



## Maryland Emergency Medical System Operations Fund Hearing

State of Maryland

**Maryland  
Institute for  
Emergency Medical  
Services Systems**

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**Senate Budget & Taxation Committee  
February 21, 2012**

**House Appropriations Committee  
February 24, 2012**

**Donald L. DeVries, Jr., Esq.  
Chairman, State Emergency Medical Services Board**

On behalf of the State Emergency Medical Services Board, I would like to thank you for the opportunity to discuss the status of the Maryland Emergency Medical Services Operations Fund (MEMSOF). I also want to thank Mr. Vorgetts for his comprehensive analysis of the MEMSOF and its future.

The Maryland EMS System is a coordinated statewide network that includes volunteer and career EMS providers, medical and nursing personnel, communications, transportation systems, trauma and specialty care centers and emergency departments. Maryland's EMS system has long been recognized as a national model. The State Emergency Medical Services Board, whose members are appointed by the Governor, oversees the statewide EMS System and reviews and approves the budgets of four of the entities supported by the MEMSOF.

The MEMSOF provides critical support to Maryland's EMS System. MEMSOF supports public safety, EMS, fire and rescue services throughout every part of our state. The value of MEMSOF to the EMS system is even more important during times of economic stress when state, county and local operations rely so heavily on the programs and services provided by the entities that the MEMSOF supports.

When the MEMSOF was created in 1993, Maryland's economic outlook was problematic, and there were fewer General Fund dollars available for support. The vehicle registration fee surcharge was enacted in order to provide dedicated, stable funding for EMS in Maryland. Since then, the MEMSOF has provided vital resources for our statewide EMS system and ensured its financial stability. The MEMSOF has provided Maryland's citizens with a system of emergency care that is coordinated, cost-efficient and effective.

The MEMSOF financial projections have long presaged the shortfall that is now looming for the MEMSOF after FY2013. In anticipation of this date, the EMS Board has worked with the entities supported by the MEMSOF to ensure that MEMSOF expenditures have been well-justified and cost-effective. Despite these efforts, however, even normal and necessary inflationary growth now has a significant detrimental effect on Fund viability and future EMS operations. Without a solution, Maryland's EMS System will be impacted with statewide implications.

In addition to the need to secure the solvency of the MEMSOF, pressing EMS System issues require funding. The leaders of the entities that are supported by the MEMSOF are here with me today and will discuss those needs.

The viability of the MEMSOF is the key to sustaining the statewide system that has responded so well to the emergency needs of Maryland's citizens. The revenue options discussed in the analysis provide the basis for ensuring MEMSOF solvency and addressing the unmet needs of the EMS System. The State EMS Board and the entities represented today look forward to working with the General Assembly to ensure that the MEMSOF is able to continue to provide necessary support for the operation of Maryland's statewide EMS system.



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Good afternoon. I am Dr. Robert Bass, Executive Director of the Maryland Institute for Emergency Medical Services Systems (MIEMSS). As Mr. DeVries has stated, the Maryland EMS System is a coordinated statewide network that includes volunteer and career EMS providers, medical and nursing personnel, communications, transportation systems, trauma and specialty care centers and emergency departments. MIEMSS coordinates all components of the statewide EMS system in accordance with policies set by the State EMS Board and Maryland statute and regulation. MIEMSS' areas of responsibility include providing medical oversight, coordinating and supporting EMS educational programs, operating and maintaining a statewide communications system, designating trauma and specialty centers, licensing and certifying EMS providers, licensing and regulating commercial ambulance services, and participating in EMS-related public education and prevention programs. In addition to the pressures on the MEMSOF already well documented by Mr. Vorgetts in his analysis, MIEMSS is facing a significant unfunded initiative resulting from the vulnerabilities associated with an aging communications system.

MIEMSS' emergency medical communications system is a complex network that provides communications among ambulances, medevac helicopters, dispatch centers, hospital emergency departments, specialty referral centers and trauma centers. Through this system: 1) EMS providers connect with physicians and hospitals to receive direction for the care of emergency patients; 2) hospitals are notified of patients being transported to their emergency departments; 3) medevac helicopters are dispatched to transport critically injured and ill patients; 4) hospital capacity for emergency patients is tracked in real-time; hospitals are notified of significant events and provide information to the state on their available resources; 5) a Biological Agent Registry secondary access point is maintained; 6) responders can request and receive antidotes for chemical poisoning; 7) federal, state, and local agencies can access the State's Health and Medical Dashboard; 8) MIEMSS and MSP jointly coordinate all aircraft activity supporting EMS, search and rescue, and law enforcement activities; and 8) MIEMSS functions as the off-hours contact point for DHMH. The MIEMSS communications system handles nearly 400,000 radio / phone calls each year with EMS providers who are providing emergency care in the field. The hub of the communications system is located at MIEMSS building in downtown Baltimore.

Communications equipment is over 20 years old and is so outdated and close to obsolescence that manufacturers no longer offer repair service and, in some instances, no longer even offer replacement parts. This is the case with: 1) the Siemens Call Director System, which is the primary telephone interface in the MIEMSS Communications Center; 2) the Redcom Patching System which is the core patching equipment and sub-systems that allows EMS providers to receive life-saving medical consultations and medical direction from physicians and specialty hospitals; and 3) the Centracom Console, which is the primary console interface with the MIEMSS radio and communications systems.

MIEMSS has worked with a communications consultant to develop short and long term recommendations and cost estimates for planning communications upgrades necessary to meet current and future requirements to improve system reliability. The consultant's report substantiates the vulnerabilities already identified by MIEMSS staff and indicates that the upgrades will cost in excess of \$12 million, to be phased in over a five year period. The consultant also provided estimates of annual hardware/software maintenance costs and additional full-time positions needed to maintain the upgraded system. Annual system maintenance costs are expected to increase by \$1.5 million, beginning in fiscal year 2014. The consultant recommends three additional technical positions to properly maintain the new system. MIEMSS will reassess personnel requirements during the procurement phase of the communications system upgrade project.

