



Maryland Emergency Medical System Operations Fund

**House Appropriations Committee
Public Safety and Administration Subcommittee
February 10, 2022**

**Senate Budget and Taxation Committee
Public Safety, Transportation and Environment Subcommittee
February 14, 2022**

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

State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

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*Larry Hogan
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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 Madelyn Miller 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.

This year marks the 30th anniversary of the creation of the MEMSOF. Over the past three decades, the MEMSOF has provided critical support to Maryland's EMS System. MEMSOF supports public safety, EMS, and fire and rescue services throughout every part of our state. The MEMSOF provides vital resources for our statewide EMS system and ensures 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The MEMSOF is supported by a vehicle registration fee surcharge originally enacted in 1992; and funding from moving violations provides additional MEMSOF revenue. Because the vehicle registration fee surcharge is not sensitive to inflation, however, it has required periodic increases to ensure MEMSOF viability. For this reason, the EMS Board, the General Assembly and the Governor have closely monitored the health of the MEMSOF. The analysis indicates the MEMSOF is fast-approaching insolvency. We look forward to working with the General Assembly and the Governor to ensure the viability of MEMSOF.

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 support of the MEMSOF and our statewide system. With your support, the MEMSOF will remain the strong foundation of our coordinated and effective statewide system of emergency care. 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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**Theodore R. Delbridge, MD, MPH, Executive Director
Maryland Institute for Emergency Medical Services Systems**

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.

The MEMSOF provides support for MIEMSS and for initiatives that benefit our entire statewide EMS system. We are grateful for the efforts of the General Assembly to ensure the ongoing viability of the Fund. The analysis by Madelyn Miller is comprehensive and thoughtful. We thank her for her work, as well as that of the Department of Budget and Management and Rebecca Bizzarri, MIEMSS' DBM budget analyst.

I would like to provide a few brief comments highlighting several of our efforts over the past year that have been possible through the support provided by the MEMSOF.

Under the emergency declarations issued by the Governor in 2020 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.

MIEMSS continues to work to mitigate the impact of emergency department crowding on EMS which has worsened during the pandemic. In partnership with the Chesapeake Regional Information System for our Patients (CRISP), we are developing 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

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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 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 and operations over the past year that have been supported by the MEMSOF. We are grateful for the General Assembly’s support of the MEMSOF and our Statewide EMS system. We look forward to continuing to work with you to ensure the viability of the MEMSOF. Thank you.



LARRY HOGAN
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COLONEL
WOODROW W. JONES III
SUPERINTENDENT

February 8, 2022

Subject: 410101 - Posting of Testimony – Operating Budget Fiscal 2023 – Maryland State Police Aviation Command

Maryland Department of State Police
Fiscal Year 2023 Operating Budget
Response to Department of Legislative Services Analysis - Maryland Emergency Medical Systems Operations Fund

House Appropriations Committee
Public Safety & Admin. Subcommittee
Delegate Tony Bridges, Chair
February 10, 2022

Senate Budget and Taxation Committee
Public Safety Trans. & Env. Subcommittee
Senator Cory V. McCray, Chair
February 14, 2022

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 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 2021, the MSPAC, with the support of its pilots, trooper/flight paramedics and maintenance technicians, safely completed 1,793 scene medevacs, flying 1,851 patients; responded to 136 law enforcement missions, assisting with the arrests of 72 suspects; flew 170 search and rescue missions, locating 154 victims; and completed 12 hoist/aerial rescue operations, rescuing 21 victims. MSPAC aircraft logged more than 2,588 flight hours in support of the Agency's missions.

**SUBJECT: 410101 - POSTING OF TESTIMONY – OPERATING BUDGET FISCAL 2023 – MARYLAND
STATE POLICE AVIATION COMMAND**

The MSPAC training staff conducted 210 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 continued 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 five (5) new pilots, two (2) new aviation maintenance technicians and eight (8) trooper medics. In addition, the MSPAC was able to promote and internally upgrade ten (10) current pilots, ten (10) trooper medics and one (1) aviation maintenance technician. The MSPAC proactively recruits to fill vacancies in an accelerated format through a revised MSPAC Human Resources Division-designed Recruiting Plan of Action.

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. The MSPAC, along with its partners, acknowledges the forecasted insolvency of the EMSOF and intends to maximize the resources provided in the FY 2023 budget in order to continue its commitment to excellence when providing airborne public safety aviation services to the citizenry of Maryland.

Respectfully,

M.R. Tagliaferri

Major M. R. Tagliaferri

Aviation Command

Maryland Department of State Police



Maryland Fire and Rescue Institute Fiscal Year 2023 Operating Budget Response to Legislative Services Analysis

Senate Committee: Budget and Taxation
Subcommittee: Public Safety, Transportation and Environment
Chair: Senator Cory V. McCray
Hearing date February 14, 2022

House Committee: Appropriations
Subcommittee: Public Safety and Administration
Chair: Delegate Tony Bridges
Hearing date February 10, 2022

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 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 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 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 EMS, Fire, and Rescue personnel. As such, it is important to continue our current initial certification classes, mandatory refresher programs, and address emerging issues facing emergency responders as needed. 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 continues 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 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 emerging issues.

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 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 2023 Operating Budget
Response to Department of Legislative Services Analysis**

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

**Senator Cory V. McCray
February 14, 2022**

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

**Delegate Tony Bridges
February 10, 2022**

Good afternoon Mr. Chairman and members of the committee. I am Kristie Snedeker, Vice President of 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 Medical Services Operations 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 2023 are \$7,570,962.

The Shock Trauma Center has always received financial support from the State for operating and capital expenses. The Governor has included \$3.7 million in state operating support for Shock Trauma for fiscal year 2023.

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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RE: Maryland Emergency Services Operating Fund

My name is Robert Phillips and I am the Legislative Committee Chairman of the Maryland State Firefighters's Association (MSFA). First I would like to recognize the fact that this is the 30th year of the MEMSOF fund.

The MSFA is a state wide organization consisting of over 300 member companies representing over 30,000 volunteer firefighters, rescue, 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 (MSPAC) 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 budget 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 is concerned about the possibility of funds for the MSPAC helicopters being moved from this fund to a line item in another budget and not having enough money to keep them up to date with the proper maintenance. The totality of the Maryland Emergency Medical System includes the MSPAC helicopters and we would hope that the MEMSOF fund is fully supported and funded.

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,

Robert Phillips
Chairman, Legislative Committee
Maryland State Firefighter's Association