



State of Maryland

**Maryland  
Institute for  
Emergency Medical  
Services Systems**

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Chairman  
Emergency Medical  
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## **Maryland Emergency Medical System Operations Fund Hearing**

**Senate Budget & Taxation Committee  
February 5, 2019**

**House Public Safety & Administration Subcommittee  
February 7, 2019**

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

Good afternoon. On behalf of the State Emergency Medical Services (EMS) 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 Ms. Ruff of the Department of Legislative Services for her 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, and fire and rescue services throughout every part of our state. For more than 25 years, the MEMSOF has provided vital resources for our statewide EMS system and ensured its financial stability. The viability of the MEMSOF is key to sustaining the statewide system that responds so well to the emergency needs of Maryland's citizens. The MEMSOF is supported by a surcharge on vehicle registration fees that was originally created in 1992. Because the surcharge is not sensitive to inflation, it has required periodic increases to ensure MEMSOF viability. Funding from a surcharge on moving violations provides additional MEMSOF revenue.

On behalf of all the MEMSOF-funded entities, the State EMS Board would like to express our gratitude to the General Assembly for its strong and continued support of our statewide system. Because of your support, the MEMSOF will continue to provide Maryland's citizens with a system of emergency care that is coordinated, cost-efficient and effective. We look forward to continuing to work with the General Assembly to the betterment of Maryland's statewide EMS system.

Thank you.



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## **Maryland Emergency Medical System Operations Fund Hearing**

**Senate Budget & Taxation Committee  
February 5, 2019**

**House Public Safety & Administration Subcommittee  
February 7, 2019**

**Patricia Gainer, JD, MPA, Acting Executive Director  
Maryland Institute for Emergency Medical Services Systems (MIEMSS)**

Good afternoon. I am Patricia Gainer, Acting Executive Director of the Maryland Institute for Emergency Medical Services Systems (MIEMSS). I want to thank Ms. Ruff for her very thorough analysis.

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.

The MEMSOF provides support for MIEMSS and for initiatives that benefit our entire statewide EMS system. We are grateful for the efforts of the Maryland General Assembly to ensure the ongoing viability of the Fund. I would like to provide a few brief comments highlighting several of our efforts over the past year that has been possible through the support provided by MEMSOF.

**MIEMSS Communication Project** - One of MIEMSS' most critical functions is the operation of our Statewide EMS 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. Because much of the equipment of our system is outdated, we are in the midst of a multi-year project in 2013 to upgrade the statewide system. The Board of Public Works approved a contract in May 2018, and we are fully immersed in project work. The contract calls for all work to be completed by June 2022. In the meantime, the current EMS Communications System remains fully operational.

**Opioid Crisis** – MIEMSS works with EMS in every jurisdiction and with the Opioid Operational Command Center on the State's response to the opioid overdose epidemic. EMS is on the frontline of this crisis. MIEMSS submits overdose location information in near-real-time to the Washington / Baltimore High Intensity Drug Trafficking Area Overdose Detection Mapping Application ("ODMAP"). We also share information with our State health partners on opioid overdose patients treated by EMS. In partnership with the Maryland Department of Health and local health officers, we have worked to implement the "Naloxone Leave Behind" program. This program allows EMS, after responding to an overdose emergency, to "leave behind" a dose of naloxone with a patient's family.

**Reimbursement for EMS Care Delivery Models and Uncompensated Services** – Over the past year, MIEMSS has focused significant attention on EMS reimbursement. Chapter 605 of 2018 (Senate Bill 682) tasked MIEMSS and the Maryland Health Care Commission (MHCC) to study coverage and reimbursement for three EMS care delivery models: EMS treatment provided without transport; EMS transport to an alternative destination (other than a hospital emergency department) and Mobile Integrated Healthcare. Each of these models has tremendous potential to reduce emergency department overcrowding, reduce system-wide costs, reduce the need for ambulance diversion, improve patient care, and improve ambulance turnaround time. Key to success of these new models, however, is securing sustained funding for these operations. We are continuing to work with the MHCC, our sister-state agencies, and stakeholders to secure reimbursement for EMS. Once that is achieved, EMS will be able to bill Medicaid, Medicare and insurance companies and be reimbursed for providing services under these models to 9-1-1 patients.

These are but a few of the initiatives that MIEMSS has been engaged in over the past year that have been supported by the MEMSOF. We are grateful for your support and look forward to continuing to work with you. Thank you.





