

**DT.00**  
**Maryland Institute for Emergency Medical Services Systems**

***Operating Budget Data***

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(\$ in Thousands)

	<b>FY 01</b>	<b>FY 02</b>	<b>FY 03</b>		<b>% Change</b>
	<b><u>Actual</u></b>	<b><u>Working</u></b>	<b><u>Allowance</u></b>	<b><u>Change</u></b>	<b><u>Prior Year</u></b>
Special Fund	\$9,492	\$10,008	\$10,494	\$486	4.9%
Federal Fund	<u>245</u>	<u>100</u>	<u>100</u>	<u>0</u>	<u>0</u>
<b>Total Funds</b>	<b>\$9,737</b>	<b>\$10,108</b>	<b>\$10,594</b>	<b>\$486</b>	<b>4.8%</b>

- The budget includes \$200,000 for the expansion of the centralized Emergency Medical System (EMS) communications system in Western Maryland.

***Personnel Data***

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	<b>FY 01</b>	<b>FY 02</b>	<b>FY 03</b>	
	<b><u>Actual</u></b>	<b><u>Working</u></b>	<b><u>Allowance</u></b>	<b><u>Change</u></b>
Regular Positions	96.10	95.10	95.10	0.00
Contractual FTEs	<u>9.30</u>	<u>10.90</u>	<u>10.70</u>	<u>(0.20)</u>
<b>Total Personnel</b>	<b>105.40</b>	<b>106.00</b>	<b>105.80</b>	<b>(0.20)</b>

***Vacancy Data: Regular Positions***

Budgeted Turnover: FY 03	3.27	3.44%
Positions Vacant as of 12/31/01	6.00	6.24%

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

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## *Analysis in Brief*

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### Issues

***Implementation of a Centralized Emergency Medical System Communications System in Western Maryland Should be Deferred for at Least One Year:*** Part of the Maryland Institute for Emergency Medical Services Systems (MIEMSS) enhanced EMS communication systems implementation plan requires the expansion of centralized communications to Western Maryland. The expansion cannot occur until upgrades have been completed. The projected cost of the expansion over a three-year period is \$600,000, \$200,000 for fiscal 2003 through 2005, plus an annual \$50,000 for staffing and maintenance. **The Department of Legislative Services (DLS) recommends that the State delete these funds from the budget for fiscal 2003 and that MIEMSS brief the budget committees on the status of the implementation.**

***Weapons of Mass Destruction Planning:*** Over the past few years, MIEMSS, in conjunction with Maryland Emergency Management Agency (MEMA) and the Department of Health and Mental Hygiene (DHMH), has been in the process of developing a Weapons of Mass Destruction (WMD) Response Plan. Funding for this project came from a federal grant which expired last year. The result is a series of reports setting forth a response plan and functional tasks for all members of the EMS community. Given the tragic events of September 11, 2001, MIEMSS's role in any WMD Plan should be addressed. **DLS recommends that MIEMSS brief the budget committees on the response plan, as well as the status of the implementation of the plan and the funds and personnel being used.**

***The Administration's Proposed Transfer of Funds for Fiscal 2003 Significantly Reduces the Maryland Emergency Medical System Operations Fund Balance:*** The administration has proposed transferring \$5 million from the Maryland Emergency Medical System Operations Fund (MEMSOF) to the general fund. MEMSOF is supported entirely by the motor vehicle registration fee. One year ago a \$7 million deficit was projected for MEMSOF and certain fiscal 2002 appropriations were made contingent on an increase in the motor vehicle registration fee. The registration fee was increased from \$8 to \$11 by Chapter 33, Acts of 2001. Should \$5 million be transferred from the fund, the MEMSOF balance would be significantly reduced one year after fees were raised to return the fund to viability. **DLS recommends that the \$3.5 million in the fiscal 2003 allowance to UMMS for equipment, technology, and infrastructure upgrades at the R Adams Cowley Shock Trauma Center be deferred and deleted from the fiscal 2003 budget contingent on legislation transferring \$5 million from MEMSOF to the general fund. Budget bill language will be included for an amendment should legislation transferring \$5 million from MEMSOF fail or should all or a portion of the \$5 million be restored to the fund.**

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**Recommended Actions**

	<u>Funds</u>	<u>Positions</u>
1. Reduce the special fund appropriation for centralized EMS communications.	\$ 200,000	
2. Reduce growth for motor vehicle costs to 6%.	7,237	
3. Delete two long-term vacant positions.	81,683	2.0
<b>Total Reductions</b>	<b>\$ 288,920</b>	<b>2.0</b>

**Updates**

***Helicopter Replacement Report:*** Pursuant to 2000 budget bill language, the Emergency Medical Services Board submitted a report dated June 1, 2001, updating its 1997 *Report on the Maryland State Police Helicopter Fleet*. This updated report details the Board's conclusions regarding the maintenance and replacement of the State Police helicopter fleet and will be discussed in more detail in the Maryland State Police budget analysis.

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# Maryland Institute for Emergency Medical Services Systems

## *Operating Budget Analysis*

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### **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 Emergency Medical Service (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 of 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 a surcharge on motor vehicle registrations, which was increased from \$8 to \$11 through enactment of Chapter 33, Acts of 2001. Pursuant to statute, the EMS Board has reviewed and approved EMS Operations Fund support for MIEMSS; the R Adams Cowley 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.

### **Cost Containment**

MIEMSS has received an exemption from the Governor's cost containment measures. However, the agency reports that as a practice it consistently attempts to contain expenditures.

