



State of Maryland

Maryland Institute for Emergency Medical Services Systems

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Maryland Institute for Emergency Medical Services Systems

Fiscal Year 2027 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 30, 2026

**House Appropriations Committee
Health & Social Services Subcommittee**

Delegate Emily Shetty

February 4, 2026

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 2027 budget. 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.

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 improvement efforts. This performance metric has meaningful impacts on the EMS system and the communities it serves. Data indicate that transfer of care intervals have continued to improve modestly over the past year. Nearly 50% of emergency departments meet the 35-minute target more than 90% of the time.

Emergency Department Advisory System (EDAS). During the summer of 2025 MIEMSS launched EDAS (<https://edas.miemss.org/dashboard>). This web-based platform serves the EMS system by providing four relevant bits of information about each emergency department: 1) an indication of the current patient census relative to the department's established capacity; 2) alerts that indicate temporary inability to care for specific types of patients (e.g., trauma); 3) number of ambulances currently enroute to that emergency department; and 4) number of ambulances currently there and how long they have been there. We are aware that the system is being used frequently, and have received overwhelmingly positive feedback.

AED Registry. Early last year, MIEMSS completed its rollout of a new public access automated external defibrillator (AED) registry as a successor to a previous vendor-operated registry. The new AED Registry is designed to support mandated AED deployments in grocery stores and restaurants, as well as co-location of naloxone with AEDs in certain public places subsequent to 2024 legislation. Currently, there are more than 17,000 registered AEDs in Maryland, and 1,380 have naloxone co-located with them. We continue work to identify AEDs subject to the 2024 law requiring naloxone co-location by October 2027.

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. There are currently 9 trauma centers, 2 pediatric trauma centers, a hand trauma center, an eye center, an adult and a pediatric burn center, 24 cardiac intervention centers, and 38 stroke centers. In 2026, MIEMSS will begin to recognize emergency departments based on their readiness to treat pediatric patients. Several hospitals have already applied for recognition.

EMS Clinicians. The heart of the Maryland's EMS system is the 20,000 EMS clinicians (emergency medical responders, emergency medical technicians, cardiac rescue technicians, and paramedics) who, in 2025, answered more than 1 million calls for help, and safely transported more than 586,000 Marylanders to emergency departments and trauma centers. In the past year MIEMSS certified 1,895 new emergency medical technicians, and licensed 290 new paramedics.

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.