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Maryland Institute for Emergency Medical Services Systems

Operating Budget Data

(\$ in Thousands)

	FY 00	FY 01	FY 02		% Change
	<u>Actual</u>	<u>Working</u>	<u>Allowance</u>	<u>Change</u>	<u>Prior Year</u>
Special Fund	\$9,143	\$9,508	\$10,101	\$593	6.2%
Federal Fund	<u>300</u>	<u>224</u>	<u>100</u>	<u>(124)</u>	<u>(55.4%)</u>
Total Funds	\$9,443	\$9,733	\$10,201	\$468	4.8%

- The budget includes \$180,000 for the expansion of the centralized, dedicated Emergency Medical System (EMS) communications system in Region IV.
- Year two of a three-year project to implement an Electronic Maryland Ambulance Information System results in an \$87,500 decrease in special fund expenditures.
- The expiration of a federal grant provided for a weapons of mass destruction medical response study, and an increase in federal grant funds for the EMS for Children program result in a \$124,000 net reduction in federal funds.

Personnel Data

	FY 00	FY 01	FY 02	
	<u>Actual</u>	<u>Working</u>	<u>Allowance</u>	<u>Change</u>
Regular Positions	94.10	96.10	97.10	1.00
Contractual FTEs	<u>12.70</u>	<u>12.90</u>	<u>10.90</u>	<u>(2.00)</u>
Total Personnel	106.80	109.00	108.00	(1.00)

Vacancy Data: Permanent

Budgeted Turnover: FY 02	3.80	3.91%
Positions Vacant as of 12/31/00	3.00	3.12%

- Contractual conversions and the elimination of grant funded contractual positions results in a net gain of one permanent position and net reduction of 2.0 contractual full-time equivalent positions.
- Reduced budgeted turnover rate adds \$73,904 to the budget.

Note: Numbers may not sum to total due to rounding.

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Analysis in Brief

Issues

Commercial Ambulance Fund Revenues Insufficient to Support Operations: A reduction in the number of commercial ambulances operating in the State has resulted in a reduction in special fund revenues generated from the licensing of commercial ambulances. **The Department of Legislative Services (DLS) recommends that a new position included in the allowance for the agency's compliance office be denied to reflect the fact that the Maryland Institute for Emergency Medical Services Systems (MIEMSS) can reassign underutilized personnel assigned to commercial ambulance licensing to fill the needs of this new position. DLS also recommends that the special fund commercial ambulance appropriation be reduced to reflect a decline in the revenue base.**

Implementation of a Centralized, Dedicated EMS Communications System in Region IV Should Be Deferred: The allowance includes \$180,000 to enhance EMS communications system in local jurisdictions served by EMS Region IV. **DLS recommends that these funds be deleted from the budget.**

Budget Submission Does Not Reflect Agency's Mission: The submission of the agency's budget under one consolidated program does not provide the most complete budgetary information from which to review and analyze the agency's utilization of budget resources. **DLS recommends that MIEMSS work with the Department of Budget and Management to create subprograms where appropriate.**

Recommended Actions

	<u>Funds</u>	<u>Positions</u>
1. Delete new position.	\$ 38,672	1.0
2. Reduce special fund revenues used to support the operating expenditures for the licensing of commercial ambulances.	50,000	
3. Eliminate funds budgeted for the Emergency Medical System communications systems enhancement scheduled for Region IV.	180,000	
Total Reductions	\$ 268,672	1.0

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Maryland Institute for Emergency Medical Services Systems

Operating Budget Analysis

Program Description

The Maryland Institute for Emergency Medical Services System (MIEMSS) was established as a State agency under legislation that became effective July 1, 1993. MIEMSS had been in existence for 20 years prior to that -- first under the Department of Health and Mental Hygiene, and then the University of Maryland at Baltimore.