**DLS recommends that MIEMSS brief the budget committees on any specific measures being taken to contain costs for fiscal 2002 and 2003.**

## **Governor's Proposed Budget**

As shown in **Exhibit 1**, the Governor's fiscal 2003 allowance for MIEMSS is \$10,594,000, an increase of \$485,672, or 4.8% over the fiscal 2002 working appropriation. The fiscal 2003 allowance for special funds is \$10,494,000, an increase of \$485,672 or 4.9% over the fiscal 2002 working appropriation. The following special fund revenues are included in the fiscal 2003 allowance:

- \$10,080,000 from the MEMSOF;
- \$220,000 in anticipated revenues derived from the collection of commercial ambulance licensing and inspection fees; and
- \$194,000 from a reimbursement for the cost of hospital designation, an educational support program, and anticipated revenues from the agency's sale of educational and promotional material.

The federal fund allowance for fiscal 2003 is \$100,000, the same amount appropriated in fiscal 2002. The entire federal fund allowance is 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 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.

## **Personnel**

The agency's fiscal 2003 allowance includes no additional positions. However, as of December 31, 2001, MIEMSS had five vacant positions. Three of those positions have been vacant for 12 months or longer. **Exhibit 2** identifies those three positions by PIN number and position title. MIEMSS has been exempt from the Governor's hiring freeze.

**Exhibit 1**

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

<b>How Much It Grows:</b>	<b>General Fund</b>	<b>Special Fund</b>	<b>Federal Fund</b>	<b>Reimb. Fund</b>	<b>Total</b>
2002 Working Appropriation	\$0	\$10,008	\$100	\$0	\$10,108
2003 Governor's Allowance	<u>0</u>	<u>10,494</u>	<u>100</u>	<u>0</u>	<u>10,594</u>
Amount Change	\$0	\$486	\$0	\$0	\$486
Percent Change	0.0%	4.9%	0.0%	0.0%	4.8%

**Where It Goes:**

**Personnel Expenses**

Fiscal 2003 increments	\$60
Annualize fiscal 2002 general salary increase	98
Health and retirement increases	97
Reduced turnover rate	68
Other adjustments	10

**Other Changes**

Expansion of centralized EMS communications system to Western Maryland. This represents the first of three equal "placeholders."	200
Miscellaneous communications: decrease for EMRC in Region IV, but inflationary increase	(90)
Increase in equipment and maintenance	15
Increased cost for hospital care	10
Reduction in EMAIS support	(49)
Increase in the number of custom applications	35
Increased cost for ALS training	35
Other	(3)

**Total** **\$486**

EMS = Emergency Medical Services

EMAIS = Electronic Maryland Ambulance Information System

EMRC = Emergency Medical Resource Center

ALS = Advanced Life Support

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

**Exhibit 2**

**Position Vacant for Twelve or More Months**

<u>PIN Number</u>	<u>Position Title</u>	<u>Number of Months Vacant</u>	<u>FY 2003 Allowance</u>
069544	Personnel Officer II	18	\$46,199
069545	Fiscal Associate II	17	\$35,484
<b>Total</b>			<b>\$81,683</b>

Source: Department of Budget and Management; Department of Legislative Services

**Performance Analysis: Managing for Results**

**Exhibit 3** shows selected workload and performance measurement data for MIEMSS. The data is categorized under two subheadings: outputs and quality. This reflects 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.

**Exhibit 3**

**Program Measurement Data  
Maryland Institute for Emergency Medical Services Systems  
Fiscal 1999 through 2003**

	<u>Actual 1999</u>	<u>Actual 2000</u>	<u>Est. 2001</u>	<u>Actual 2001</u>	<u>Est. 2002</u>	<u>Est. 2003</u>	<u>Ann. Chg. 99-01</u>	<u>Ann. Chg. 01-03</u>
<b>Outputs</b>								
<b>EMT - A/B</b>								
Course	108	111	120	102	125	130	-2.8%	12.9%
Students tested	2,780	2,232	1,950	1,734	2,000	2,250	-21.0%	13.9%
<b>EMT - B Refresher</b>								
Courses	205	227	208	245	235	245	9.3%	0.0%
Students tested	3,002	4,773	5,000	5,147	5,000	5,000	30.9%	-1.4%
<b>CRT</b>								
Courses	8	13	10	13	20	20	27.5%	24.0%
Students tested	200	250	250	229	300	350	7.0%	23.6%

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	<u>Actual 1999</u>	<u>Actual 2000</u>	<u>Est. 2001</u>	<u>Actual 2001</u>	<u>Est. 2002</u>	<u>Est. 2003</u>	<u>Ann. Chg. 99-01</u>	<u>Ann. Chg. 01-03</u>
<b>EMT - P</b>								
Courses	15	14	12	16	10	10	3.3%	-20.9%
Students certified	250	206	200	259	150	150	1.8%	-23.9%
Ambulance/helicopter runsheets	650,000	750,000	750,000	750,000	840,000	900,000	7.4%	9.5%
EMRC & SYSCOM phone calls processed	199,997	313,073	341,000	327,434	333,410	350,000	28.0%	3.4%
MEDEVAC transports monitored	5,053	4,955	5,100	4,979	5,100	5,100	-0.7%	1.2%
AED & ECG	346	395	595	152	100	100	-33.7%	-18.9%
<b>Ambulance Services</b>								
ALS vehicles licensed	115	109	120	119	120	120	1.7%	0.4%
BLS vehicles licensed	144	144	140	143	130	130	-0.3%	-4.7%
Hospital designations	5	2	8	5	23	25	0.0%	123.6%
Trauma and specialty center evaluations	10	9	7	5	8	13	-29.3%	61.2%
<b>Quality</b>								
% of jurisdictions achieving X% sudden cardiac resuscitation	*	*	*	*	*	*	n/a	n/a
% of jurisdictions with EMD pre-arrival instruction program	87	100	100	100	100	100	7.2%	0.0%
% of jurisdictions meeting ALS/BLS avg. response times	*	*	*	*	*	*	n/a	n/a
% EMS radio communications completed with base station	94	98	98	98	98	98	2.1%	0.0%
% of jurisdictions with patient defibrillation within five minutes	*	*	*	*	*	*	n/a	n/a
% of seriously injured patients transported to designated trauma center	*	84	*	86	87	88	n/a	1.2%

\*Indicators for which data is not available.

