



State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

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*Larry Hogan
Governor*

*Clay B. Stamp, NRP
Chairman
Emergency Medical
Services Board*

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Maryland Emergency Medical System Operations Fund Hearing

**Senate Budget & Taxation Committee
Public Safety, Transportation and Environment Subcommittee**

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

February 8, 2021

**Mr. Clay B. Stamp, NRP
Chairman, State Emergency Medical Services Board**

Good afternoon. I am Clay Stamp, Chairman of the State EMS Board. On behalf of 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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February 8, 2021

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

Good afternoon. I am Dr. 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 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.

COVID-Related Initiatives. The response of the EMS system to COVID-19 has been a major focus. To augment the EMS workforce, Maryland added 1,440 Provisional EMS Clinicians to work throughout Maryland. Provisional EMS Clinicians include those whose Maryland license / certification previously expired; clinicians who are licensed / certified in other states; and Maryland EMT and Paramedic students. These clinicians are able to transition to fully licensed / certified EMS Clinicians.

In consultation with Nursing Schools and Respiratory Therapy Schools, MIEMSS implemented a Clinical Extern credentialing program so Nursing and Respiratory Therapy students who augment the hospital / health system workforce to meet the increasing demands presented by COVID. To date, we have credentialed over 1,300 students as Clinical Externs and another 600 students are in process.

MIEMSS developed a Critical Care Coordination Center (C4) to identify available critical care resources when hospitals need to transfer critical patients. C4 is staffed 24/7 with a Critical Care Coordinator who has a near real-time view of critical care bed capability statewide and a virtual Central Intensivist Physician who works with referring physicians to identify patients' anticipated critical care needs, match patients with available resources, and assist in arranging patient transfer, if necessary.

Non-COVID Initiatives. Working with the EMS Board, MIEMSS issued an updated EMS Plan – *Vision 2030 – Plan for the EMS System*. *Vision 2030* will be implemented over the next decade and sets the way forward for the continuing growth and evolution of our statewide EMS system. *Vision*

2030 was developed in collaboration with EMS professionals – both career and volunteer – and system stakeholders; and was approved by the EMS Board in August 2020.

MIEMSS is working with the Chesapeake Regional Information System for our Patients (CRISP) to develop a new method to monitor Emergency Department overcrowding data that would replace the outmoded monitoring system currently in use. MIEMSS has also developed a web-based application to provide EMS clinicians with real-time ambulance activity at hospitals to help them make informed decisions regarding patient destination. Called “@HA” (short for At-Hospital Ambulances), information on the dashboard includes hospital, number of ambulances at the hospital, the ambulances’ jurisdictions and the minimum and maximum times the ambulances have been at the hospital. We are currently developing a mobile version of the @HA dashboard.

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 despite COVID-19. While the work is underway, the current EMS Communications System remains fully operational. The project is in the Implementation Stage in six counties (Frederick, Montgomery, Prince George’s, Charles, Calvert and St. Mary’s). The Equipment Delivery Stage has begun in Baltimore City and eight (8) other counties (Harford, Baltimore, Anne Arundel, Howard, Carroll, Washington, Allegany and Garrett). Statewide project completion is expected by the end of FY23.

These are but a few of MIEMSS’ initiatives 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
GOVERNOR

BOYD K. RUTHERFORD
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COLONEL
WOODROW W. JONES III
SUPERINTENDENT

February 8, 2021

Subject: 410101 - Posting of Testimony – Operating Budget Fiscal 2022 – Maryland State Police Aviation Command

Maryland Department of State Police
Fiscal Year 2022 Operating Budget
Response to Department of Legislative Services Analysis - Maryland Emergency Medical Systems Operations Fund

House Appropriations Committee
Public Safety & Admin. Subcommittee
Delegate Keith E. Haynes, Chair
February 8, 2021

Senate Budget and Taxation Committee
Public Safety Trans. & Env. Subcommittee
Senator Cory V. McCray, Chair
February 8, 2021

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.

In October 2020, an independent study of MSPAC's basing structure, the strategic locations of the seven bases and the integrated emergency medical system within which the helicopters operate resulted in an outstanding response rate of at least 95 percent and an ability to be on-scene within 25 minutes. The study determined that the elimination of one helicopter base would significantly and negatively affect both the response rate and the response time. Analysts estimated that closing one base would decrease the response rate to less than 83 percent and increase response time by eight minutes. Based on the Governor's commitment to do all we can to provide the best in public safety services, it was decided that the Maryland State Police would keep all bases open and all helicopters in the current fleet.

The 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 2020, the MSPAC, with the support of its pilots, trooper/flight paramedics, maintenance technicians and support

STATE OF MARYLAND
MARYLAND STATE POLICE

**SUBJECT: 410101 - POSTING OF TESTIMONY – OPERATING BUDGET FISCAL 2022 – MARYLAND
STATE POLICE AVIATION COMMAND**

staff, safely transported 1,787 patients while completing 1,721 scene medevacs, flew 542 law enforcement missions, responded to 203 search and rescue calls, assisted with the arrests of 83 suspects and completed 10 hoist operations. MSPAC aircraft logged more than 2,605 flight hours in support of the Agency's mission.

The MSPAC training staff conducted 359 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. 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.

