



State of Maryland
Maryland Institute *for* Emergency Medical Services Systems

Wes Moore
Governor

Clay B. Stamp
Chairman, EMS Board

Theodore R. Delbridge, MD, MPH
Executive Director

Maryland Emergency Medical System Operations Fund

**House Appropriations Committee
Public Safety and Administration Subcommittee
January 30, 2025**

**Senate Budget and Taxation Committee
Public Safety, Transportation and Environment Subcommittee
January 31, 2025**

**Theodore R. Delbridge, MD, MPH
MIEMSS Executive Director**

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 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, and especially for legislation passed last year that helped address an impending Fund solvency issue that, had it not been addressed, would have had a devastating impact on the operation of our statewide EMS system. The FY26 MEMSOF Budget Overview analysis by Madelyn Miller is comprehensive and thoughtful. We thank her for her work.

The backbone of Maryland's EMS system is nearly 20,000 men and women – EMS clinicians certified or licensed by MIEMSS – who respond to more than one million calls for help each year. These clinicians treat patients in need of life-saving emergency care using clinical protocols developed by MIEMSS with subject matter experts and promulgated as regulations by the EMS Board. Aiding clinicians in the care they provide is the Statewide EMS Communications system, maintained by MIEMSS, that provides the communications capabilities for EMS clinicians to consult about patient care decisions with hospital base-station physicians throughout the state. EMS clinicians transport emergency patients to designated trauma and specialty centers that have been verified by MIEMSS as capable of providing timely and high quality care. Maryland's specialty centers include adult and pediatric trauma centers, stroke centers, cardiac interventional centers, perinatal referral centers, a hand trauma center, an eye specialty center and burn centers. In 2024 alone, 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.

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.

Once EMS treatment is completed, the care provided to the patient is documented in a statewide electronic patient care record system that MIEMSS manages. MIEMSS continues to work with the Chesapeake Regional Information System for our Patients (CRISP) to ensure that these EMS patient care records become part of patients' permanent health care records available to subsequent treatment teams.

Other MIEMSS initiatives support public efforts to provide emergency care until EMS arrives at the scene. For example, the Public Access AED Program has expanded to include recently-mandated automated external defibrillator (AED) deployments in grocery stores and restaurants, and the co-location of naloxone with AEDs in certain public areas. Over the past year, MIEMSS devoted significant staff resources to develop and launch a new public access AED registry that is the successor to a previous vendor-operated registry. The new AED Registry became fully functional in December and supports these mandated AED deployments.

These are just a few examples of how MEMSOF funding has sustained Maryland's EMS system and enabled it to respond to the needs of emergency patients throughout our state. 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.



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**Sally Showalter, RN
State Emergency Medical Services Board**

Good afternoon. On behalf of all EMS Board members, 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 professionals, medical and nursing personnel, communications, transportation systems, trauma and specialty care centers and hospital emergency departments. Maryland's EMS system has long been recognized as a national model for emergency medical care. 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 some of the entities supported by the MEMSOF.

For over thirty years, the MEMSOF has provided support for critical components of our statewide emergency medical services system:

- MIEMSS
- MSP Aviation Command's Medevac Program
- R Adams Cowley Shock Trauma Center
- Maryland Fire & Rescue Institute
- Amoss Fund Grants that provide monies to local jurisdictions for the purchase of fire and rescue equipment and capital building improvements

The MEMSOF is funded by a surcharge to the vehicle registration fee surcharge; additional funding comes from moving violations fines.

Last year's General Assembly passed critical legislation that increased the surcharge in order to eliminate a looming and potentially disastrous structural deficit in the MEMSOF. That increase also provided additional support for the Shock Trauma Center, the Maryland Trauma Physician Services Fund, and the Amoss Fund Grants. You will hear from our partners today how vital that funding has been and continues to be to their day-to-day operations. The EMS Board and our partners are grateful for the actions of the General Assembly and for its continuing support of Maryland's statewide EMS and trauma systems.

We had hoped that the funding change would result in the health of the MEMSOF well into the next decade. However, the DLS analysis predicts the MEMSOF to be solvent through 2031, while DBM projections anticipate solvency only through 2030.

The State EMS Board is honored to work in true partnership with our collaborators who are tireless in their efforts to ensure Marylanders benefit from an outstanding, and always improving, EMS system. We are cognizant of fiscal pressures and

remain focused on the long-term solvency of the MEMSOF which provides the life-blood for the system. The leadership of the Governor and the General Assembly are pivotal to the future of emergency medical care in Maryland. We look forward to continuing to work with you as we plan for the future of MEMSOF and our statewide system. Thank you.