EMT-A	= Emergency Medical Technician - Ambulance	AED	= Automated External Defibrillator
EMT-B	= Emergency Medical Technician - Basic	ECG	= 12-lead ElectroCardiogram Defibrillator
EMT-P	= Emergency Medical Technician - Paramedic	ALS	= Advanced Life Support
CRT	= Cardiac Resource Technician	BLS	= Basic Life Support
SYSCOM	= Systems Communications	EMD	= Emergency Medical Dispatcher
EMRC	= Emergency Medical Resource Center		

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:

- 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;
- 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. In last year's MFR submission, the output performance measures showed a sharp decline in the number of students tested and courses available in the EMT basic program from 1998 to 2000. This year's data shows a continuing decline in 2001. However, estimates for 2002 and 2003 increase. The reason for this projected increase is that the Maryland State Firemen's Association, along with MIEMSS, has been promoting a recruitment and retention program, including life insurance and tuition programs to encourage new enrollment. Also, there has been a rise in volunteer interest since the September 11, 2001 tragedy. Following last year's trend, the decline in 2001 in the basic EMT Basic programs is offset by a corresponding increase in the number of students tested in the EMT Refresher programs. However, those numbers are projected to level off for 2002 and 2003.

Last year, MIEMSS advised that the decline in the number of students tested and courses available in the EMT Paramedic program results from increased requirements in the number of training hours needed to complete the training program. Despite this, 2001 saw an increase in these figures. However, due to the increased training hour requirement and the availability of the CRT as an alternative to EMT-P, a decrease in 2002 and 2003 is again expected. Accordingly, CRT figures are expected to rise. Increases in the number of EMRC and SYSCOM phone calls processed are due to the expansion of the centralized EMS communications system. MIEMSS is also 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 timetable requirements for each hospital and center included in the statewide EMS system.

## **Quality and Managing for Results**

Also provided in Exhibit 3 are selected data showing the latest performance measurement statistics for the goals and objectives identified by MIEMSS in its MFR submission. Last year, MIEMSS developed additional goals and objectives for its MFR. As DLS noted last year, the agency was not anticipating having data available for many of the performance indicators identified in its MFR until calendar 2002 and 2003 and was still working on establishing many benchmark statistics from which the agency's performance in meeting its MFR goals and objectives will be evaluated. MIEMSS advises DLS that the benchmarks should be completed this year. Thus, MIEMSS' fiscal 2004 submission should be much more complete.

In addition, at least three of the agency's objectives have already been met or will be met by the end of the year. While the agency should be commended on meeting its goals and objectives, it should also begin formulating how its goals and objectives will move forward. Thus, MIEMSS's MFR submission for next year should reevaluate and perhaps modify the current standard for the objectives already met or include additional goals and objectives.

### **New MFR Goals and Objectives Should Reflect the Agency's Administrative and Coordination Function**

The latest MFR submitted by MIEMSS is almost identical to last year's submission. Last year's analysis noted that the MFR focused on patient outcomes. The analysis also pointed out that 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 is not recognized in the MFR. In response to last year's analysis, MIEMSS stated that it would work with the Department of Budget and Management (DBM) to incorporate performance indicators which reflect the agency's administrative and coordination function. In the MFR submission in support of its fiscal 2003 budget, MIEMSS did include one additional goal and objective which highlighted the agency's coordination role. DLS recommends that MIEMSS continue to develop such indicators. As noted above, since many of MIEMSS's objectives have been met or will be met by the end of the year, the agency should reevaluate and perhaps modify the standards for the goals and objectives already met or develop new goals and objectives. The additional goals and objectives should reflect the agency's administrative and coordination function. Last year's analysis included the following suggestions for such goals and objectives:

- Increase the statewide EMS radio coverage through upgrades of the statewide microwave system. A timetable for the implementation of centralized EMS communications in all State jurisdictions could be included.
- Improve the use of new data collection technologies. A timetable for the full implementation of E-MAIS could be included.
- Establish a preventative maintenance equipment schedule, including communications equipment such as base station consoles and microwave tower equipment.

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

## Issues

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### 1. Implementation of a Centralized Emergency Medical System Communications System in Western Maryland Should Be Deferred for at Least One Year

MIEMSS has consistently promoted dedicated, centralized EMS communications throughout the State. Such dedicated EMS communications are currently in place in EMS Regions III (Baltimore metropolitan area) and V (Washington metropolitan area and southern Maryland); however, St. Mary's is not expected to be completed until August 2002. Plans have been made for dedicated EMS communications in all other regions, including the largest and most densely populated regions in the State. Once installed, a 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.

The need to equip the less densely populated regions of the State with a dedicated EMS communications system was part of MIEMSS's fiscal 2002 plan when the agency sought and received funds for establishing such a system in region IV, serving the Eastern Shore counties of Dorchester, Caroline, Kent, Queen Anne's, and Talbot. The fiscal 2002 special fund allowance included \$180,000, consisting of \$135,000 for implementation and \$45,000 for staffing and maintenance, to provide funding and maintenance for the expansion of centralized, dedicated EMS communications in Region IV. However, budget bill language restricted the expenditure of these funds until a detailed plan for improving EMS in those regions currently not served by an enhanced, dedicated EMS communications system was submitted. A plan dated September 1, 2001, titled *Expansion of Centralized EMS Communications Capabilities in Maryland* was submitted by MIEMSS in response to the budget bill language and funds have since been released.