Under the 1993 law, MIEMSS became a State agency under the direction of an EMS Board appointed by, and directly responsible to the Governor. The EMS Board is tasked with developing, adopting, and monitoring a statewide plan to ensure effective coordination and evaluation of emergency medical services. As structured, the EMS law established a system that encourages statewide participation and feedback through membership on the EMS Board and its advisory body, the Statewide EMS Advisory Council (SEMSAC). The EMS Board appoints the executive director of MIEMSS, who serves as the administrative head of the State's emergency medical services and the operations of MIEMSS.

Funding for MIEMSS comes primarily from the Maryland Emergency Medical System Operations Fund (MEMSOF), created by the 1992 General Assembly. Support for the fund is from an \$8 surcharge on motor vehicle registrations. Pursuant to statute, the EMS Board has reviewed and approved EMS Operations Fund support for MIEMSS; the Shock Trauma Center of the University of Maryland Medical System (UMMS); the Maryland Fire and Rescue Institute of the University of Maryland, College Park (UMCP); and the Aviation Division of the Maryland State Police. MEMSOF also supports grants to local fire and rescue companies, and funds the Volunteer Firemen's Loan Fund established under Chapter 240, Acts of 2000; however, the EMS Board has no statutory authority to review the budget for those grants.

Governor's Proposed Budget

As shown in **Exhibit 1**, the Governor's fiscal 2002 allowance for MIEMSS is \$10,201,000, an increase of \$468,282, or 4.8% over the fiscal 2001 working appropriation. The fiscal 2002 allowance for special funds is \$10,101,000, an increase of \$592,723 or 6.2% over the fiscal 2001 working appropriation. Personnel expenditures account for most of the increase in special funds. The following special fund revenues are included in the fiscal 2002 allowance: \$9,564,000 from the MEMSOF; \$300,000 in anticipated revenues derived from the collection of commercial ambulance licensing and inspection fees; \$75,000 in the form of a State block grant for perinatal and referral center designation; and \$162,000 of anticipated revenues from the agency's sale of educational and promotional material.

The federal fund allowance for fiscal 2002 is \$100,000 which represents a \$124,000 or 55.4% reduction in federal funds included in the fiscal 2001 working appropriation. The entire federal fund allowance is made available through a federal grant from the Department of Health and Human Services to support MIEMSS' EMS for Children (EMS-C) program. This program is responsible for the

Exhibit 1

**Governor's Proposed Budget
Maryland Institute for Emergency Medical Services Systems
(\$ in Thousands)**

How Much It Grows:	Special <u>Fund</u>	Federal <u>Fund</u>	<u>Total</u>
2001 Working Appropriation	\$9,508	\$224	\$9,733
2002 Governor's Allowance	10,101	100	10,201
Amount Change	\$593	(\$124)	\$468
Percent Change	6.2%	(55.4%)	4.8%

Where It Goes:

Personnel Expenses

New position (Administrative Aid II to assist with investigations performed by the compliance office)	\$39
Fiscal 2002 general salary increase	100
Increments and the annualization of the fiscal 2001 general salary increase	290
Employee and retiree health insurance rate change	114
Retirement contribution rate change	(43)
Workers' compensation premium assessment	13
Reduced budgeted turnover rate from 5.31% for fiscal 2001 to 3.91 for the fiscal 2002 allowance	74
Other fringe benefit adjustments	26

Contractual Employee Expenditures

Reduced contractual employee payments resulting from a reduction in the contractual employee full-time equivalent (FTE)	(79)
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Further Items

Improvements to EMS communications systems for Region IV serving the Eastern Shore. This includes \$135,000 for telecommunications equipment, \$25,000 grant to support the personnel expenditures for a local communications operation position, and \$20,000 for equipment repair and maintenance contracts	180
Reduced expenditures for Electronic Maryland Ambulance Information System (E-MAIS)	(87)

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Where It Goes:

