

JOHNS HOPKINS
UNIVERSITY & MEDICINE

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Ben Steffen, Executive Director
Maryland Health Care Commission
4160 Patterson Ave
Baltimore, MD 21215

Dear Mr. Steffen,

Thank you for the opportunity to provide suggestions on ways to improve the Maryland Trauma Physician Services Fund ("Trauma Fund" or "Fund") to better support the State's trauma centers. Johns Hopkins Medicine operates four of the ten trauma centers in the State:

- Johns Hopkins Hospital - Level I
- Johns Hopkins Children's Center -only pediatric trauma center in the State – Level I
- Johns Hopkins Bayview Medical Center – Level II, and
- Suburban Hospital - Level II

There are two changes to the Trauma Fund that will have the greatest immediate impact on improving the financial condition of the trauma centers. One is to increase flexibility in the allowable uses of the Trauma Fund; the other is to increase the amount of money in the fund. These are both described below in further detail.

Increase Flexibility

On-Call Costs

Despite significant changes in the needs of the State's trauma centers, the allowable uses of the Trauma Fund have been limited to the same four areas: uncompensated trauma care, payment for trauma on-call services, payment for Medicaid patients, and Trauma Equipment Grants. Specifically, the spending to ensure the availability of the required on-call providers has far outpaced the other needs. Allowing the Trauma Fund to better cover these costs would more appropriately support the state trauma network. Some ideas on how to achieve this include:

- Removing the limitations due to allowed hours caps and Reasonable Compensation Equivalent (RCE) amounts by providing each trauma center with a specific dollar amount (or percent of Trauma Fund) to cover a portion of the on-call costs.
- Alternatively, if the preference is to keep limits and formulas in Statute, there are other changes that could be considered:
 - Increasing the hour limits for on-call reimbursement for each trauma level.

- Increasing the provider/physician type allowed to receive reimbursement for on-call costs through the Trauma Fund, and
- Updating the formulas so reimbursement is not based on Reasonable Compensation Equivalent, but rather a statewide average for the salary of each subsidized provider type.

Other Costs

The allowable uses of the Trauma Fund should also be expanded to support not only the clinical services provided by each trauma center but also the community-based services as well, such as injury and violence prevention education programs and trauma survivorship programs. These programs effectively keep patients out of our trauma centers and therefore, should be supported by the State through the Trauma Fund. For example, trauma centers have led efforts on providing Marylanders with Stop the Bleed training, an international training program to educate the public on what to do if they are faced with a life-threatening situation of severe bleeding. Trauma survivorship programs are essential for the physical and mental recovery of the patients. This work has largely been completed without State resources but has provided an infinite benefit of reducing injuries.

Additionally, the Fund should be allowed to support capital costs associated with upgrading hospital space to accommodate the trauma service, such as dedicated trauma bays. This could be done by updating the guidelines of to the Equipment Grants currently allowed in the Trauma Fund. For example, removing the limitation that the grant is limited to 10% of the Fund balance, or only allocated biennially.

Increase Funding

The Trauma Fund is currently funded through a \$5 surcharge on motor vehicle registrations, which has not been increased since it was created in 2003. The Maryland Health Care Commission estimates that the Fund would recoup \$2 million for every \$1 the fee is increased. Even a modest increase to the fee would help to cover the recommended flexibilities above.

Longer Term Considerations

Beyond implementing the recommended immediate changes above, it would be helpful for the work of this Commission, or a similar Commission, to extend for another year to evaluate the State support for the specialty trauma centers. There are several specialty trauma centers throughout the State, of which Johns Hopkins runs three: the Adult Burn Center at Johns Hopkins Bayview Medical Center, the Pediatric Burn Center at Johns Hopkins Children's Center, and the Wilmer Eye Institute at the Johns Hopkins Hospital. The sustainability of these programs has been absent from the conversation of State support for the Trauma System.

If the work of this Commission were to continue, there could also be consideration of other financing options for trauma centers outside of the Trauma Fund. For example, the Commission could look at the cost and benefit of a State-based trauma activation fee outside of the hospital rate setting system as is done in many other States. These kinds of changes would come at a

significant cost (and likely provide a significant benefit for the State's Trauma System) and therefore, require further evaluation.

Additionally, considerations should be made for the sustainability of the recommendations for immediate changes. Prior to this evaluation, there has not been an increase to the surcharge on motor vehicle registrations or any significant changes to the allowable uses of the Trauma Fund to address the needs of trauma centers. The Commission should recommend regular increases to the surcharge and evaluation of the needs of trauma centers for alignment of the uses of the Trauma Fund.

Johns Hopkins is committed to this work in caring for our most seriously injured Marylanders and incredibly grateful for the opportunity to provide suggestions to improve the State support for trauma centers. We are also appreciative of the support the State has provided thus far, and the time they are dedicating to this evaluation. We hope you consider Johns Hopkins to be a partner in this work.

If you have any questions, please contact, Michael Huber, Director of Maryland Government Affairs, at mhuber@jhu.edu.

Sincerely,

Michael Huber

Michael Huber, Director, Maryland Government Affairs
Johns Hopkins University
Government, Community & Economic Partnerships