The report explains that once centralized, dedicated EMS communications are installed, they will go through an Emergency Medical Resources Center (EMRC) in the controlling region. The computer-controlled digital device connects many pre-hospital providers including, but not limited to, all hospital emergency departments, numerous radio base station towers, the Shock Trauma Center, and specialty centers. Further, the communication operators have no other public safety, fire, or police functions, which is currently the case in local jurisdictions. Also, patients can be delivered to the facility most able to address the emergency because the system allows access to current bed status. Other benefits could be gained from the system. For instance, counties will not duplicate efforts near county borders.

MIEMSS's proposal for expanding the centralized EMS communications is set forth in the report as a five-part program:

- **Upper Eastern Shore:** The first phase of the program is the expansion of the EMS communications into Region IV. This expansion was funded in the fiscal 2002 budget appropriation upon completion of the report. Although the amount of funds contributed by the counties is not included in the report, it does state that counties have provided the building and most of the operator coverage. State funds are anticipated for radio base stations, a switch, four voters, and two control computers. Also, an EMS operator will be hired at an annual cost to the State of \$25,000. Ongoing maintenance costs are estimated at \$20,000 per year. This brings the annual cost to \$45,000. EMS communications is expected

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to be operational before the end of fiscal 2002. As previously stated, MIEMSS was appropriated \$180,000 in fiscal 2002 for this project: \$135,000 for installation and \$45,000 for staffing ongoing maintenance. MIEMSS reports that this project is not yet completed but anticipates completion by the end of the fiscal year. Most likely there will be a reversion of a large portion of the \$45,000 fiscal 2002 appropriation for staffing and maintenance.

- **Frederick County:** MIEMSS anticipates that Frederick County will be added to its Baltimore center within the next two months. The implementation was originally planned for December 2001 but was delayed by the need for county upgrades. MIEMSS is working in conjunction with DBM and Frederick County on this project.
- **St. Mary's County:** MIEMSS also anticipates adding St. Mary's County to the Baltimore center by August 2002. Funding for this project was provided in the fiscal 2002 communications budget.
- **Western Maryland:** Funding for centralized EMS communications in Garrett, Allegany, and Washington counties is proposed for fiscal 2003. MIEMSS's report identifies a key component of the implementation to be DBM's upgrade of the State's infrastructure to support a future 700 MHz communications system. Once the upgrade in these Western counties is completed, MIEMSS will centralize the EMS communications for those counties at a total cost of \$600,000 over a three-year period, with an annual amount of approximately \$50,000 for staffing and maintenance. However, DBM's upgrade in Garrett, Allegany, and Washington counties is not expected to occur in fiscal 2003. In its report, MIEMSS therefore requests a \$200,000 "placeholder," the first of three \$200,000 "placeholder" allocations, in its fiscal 2003 budget.

**DLS recommends that the \$200,000 provided in the fiscal 2003 allowance for centralized EMS communications in Western Maryland be deleted. Funding for this initiative should be deferred for at least one year, until such time that DBM's communications upgrade in the western region of Maryland is scheduled to be completed.**

- **Lower Eastern Shore:** The final implementation of centralized EMS communications will take place in the Maryland Eastern Shore counties of Wicomico, Worcester, and Somerset. MIEMSS reports that several measures must be completed before plans for centralized EMS communications can be completed in these counties. MIEMSS projects that the implementation of this final phase will occur in fiscal 2006, with a State one-time cost of \$200,000 and an annual staffing and maintenance cost of \$50,000.

**Exhibit 4** identifies the expansion of dedicated, centralized EMS communications over the next several years as discussed above. Completion of the expansion should be finished by fiscal 2006. Annual State costs for staffing and maintenance are estimated at \$140,000 per year. The last phase of implementation is expected to cost \$800,000 over several years. Within the next few months, it is expected that the federal government will provide federal funding for counter terrorism/domestic preparedness to State and local governments. Since EMS services are arguably an integral part of domestic preparedness and MIEMSS oversees and coordinates all components of the statewide EMS system, it is reasonable to assume that federal funding may be applied to the expansion of centralized EMS communications in Maryland.

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DLS recommends that MIEMMS look into the possibility of funding the remaining implementation of dedicated, centralized EMS communications through federal grants for counterterrorism/domestic preparedness measures.

**Exhibit 4**

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**Cost of Expansion of Centralized EMS Communications  
Fiscal 2001 through 2006**

<u>Counties</u>	<u>Start Date</u>	<u>Completion Date</u>	<u>One-time Costs to State</u>	<u>Ongoing Costs</u>
Caroline, Dorchester, Kent, Queen Anne's, Talbot	FY 2002	FY 2002	\$135,000	\$45,000
Frederick	FY 2002	FY 2002	within existing budget	
St. Mary's	FY 2002	FY 2003	within existing budget	
Allegany, Garrett, Washington	FY 2003	FY 2005	\$600,000	\$50,000
Somerset, Wicomico, Worcester	FY 2005	FY 2006	\$200,000	\$50,000

Source: Maryland Institute for Emergency Medical Services Systems September 1, 2001, report titled *Expansion of Centralized EMS Communications Capabilities in Maryland*

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The report submitted by MIEMSS fails to supply information on the contribution of the local jurisdictions receiving the centralized, EMS communication systems. **Therefore, DLS recommends that MIEMSS brief the budget committees concerning the financial contributions of the counties benefitting from the expansion of centralized EMS communications.**

**DLS further recommends that MIEMSS brief the budget committees on the status of the expansion of the dedicated, centralized EMS communications in Maryland.**

## **2. Weapons of Mass Destruction Planning**

The 1999 budget analysis noted that the federal government was increasing its efforts to combat and respond to threats related to weapons of mass destruction, such as biological weapons, explosives, hazardous materials, and other methods of terrorism. At that time, the Maryland Emergency Management Agency (MEMA), the agency responsible for providing a comprehensive State emergency management program, asked MIEMSS and the Maryland Department of Health and Mental Hygiene (DHMH) to assist in developing improved medical responses to a potential incident involving weapons of mass destruction.

