



Maryland Institute for Emergency Medical Services Systems

**Senate Budget & Taxation Committee
February 25, 2020**

**House Public Safety & Administration Subcommittee
March 2, 2020**

**Mr. James Scheulen, P.A., MBA
Member, State Emergency Medical Services Board**

State of Maryland
**Maryland
Institute for
Emergency Medical
Services Systems**

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Governor*

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Executive Director*

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Good afternoon. I am Jim Scheulen, Member of the State EMS Board. On behalf of Mr. Clay Stamp, Chairman of the EMS Board and all EMS Board members, 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. Konzelman of the Department of Legislative Services 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, 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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State of Maryland

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**Theodore R. Delbridge, MD MPH, Executive Director
Maryland Institute for Emergency Medical Services Systems (MIEMSS)**

*Larry Hogan
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Good afternoon. I am Ted Delbridge, Executive Director of the Maryland Institute for Emergency Medical Services Systems (MIEMSS). I want to thank Mr. Konzelman for his 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 state-wide 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.

New Models of EMS Care & Opportunities for Sustainable Reimbursement

Many EMS jurisdictions in Maryland are stressed by high 9-1-1 call volumes and overcrowded emergency departments (EDs). As a way to deal with these pressures, EMS programs have developed new care delivery models for providing treatment to low acuity patients who call 9-1-1:

- (1) **EMS treat and release/refer without transport** – As a routine part of EMS care, EMS treats a low acuity 9-1-1 patient at the scene, and the patient ultimately refuses ambulance transport to the hospital emergency department. Alternatively, EMS clinicians on the scene assess and identify low acuity patients and offer on-scene treatment provided by a physician or nurse practitioner either in-person or via telehealth (with no transport).
- (2) **EMS transport to an alternative destination** – EMS transports 9-1-1 patients with low acuity conditions to an urgent care clinic or similar care environment instead of transporting the low-acuity patient to a hospital emergency department.
- (3) **EMS mobile integrated health (MIH) services** – EMS partners with other health care professionals, such as nurse practitioners, community health workers, social workers, and physicians to conduct home visits to assess, treat and refer low acuity patients with chronic conditions who frequently call 9-1-1 to needed services in the community. MIH programs can also focus on patients identified by hospitals as being at high risk for hospital readmission.

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Currently, EMS is not reimbursed by health payers for any of the three models of care. EMS services have historically been viewed as a transportation benefit; as a result, EMS is not reimbursed unless transport to a limited set of reimbursable destinations (primarily emergency departments) actually occurs. MIEMSS is working with EMS jurisdictions throughout Maryland, the Health Services Cost Review Commission, the Maryland Health Care Commission, and payers to identify and secure reimbursement for these new models of care.

Emergency Department (ED) Overcrowding

ED overcrowding occurs when the identified need for emergency services outstrips available hospital resources such that there are more ED patients than there are staffed beds available in either the ED or on an inpatient unit. ED overcrowding can result in excessive ED wait times, which can slow EMS responses to 9-1-1 calls, and patient diversion from one hospital ED to another. Maryland typically has the longest ED wait times in the nation. ED overcrowding is a long-standing, multi-faceted problem in Maryland and a significant challenge for the healthcare system.

For many years, MIEMSS has conducted real-time monitoring of ED status throughout Maryland. See <https://www.miemssalert.com/chats/>. The current system has a number of shortcomings, however. MIEMSS is developing a new monitoring system to replace the current system. MIEMSS has convened a stakeholder group and conducted a series of interactive queries to identify and characterize objective factors that will provide useful information to both hospital EDs and EMS personnel on the level of patient load in hospital EDs. The new system will not redirect ambulances based on ED patient load. MIEMSS anticipates the new system will be completed by July 2020.

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 to upgrade the statewide system. The Board of Public Works approved a contract in May 2018, and we are fully immersed in project work. In the meantime, while the work is being conducted, the current EMS Communications System remains fully operational.

MIEMSS should comment on why its project cost estimates differ from that of DoIT.

The original cost estimates for the Communications Upgrade Project were included in a consultant's report in 2011. That report estimated development costs of approximately \$12 million and annual maintenance costs of approximately \$1.5 million, with a 3% annual inflationary increase. These estimates have been factored into the MEMSOF projections since the 2012 legislative session. The contract that was awarded in 2018 was for \$15,748,800 or \$3,698,800 more than the consultant's original estimate. However, the contract includes maintenance through fiscal year 2022. Because maintenance had already been included in MIEMSS' operating budget and the MEMSOF forecast, the agency is able to fund the additional project development costs with operating funds. Additionally, the \$998,706 added to the MEMSOF projection for 2024 project maintenance costs is already included in the estimate for MIEMSS 2024 operating costs. This funding approach has been discussed with DoIT, and is consistent with the presentation made to the General Assembly by the DLS Analyst in 2019.

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.

We would be happy to answer any questions.