**LARRY HOGAN**  
GOVERNOR

**BOYD K. RUTHERFORD**  
LT. GOVERNOR

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**COLONEL**  
**WILLIAM M. PALLOZZI**  
SUPERINTENDENT

February 5, 2019

**TO:** Senate Budget and Taxation Committee  
House of Delegates – Public Safety and Administration Subcommittee

**FROM:** Major Michael Tagliaferri, Assistant Bureau Chief – Aviation Command

**SUBJECT:** Written Testimony, MEMSOF Budget – February 5, 2019

- The Maryland State Police Aviation Command (MSPAC) completed another successful year of providing the airborne delivery of medevac, search and rescue, law enforcement, homeland security and disaster assessment services to the citizens of Maryland in support of the State's premier public safety network. The Aviation Command transported **1897** critically ill and/or injured patients in 2018. Our highly skilled State Police flight crews also completed **205** search and rescue missions and **449** law enforcement /homeland security/disaster assessment missions in support of State Police and allied police departments patrol functions, and local emergency responders. In 2018, MSPAC accumulated **2625.2** flight hours from seven helicopter bases located state-wide.
- MSPAC continues to capitalize on its multi-mission capability. Recent high profile missions validate that combining the superior performance of the AW-139 helicopter and the technical expertise of MSPAC pilots, Trooper/Paramedics, Maintenance Technicians, and support personnel enhances the life-saving service being provided to the citizens.
- **Flight Training Device (FTD) Capital Update:** On May 9, 2018, the Federal Aviation Administration - National Simulator Program certified the device at Level 6 capability to conduct pilot training. MSPAC Instructor Pilots have successfully embedded use of the FTD into entry level and re-current pilot training, pilot in command upgrade training, pilot re-integration training for employees returning from military deployment, and pilot applicant screening. In 2018, the Aviation Command logged **159** flight hours in the FTD for training that would have previously been conducted in the aircraft.

- **Medical Operations:** MSPAC has completed a procurement of transport ventilators certified for use in the AW139 helicopter and is currently training our medical providers on the new equipment. The use of transport ventilators in the field will improve the capability of our medical providers to protect the lungs and respiratory system of trauma patients transported on MSPAC aircraft. MSPAC is also researching the ability to carry blood products in the field to include being among the first group of users of freeze dried plasma in the United States, pending Food and Drug Administration approval.
- In accordance with the 2018 Joint Chairman's Report, page 186, MSPAC has submitted a helicopter maintenance plan that includes long term cost related to engine and dynamic component overhauls, options for limiting the fiscal impact of funding aircraft maintenance expenses, and examines the potential purchase of an hourly cost maintenance program. MSPAC will work with the Office of the Governor, the Maryland General Assembly, and the State Emergency Medical Services (EMS) Board to implement the recommendations contained in the report. Regarding the budget before you today, MSPAC applauds the hard work of the MEMSOF Coalition, the EMS Board, the Department of Budget and Management and the Department of Legislative Services in it's preparation and analysis. Accordingly, the Aviation Command intends to maximize the resources provided in the FY 2020 budget in order to continue to provide the best possible airborne public safety aviation services in the world to the citizens of Maryland.



February 1, 2019

## **Maryland Fire and Rescue Institute FY2020 Budget Testimony**

House - Public Safety and Administration Subcommittee  
Senate - Budget and Taxation Committee

The Maryland Fire and Rescue Institute (MFRI) a part of the University of Maryland since 1930, is the State's comprehensive training and education system for the emergency services. The Institute delivers quality fire and EMS training programs to every jurisdiction of the State and on average MFRI trains approximately 34,000 students each year.

The Maryland Fire and Rescue Institute (MFRI) operates a main training facility headquartered at the University of Maryland campus in College Park. Likewise, MFRI also operates six additional full-fledged regional training centers strategically located throughout the state. The regional training centers are located in:

- MFRI Headquarters/College Park Training Center (UMD Campus College Park, MD-servicing- Prince Georges County)
- Northeast Regional Training Center (Edgewood, MD - servicing- Baltimore, Cecil, and Hartford Counties)
- Western Maryland Regional Training Center (Cresaptown, MD - servicing- Allegany, Garrett, and Washington Counties)
- North Central Regional Training Center (Mt. Airy, MD - servicing – Carroll, Frederick, and Montgomery Counties)
- Upper Eastern Shore Regional Training Center (Centreville, MD – Servicing Anne Arundel, Kent, Talbot, and Queen Anne Counties)
- Lower Eastern Shore Regional Training Center (Princess Anne, MD – Servicing – Dorchester, Somerset, Wicomico, and Worcester Counties)
- Southern Maryland Regional Training Center (LaPlata, MD – servicing- Calvert Charles, and St. Mary's Counties)

MFRI training programs are essential with regard to a fast and efficient response to EMS/Fire/Rescue emergencies. There is no effective response to emergencies in this state without a training program to prepare the responders to deal with the emergency situation at hand, as well as, to protect themselves from the danger of being a firefighter or emergency medical provider.

Given that many of the emergency response personnel in Maryland serve as volunteers, the expenditures for training programs may be one of the best investments in the state. It should be noted, that before a volunteer/career firefighter, EMT or paramedic can even begin to contribute

to their communities they must receive proper training. If this training is not available, the service is lost.