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During the 1999 legislative session, MIEMSS requested \$35,000 in special funds for the fiscal 2000 budget to begin research and planning towards the development of a medical response plan. The budget committees denied this request, suggesting the agency seek federal funding for this initiative. In December 1999, MIEMSS processed a fiscal 2000 budget amendment for a \$200,000 federal grant to support the State's development of a medical response to a weapons of mass destruction threat. MIEMSS received an additional \$150,000 in federal funds during fiscal 2001 for this initiative. Working with DHMH and MEMA, MIEMSS prepared a set of strategic plans for improving the health and medical response to such a threat. The following series of documents is the result of that work and can be found on the MIEMSS web site (<http://miemss.umaryland.edu>):

- *The Hospital Focus Group Report on Improving the Health and Medical Response to Weapons of Mass Destruction in Maryland*
- *The Public Health Focus Group Report on Improving the Health and Medical Response to Weapons of Mass Destruction in Maryland*
- *The Emergency Medical Services Focus Group Report on Improving the Health and Medical Response to Weapons of Mass Destruction in Maryland*
- *The Maryland Strategic Plan to Improve the Health and Medical Response to Terrorism*
- *The Maryland Health and Medical System Preparedness and Response Plan - Weapons of Mass Destruction (Work Plan)*
- *The Maryland Health and Medical WMD Response plan*

This series of documents sets forth tasks for the entities identified in the Work Plan. Each entity is individually responsible for addressing and completing the tasks assigned to them. MIEMSS's tasks have been assigned to individuals in the agency who have submitted work plans and a time frame for completion of the task. The final product is to be presented to the Executive Director. MIEMSS's functional tasks, as well as many of the other entities functional tasks, have been outlined in *The Maryland Health and Medical WMD Response Plan* under the following subheadings:

- Surveillance and Early Detection
- Alerts
- Health and Medical Resource Coordination
- Mass Patient Care
- Mass Fatality Management

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Also, MIEMSS is assisting in coordinating efforts to implement the Work Plan. As part of the implementation, workgroups have been established in the following areas: Public Safety, Hospital and Medical, Public Health, and System Partners. MIEMSS is part of the Public Safety Workgroup, along with fire and rescue, EMS and commercial ambulance companies, Maryland State Police, Fire Marshall, and Central Alarms.

**DLS recommends that MIEMSS brief the budget committees on the Work Plan, as well as the status of the implementation of the plan and the funds and personnel from MIEMSS being used to put the Work Plan into action.**

MIEMSS held a conference and workshop in December 2001 regarding this topic. Conference materials included information supplied by the joint Commission on Accreditation of Healthcare Organizations. This information made mention of the fact that backup communications also are needed during any disaster and stated that it is important that there is reliance on more than one form of communication. MIEMSS has a backup center which is checked for operability monthly and an emergency generator. Further, the reports mention that it is important to have staff available to repair communications equipment and a plan for staff to contact their own families in times of crisis.

**DLS recommends that MIEMSS brief the budget committees on the alternative communications arrangements for circumstances where hospital communication systems overload or fail, including information on the training of staff to repair functioning communications equipment and staff needs in communicating with family during a crisis.**

### **3. The Administration's Proposed Transfer of Funds for Fiscal 2003 Significantly Reduces the Maryland Emergency Medical System Operations Fund Balance**

The administration has proposed transferring \$5 million from the MEMSOF to the general fund. MEMSOF is supported entirely by the motor vehicle registration fee. One year ago, a \$7 million deficit was projected for MEMSOF and certain fiscal 2002 appropriations were made contingent on an increase in the motor vehicle registration fee. The registration fee was increased from \$8 to \$11 by Chapter 33, Acts of 2001. Should \$5 million be transferred from the fund, the MEMSOF balance would be significantly reduced one year after fees were raised to return the fund to viability.

Attached are the following analyses of MEMSOF:

- **Appendix 3:** This analysis is from the 2001 legislative session. This analysis was based upon the assumption that the motor vehicle registration fee would be increased by \$3 to \$11.
- **Appendix 4:** This analysis can be found in the fiscal 2003 Governor's Budget Books. There are five major changes from last year's analysis (Appendix 3) that affect the end balance of this analysis:
  - the final fiscal 2002 general fund repayment for the 12th State Police Aviation Division helicopter is delayed until fiscal 2007;

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- a transfer of \$5.0 million from MEMSOF to the general fund with no future repayment;
  - the \$3.5 million for shock trauma equipment will end by fiscal 2006; and
  - there are no inflationary adjustments to the local grants.
- **Appendix 5:** The analysis was prepared by DLS and is based on the forecast found in the fiscal 2003 Governor's Budget Books (Appendix 4), except that the \$3.5 million for equipment for the Shock Trauma Center is extended past fiscal 2005. Last year's budget analysis noted DBM's MEMSOF accounting showing the State grant continuing beyond fiscal 2005. Appendix 4 depicts this continuation. The projected fund balance is significantly lower in fiscal 2007 if the \$3.5 million for shock trauma equipment is continued past fiscal 2005.

**Exhibit 5** depicts the end balances for fiscal 2007 of all three appendices.

**Exhibit 5**

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**Comparison of MEMSOF Projections  
Fiscal 2007 Ending Balances**

	<u>Fiscal 2007 Ending Balance</u>
2001 Analysis *	\$5,540,697
Governor's 2003 Budget Books **	14,844,122
DLS **	\$7,712,871

\*These numbers were estimated in last year's analysis; \$11 fee assumed in fiscal 2002 and beyond.

