



Maryland Institute for Emergency Medical Services Systems
Fiscal Year 2026 Operating Budget
Response to Department of Legislative Services Analysis
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Senate Budget and Taxation Committee
Health & Human Services Subcommittee
Senator Cory V. McCray
January 24, 2025

House Appropriations Committee
Health & Social Services Subcommittee
Delegate Emily Shetty
January 29, 2025

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 2026 budget request. MIEMSS and the State EMS Board are very appreciative of the General Assembly's support of MIEMSS and the Statewide EMS system. The analysis by Naomi Komuro 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 Cristina Jorge-Tuñón, 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 some of our initiatives over the past year and share information about areas noted by the analyst.

EMS – Hospital Coordination. MIEMSS closely monitors EMS-to-Emergency Department transfer times – the elapsed time it takes for EMS personnel to effect transitions of patient' care after arrival at an emergency department. MIEMSS sends weekly transfer time reports to hospital and emergency department leadership, who can use the information to improve processes and monitor progress in prioritizing arriving EMS patients. EMS-to-Emergency Department transfer of care information is also provided monthly to the Health Services Cost Review Commission as part of its challenge to hospitals to engage in the "ED Dramatic Improvement Effort" (EDDIE). This performance metric has meaningful impacts on the EMS system and the communities it serves. Data indicate that transfer of care intervals have improved modestly over the past year. Approximately 40% of emergency departments meet the 35 minute target more than 90% of the time.

MIEMSS is also participating in a new Connectivity Initiative Pilot (CIP) funded by CDC's National Health Safety Network. If fully implemented, it will provide real-time insight to hospitals', including emergency departments' occupancy and capacity. Such knowledge could help optimize operating procedures and patient distribution.

Hospital Specialty Center Designation. MIEMSS responsibilities include designation of trauma and specialty centers, and re-verification of those centers, to ensure their delivery of high quality patient care. These centers provide the critical time-sensitive care needed for life-threatening patient conditions. In 2024, MIEMSS completed 31 hospital re-verifications, including 23 cardiac intervention centers, 5 stroke centers, 2 free-standing emergency medical facilities, and a pediatric trauma center.

AED Registry. Over the past year, MIEMSS devoted significant staff resources to develop and launch a new public access automated external defibrillator (AED) registry that is the successor to a previous vendor-operated registry. The new AED Registry became fully functional in December and is designed to support recently-mandated AED deployments in grocery stores and restaurants, as well as co-location of naloxone with AEDs in certain public areas.

Critical Care Coordination Center (C4). As noted by the analyst, MIEMSS developed the C4 in December 2020, as Maryland's hospitals were experiencing a surge of COVID-19 patients. C4 was designed to help hospitals identify available critical care resources for patients who needed them. Subsequent to initial waves of COVID-related hospitalizations, the demand for C4 services remained, and fluctuated seasonally. Staffing was adjusted accordingly to maintain efficiency and reduce expense. Funding for C4 was provided through the Maryland Department of Health under a COVID Crisis Response Cooperative Grant. C4 suspended operations at the end of June 2024 when the Cooperative Grant concluded. During the nearly 43 months of its operation, C4 fielded more than 7,000 calls from EDs and hospital clinicians trying to match their patients' intensive care needs with available hospital resources anywhere. During that time, each hospital in Maryland had been a referring hospital and each had been a receiving hospital. In nearly 30% of cases, the assistance and guidance provided by C4 intensivists, pediatricians and coordinators obviated the need for a patient to be transferred at all, reserving valuable resources for others in need.

During FY2024, MIEMSS achieved cost savings that enabled us to cancel \$250,000 of appropriated grant funding. Grant funding expired in June 2024, and C4 services were discontinued. Thus, we continue to stay alert for grant opportunities that would enable us to re-establish C4 services.

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.