



State of Maryland

Maryland Institute for Emergency Medical Services Systems

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**Maryland Institute for Emergency Medical Services Systems
Fiscal Year 2024 Operating Budget
Response to Department of Legislative Services Analysis
Theodore R. Delbridge, MD, MPH
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**House Appropriations Committee
Health & Social Services Subcommittee
Delegate Kirill Reznik
February 1, 2023**

**Senate Budget and Taxation Committee
Health & Human Services Subcommittee
Senator Cory V. McCray
February 9, 2023**

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) is an independent state agency that coordinates all components of the statewide emergency medical services (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 2024 budget request. MIEMSS and the State EMS Board are very appreciative of the General Assembly's support of MIEMSS and our Statewide EMS system. The analysis by Samantha Tapia is comprehensive and focuses on important issues. We thank her for her 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 share information with the Subcommittee on areas noted by the analyst.

EMS Workforce. 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. As a result, there is a nationwide staffing shortage for EMTs and paramedics, and the nationwide turnover rate for these personnel is estimated to be 20 to 30 percent annually.

In Maryland, under the emergency declarations issued by the Governor in 2021 and again in January 2022, MIEMSS created a provisional status of licensure / certification to augment the EMS workforce in Maryland. Provisional EMS clinicians included those whose Maryland license / certification previously expired; clinicians who were licensed / certified in other states; and Maryland EMT and Paramedic students. MIEMSS subsequently created a path for provisional status personnel to transition to fully licensed / certified Maryland EMS clinicians. More than 1200 people took advantage of the opportunity to be provisionally credentialed, and more than half have gone on to become fully licensed. This initiatives increased the availability of EMS clinicians needed to respond to 9-1-1 calls and augmented the state's response to the COVID pandemic.

A significant barrier to becoming an EMT is often the required education. In Maryland, EMT education is provided mostly by several community colleges and the Maryland Fire-Rescue Institute. Many students are part-time and carve-out time from their employment, essentially volunteering or sacrificing, to attend class. As noted by the analyst, with funding from the Centers for Disease Control through the Maryland Department of Health, MIEMSS implemented a demonstration project to provide educational stipends to EMT students, incentivizing them to complete the education and testing requirements. The funding provided 500 scholarship stipends of up to \$2,000 each, to be paid in increments as certain educational milestones are reached. All scholarships have been awarded and, as the analyst noted, 150 students have completed all milestones and received full stipend payment; 161 students are currently in process, having received partial stipend payments; and another 147 have committed to completion of the stipend program, but have not yet documented milestone completion. MIEMSS is actively managing available funds, so that any that become unused are redirected to wait-listed students. Ultimately, we will assess whether or not the stipend program facilitated lower educational program attrition and greater likelihood of success among students.

Nonemergency Medical Transportation Program. As noted by the analyst, in December, MIEMSS completed and submitted the report entitled “Hospital Interfacility Ambulance Transportation for Medicaid Patients,” required by the 2022 Joint Chairmen’s Report. Stakeholders, including hospitals / health systems and commercial ambulance services, had expressed concerns about the Medicaid processes to obtain authorization for transfer of patients from one hospital to another for services and commercial ambulance services and varying reimbursement levels throughout the state. In developing the report, MIEMSS convened stakeholders to review the issues and discuss the new program model that Medicaid will implement in the coming months. MIEMSS stands ready to assist in ensuring a continuing dialogue among all stakeholders to help address issues that may arise in implementation of the new model.

Hospital Capacity. During the pandemic, MIEMSS’ created a Critical Care Coordination Center (“C4”) to identify available critical care resources when hospitals needed 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. MIEMSS subsequently 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.

Funding for C4 is provided through Maryland Department of Health under a CDC COVID Crisis Response Cooperative Agreement which ends June 30, 2023. MIEMSS is currently working with MDH's Office of Preparedness & Response to identify continued full funding for this project through FY24.

Capacity Alert System and Data. For more than twenty years, MIEMSS has tracked emergency department alert status through the County / Hospital Alert Tracking System (“CHATS”). CHATS alert status indicates when a hospital temporarily requests that EMS ambulances direct patients in need of urgent care to another emergency department (note that patients who require immediate attention or are unstable with life-threatening injuries are not subject to ambulance diversion). CHATS alert information is publically available on the MIEMSS website at <https://www.miemssalert.com/chats/>

MIEMSS' Information Technology personnel maintain the CHATS system; however, the software underlying the system is antiquated and in need of replacement. Further, MIEMSS believes that CHATS data is not a reliable indicator of whether an emergency department is able to receive and treat urgent patients. There are not objective criteria that determine when and for how long hospitals activate an alert status, and hospitals use the system with significant variability.

To address these problems, MIEMSS has been working with the Chesapeake Regional Information System for our Patients (“CRISP”) to develop a new method to monitor ED status and replace the outmoded CHATS system currently in place. The new system, the Emergency Department Advisory System (“EDAS”) will indicate an advisory level for each hospital ED based on emergency department census and bed availability and will provide an objective indication of hospital status that is uniformly applied among all hospitals. Additionally, MIEMSS has developed and implemented a web-based application for use by EMS that provides real-time indication of ambulance activity at hospital emergency departments to assist EMS in making informed decisions about patient destinations. The “At-Hospital Ambulance Dashboard” shows the number of ambulances currently at each hospital emergency department, and how long they have been there.

Thank you for the opportunity to discuss these initiatives. We are grateful for your support and look forward to continuing to work with you. We are happy to answer any questions.