

TO: The Honorable Jheanelle Wilkins, Chair
House, Ways and Means Committee

FROM: Annie Coble
Assistant Director, Maryland Government Affairs

HB197
Favorable

DATE: March 5, 2026

RE: HB197 Comprehensive Community Safety Funding Act

Johns Hopkins supports **HB197 - Comprehensive Community Safety Funding Act**. This bill establishes an excise tax on gross receipts of federally licensed firearm dealers in the State of Maryland from the sales of firearms, fire arm accessories, and ammunition. It directs the revenue to the Maryland Trauma Physician Services Fund, the R. Adams Cowley Shock Trauma Center, the Violence Intervention and Prevention Program Fund, the Survivors of Homicide Victims Grant Program within the Governor’s Office of Crime Prevention and Policy, the Center for Firearm Violence Prevention and Intervention, and the Coordinated Community Supports Partnership Fund.

There are four state-designated trauma centers within the Johns Hopkins Health System that manage trauma care. Johns Hopkins Hospital (JHH) – East Baltimore, which encompasses two hospital centers Adult and Pediatric, Johns Hopkins Bayview Medical Center (JHBMC), and Suburban Hospital (SH).

According to the most recent MIEMSS Annual Report (FY25), Maryland’s designated trauma centers treated 33,257 trauma patients statewide. Of those, Johns Hopkins Health System cared for 13,361 patients across our Adult, Pediatric, and Burn centers — representing 40.2% of Maryland’s total trauma volume. By comparison, Shock Trauma Center treated 5,717 patients, and the University of Maryland Medical System collectively accounted for approximately 24.6% of the state’s trauma volume.

This data demonstrates that JHHS carries the largest share of Maryland’s trauma burden while maintaining adult Level I, Pediatric Level I, Level II, comprehensive burn for adult and pediatrics, and specialized eye trauma capability within a single coordinated system

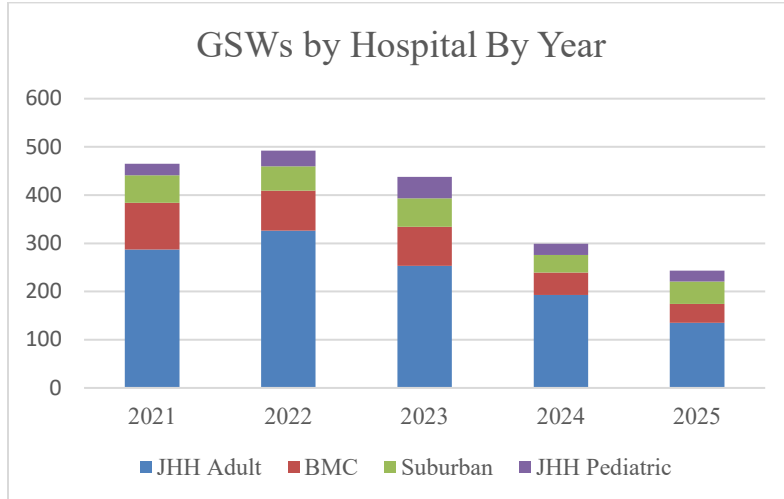
Maryland has a unique funding model that provides resources to every trauma center across the state, ensuring high quality care to Marylanders when they are seriously injured wherever they are. The funding comes through the Maryland Trauma Physician Services Fund (“The Trauma Fund”). Johns Hopkins is proud of the work it performs caring for trauma patients in the state, but there are challenges with providing that care. First, is the high volume of gunshot wound victims we treat at our centers. Second, is the significant financial commitment towards maintaining the operating costs for trauma center readiness. In an effort to support the wellbeing of the communities we serve; trauma programs have specialized staff different from non-trauma center hospitals in Maryland. Third, Johns Hopkins is working to address the root causes of gun violence by operating Hospital-based Violence Prevention Programs. Because HB387 speaks directly to all three pieces, we eagerly support.