We look forward to working with the General Assembly to continue to ensure the long-term viability of the EMS Operations Fund and to ensure that the Fund can accommodate unanticipated exigencies so that the vital programs that are funded by the EMS Operations Fund can continue to serve the needs of the citizens of Maryland.

# MARYLAND STATE FIREMEN'S ASSOCIATION

*Representing the Volunteer Fire, Rescue and Emergency Medical Services Personnel*

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## **TESTIMONY IN SUPPORT OF MARYLAND EMERGENCY MEDICAL SYSTEM OPERATIONS FUND**

The officers and members of the Maryland State Firemen's Association are pleased to offer this testimony in support of full funding of the Maryland Emergency Medical System Operations Fund for Fiscal Year 2013.

The success of the Maryland Emergency Medical Services System can be attributed to the close linkage that exists between the partner agencies that support this system. By working together, we can ensure that our firefighters and emergency medical services personnel are provided with the best training, best equipment, best apparatus, and best medical care capabilities that we can afford. Unique to the Maryland system is the dedicated funding line (MEMSOF) within the state budget that supports MIEMSS, MFRI, MSP Aviation, UMMS Shock Trauma Center, and the volunteer companies whose membership is represented by the Maryland State Firemen's Association.

The Maryland State Firemen's Association represents the 370 member volunteer companies from across this state and more than 30,000 men and women that freely volunteer their time and risk their lives each day to keep our communities safe. Our companies work hard to raise the funds to sustain emergency operations in our communities; however, carnivals, raffles, dinners, and other fundraising activities alone cannot provide sufficient funding to meet the requirements for operational expenditures, apparatus and equipment purchasing, and facility maintenance and upgrades. We rely on local and state government assistance to meet our financial needs and in return, we provide an emergency services system that is cost efficient and is sensitive to the needs of each individual community.

With the permission of the committee, I would like to address the two portions of MEMSOF funding that directly support the volunteer fire and EMS companies across this state.

## MARYLAND STATE FIREMEN'S ASSOCIATION

### **Senator William H. Amoss Fire, Rescue, and Ambulance Fund**

The MEMSOF includes \$10 million in funding to the Senator William H. Amoss Fire, Rescue, and Ambulance Fund. This funding provides our local volunteer fire companies with grant funding to help meet their operational needs for fire and rescue equipment and capital building improvements. While this funding is of great assistance to our volunteer companies, the level of funding has not maintained a rate equal to inflation. The fund has remained at the same level since 1999, a period of time where the costs of apparatus and equipment have risen by about 33%. Inflation has eroded the purchasing power of the fund and it would take approximately \$13 million to equal the same purchasing power as 1999.

In addition, updated safety standards as promulgated by the National Fire Protection Association (NFPA) and improvements to emissions standards as required by the Environmental Protection Agency (EPA) have increased the costs of apparatus by an additional \$30-50,000. The increases resulting from inflation plus the standards changes are making the purchase of new apparatus out of the reach of many departments without additional funding assistance.

Our volunteer companies need additional funding assistance to purchase new apparatus and upgrade their facilities. Many departments are currently operating with apparatus that has exceeded its expected service life of 15-20 years. Many of the stations from which we operate are between 50 and 75 years old without receiving any substantial improvements over the life of the facilities. Often times, a department is left with making a choice between putting fuel in the vehicles versus increasing their debt obligation for new apparatus or facility improvements. The time has come that we recognize the contributions of our volunteer responders and provide them with the funding support to adequately sustain emergency operations in their communities.

We are asking the General Assembly consider increases to the MEMSOF funding that will allow a \$5 million increase in the allocation to the Amoss fund. We have remained silent for the past ten years while inflationary adjustments have been made to the operating budgets of our partner agencies but feel that it is our turn now to reap the benefit of available funding.

### **Volunteer Company Assistance Fund**

The Volunteer Company Assistance Fund (VCAF) provides loans and grants to member companies of the Maryland State Firemen's Association for the purchase, replacement, or improvement of fire fighting and rescue equipment or facilities. In the past year, this fund has been able to assist 7 departments with loans totaling \$2.3 million. We are currently supporting 44 departments in total with over \$8.5 million in loans.

While previously supported in part from MEMSOF, the VCAF now relies on special funding from the moving violation charges and from repayment of loans to maintain a revolving fund balance. We are not seeking any additional funding from MEMSOF to support VCAF.

## MARYLAND STATE FIREMEN'S ASSOCIATION

### **Recommendations**

While the MEMSOF funding provides a dedicated funding source for Maryland's emergency medical services system, its reliance upon vehicle registrations cause the fund to be insensitive to inflationary adjustments. Expenses on the other hand, require constant adjustments to meet inflationary demands of increased operational costs.

We support the analyst's report on the MEMSOF allocation and forecast. Expenditures have now reached a point where they have exceeded revenues. It would be irresponsible to not act now with immediate action to reverse this course and provide MEMSOF with adequate funding to meet today's needs as well as address system wide improvements that are necessary to enable Maryland to remain the model for the rest of the U.S.

The Governor's proposal for a \$2 increase in the registration fee is a step in the right direction. We support this increase and encourage the General Assembly to assess whether this amount is adequate to meet the unmet needs of the EMS system. We also support this increase with the provision that a portion of the increase be allocated to an increase in the Amoss funding. Although not referenced in the analyst's report, we believe that an increase in funding support to local departments is necessary as discussed in our prior testimony.

We thank the committee for their time and attention this afternoon. If I can address any questions that you have, I would be glad to answer them at this time.