Due to the COVID-19 pandemic and statewide restrictions, the MSPAC faced new challenges recruiting qualified pilots, medics and aviation maintenance technicians. Despite these obstacles, the MSPAC was able to host virtual open houses on a routine basis and hire nine new pilots, one new aviation maintenance technician and six trooper medics. In addition, the MSPAC was able to promote and internally upgrade nine current pilots, six trooper medics and two aviation maintenance personnel. The MSPAC proactively recruits 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 celebrated 50 years of saving lives, as crews have transported more than 150,000 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, the MSPAC intends to maximize the resources provided in the FY 2022 budget in order to continue its commitment to excellence when providing airborne public safety aviation services to the citizenry of Maryland.

Respectfully,

Major M. R. Tagliaferri
Aviation Command
Maryland Department of State Police

February 4, 2021

Maryland Fire and Rescue Institute FY2022 Budget Testimony

**Senate-Public Safety Transportation, and Environment Subcommittee
House – Public Safety and Administration Subcommittee**

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 high quality EMS/Fire/Rescue training programs to every jurisdiction of the State and on average MFRI trains approximately 34,000 students a year.

The Maryland Fire and Rescue Institute 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:

- 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 force to mitigate 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 inherent dangers 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 is 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 EMS, Fire, and Rescue personnel. As such, it is important to continue our current basic 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 MFRI can provide.

Although the COVID -19 pandemic proved to be a very challenging time, MFRI quickly adapted and continued to deliver various emergency services program deliveries on numerous different platforms to ensure the training of our States first responders continued without a delay.

Today MFRI continues to meet these demands, but our ability to do so is directly related to the financial resources available within the Maryland Emergency Medical Services Operations Fund (MEMSOF). The funding that has been granted to the MFRI 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, and monitoring, as well as, exam preparation and delivery
- Additional instructor responsibilities due to changes and/or increases in curriculum hours.
- Additional training for instructors as a result of curriculum changes, the operation of interactive programs, and new delivery methods or platforms.
- Development/purchase of new test banks, programs, and equipment to address new curriculum, standards or new emerging issues.

I would like to thank you for your attention in this matter. I also ask for your consideration/support in the allocation of adequate funding within the MEMSOF 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



**THE MARYLAND EMERGENCY MEDICAL SERVICES OPERATING FUND
(MEMSOF)**

**Fiscal Year 2022 Operating Budget
Response to Department of Legislative Services Analysis**

**House Appropriations Committee
House Public Safety & Administrative Subcommittee
Delegate Keith E. Haynes
February 8, 2021**

**Senate Budget & Taxation Committee
Senate Public Safety Transportation & Environmental Subcommittee
Senator Cory V. McCray
February 8, 2021**

Good afternoon Mr. Chairman and members of the committee. I am Kristie Snedeker, Senior Director of Clinical Operations for the R Adams Cowley Shock Trauma Center, University of Maryland Medical Center. I am pleased to be 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 freestanding 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 ten 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 fiscal year 2022 are \$6,780,325.

The Shock Trauma Center has always received financial support from the State for operating and capital expenses. The Governor has included \$3.6 million in state operating support for Shock Trauma for fiscal year 2022.

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.

MARYLAND STATE FIREMEN'S ASSOCIATION

Representing the Volunteer Fire, Rescue and Emergency Medical Services Personnel



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House Appropriations Committee
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RE: Maryland Emergency Services Operating Fund

My name is Kate Tomanelli and I am the Executive Director of the Maryland State Firemen's Association (MSFA). The MSFA is a state organization consisting of 362 member companies representing over 30,000 volunteer firefighters, rescue and emergency medical technicians, and paramedics across the State of Maryland. The MSFA serves as a supporter and advocate of our volunteer fire service personnel on statewide issues that may affect their operation and sustainability so it is my pleasure to submit this MSFA testimony in full support of the Maryland Emergency Medical System Operations Fund (MEMSOF).

Maryland has an emergency medical system that stands above all others. The effectiveness of this system is due to the partnerships formed by the agencies that have also offered testimony in support of the MEMSOF fund. When an emergency occurs, the system is activated and emergency providers, many of whom have been trained by the Maryland Fire & Rescue Institute, quickly respond. Patients are transported by ambulance, or Maryland State Police Aviation Command helicopter, to the appropriate facility through a process overseen by the Maryland Institute for Emergency Medical Services Systems. The most seriously injured are transported, or transferred, to trauma centers like our very own R. Adams Cowley Shock Trauma Center. All of our state agencies work in tandem to provide the very best care for our citizens.

The MEMSOF includes \$15 million in funding to the Senator William H. Amoss Fire, Rescue, and Ambulance Fund (Amoss Fund). The Amoss Fund provides an additional funding source to help our departments meet their needs for fire and rescue equipment, as well as building improvements.

The MSFA's member companies, making up over 76% of the State's emergency services personnel, provide invaluable fire and EMS services in many communities twenty-four hours a day, seven days a week on a volunteer basis, thereby saving the local jurisdictions millions of dollars each year from their budgetary requirements.

A favorable vote on this budget will ensure that the services our members provide will continue.

Respectfully,

Kate Tomanelli
Executive Director
Maryland State Firemen's Association