen & Camille Fesche, RWL 410.269.5066