Reduction in honoraria payments made primarily to outside consultants who perform hospital designations and lecturers for the EMS for Children program	(12)
Reduced training and staff development expenditures for management improvement initiatives to reflect actual fiscal 2000 expenditures	(20)
Reduced expenditures for telecommunication equipment including radios, monitors, defibrillators, base station equipment, and communication towers. Most of this equipment is provided to local jurisdictions for fire and rescue companies	(100)
Other Changes	(27)
Total	\$468

Note: Numbers may not sum to total due to rounding

development, coordination, and review of statewide guidelines, educational programs, and resources for pediatric care. These funds are used primarily to support part-time grant interns as well as educational and instructional materials and supplies. The expiration of a federal grant used to establish a strategic plan for an appropriate medical response to a weapons of mass destruction attack reduces the federal fund allowance by \$150,000. This is offset by a \$25,000 increase in the federal grant for the EMS-C program, which brings the amount of federal funds for this program to \$100,000 in the fiscal 2002 allowance.

Personnel

The agency's fiscal 2002 allowance includes funds for one new additional permanent position and funds for one position created by the Board of Public Works (BPW) at its August 31, 2000, meeting. The combined fiscal 2002 salary and fringe benefit cost is \$63,090 for these two positions. This cost is offset by a \$78,500 reduction in funds budgeted for contractual employee payments which reflect the elimination and conversion of 2.0 contractual FTE positions for the fiscal 2002 budget. Changes in permanent and contractual FTE for the fiscal 2002 allowance are as follows:

- MIEMSS' fiscal 2002 allowance includes one additional permanent Administrative Aid II position to support the agency's compliance office. If approved, MIEMSS intends to convert a 0.3 FTE contractual position into this new position. The compliance office was established in response to Chapter 201, Acts of 1997 which transferred the Advanced Life Support (ALS) and the Basic Life Support (BLS) certification and licensing authority from the State Board of Physician Quality Assurance to the EMS Board. To support the board's efforts, the compliance office provides oversight of EMS providers through such activities as background checks, investigation of violation complaints, and if necessary the implementation of decisions rendered by the EMS Board and the peer review panel. When oversight of ALS and BLS certification was transferred to MIEMSS, the agency

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absorbed the additional responsibilities within existing budget and personnel resources. However, due to greater than anticipated caseloads and investigation requirements, MIEMSS received additional funding in fiscal 2001 for the activities of the compliance office. This increase included approximately \$6,000 for a 0.3 contractual FTE position and \$29,500 for supplies and equipment connected to the new position and increased workload demands. The fiscal 2002 allowance increases the position to full-time status and converts the contractual position to a permanent position.

- On August 31, 2000, BPW approved the immediate creation of one additional fiscal clerk position for MIEMSS. The agency immediately filled this position by converting one existing contractual FTE position. The fiscal 2002 allowance provides additional special funds in the amount of \$24,418 to reflect the permanent status of this position. This is offset by a \$16,000 reduction in funds budgeted for contractual employee payments to reflect the conversion of the position.
- The elimination of a federal grant used to support the study and creation of a weapons of mass destruction medical response report results in the elimination of 2.8 contractual FTE positions.
- An October 1999 Office of Legislative Audits report of MIEMSS found that the agency was not maintaining an adequate accounting of communications and administrative equipment purchases or performing annual audits of such equipment. In response to the audit report finding, the fiscal 2002 allowance includes an additional 1.0 contractual FTE inventory assistant position to assist the agency with the annual inventory of medical equipment located on ambulances or with EMS providers throughout the State.
- The fiscal 2002 allowance provides an increase to a contractual FTE pediatric medical director position from 0.3 FTE for fiscal 2001 to 0.4 FTE for fiscal 2002.

Other significant changes in personnel expenditures include an additional \$100,322 for the fiscal 2002 general salary increase and an additional \$289,600 for employee increments and the annualization of the fiscal 2001 general salary increase. An inflationary adjustment to employee and retiree health insurance results in an increase of \$114,228. Reduction in the budgeted rate for employee retirement reduces the budget by \$43,874. An adjustment to the agency's anticipated turnover rate, from 5.31% to 3.91% for the fiscal 2002 allowance, adds \$73,904 to the budget.

