



FAVORABLE WITH AMENDMENTS - HB1092
Public Safety Answering Point Personnel - Training in Telecommunications Cardiopulmonary Resuscitation

Maryland Department of Emergency Management
Hearing Date: 8 MAR 2024

Chair Joseline Peña-Melnyk
Health and Government Operations Committee
Room 241
House Office Building
Annapolis, MD 21401

Chair Peña-Melnyk,

The Maryland Department of Emergency Management (MDEM) writes **in support with amendments of HB1092 - Public Safety Answering Point Personnel - Training in Telecommunications Cardiopulmonary Resuscitation.**

The role 9-1-1 specialists play in out-of-hospital cardiac arrest is critical in the chain of survival. Public Safety Answering Points take this role seriously, as do both the Maryland Institute for Emergency Medical Services Systems and the Maryland 9-1-1 Board. **The Department is in no way against providing additional, targeted training and quality assurance/improvement related to out-of-hospital cardiopulmonary resuscitation for 9-1-1 specialists.** However, the Maryland 9-1-1 Board and the Maryland Institute for Emergency Medical Services Systems are already empowered by law to establish these requirements and legislation is not required to accomplish the intent of this bill. We have discussed the following amendments with the sponsor and sincerely appreciate Delegate White Holland's consideration.

Requested Amendment: remove lines 11 through 20 on page two (see attachment); remove the reference to §1-306(15)(iv) at the end of line 3, page 3.

Establishing call-type specific requirements in law is not in the best interest of the 9-1-1 system. Legislating requirements for individual call types will inevitably lead to out-dated statute, and opens the door for future call-type specific legislation that could be misaligned with or contrary to national protocol standards followed by Public Safety Answering Points. The 9-1-1 Board is committed to working with

MIEMSS and other stakeholders to incorporate any changes required to PSAP training through the Board's Training Subcommittee.

Existing Statute

The 9-1-1 Board has the responsibility to establish training standards for all 9-1-1 specialists under §1-306:

(b) The Board's responsibilities include (15) establishing training standards for public safety answering point personnel based on national best practices.

The requirement for PSAPs to use standards-based protocols is also already codified in law under PS §1-304.1:

(a)(1) Each public safety answering point shall employ standards-based protocols for the processing of 9-1-1 requests for emergency assistance.

PSAPs are also required by law to ensure 9-1-1 specialists are trained to those standards:

(a) (2) A public safety answering point shall ensure that each 9-1-1 specialist employed by the public safety answering point is certified in each discipline related to 9-1-1 requests for assistance for which the 9-1-1 specialist is responsible for receiving and processing.

Standards for instructions given to individuals experiencing a medical emergency are governed by MIEMSS for all Emergency Medical Dispatchers. Section 13-510 of the Education Article gives MIEMSS the authority to:

(4) Coordinate the training of all personnel in the Emergency Medical Services System and develop the necessary standards for their certification or licensure;

Emergency Medical Dispatcher is defined as an EMS provider in Section 13-516(a):

(7) "Emergency medical services provider" means an individual licensed or certified by the EMS Board as:

(ii) An emergency medical dispatcher;

In conclusion, MDEM urges the Committee move HB1092 - Public Safety Answering Point Personnel - Training in Telecommunications Cardiopulmonary Resuscitation favorable with the proposed amendments.

If you have any questions, please contact Anna Sierra, MDEM legislative liaison: anna.sierra1@maryland.gov.

SENATE BILL 649

E4

4r2019
CF 4r2020

By: **Senator Kagan**

Introduced and read first time: January 29, 2024

Assigned to: Education, Energy, and the Environment

A BILL ENTITLED

1 AN ACT concerning

2 **Public Safety Answering Point Personnel – Training in Telecommunications**
3 **Cardiopulmonary Resuscitation**

4 FOR the purpose of requiring the Maryland 9–1–1 Board to establish training standards
5 for public safety answering point personnel concerning telecommunications
6 cardiopulmonary resuscitation; altering the purposes of the 9–1–1 Trust Fund to
7 include funding the costs of certain telecommunications cardiopulmonary
8 resuscitation training; and generally relating to training in telecommunications
9 cardiopulmonary resuscitation for public safety answering point personnel.

10 BY repealing and reenacting, without amendments,
11 Article – Public Safety
12 Section 1–306(a) and 1–308(a) and (b)(3)
13 Annotated Code of Maryland
14 (2022 Replacement Volume and 2023 Supplement)

15 BY repealing and reenacting, with amendments,
16 Article – Public Safety
17 Section 1–306(b)(15) and 1–308(b)(2)(viii) and (ix)
18 Annotated Code of Maryland
19 (2022 Replacement Volume and 2023 Supplement)

20 BY adding to
21 Article – Public Safety
22 Section 1–308(b)(2)(x)
23 Annotated Code of Maryland
24 (2022 Replacement Volume and 2023 Supplement)

25 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
26 That the Laws of Maryland read as follows:

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Article – Public Safety

2 1–306.

3 (a) The Board shall coordinate the enhancement of county 9–1–1 systems.

4 (b) The Board’s responsibilities include:

5 (15) establishing training standards for public safety answering point
6 personnel based on national best practices, including training concerning:

7 (i) Next Generation 9–1–1 topics;

8 (ii) individual psychological well–being and resilience; [and]

9 (iii) subject to subsection (e)(2) of this section, implicit bias training;

10 AND

11 ~~(IV) HIGH QUALITY TELECOMMUNICATIONS~~
12 ~~CARDIOPULMONARY RESUSCITATION INSTRUCTION THAT:~~

13 ~~1. UTILIZES THE MOST CURRENT NATIONALLY~~
14 ~~RECOGNIZED EMERGENCY CARDIOVASCULAR CARE GUIDELINES;~~

15 ~~2. INCLUDES RECOGNITION PROTOCOLS FOR~~
16 ~~OUT-OF-HOSPITAL CARDIAC ARREST;~~

17 ~~3. INCLUDES CONTINUING INSTRUCTION ON~~
18 ~~COMPRESSION-ONLY CARDIOPULMONARY RESUSCITATION; AND~~

19 ~~4. ENABLES TRAINEES TO PROVIDE RECOMMENDATIONS~~
20 ~~FOR TRAINING IMPROVEMENT;~~

21 1–308.

22 (a) There is a 9–1–1 Trust Fund.

23 (b) (2) Subject to paragraph (3) of this subsection, in addition to the purposes
24 described under paragraph (1) of this subsection, the purposes of the 9–1–1 Trust Fund
25 include funding:

26 (viii) costs to maintain the cybersecurity of 9–1–1 systems, enhanced
27 9–1–1 systems, and Next Generation 9–1–1 services; [and]

28 (ix) costs of 9–1–1 specialist recruitment activities as described in §

1 1-306(b)(17) of this subtitle; AND

2 (X) COSTS OF TELECOMMUNICATIONS CARDIOPULMONARY
3 RESUSCITATION TRAINING ~~AS DESCRIBED IN § 1-306(B)(15)(IV) OF THIS SUBTITLE.~~

4 (3) Funding allocated in accordance with paragraph (2) of this subsection
5 may not be utilized for:

6 (i) the payment of the salary of public safety answering point
7 personnel or county personnel; or

8 (ii) any purpose associated with the 9-8-8 suicide prevention
9 hotline.

10 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
11 October 1, 2024.