In many areas of the state, MFRI represents the sole training source for fire, rescue, and EMS personnel. As such, it is important to continue our current initial certification classes, as well as, broaden our curriculum to include mandatory refresher programs, and address emerging issues where feasible. For many of the reasons stated above, MFRI training courses are in high demand throughout the state. Unfortunately, there are more training classes requested than the Institute can provide.

MFRI is attempting to meet these demands, but our ability to do so is directly related to the financial resources available within the MEMSOF. The funding that has been granted to the Institute in the past several years has been directly applied to increasing the number of students and the quality of MFRI training programs.

Frequently, due to changes in curriculum, protocols or national standards, the manner in which actual teaching/testing is delivered at times requires major changes to our programs. These changes require major adjustments such as:

- Purchasing interactive training programs to provide targeted activities, tutoring, monitoring, and exam preparation/delivery.
- Additional instructor responsibilities due to changes and/or increases in curriculum hours.
- Additional training for instructors for curriculum changes and/or the operation of interactive programs.
- Development/purchase of new test banks, programs, and equipment to address new curriculum/standards.

MFRI stands ready to continue its important work of preparing our EMS/Fire/Rescue personnel in the State of Maryland for the ultimate challenge of mitigating all emergencies they are asked to respond.

I would like to thank you for your attention in this matter and ask for your consideration/support in the allocation of adequate resources within the MEMSOF fund to fulfill our state mandated mission.

Sincerely,

*Michael E. Cox, Jr.*

Michael E. Cox, Jr., MS, CFO, EFO, NRP  
Executive Director





**TESTIMONY**

**THE MARYLAND EMERGENCY MEDICAL SERVICES OPERATING FUND**

**(MEMSOF)**

**Senate Budget and Taxation Committee**

**February 5, 2019**

**House Appropriations - Public Safety and Administration Subcommittee**

**February 7, 2019**

**Submitted by:**

**Karen E. Doyle**

**Senior Vice President, Nursing and Operations**

**R Adams Cowley Shock Trauma Center**

**University of Maryland Medical Center**

Good afternoon Mr. Chairman and members of the committee. I am Karen Doyle, Senior Vice President for the R Adams Cowley Shock Trauma Center, University of Maryland Medical Center. I am seated here today with my esteemed colleagues and as part of the coalition supporting the Maryland Emergency Service Operating Fund (MEMSOF). We are also partners along with our elected officials in ensuring safety and care of Maryland citizens.

MEMSOF has been a cornerstone of this State's capability to provide every citizen a broad and uncompromised safety net. As a special protected fund, it allows the system to respond instantaneously to the variability of Maryland's political and economic fortunes.

As established by State law, the R Adams Cowley Shock Trauma Center is the core element of the State's Emergency Medical Services System and serves as the State's Primary Adult Resource Center (PARC) for the treatment of trauma. Specifically, the law mandates Shock Trauma to serve as (a) the State's primary adult trauma center, (b) the statewide referral center for the treatment of head, spinal and multiple trauma injuries, (c) the regional trauma center for Region III and the southwest quadrant of Baltimore City, and (d) the statewide referral center for patients in need of hyperbaric medical treatment.

The R Adams Cowley Shock Trauma Center is the State's only trauma hospital. It serves as a vital statewide clinical resource and uniquely maintains an around-the-clock state of readiness in its dedicated trauma





resuscitation unit (TRU), operating rooms and recovery rooms. Over the past nine years, Shock Trauma has diverted zero patients seeking access directly from the scene. The facility and its staff are organized for on-demand access and treatment of the State's most critically ill and injured patients to a degree unparalleled anywhere in the system. The MIEMSS PARC designation represents the State's highest level of capability and readiness. As a result, the Shock Trauma Center has unique operating and financial requirements that distinguish it from any other Maryland trauma center and are the basis for State operating support.

#### Stand-By Costs

As a trauma hospital, Shock Trauma is designed expressly for the emergency care of significantly injured patients from resuscitation to discharge. Shock Trauma has 24-hour, 7-day a week coverage with trauma operating room nurses, trauma resuscitation nurses, trauma surgical technologist and trauma certified registered nurse anesthetists. These costs are underfunded and not established in hospital rates. Projected costs for 2019 are \$5,544,229.

The Shock Trauma Center has always received financial support from the State for operating and capital expenses. State operating support for Shock Trauma has averaged \$3.2 million annually increasing to \$3.3 million last year. We are seeking an increase of \$400,000 for a total of \$3.7 million annually.

In addition to the Stand-by Costs, the R Adams Cowley Shock Trauma Center faces unfunded mandates for being the Primary Adult Resource Center for the State of Maryland. Annually, expenditures include costs for an alternate helipad landing zone, Go-Team operations, unfunded emergency medical services research, outreach and prevention programs as well as training and education requirements.