



**Maryland Institute for Emergency Medical Services Systems
Fiscal Year 2023 Operating Budget
Response to Department of Legislative Services Analysis
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State of Maryland

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**Senate Budget and Taxation Committee
Health & Human Services Subcommittee
Senator Melony Griffith
February 4, 2022**

**House Appropriations Committee
Health & Social Services Subcommittee
Delegate Kirill Reznik
February 7, 2022**

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) is an independent state agency that 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 medical oversight, promulgating statewide clinical protocols, coordinating and supporting EMS educational programs, licensing and certifying EMS clinicians, maintaining and operating a statewide communications system, designating trauma and specialty centers, licensing and regulating commercial ambulance services, and participating in EMS-related public education and prevention programs.

We appreciate the opportunity to present MIEMSS' FY 2023 budget request and to brief the subcommittees on several programmatic areas of interest. MIEMSS and the Emergency Medical Services Board are very appreciative of the General Assembly's support of MIEMSS and our Statewide EMS system. The analysis by Andrew Garrison is comprehensive and focuses on important issues. We thank him for his work, as well as that of the Department of Budget and Management and Rebecca Bizzarri, MIEMSS' DBM budget analyst.

We concur with the recommendations of the DLS analyst.

We would like to provide a brief update to the Subcommittee about several of our initiatives over the past year and addressing issues raised by the analyst.

Workforce Initiatives. As part of the response to the pandemic, Maryland EMS clinicians administered more than 100,000 COVID-19 vaccinations from early 2021, when the vaccines first became available, through September 1, 2021. In partnership with local health departments and hospitals, EMS clinicians administered more than 80,000 vaccinations to members of the public and an additional 21,000 COVID-19 vaccinations to State, county, and local government public safety personnel. Nearly every EMS public safety jurisdiction participated in vaccination efforts throughout Maryland, as did several commercial ambulance services. EMS clinicians not only administered COVID-19 vaccinations, they also supported the operation of vaccination clinics, including obtaining patient consent, preparing syringes for vaccine administration, and monitoring patients for adverse reactions. The statute that enables EMS to participate in public health vaccination programs sunsets on January 1, 2023; House Bill 286 seeks to extend the sunset to 2026.

Under the emergency declarations issued by the Governor in 2021 and again in January 2022, MIEMSS issued several public notices aimed at augmenting the EMS workforce in Maryland. Provisional EMS clinicians included those whose Maryland license / certification previously expired; clinicians who are licensed / certified in other states; and Maryland EMT and Paramedic students. They are able to transition to fully licensed / certified Maryland EMS clinicians. Also, in consultation with nursing schools and respiratory therapy schools, MIEMSS implemented a Clinical Extern credentialing program so nursing and respiratory therapy students could augment the health care workforce to meet the increasing demands presented by COVID. These initiatives significantly increased the availability of EMS clinicians needed to respond to 9-1-1 calls and augmented the hospital workforce with talented students.

Emergency medical technicians (EMT) are the backbone of the EMS system, nationwide and in Maryland. Education to become an EMT typically represents the entry level as an EMS clinician. Ensuring an adequate pipeline of EMTs is crucial to the EMS system to provide reliable basic care and the necessary pool of people to become the next generation of more advanced clinicians. Throughout the United States and in Maryland, EMT attrition has exceeded new certifications, and the COVID-19 pandemic exacerbated the situation by making educational programs less available. Further, the work of EMS clinicians has become more demanding and perceived as more risky.

A significant barrier to recruiting new EMTs can be the required education. In Maryland, EMT education is provided mostly by several community colleges and the Maryland Fire-Rescue Institute. Students are often part-time and carve-out time from their employment, essentially volunteering or sacrificing, to attend class. With funding from the Centers for Disease Control through the Maryland Department of Health, MIEMSS plans to implement a demonstration project to provide educational stipends to EMT students, incentivizing them to complete the education and testing requirements. The projected start date for the program is May 1, 2022.

Emergency Department Wait Times. As noted by the analyst, emergency department wait times in Maryland have long exceeded national averages. MIEMSS continues to work with the Chesapeake Regional Information System for our Patients (CRISP) to develop a new method to monitor Emergency Department crowding and replace the outmoded 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 destinations. 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.

With the surge in COVID-19 cases and staffing shortages across the health care system, EMS-to-Emergency Department transfer of care time intervals have increased significantly over the past several months. “Transfer of care” refers to the time interval between EMS arrival at the hospital and when the hospital emergency department accepts care of the patient. These extended, often hours-long delays at the hospitals have impeded the ability of jurisdictions to respond to incoming 9-1-1 calls, as EMS waits to transfer patients to emergency department beds. Extended transfer of care times are particularly problematic when they involve patients with non-urgent medical issues who could safely await ED care in the emergency department triage area. As a result, MIEMSS has implemented a “Direct to Triage” Protocol to enable delivery of stable patients to the ED triage waiting area.

MIEMSS’ Critical Care Coordination Center (C4) continues to work with hospitals 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 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. It

has proven effective in freeing clinicians to continue to provide necessary care, obviating the need for many would-be transfers, identifying appropriate critical care resources to match patients' needs, and distributing patients more optimally within Maryland's health care system.

In October 2021, MIEMSS expanded the C4 to include pediatric patients. "C4 Peds" is particularly important since there are limited hospital resources in Maryland to treat children: approximately 40% of Maryland hospitals have no capacity for pediatric inpatient care. Similar to C4 for adult patients, a C4 pediatric specialist provides consultation to referring physicians and facilitates identification of appropriate pediatric care resources.

These are but a few of MIEMSS' initiatives over the past year. 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.