Maryland Trauma Centers Face a High Volume of Gunshot Wounds

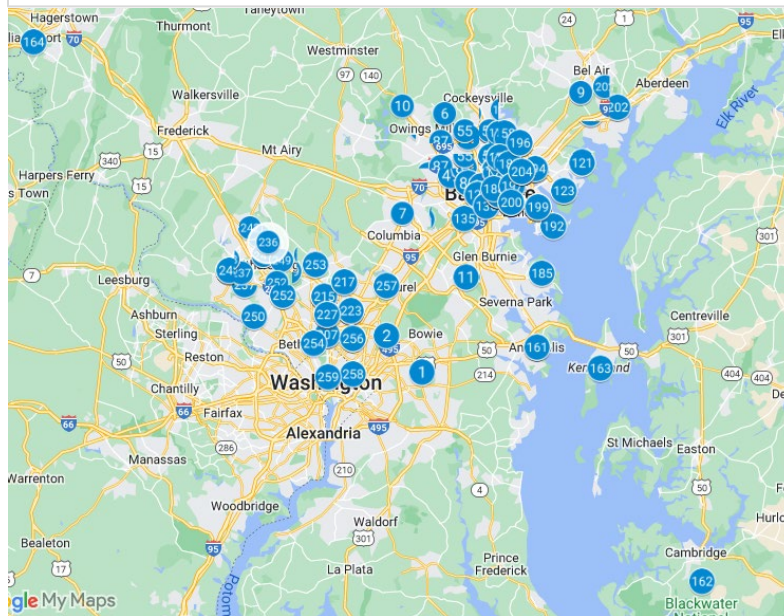
Firearm injuries pose a significant public health challenge, and Johns Hopkins’ Trauma centers play a crucial role in managing and treating such cases. Our centers treat firearm injuries in patients from across the state, but they predominately occur in Baltimore City. In 2025, we treated 135 patients with

firearm injuries at JHH adult, 39 at JHBMC, 37 at SH, and 22 at JHH pediatric.

Over the previous five years, those numbers are as follows:



Graph 1. Annual Volumes of GSW Patients Arriving to JHHS Hospitals
(Trauma Registry Data)



Graph 2. GSW Injury by Zip code at JHHS Hospitals
(Trauma Registry Data)

These cases are particularly challenging for trauma centers. Since 2020, 60% of all JHHS firearm injury patients required critical care services. 26% died of their injuries. The average injury severity score (ISS) for a firearm injury across JHHS is 14.7. Since 2020, the average hospital stay for a firearm injury patient is five days, with some patients having had hospital stays of over 50 days; over 9 patients had greater than 30-day lengths of stay.

There are Significant Costs Associated with Operating a Trauma Center

A hospital’s commitment to being a trauma center requires significant resource allocation. These costs are associated with ensuring that patients have access to trauma surgeons, specialty services, and the necessary equipment and facilities to deliver high-quality care to injured patients.

With that in mind, during the 2003 Legislative Session, the Maryland General Assembly enacted legislation that created the 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, a Trauma Fund designed to reimburse 65% of on-call trauma in 2003 – today reimburses just 40% of on-call trauma.

The Maryland General Assembly created the Commission to Study Trauma Center Funding in Maryland to study this issue and make recommendations. Throughout the Commission's meetings, the state's trauma centers demonstrated significant unmet financial need.

There have been several proposals for funding trauma care in Maryland, but due to the impact of firearm injuries, it is appropriate that the tax proposed by HB197 be one of them.

This Bill will Support Efforts to Address the Root Causes of Violence

Johns Hopkins Hospital operates a successful system-based hospital violence intervention program. This program is currently enabled by the American Rescue Plan. HB197 would allow more Maryland residents who are recovering from violent injuries to be served by our Hospital Violence Intervention Programs. And the bill provides a means to advance important evidence-based gun violence prevention strategies and further research capabilities. JHH operates a multidisciplinary team that engages victims of shootings, stabbings, and violent assaults with a goal to prevent recurrent injury and support healing and growth moving forward. The program has been successful, we have expanded our services to anyone coming to JHH with violent injury for all age groups and are seeing a select group of Bayview patients under a system model. Of the 439 patients seen in FY2025, we have successfully closed 376 cases (GSW, STW, Assaults, IPV) addressing a variety of wraparound service needs such as family/psychosocial support, victim services, legal support, and provided efforts to reduce traumatic injury such as life-coaching, referral to violence reduction programs, and providing families gun locks for safe storage. Our FY25 efforts have seen less than 1% of patients present with gun violence recidivism and are actively tracking efforts.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on **HB197**.