Nonpersonnel

Significant nonpersonnel changes include:

- \$180,000 to provide for the expansion of centralized, dedicated EMS communications in Region IV serving the Eastern Shore counties of Dorchester, Caroline, Kent, Queen Anne's, and Talbot.
- The allowance provides \$107,500 for second year funding of a three-year \$360,000 project to implement a statewide computer ambulance reporting system referred to as E-MAIS that will replace the current paper-based system. The fiscal 2001 budget provided \$195,000 for the E-MAIS project, thus the net result impact on the fiscal 2002 budget is a reduction in the allowance amounting to \$87,500. MIEMSS intends to use the funds to provide local fire, ambulance, and rescue companies

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with the computer software needed to support E-MAIS, while the local jurisdictions will be responsible for purchasing relevant commuter hardware. Currently, MIEMSS has received two bids for the vendor contract; however, the final bid choice has not been presented to the BPW for approval. For testing and evaluation purposes, MIEMSS plans to begin implementation of the new system on a pilot basis in approximately three jurisdictions of differing size. Complete roll-out of the project is likely to take place on a jurisdiction by jurisdiction basis after testing and evaluation of pilot sites are complete.

Performance Analysis: Managing for Results

Exhibit 2 shows selected workload and performance measurement data for MIEMSS. In order to reflect the distinction between process oriented data meant to provide indicators of the agency's workload demands and those data chosen to reflect the agency's performance of its Managing for Results (MFR) goals and objectives, the data is categorized under two subheadings: outputs and quality.

Exhibit 2

**Program Measurement Data
Maryland Institute for Emergency Medical Services Systems
Fiscal Years**

	<u>Actual 1998</u>	<u>Actual 1999</u>	<u>Est. 2000</u>	<u>Actual 2000</u>	<u>Est. 2001</u>	<u>Est. 2002</u>	<u>Ann. Chg. 98-00</u>	<u>Ann. Chg. 00-02</u>
Outputs								
EMT - A/B								
Course	150	108	130	111	120	126	-14.0%	6.5%
Students tested	3,500	2,780	3,000	2,232	1,950	2,000	-20.1%	-5.3%
EMT - A Refresher								
Courses	170	205	201	227	208	219	15.6%	-1.8%
Students tested	4,000	3,002	4,000	4,773	5,000	5,500	9.2%	7.3%
CRT								
Courses	10	8	10	13	10	10	14.0%	-12.3%
Students tested	250	200	220	250	250	250	0.0%	0.0%
EMT - P								
Courses	20	15	20	14	12	8	-16.3%	-24.4%
Students certified	400	250	300	206	200	100	-28.2%	-30.3%
Ambulance/helicopter runsheets	700,000	650,000	750,000	750,000	750,000	600,000	3.5%	-10.6%
EMRC & SYSCOM phone calls processed	189,739	199,997	240,000	313,073	341,000	352,500	28.5%	6.1%
MEDEVAC transports monitored	4,339	5,053	5,100	4,955	5,100	5,100	6.9%	1.5%

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	<u>Actual</u> <u>1998</u>	<u>Actual</u> <u>1999</u>	<u>Est.</u> <u>2000</u>	<u>Actual</u> <u>2000</u>	<u>Est.</u> <u>2001</u>	<u>Est.</u> <u>2002</u>	<u>Ann.</u> <u>Chg.</u> <u>98-00</u>	<u>Ann.</u> <u>Chg.</u> <u>00-02</u>
AED & ECG	630	582	670	395	595	595	-20.8%	22.7%
Ambulance Services	33	29	30	29	30	30	-6.3%	1.7%
ALS vehicles licensed	109	113	115	109	120	120	0.0%	4.9%
BLS vehicles licensed	222	190	185	144	140	130	-19.5%	-5.0%
Hospital designations	9	5	3	2	8	7	-52.9%	87.1%
Trauma and specialty center evaluations	9	10	9	7	7	6	-11.8%	-7.4%
Quality								
% of jurisdictions achieving X% sudden cardiac resuscitation	*	*	*	*	*	*	n/a	n/a
% of jurisdictions with EMD pre-arrival instruction program	*	87	*	100	100	100	n/a	n/a
% of jurisdictions meeting ALS/BLS avg. response times	*	*	*	*	*	*	n/a	n/a
% EMS radio communications completed with base station	93	94	*	98	98	98	n/a	n/a
% of jurisdictions with patient defibrillation within five minutes	*	*	*	*	*	*	n/a	n/a
% of seriously injured patients transported to designated trauma center	*	*	*	*	*	*	n/a	n/a