LARRY HOGAN
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COLONEL
WOODROW W. JONES III
ACTING SUPERINTENDENT

TO: Maryland Senate - Budget and Taxation Committee - February 25, 2020

Maryland House of Delegates – Public Safety and Administration Subcommittee – March 2, 2020

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

SUBJECT: Written Testimony, MEMSOF Budget

The Maryland State Police Aviation Command (MSPAC) remains the leading public safety organization in essential Statewide aviation services to the citizenry of Maryland. Its mission to protect and improve the quality of life is accomplished through the airborne delivery of emergency medical, law enforcement, search and rescue, homeland security and disaster assessment services. The MSPAC operates 10 Leonardo AW139 helicopters and one fixed-wing aircraft from seven strategically-placed bases throughout the State 24-hours a day, seven days a week. All helicopters are dispatched from a central operational control center staffed by dedicated State Police and Maryland Institute for Emergency Medical Services Systems certified communications specialists.

MSPAC continues to capitalize on its multi-mission capability by combining the superior performance of the AW139 helicopter and our dedicated and highly-skilled personnel. In 2019, the MSPAC, with the support of its pilots, trooper/flight paramedics, maintenance technicians and support staff, safely transported 1,870 patients while completing 1,777 scene medevacs, flew 478 law enforcement missions, responded to 231 search and rescue calls, assisted with the arrests of 83 suspects and completed 11 hoist operations. MSPAC aircraft logged more than 2,730 flight hours in support of the Agency's missions.

The MSPAC training staff conducted 370 hours of intensive training in the Flight Training Device and coordinated more than 500 hours of quarterly medical continuing education, skills evaluations, and hoist training. Our instructor pilots continue to coordinate MSPAC's participation in a Federal Aviation Administration-sanctioned study on proposed low-level Instrument Flight Rules (IFR) infrastructure from Western Maryland to Baltimore. Under the leadership of the State Air Medical Director, and in coordination with research provided by the University of Maryland Blood Bank and the R. Adams Cowley Shock Trauma, trooper/paramedic instructors continue to evaluate the feasibility of carrying and administering whole blood to critical patients on MSPAC aircraft. The MSPAC Safety Management Section investigated 40 aviation safety reports in 2019; a summary of their findings was presented during continuing

SUBJECT: Written Testimony – MEMSOF Budget

education classes for crewmembers. The safety program and review process is evidence MSPAC places the highest priority on flight crew and patient safety.

The MSPAC staff attended 47 community/career-development events with an emphasis on recruiting veterans with aviation experience from all branches of the military. We proactively recruit to fill vacancies in an accelerated format through a revised MSPAC Human Resources Division-designed Recruiting Plan of Action.

On March 19, 2020, the MSPAC will celebrate 50 years of saving lives, as crews have transported more than 152,000 patients since the program's inception in 1970. During that time, there have many incredible accomplishments achieved by both active and retired crewmembers, as well as all of our partners involved in the program. Equally, we never forget the ultimate sacrifices made by our fallen heroes throughout our history. Our effectiveness as a Command in supporting the Department and Maryland's world-renowned emergency medical services system is made possible through the commitment of our *People*, to our *Partnerships* and our *Professionalism*.

The MSPAC applauds the hard work of the MEMSOF Coalition, the Emergency Medical Services Board, the Department of Budget and Management and the Department of Legislative Services in its preparation and analysis of the budget before you today. Accordingly, MSPAC intends to maximize the resources provided in the FY 2021 budget in order to continue its commitment to excellence when providing airborne public safety aviation services to the citizenry of Maryland.

Maryland Fire and Rescue Institute FY2021 Budget Testimony

Senate - Budget and Taxation Committee – February 25, 2020
House – Public Safety and Administration Subcommittee – March 2, 2020

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 35,000 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 EMSOF. The funding that has been granted to the Institute in the past several years has been directly applied to increasing the number of program requests, additional training hours, 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 EMSOF fund to fulfill our state mandated mission to prepare our first responders to successfully mitigate the incidents they are called upon to respond .

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 25, 2020

House Appropriations - Public Safety and Administration Subcommittee

March 2, 2020

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 FY 2020 are \$5,767,794.

The Shock Trauma Center has always received financial support from the State for operating and capital expenses. The Governor has included \$3.5 million in state operating support for Shock Trauma next fiscal year.

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.



LARRY HOGAN
GOVERNOR
COMMANDER-IN-CHIEF

STATE OF MARYLAND
MILITARY DEPARTMENT
FIFTH REGIMENT ARMORY
BALTIMORE, MARYLAND 21201-2288

TIMOTHY E. GOWEN
MAJOR GENERAL
THE ADJUTANT GENERAL

Maryland Military Department Testimony

Fiscal Year 2021 MEMSOF Budget

Presented to
Senate Budget & Tax Committee
February 25, 2020

House Appropriations, Public Safety and Administration Subcommittee
March 2, 2020

The Maryland Military Department was asked to comment on the below:

Representatives of the Amoss Fund should comment on the process and time of calculation MOE compliance, efforts to receive jurisdictional expenditure reports, and the ramification for the two counties which failed to submit expenditure data. (Page 6 of the DLS analysis)

MOE compliance and calculations:

Attached is a letter of advice dated April 18, 2018 from Stuart Nathan, the department's assigned Attorney General. The letter was requested to provide the Department with guidance on the implementation of the penalties.

