



City of Havre de Grace

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March 5, 2020

The Honorable Shane E. Pendergrass
Chair, Health, and Government Operations Committee
Room 241 House Office Building
Annapolis, Maryland 21401

Re: HB 926 and HB 1277

Dear Madam Chair and Members of the Committee:

Thank you for your time on March 2, 2020, at the hearing on HB 926 and HB 1277. I apologize I was unable to attend; in addition to serving as the Mayor of Havre de Grace, I work as a teacher at Aberdeen Middle School. However, I was able to watch the hearing through the Maryland General Assembly's website. I appreciate the thought-provoking questions and the points made by the committee; they really hit home.

Working as a school teacher alongside my wife in the City of Aberdeen, and serving as the Mayor of the City of Havre de Grace has afforded me a unique perspective and understanding of the socioeconomic structure of the area. Daily I witness the hardships, challenges, and disadvantages associated with economic inequity many of my students and Citizens face. As such, I am concerned that when the University of Maryland Upper Chesapeake Health created its most recent health care plan, they did not take into consideration everyone who lives in our community. I worry that the voice of many of our Citizens, such as the elderly, those on government assistance, those who do not have access to transportation, and those who are living paycheck to paycheck have gone unheard. These are my students, neighbors, friends, and the Citizens I work for every single day. They should not be denied complete access to proper health care due to unfair systematic behavior, which has neglected to take their needs into consideration. University of Maryland Upper Chesapeake Health spoke about the positive "ripple effects" the closing of the hospital will have on the community. While neither my staff nor I have been given access to the written report prepared by Cushman and Wakefield on behalf of their client University of Maryland Upper Chesapeake Health. It is apparent from the testimony they failed to ask the much needed but difficult questions regarding the long-lasting implications that the closing of an acute care hospital will have on the population as a whole. It's the position of my administration that everyone needs to be represented when considering the impact of closing Harford Memorial Hospital (HMH) and conversion to a free-standing medical facility in its place. It is especially important to consider the needs of those groups who will lose the most after the removal of acute care medical services from our community.

It's obvious the members of the Health and Government Operations Committee are passionate about making sure Marylanders have the health care they deserve. Like the committee members, I want to make sure my constituents are provided with and have access to the highest quality of health care. That being said, currently, in northern Maryland, that is not the case. The state of health care is in crisis. Right now, we currently have two hospitals in Harford County. Harford Memorial Hospital, which has 51 licensed medical/surgical/gynecological/addictions (MSGA) beds and 31 licensed psychiatric beds. This full-service hospital is located in Havre de Grace (since 1912). The other hospital, Upper Chesapeake Medical Center, has 149 MSGA beds, ten obstetrics beds, and two pediatric beds. It is located 15 miles (a 35-minute ride under the best of circumstances, and far more than that during the all too common gridlock conditions on I-95 and the everyday congestion on Route 24) away from Havre de Grace, in the Town of Bel-Air. Statistics show both hospitals which are owned and operated by University of Maryland Upper Chesapeake Health are struggling to provide adequate emergency health care. To date, in this fiscal year, data obtained from the Maryland Institute of Emergency Medical Services Systems (MIEMSS) shows combined Harford Memorial Hospital and Upper Chesapeake Medical Center have been on yellow alert for 1,783 hours, on red alert for 1,284 hours and on reroute for 265 hours. When you total these statistics, they equal 3,332 hours, which is equivalent to 138 days. This means 138 days out of this fiscal year alone, the Citizens of northern Maryland did not have access or had limited access to emergency health care when they needed it.

**Maryland Institute of Emergency Medical Services System
July 1, 2019 - February 28, 2020 ¹**

Hospital	Yellow Alert Tot Hours	Red Alert Tot Hours	ReRoute Tot Hours	Total Hours
Harford Memorial Hospital	360	503	28	891
Upper Chesapeake Medical Center	1,423	781	237	2,441
Total	1,783	1,284	265	3,332

According to University of Maryland Upper Chesapeake Health, "Upon conversion of HMM to a free-standing medical facility, there will be a loss of MSGA bed capacity in Harford County." It's evident that based on the data from MIEMSS and the threat posed by the current outbreak of coronavirus, the Citizens of northern Maryland need more MSGA beds, not less. It

¹ Maryland Institute of Emergency Medical Services System

Yellow Alert: The emergency department temporarily requests that it receive absolutely no patients in need of urgent medical care.

Red Alert: The hospital has no ECG monitored beds available. These ECG monitored beds will include all in-patient critical care areas and telemetry beds.

ReRoute: An ALS/BLS unit is being held in the emergency department of a hospital due to a lack of an available bed.

should also be noted that Harford Memorial Hospital has the ability to expand bed capacity by 50% in an emergency, a critical feature when dealing with even common flu seasons, while the bed capacity at the Bel-Air facility can only be increased by 15%. Even with that, both facilities often have no available beds, as shown by the above statistics.

The current proposal by University of Maryland Upper Chesapeake Health to downsize health care services in northern Maryland by closing one of only two hospitals in Harford County and opening a free-standing medical facility will not solve this problem. This plan calls for taking the 51 licensed MSGA beds from Harford Memorial Hospital and transferring them to Upper Chesapeake Medical Center located in Bel-Air, an already congested part of the County. Harford Memorial Hospital would close, and in its place, University of Maryland Upper Chesapeake Health is proposing to open a free-standing medical facility, and a special psychiatric hospital in Aberdeen Maryland, which would have 33 licensed psychiatric beds, 24 observation beds, and zero MSGA licensed beds. I do not believe University of Maryland Upper Chesapeake Health has looked at the whole picture when studying the health or economic impacts this will have on the community. I fear this newest proposal will only lead to an increase in both social and health care inequity in northern Maryland and will create an economic disservice for the people of my community who will need to travel further for acute care emergency services at unknown additional costs.

On behalf of all the Citizens of Havre de Grace, I ask the committee for a favorable report on HB 926 and HB 1277, and I ask that your committee continue to ask the tough but necessary questions about the future of health care in Maryland. Decisions such as this, must be based on the availability of quality and affordable health care to those who most need that care-and, not fiscal margins.

If you or any member of the committee are interested in learning more about the health care problems we are facing in northern Maryland, I would love to speak with you or any member of your committee in person or over the phone.

Thank you for your service,

A handwritten signature in blue ink, appearing to read "William T. Martin".

Mayor, William T. Martin

Cc: The Honorable Delegate Adrienne A. Jones, Speaker of the House
The Honorable Senator Robert Cassilly, Chair of the Senate Select No.3 Harford
County Committee
The Honorable Delegate Teresa Reilly, Chair of the Harford County Delegation
The Honorable Delegate Mary Ann Lisanti, bill sponsor
The Honorable Delegate Steve Johnson, bill co-sponsor