Note: * New indicators for which data is not available
 (EMT-A) Emergency Medical Technician - Ambulance
 (EMT-B) Emergency Medical Technician - Basic
 (EMT-P) Emergency Medical Technician - Paramedic
 (CRT) Cardiac Resource Technician
 (SYSCOM) Systems Communications

(EMRC) Emergency Medical Resource Center
 (AED) Automated External Defibrillator
 (ECG) 12-lead ElectroCardiogram Defibrillator
 (ALS) Advanced Life Support
 (BLS) Basic Life Support
 (EMD) Emergency Medical Dispatcher

Source: Maryland Institute for Emergency Medical Services Systems

Outputs

MIEMSS continues to concentrate its efforts to maintain, reinforce, and upgrade the skills of Maryland's EMS providers. These efforts are demonstrated in workload statistics for activities such as the licensing and certification of EMS providers and the development of curriculum for EMS provider training courses; repair and maintenance of EMS equipment; evaluation of statistical data provided from various computerized reporting systems; licensing and certification of ALS and BLS vehicles; and the designation of hospitals and evaluation of trauma and specialty referral centers. In general, the number of students tested and courses available fluctuates from year-to-year depending upon the training needs of the EMS provider community. The data indicate that the number of students tested and courses

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available in the EMT Basic program declined rapidly from fiscal 1998 to 2000. This is offset by a corresponding increase in the number of students tested in the EMT refresher, basic, and skills programs. MIEMSS advises that the decline in the number of students tested and courses available in the EMT Paramedic program result from increased requirements in the number of training hours needed to complete the training program. Due to the recent mergers of ambulance companies, the number of ALS and BLS vehicles licensed by MIEMSS has decreased every year since fiscal 1997. A corresponding decline in the agency's workload generated from commercial ambulance licensing activities should be expected. MIEMSS also is responsible for hospital designations and the evaluation of trauma and specialty referral centers around the State. These figures fluctuate from year to year based upon the individual certification time-table requirements for each hospital and center included in the stateside EMS system.

Quality and Managing for Results

Also provided in Exhibit 2 are selected data showing the latest performance measurement statistics for the goals and objectives identified by MIEMSS in its MFR submission. The agency's MFR submitted with its fiscal 2002 budget is significantly different from what was included in Volume I of the Governor's Fiscal 2001 Budget Books. DLS notes that additional goals and objectives have been included in the agency's latest MFR submission. Consequently, the agency does not anticipate having data available for many of the performance indicators identified in its MFR until calendar 2002 and 2003. In addition, MIEMSS is still working on establishing many benchmark statistics from which the agency's performance in meeting its MFR goals and objectives will be evaluated.

MFR Submission Should Include Goals, Objectives, and Performance Indicators Which Reflect the Agency's Administrative and Coordination Function

The latest MFR submitted by MIEMSS focuses on improving EMS patient outcomes. While striving to ensure positive patient outcomes is central to the agency's mission, much of what the agency does in its coordination, evaluation, and oversight function are not recognized in the current MFR. In the process of drafting an MFR in support of its fiscal 2001 budget, MIEMSS included several goals and objectives which highlighted the agency's coordination role. However, many of these goals and objectives are not included in the agency's latest MFR submission, which is approved by the Department of Budget and Management (DBM).