The letter states: "Under §8-104(a)(3)(i)(1), money shall be withheld from a county if it fails to meet the maintenance of effort requirement for two consecutive fiscal years. In light of the discussion above and the General Assembly's apparent intent to minimize the likelihood that a county will be penalized for failing to meet the maintenance of effort requirement, it is my advice that this two year period should come after the three year base period in §8-104(a)(1)(ii) and should be Fiscal Years 2019 and 2019. However, the report from each county concerning expenditures for fire protection is not due under §8-105(a)(1) until December 31st for the preceding fiscal year. Therefore, the report for Fiscal Year 2019 would not be submitted until sometime in Fiscal Year 2020.

Because payments from the Amoss Fund are made to counties on or about November 15th of each year under §8-102(e)(2), the payments for Fiscal Year 2020 would have already been made by the time the required reports are due.

As a practical matter therefore, the first fiscal year for which money must be withheld from a county for failing to meet the maintenance of effort requirement will be in Fiscal Year 2021, and the penalty will be imposed in the distribution scheduled for November 15, 2020.”

Efforts to receive jurisdictional expenditure reports and possible ramifications of noncompliance:

§8-105(a)(1) requires each county to submit expenditure reports on or before December 31 for the preceding fiscal year. If reports are not received by 31 January the county finance officers are sent requests to provide same. If reports are not received within 14 days of that request, follow up requests are made. Typically these efforts are successful. The Department is not mandated to, but “may”, as allowed in §8-106(b)(1), penalize the jurisdiction for non-compliance of the section by withholding money allocated for the next fiscal year. To date no such action has been taken. Every effort is made to work with the counties and the challenges they face with gathering the data for the reports.

BRIAN E. FROSH
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April 18, 2018

BG (R) Annette M. Deener
Chief of Staff
State of Maryland Military Department
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Baltimore, Maryland 21201-2288

Dear General Deener:

You have requested our advice concerning the interpretation of Md. Code, Public Safety ("PS"), § 8-104(a)(3) which mandates the automatic withholding of money for failure of a county to maintain its effort in expenditure of funds for fire protection. In particular, you have asked for clarification on when the mandatory penalties in PS, § 8-104(a)(3) are to be assessed.

As you know, the Senator William H. Amoss Fire, Rescue, and Ambulance Fund (Amoss Fund) was established to promote the delivery of effective and high quality fire protection, rescue, and ambulance services in Maryland; increase financial support for fire, rescue, and ambulance companies by the counties; and support the continued financial viability of volunteer fire, rescue, and ambulance companies given the greatly increased costs of equipment. PS, § 8-102(b).

As a result of recommendations from a workgroup appointed to examine the Amoss Fund, major changes were made to PS, §§ 8-101 – 8-106. See 2014 Md. Laws ch. 225. For instance, in calculating the maintenance of effort requirement in the statutory scheme, the definition of "expenditures for fire protection" was altered to include revenues appropriated by a county to volunteer, fire, rescue, and ambulance; to include accounting and financial reporting expenditures; and to exclude capital expenditures. The removal of capital expenditures from the maintenance of effort requirements was anticipated to have a significant impact on a county government's ability to meet these requirements in future years. The legislation also included a mechanism for counties to seek a waiver from the maintenance of effort requirement. Taken together, these two changes signaled an effort by the General Assembly to minimize the

April 18, 2018
Page 2

likelihood that any county would be penalized for failing to meet the maintenance of effort requirement.

In light of these major changes to the legislation and the likely result of these changes, it is my advice that the maintenance of effort requirements should be calculated going forward with Fiscal Year 2015, the fiscal year the legislation became effective being considered the base year. Thus, the calculation outlined in § 8-104(a)(1)(ii) concerning expenditures for fire protection using the three preceding fiscal years should be based on Fiscal Years 2015, 2016, and 2017.

Under § 8-104(a)(3)(i)(1), money shall be withheld from a county if it fails to meet the maintenance of effort requirement for two consecutive fiscal years. In light of the discussion above and the General Assembly's apparent intent to minimize the likelihood that a county will be penalized for failing to meet the maintenance of effort requirement, it is my advice that this two year period should come after the three year base period in § 8-104(a)(1)(ii) and should be Fiscal Years 2018 and 2019.

However, the report from each county concerning expenditures for fire protection is not due under § 8-105(a)(1) until December 31st for the preceding fiscal year. Therefore, the report for Fiscal Year 2019 would not be submitted until sometime in Fiscal Year 2020. Because payments from the Amoss Fund are made to the counties on or about November 15th of each year under § 8-102(e)(2), the payments for Fiscal Year 2020 would have already been made by the time the required reports are due.

As a practical matter therefore, the first fiscal year for which money must be withheld from a county for failing to meet the maintenance of effort requirement will be in Fiscal Year 2021, and the penalty will be imposed in the distribution scheduled for November 15, 2020.

I trust that you will find this helpful. If you have any further questions, please feel free to contact me.

Yours truly,



Stuart M. Nathan

LETTER OF ADVICE
NOT AN OFFICIAL OPINION OF THE ATTORNEY GENERAL