



## 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**

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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.

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