Examples of some of the goals and objectives which might be considered are:

- Increase the statewide EMS radio coverage through upgrades of the statewide microwave system. A time table for the implementation of centralized EMS communications in all State jurisdictions could be included.
- Improve the use of new data collection technologies. A time table for the full implementation of E-MAIS could be included.
- Timely response to communication and medical equipment repaid requests.

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- Annual accounting of all equipment owned by MIEMSS but located in local jurisdictions.
- Establishment of a preventative maintenance equipment schedule, including communications equipment such as base station consoles and microwave tower equipment.
- Continued review and upgrade of EMS provider course curriculums.

DLS recommends that MIEMSS continue to work with DBM to incorporate goals, objectives, and performance indicators which reflect MIEMSS' coordination, leadership, and oversight responsibilities of the statewide EMS system espoused in its mission statement.

Issues

1. Commercial Ambulance Fund Revenues Insufficient to Support Operations

Legislation establishing a Commercial Ambulance Service Fund (CASF) was enacted by Chapter 35, Acts of 2000. This special fund within the MIEMSS consists of revenues derived from licensing of commercial ambulances. Prior to the establishment of the CASF all unspent revenues, after deducting for the direct and indirect maintenance of the commercial ambulance licensing program, were statutorily required to be reverted to the general fund by MIEMSS. The CASF now enables MIEMSS to carry-over any unspent commercial ambulance fee revenues for use in future budget years for activities directly related to the licensing program.

Although the agency now has the ability to carry over unspent revenues for use in future budget years, current projections for the attainment of commercial ambulance licensing fee revenues for fiscal 2001 indicate that such revenues will fall below that which was budgeted. MIEMSS estimates that fiscal 2001 commercial ambulance licensing fees will generate approximately \$260,000 in revenues, which is less than what was budgeted by the agency for fiscal 2001 (\$345,000) and is less than what is needed to maintain the agency's expenditure obligations connected with the commercial ambulance licensing program -- in particular, the agency's personnel expenditures.

The decline in commercial ambulance licensing revenues is the result of fiscal 1998 and 1999 mergers of ambulance companies. The agency's workload and performance data in Exhibit 2 show a corresponding reduction in the number of licensed commercial ambulances beginning in fiscal 1998. For comparison purposes, in fiscal 1997 MIEMSS reported a total of 42 ambulance service companies operating 370 ambulances, compared to 29 companies operating 253 ambulances for fiscal 2000.

DLS observes that a diminished commercial ambulance licensing workload should logically translate into a diminished need for operational funds for such purposes. MIEMSS reports that it intends to address the revenue shortfall by reducing and in some cases reassigning personnel. DLS also observes that the \$300,000 fiscal 2002 special fund allowance for commercial ambulance licensing fee revenues is far in excess of what the most recent projections indicate they will be for fiscal 2002.

Accordingly, DLS recommends that the new administrative aid position requested in the fiscal 2002 allowance be denied. MIEMSS can reassign underutilized personnel currently assigned to the commercial ambulance licensing program to cover the additional workload experienced by the compliance office for which the new position was requested. This results in a \$38,672 reduction which should be reduced from the agency's allowance of commercial ambulance and licensing fee special fund revenues. DLS also recommends a further reduction in the allowance for commercial ambulance licensing fee special fund revenues in the amount of \$50,000 because estimates for fiscal 2002 indicate that this level of revenues will not be attained. If additional revenues over what is appropriated are collected and needed by MIEMSS in connection with its activities related to the licensing of commercial ambulances, a budget amendment can be submitted to increase the fiscal 2002 appropriation for these revenues. DLS further recommends that MIEMSS report the fiscal 2001 actual and fiscal 2001 and 2002 estimated revenues, expenditures, and fund balance

information for the newly established Commercial Ambulance Fund when submitting its fiscal 2003 budget request to DBM.