\*\*Assumes final fiscal 2002 general fund repayment for the 12th helicopter is delayed until fiscal 2007 as well as a \$5.0 million transfer to the general fund in fiscal 2003.

Source: 2001 Budget Analysis/Maryland Institute for Emergency Medical Service Systems; Governor's Budget Books fiscal 2003; Department of Legislative Services

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**It is apparent that the key component in continuing growth in MEMSOF in the fiscal 2003 Governor's Budget Books is the discontinuation after fiscal 2005 of the \$3.5 million appropriation for the Shock Trauma Center. While last year this payment was assumed to continue past fiscal 2005, the assumption is no longer carried forward in this years Governor's Budget Books. MIEMSS should discuss its view of the impact of the transfer of \$5 million from MEMSOF to the general fund.**

Assuming that the \$5 million is transferred to the general fund, the projected ending MEMSOF fund balance for fiscal 2003 will be less than \$3 million. This leaves little additional funds for unexpected emergencies, inflationary growth in other programs funded through MEMSOF, or development of a medical response to a weapons of mass destruction threat. In addition, the State's fiscal picture remains uncertain.

**Therefore, DLS recommends that the \$3.5 million in the fiscal 2003 allowance to UMMS for equipment, technology, and infrastructure upgrades at the R Adams Cowley Shock Trauma Center be deferred and deleted from the fiscal 2003 budget contingent on legislation transferring \$5 million from MEMSOF to the general fund. Budget bill language will be included for an amendment should legislation transferring \$5 million from MEMSOF fail or should all or a portion of the \$5 million be restored to the fund.**

***Recommended Actions***

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	<b><u>Amount Reduction</u></b>		<b><u>Position Reduction</u></b>
1. Reduce the special fund appropriation for centralized EMS communications expansion to Western Maryland. The agency has requested these funds as a “placeholder” pending DBM’s communications upgrade in that region. The request is therefore premature.	\$ 200,000	SF	
2. Reduce growth for motor vehicle costs to 6% over the fiscal 2002 working appropriation. The fiscal 2003 allowance was 10.5% over the fiscal 2002 working appropriation.	7,237	SF	
3. Delete two long-term vacant positions that have been vacant for seventeen months or longer.	81,683	SF	2.0
<b>Total Special Fund Reductions</b>	<b>\$ 288,920</b>		<b>2.0</b>

## ***Updates***

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### **1. Helicopter Replacement Report**

A fleet of 12 helicopters is operated by the Maryland State Police (MSP) for medical evacuation, law enforcement, and search and rescue missions. As the fleet of helicopters has aged, it has become necessary to evaluate maintenance and replacement costs. In 1997 the EMS Board submitted a report to the General Assembly titled *Report on the Maryland State Police Helicopter Fleet*. In that report, the EMS Board stated that it would reevaluate the matter in three years. Based on this statement, during the 2000 legislative session, the General Assembly included committee narrative in the MSP's budget suggesting that the Helicopter Replacement Committee of the EMS Board (HRC) update the 1997 report by December 1, 2000. The Helicopter Replacement Committee of the EMS Board requested and was granted an extension to June 1, 2001. A report was submitted June 1, 2001, titled *Maryland State Police Helicopter Replacement Update*. This report sets forth a discussion of its five recommendations which are as follows:

- establish a range of 18 to 28 years for the replacement of helicopters;
- institute a helicopter replacement schedule (supplied in the report);
- implement standards set forth in the report;
- consider the gas tax, capital budget, general fund, tolls, court costs, income tax check-offs, and the tire disposal fees as viable options to support the funding of helicopter replacement; and
- appoint a committee to plan procurement and develop final specifications and cost parameters three years before the fiscal year in which the funds for helicopter replacement will be appropriated (appointment by the Chairman of the EMS Board).

The HRC estimates that the cost of helicopter replacement over several years will be \$126 million. The cost of the new helicopters was based on the 1999 purchase of the 12th helicopter at \$5.98 million, adding an annual 5% increase. The value of trade-ins was also factored into the final cost. A discussion of this report will be more fully developed in the budget analysis for the Maryland State Police.

## *Current and Prior Year Budgets*

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

	<u>General Fund</u>	<u>Special Fund</u>	<u>Federal Fund</u>	<u>Reimb. Fund</u>	<u>Total</u>
<b>Fiscal 2001</b>					
Legislative Appropriation	\$0	\$9,508	\$224	\$0	\$9,732
Deficiency Appropriation	0	0	0	0	0
Budget Amendments	0	80	21	0	101
Reversions and Cancellations	0	(96)	0	0	(96)
<b>Actual Expenditures</b>	<b>\$0</b>	<b>\$9,492</b>	<b>\$245</b>	<b>\$0</b>	<b>\$9,737</b>
<b>Fiscal 2002</b>					
Legislative Appropriation	\$0	\$9,993	\$100	\$0	\$10,093
Budget Amendments	0	15	0	0	15
<b>Working Appropriation</b>	<b>\$0</b>	<b>\$10,008</b>	<b>\$100</b>	<b>\$0</b>	<b>\$10,108</b>

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

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**Fiscal 2001 Budget Amendments**

<b><u>Fund Type</u></b>	<b><u>Amount</u></b>	<b><u>Source of Funds</u></b>	<b><u>Purpose</u></b>
Special	\$60,000	Unappropriated fees collected from commercial ambulance companies for licenses and inspections	To be used for contractual services
Special	20,000	From fees charged for services and products	Supplies and materials
Federal	559	Weapons of Mass Destruction grant	For contractual services costs for the special study associated with Weapons of Mass Destruction plan
Federal	20,000	Emergency Medical Services for Children	To be used for contractual services