2. Implementation of a Centralized, Dedicated EMS Communications System in Region IV Should Be Deferred

The fiscal 2002 special fund allowance includes \$180,000 to provide funding for the expansion of centralized, dedicated EMS communications in Region IV serving the Eastern Shore counties of Dorchester, Caroline, Kent, Queen Anne's, and Talbot. If installed, this dedicated line of communications will enable pre-hospital care providers to communicate directly with attending hospital physicians and provide hospitals with vital and immediate patient information so that they may more fully prepare for pending patient transports. EMS communications in these jurisdictions are currently coordinated through local 9-1-1 emergency operations switchboards.

Dedicated EMS communications are currently in place in EMS Regions III (Baltimore metropolitan area) and V (Washington metropolitan area and southern Maryland). EMS Regions III and V include the largest and most densely populated jurisdictions in the State. The need to equip the less densely populated regions of the State, such as Region IV, with a dedicated EMS communications system has not been established. In addition, MIEMSS should present its proposal to enhance EMS communications systems in a larger framework that includes all jurisdictions currently not serviced by a dedicated EMS communications system, prior to moving forward with enhancements in Region IV.

Accordingly, DLS recommends the \$180,000 provided in the fiscal 2002 allowance for communications equipment upgrades in Region IV be deleted. Funding for this initiative should be deferred until such time that MIEMSS has presented the budget committees with a comprehensive plan for improving EMS communications systems in unserved regions of the State. The plan should include an implementation time table, budget estimates for the one-time and on-going State and local government funding commitments, and inclusion of the project in the agency's Information Technology Project Request and its MFR.

3. Budget Submission Does Not Reflect Agency's Mission

MIEMSS is tasked with providing the resources, leadership, and oversight of the statewide EMS system. The agency's annual budget submission should reflect this mission and provide the necessary information for evaluating the agency's resource requirements.

Exhibit 3, shows how MIEMSS in its 1999/2000 Annual Report categorized its fiscal 2000 expenditures into distinct programs and administrative functions. However, because the agency's annual budget submission is consolidated into one budget program, this limits the ability to evaluate whether the agency is utilizing its resources effectively in a manner consistent with its MFR statement.

Accordingly, DLS recommends that MIEMSS staff work with the DBM to identify and create appropriate sub-programs in preparation for the fiscal 2003 budget.

Exhibit 3

**Maryland Institute for Emergency Medical Services Systems
Fiscal 2000 Expenditures by Department**

Administrative Offices

Executive Director, Legal Office	\$471,427
Financial and Human Resources Administration	929,903
Planning/Program Development/Total Quality Management	293,505

Communications

Equipment	1,239,198
Maintenance	1,064,821
EMRC/SYSCOM	783,275

Education/Public Information

Education, Licensing and Certification	1,253,000
Education Support Services	503,181
Emergency Health Services Program	94,412

Information Technology

744,220

Medical Services

Office of Medical Director	526,630
Office of Hospital Programs	108,968
EMS Children	106,884

Regional Administration

703,917

Commercial Ambulance Program

319,906

Federal Grants

Planning for Weapons of Mass Destruction Program	200,000
EMS Children	100,000

Total

\$9,443,247

Source: Maryland Institute for Emergency Medical Services Systems 1999/2000 Annual Report

Recommended Actions

	<u>Amount Reduction</u>		<u>Position Reduction</u>
1. Reduce operating funds to reflect the reduction of one position. The request for an additional administrative aid position is premature given that the agency intends to cut staffing levels to account for diminished workload associated with the licensing of commercial ambulances. Rather than creating a new position in the budget to assist with increased workloads experienced by the agency's compliance office, the Maryland Institute for Emergency Medical Services Systems can reassign under utilized staff currently assigned to the licensing of commercial ambulances to assist in the compliance office.	\$ 38,672	SF	1.0
2. Reduce special fund revenues collected from the fees paid from the licensing of commercial ambulances to reflect the expectation of diminished revenues from what is included in the allowance.	50,000	SF	
3. Eliminate funds budgeted for the Emergency Medical System communications systems enhancement scheduled for Region IV.	180,000	SF	
Total Special Fund Reductions	\$ 268,672		1.0

Current and Prior Year Budgets

Current and Prior Year Budgets
Maryland Institute for Emergency Medical Services Systems
(\$ in Thousands)

	<u>General</u> <u>Fund</u>	<u>Special</u> <u>Fund</u>	<u>Federal</u> <u>Fund</u>	<u>Reimb.</u> <u>Fund</u>	<u>Total</u>
Fiscal 2000					
Legislative Appropriation	\$0	\$8,898	\$30	\$0	\$8,928
Deficiency Appropriation	0	0	0	0	0
Budget Amendments	0	245	270	0	515
Reversions and Cancellations	0	0	0	0	\$0
Actual Expenditures	\$0	\$9,143	\$300	\$0	\$9,443
Fiscal 2001					
Legislative Appropriation	\$0	\$9,508	\$224	\$0	\$9,733
Budget Amendments	0	0	0	0	0
Working Appropriation	\$0	\$9,508	\$224	\$0	\$9,733

Note: Numbers may not sum to total due to rounding.

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Fiscal 2000

For fiscal 2000, the agency has processed a budget amendment increasing its special fund revenues by \$245,000 and federal fund revenues by \$270,000. Special funds in the amount of \$220,000 were made available from MEMSOF to support salary and fringe benefit costs associated with the salary and deferred compensation plan approved by the General Assembly during the 1999 legislative session. MIEMSS also increased its special fund appropriation by \$20,000 to appropriate miscellaneous revenues derived from its educational support services and testing fees.

Additional federal funds in the amount of \$200,000 were made available through a federal Department of Health and Human Services grant to support the establishment of a strategic plan for an appropriate medial response to a weapons of mass destruction attack. An additional \$70,000 in federal funds for the EMS for Children program was also added to the budget.

Object/Fund Difference Report
Maryland Institute for Emergency Medical Services Systems

Positions	Object/Fund	FY01		FY02	FY01 - FY02	Percent
		FY00 Actual	Working Appropriation			
01	Regular	94.10	96.10	97.10	1.00	1.0%
02	Contractual	12.70	12.90	10.90	(2.00)	(15.5%)
	Total Positions	106.80	109.00	108.00	(1.00)	(0.9%)
	Objects					
01	Salaries and Wages	\$ 5,359,235	\$ 5,365,569	\$ 5,978,647	\$ 613,078	11.4%
02	Technical & Spec Fees	436,673	458,559	350,759	(107,800)	(23.5%)
03	Communication	1,239,198	1,541,565	1,573,165	31,600	2.0%
04	Travel	94,844	79,000	76,000	(3,000)	(3.8%)
06	Fuel & Utilities	15,358	11,000	13,500	2,500	22.7%
07	Motor Vehicles	160,550	157,906	160,765	2,859	1.8%
08	Contractual Services	1,669,047	1,642,312	1,568,358	(73,954)	(4.5%)
09	Supplies & Materials	308,023	240,127	263,500	23,373	9.7%
10	Equip - Replacement	7,494	45,766	44,000	(1,766)	(3.9%)
11	Equip - Additional	72,849	128,507	79,000	(49,507)	(38.5%)
12	Grants,Subsidies,Contr	10,773	0	25,000	25,000	N/A
13	Fixed Charges	69,203	62,407	68,306	5,899	9.5%
	Total Objects	\$ 9,443,247	\$ 9,732,718	\$ 10,201,000	\$ 468,282	4.8%
	Funds					
03	Special Fund	\$ 9,143,247	\$ 9,508,277	\$ 10,101,000	\$ 592,723	6.2%
05	Federal Fund	300,000	224,441	100,000	(124,441)	(55.4%)
	Total Funds	\$ 9,443,247	\$ 9,732,718	\$ 10,201,000	\$ 468,282	4.8%

Note: Full-time and contractual positions and salaries are reflected for operating budget programs only.