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Appendix 2

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

Object/Fund	FY02		FY03 Allowance	FY02 - FY03		Percent Change
	FY01 Actual	Working Appropriation		Amount Change	Percent Change	
<b>Positions</b>						
01 Regular	96.10	95.10	95.10	0	0%	
02 Contractual	9.30	10.90	10.70	(0.20)	(1.8%)	
<b>Total Positions</b>	<b>105.40</b>	<b>106.00</b>	<b>105.80</b>	<b>(0.20)</b>	<b>(0.2%)</b>	
<b>Objects</b>						
01 Salaries and Wages	\$ 5,819,503	\$ 5,885,975	\$ 6,198,552	\$ 312,577	5.3%	
02 Technical & Spec Fees	337,240	350,759	354,139	3,380	1.0%	
03 Communication	1,444,744	1,573,165	1,486,576	(86,589)	(5.5%)	
04 Travel	80,314	76,000	74,000	(2,000)	(2.6%)	
06 Fuel & Utilities	15,450	13,500	16,000	2,500	18.5%	
07 Motor Vehicles	179,001	160,765	177,648	16,883	10.5%	
08 Contractual Services	1,462,412	1,568,358	1,629,082	60,724	3.9%	
09 Supplies & Materials	233,480	263,500	245,500	(18,000)	(6.8%)	
10 Equip - Replacement	3,703	44,000	47,000	3,000	6.8%	
11 Equip - Additional	109,432	79,000	274,500	195,500	247.5%	
12 Grants, Subsidies, Contr	0	25,000	25,000	0	0%	
13 Fixed Charges	51,710	68,306	66,003	(2,303)	(3.4%)	
<b>Total Objects</b>	<b>\$ 9,736,989</b>	<b>\$ 10,108,328</b>	<b>\$ 10,594,000</b>	<b>\$ 485,672</b>	<b>4.8%</b>	
<b>Funds</b>						
03 Special Fund	\$ 9,491,989	\$ 10,008,328	\$ 10,494,000	\$ 485,672	4.9%	
05 Federal Fund	245,000	100,000	100,000	0	0%	
<b>Total Funds</b>	<b>\$ 9,736,989</b>	<b>\$ 10,108,328</b>	<b>\$ 10,594,000</b>	<b>\$ 485,672</b>	<b>4.8%</b>	

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

**EMS Operations Fund  
From 2001 Analysis**

**Fiscal 2000 through 2008**

(Includes \$11 fee as per fiscal 2002 from \$3 increase in Motor Vehicle Registration Fee and Forecasted Agency Budget Requests)

	<b>FY 2000 Actual</b>	<b>FY 2001 Approp.</b>	<b>FY 2002 Allowance</b>	<b>FY 2003 Projected</b>	<b>FY 2004 Projected</b>	<b>FY 2005 Projected</b>	<b>FY 2006 Projected</b>	<b>FY 2007 Projected</b>	<b>FY 2008 Projected</b>
<b>Beginning Balance</b>	\$15,322,111	\$10,011,094	\$2,208,777	\$5,874,715	\$7,692,594	\$8,695,085	\$7,864,945	\$7,059,468	\$5,540,697
\$8 Fee/\$11 Fee Fiscal 2002	33,202,712	34,801,000	47,994,375	48,570,500	48,716,212	49,300,806	49,448,708	50,042,093	50,192,219
Interest	539,786	375,416	82,829	220,302	288,472	326,066	294,935	264,730	207,776
Miscellaneous Income	853,224	1,976,566	1,976,566	0	0	0	0	0	0
<b>Total Revenues</b>	<b>\$49,917,833</b>	<b>\$47,164,076</b>	<b>\$52,262,547</b>	<b>\$54,665,517</b>	<b>\$56,697,278</b>	<b>\$58,321,956</b>	<b>\$57,608,589</b>	<b>\$57,366,291</b>	<b>\$55,940,691</b>
MFRI	\$4,640,000	\$4,880,000	\$5,515,000	\$5,902,000	\$5,509,000	\$5,691,000	\$5,841,000	\$6,016,230	\$6,196,717
MIEMSS	8,603,900	8,994,000	9,564,000	9,604,000	9,792,000	10,062,000	10,332,000	10,641,960	10,961,219
Shock Trauma (UMMS)	3,107,675	3,200,905	3,264,923	3,362,923	3,463,923	3,567,923	3,674,923	3,680,171	3,685,576
Shock Trauma Equipment (UMMS)	0	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000
Local Grants (508)	10,000,000	10,000,000	10,300,000	10,609,000	10,927,270	11,255,088	11,592,741	11,940,523	12,298,739
MSP -- Aviation Division	13,555,164	13,880,394	13,243,909	12,995,000	13,810,000	15,381,000	14,608,457	15,046,711	15,498,112
MSP 12th Helicopter	0	0	0	0	0	0	0	0	0
Loan Fund	0	500,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
<b>Total Expenditures</b>	<b>\$39,906,739</b>	<b>\$44,955,299</b>	<b>\$46,387,832</b>	<b>\$46,972,923</b>	<b>\$48,002,193</b>	<b>\$50,457,011</b>	<b>\$50,549,121</b>	<b>\$51,825,594</b>	<b>\$53,140,362</b>
<b>Ending Balance</b>	<b>\$10,011,094</b>	<b>\$2,208,777</b>	<b>\$5,874,715</b>	<b>\$7,692,594</b>	<b>\$8,695,085</b>	<b>\$7,864,945</b>	<b>\$7,059,468</b>	<b>\$5,540,697</b>	<b>\$2,800,330</b>

Source: 2001 Budget Analysis/Maryland Institute for Emergency Medical Service Systems

**EMS Operations Fund**  
**From Fiscal 2003 Governor's Budget Books**  
**Fiscal 2001 through 2007**  
 Based on Forecasted Agency Budget Requests

	<b>FY 2001 Actual</b>	<b>FY 2002 Approp.</b>	<b>FY 2003 Allowance</b>	<b>FY 2004 Projected</b>	<b>FY 2005 Projected</b>	<b>FY 2006 Projected</b>	<b>FY 2007 Projected</b>
<b>Beginning Balance</b>	<b>\$10,011,093</b>	<b>\$2,442,192</b>	<b>\$5,065,342</b>	<b>\$2,896,991</b>	<b>\$5,176,126</b>	<b>\$5,639,281</b>	<b>\$9,857,965</b>
\$8 Fee/\$11 Fee Fiscal 2002	35,235,336	48,593,933	49,565,811	49,813,640	50,411,404	50,562,638	51,169,390
Interest	238,496	91,582	189,950	108,637	194,105	211,473	369,674
Miscellaneous Income	1,976,566	39,772**	(5,000,000)*	0	0	0	1,976,566**
<b>Total Revenues</b>	<b>\$47,461,491</b>	<b>\$51,167,479</b>	<b>\$49,821,104</b>	<b>\$52,819,269</b>	<b>\$55,781,635</b>	<b>\$56,413,392</b>	<b>\$63,373,594</b>
MFRI	\$4,880,000	\$5,515,000	\$6,278,500	\$5,896,500	\$6,095,500	\$6,268,500	\$6,456,555
MIEMSS	9,058,000	9,579,000	10,080,000	10,294,000	10,596,000	10,957,000	11,113,000
Shock Trauma (UMMS)	3,200,905	3,264,923	3,362,871	3,463,757	3,567,670	3,674,700	3,784,941
Shock Trauma Equipment (UMMS)	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	0	0
Local Grants (508)	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000
MSP -- Aviation Division	13,880,394	13,243,214	12,702,742	13,488,886	15,383,184	14,655,228	16,174,977
Loan Fund	500,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
<b>Total Expenditures</b>	<b>\$45,019,299</b>	<b>\$46,102,137</b>	<b>\$46,924,113</b>	<b>\$47,643,143</b>	<b>\$50,142,354</b>	<b>\$46,555,428</b>	<b>\$48,529,473</b>
<b>Ending Balance</b>	<b>\$2,442,192</b>	<b>\$5,065,342</b>	<b>\$2,896,991</b>	<b>\$5,176,126</b>	<b>\$5,639,281</b>	<b>\$9,857,965</b>	<b>\$14,844,122</b>

Source: Governor's Budget Book Fiscal 2003

\* Governor's \$5.0 million contribution to the general fund in FY 2003

\*\* Assumes final FY 2002 general fund repayment for the 12th helicopter is delayed until FY 2007



**EMS Operations Fund  
Department of Legislative Services  
Fiscal 2001 through 2007**

**Shock Trauma Equipment Extended beyond 2006**

Based on Forecasted Agency Budget Requests

	<b>FY 2001 Actual</b>	<b>FY 2002 Approp.</b>	<b>FY 2003 Allowance</b>	<b>FY 2004 Projected</b>	<b>FY 2005 Projected</b>	<b>FY 2006 Projected</b>	<b>FY 2007 Projected</b>
<b>Beginning Balance</b>	<b>\$10,011,093</b>	<b>\$2,442,192</b>	<b>\$5,065,342</b>	<b>\$2,896,991</b>	<b>\$5,176,126</b>	<b>\$5,639,281</b>	<b>\$6,357,964</b>
\$8 Fee/\$11 Fee Fiscal 2002	35,235,336	48,593,933	49,565,811	49,813,640	50,411,404	50,562,638	51,169,390
Interest	238,496	91,582	189,950	108,637	194,105	211,473	238,424
Miscellaneous Income	1,976,566	39,772**	(5,000,000)*	0	0	0	1,976,566**
<b>Total Revenues</b>	<b>\$47,461,491</b>	<b>\$51,167,479</b>	<b>\$49,821,104</b>	<b>\$52,819,269</b>	<b>\$55,781,635</b>	<b>\$56,413,392</b>	<b>\$59,742,344</b>
MFRI	\$4,880,000	\$5,515,000	\$6,278,500	\$5,896,500	\$6,095,500	\$6,268,500	\$6,456,555
MIEMSS	9,058,000	9,579,000	10,080,000	10,294,000	10,596,000	10,957,000	11,113,000
Shock Trauma (UMMS)	3,200,905	3,264,923	3,362,871	3,463,757	3,567,670	3,674,700	3,784,941
Shock Trauma Equipment (UMMS)	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000	3,500,000
Local Grants (508)	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000
MSP -- Aviation Division	13,880,394	13,243,214	12,702,742	13,488,886	15,383,184	14,655,228	16,174,977
MSP 12th Helicopter Loan Fund	500,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
<b>Total Expenditures</b>	<b>\$45,019,299</b>	<b>\$46,102,137</b>	<b>\$46,924,113</b>	<b>\$47,643,143</b>	<b>\$50,142,354</b>	<b>\$50,555,428</b>	<b>\$52,029,473</b>
<b>Ending Balance</b>	<b>\$2,442,192</b>	<b>\$5,065,342</b>	<b>\$2,896,991</b>	<b>\$5,176,126</b>	<b>\$5,639,281</b>	<b>\$6,357,964</b>	<b>\$7,712,871</b>

Source: Department of Legislative Services

\* Governor's \$5.0 million contribution to the general fund in FY 2003

\*\* Assumes final FY 2002 general fund repayment for the 12th helicopter is delayed until FY 2007